

293 HAIK, VICTOR G. 34 230 948 SGT. INF. EUHP. A. (LA.) '45 clw.

Declassified in accordance with D.O. 13526



REQ301091213 WNR-01-09-020-1-001-04-001

Transfer#: W092-70A0001 Box:8 CC:00

ARR1-483148075 Asset#: AAC1-23781226 Whole Container: N

C/F: HAIK, VICTOR G FOIA 12-1984 (4 OF 4) Created: 1/9/2012

General Reference Temporary Loan of Records

Standard Standard (billed) N/A

To: MICHAEL KRASNOW
1600 SPEARHEAD DIVISION AVENUE,
FORT KNOX, KY, 40122-5405

P: (502) 613-8228 F:

H1 3671 H2 3842
H3 4132

H4 4162 *

US ARMY HRC
CASUALTY AND
MORTUARY AFFAIRS
OPERATIONS CENTER

293 IDPF

RECEIPT OF REMAINS

DISTRIBUTION CENTER ATLANTA GENERAL DEPOT
ATLANTA, GEORGIA

3-24-49 DELIVER AND REPORT
ANY CHARGES

ROUTINE

REMAINS CONSIGNED TO: POOLE FUNERAL HOME
BOGALUSA, LA

REMAINS OF THE LATE SGT VICTOR G HAIK 34230948

BEING SHIPPED TO YOU ACCOMPANIED BY ESCORT

LEAVING ATLANTA 4:15 PM 29 MARCH

AND DUE TO ARRIVE BOGALUSA, LA ON GM&O # 1 8:49 AM 30 MARCH

REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL
AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

JOHN H. PRUITT
LT. COLONEL, QMC

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

THIS 31 DAY OF March, 19 49
MONTH

Ralph L. Sankston m/sjt
WITNESS (Escort)

Fred Pailey
CONSIGNEE

POOLE FUNERAL HOME

RECORDS ROTATED
DATE MAY - 3 1949
NAME Shuford
R & R SR.

(# 1)

RECEIPT OF REMAINS

ALABAMA GENERAL DEPOT
ATLANTA, GEORGIA
DELIVER AND RETURN
ANY CHARGES

REMAINS COMING TO
MOBILE, AL

REMAINS OF THE LATE COLONEL JAMES G. HALE

BEING SHIPPED TO YOU ACCORDING TO THE

LEAVING AT 11:30 AM

AND DUE TO ARRIVE MOBILE, AL ON APRIL 14, 1949

REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT DELIVERING AT STATION UPON ARRIVAL

AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

REPATRIATION
RECORDS BRANCH

APR 14 6 23 AM '49

MEMORIAL DIVISION

NAME
DATE
RECORDS ANNOTATED
FILE
NO.

(13)

CMB LH

DISINTERMENT DIRECTIVE

2-33 ✓

1

SECTION A—
NAME AND BURIAL LOCATION OF DECEASEDDIRECTIVE NUMBER
1225 01006DATE
15 07 48
DAY MONTH YEAR

NAME HAIK VICTOR G		SERIAL NUMBER 34230948	RANK SGT	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY FOY BASTOGNE		DISPOSITION OF REMAINS 88002506			CODE DIST. PT.
PLOT G	ROW 2	GRAVE 26	COUNTRY BELGIUM	CAUSE OF DEATH 2	

SECTION B— CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE POOLS FUNERAL HOME 216 ALABAMA AVENUE BOGALUSA, LOUISIANA	NAME AND ADDRESS OF NEXT OF KIN MRS. JOSEPHINE L. HAIK (WIFE) 946 COLUMBIA STREET BOGALUSA, LOUISIANA
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SECTION C— DISINTERMENT AND IDENTIFICATION

NAME VICTOR G. HAIK	SERIAL NUMBER 34230948	RANK SGT	DATE OF DEATH	DATE DISTINTERRED 29 SEPT 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS ID <input checked="" type="checkbox"/> MARKER EMB	ORGANIZATION USAGF	RELIGION UNK	IDENTIFICATION VERIFIED BY ALVIN C. BECK, 1/LT, INF NAME AND TITLE	

SECTION D— PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM	CONDITION OF REMAINS MAXILLA, L/FEMUR FRACTURED REMAINS COMPLETE- ADVANCED STAGE OF DECOMPOSITION
OTHER MEANS OF IDENTIFICATION ID TAG FOUND WITH REMAINS	
MINOR DISCREPANCIES T/5 CHEVRONS ON OD SHIRT	

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX	BY HARRIE D. NELSON, EMBALMER
--	---

CASKET SEALED BY JOHN A. BRICKLEY, EMB. SUPV.	EMBALMER (Signature) JOHN A. BRICKLEY, EMB. SUPV.
---	---

CASKET BOXED AND MARKED 20, DEC; 1948	SHIPPING ADDRESS VERIFIED BY ALL TAGS, MARKINGS & PLATES VERIFIED BY E.N. HEISEY, 1/LT, OMC.
---	---

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

ALVIN C. BECK, 1/LT, INF

SIGNATURE OF GRS INSPECTOR

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

I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F-1194 concerned

Raymond J. Rodriguez
CWO USA

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	USMC HENRI-CHAPELLE	TO	ANTWERP PORT - PIER 140
KIND OF CONVEYANCE	TRUCK & RAIL	NAME OF CONVOYER	WILLIAM P SKIDMORE RA 45012321
SIGNATURE OF SHIPPER	<i>Hoffman</i> HOFFMAN, CAPT INF 0-233702	DATE	10/12/48
SIGNATURE OF RECEIVER	<i>Butler</i>	DATE	11 DEC 1948

2. SHIPPED

FROM	AGRC ANTWERP BELGIUM	TO	USAT BARNEY KIRSCHBAUM
KIND OF CONVEYANCE	VC. 2	NAME OF CONVOYER	J. S. Jefferies
SIGNATURE OF SHIPPER	LE Butler Lt Col Inf	DATE	15 FEB 1949
SIGNATURE OF RECEIVER	<i>J. S. Jefferies</i>	DATE	15 FEB 1949

3. SHIPPED

FROM		TO	<i>NYPE</i>
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	
SIGNATURE OF RECEIVER	<i>J. Jacobson</i>	DATE	MAR 10 1949

4. SHIPPED

FROM	N Y P E	TO	PORT TRANSPORTATION OFFICER
KIND OF CONVEYANCE	TRAIN	NAME OF CONVOYER	Robert J. Baj, Sgt.
SIGNATURE OF SHIPPER	W. W. PREISCH LIEUT. COLONEL, TC.	DATE	MAR 11 1949
SIGNATURE OF RECEIVER	<i>Phisimant</i>	DATE	Capt QMC 3-15-49

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	
SIGNATURE OF RECEIVER	<i>Mrs. Josephine G. Hawk</i>	DATE	

6. SHIPPED

FROM	C 5 SE BERGIAN	TO	S
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	
SIGNATURE OF RECEIVER		DATE	1 8800

7. SHIPPED

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

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR	
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) ATLANTA GENERAL DEPOT ATLANTA, GEORGIA			SECURITY CLASSIFICATION		
ACTION TO: MRS. JOSEPHINE L. HAIK DELIVER AND REPORT 946 COLUMBIA ST., ANY CHARGES BOGALUSA, LA.			PRECEDENCE FOR ACTION DL GOVT PD INFORMATION		
INFORMATION TO:			<input type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p style="color: red; font-weight: bold;">MAR 3-1949</p> <p style="text-align: right; font-weight: bold;">SGT VICTOR G HAIK</p> <p>WE HAVE BEEN ADVISED REMAINS OF THE LATE ARE ENROUTE TO THE UNITED STATES PD OUR RECORDS INDICATE YOU WISH REMAINS DELIVERY TO POOLE FUNERAL HOME BOGALUSA LA PD PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO ATLANTA GENERAL DEPOT ATTENTION GRAVES REGISTRATION DIVISION ATLANTA GEORGIA PD REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRE CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS PD WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS PD HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION PD ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERALL ARRANGEMENTS PD THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER PD PLEASE INSTRUCT FUNERALL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL PD IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS PD PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM PD</p> <p style="text-align: right;">JOHN H FRUITT LT COL QMC</p>					
SECURITY CLASSIFICATION C			SIGNATURE AUTHORIZATION		
ORIGINATING AGENCY		DATE-TIME GROUP	OFFICIAL TITLE		PAGE OF
SYMBOL					

WESTERN
UNION

COMMUNICATIONS CENTER
RECEIVED

MAR 4 2 37 PM '41

WUG206 11 GOVT COLLECT

ATLANTA GEN DIST DEPTO

BOGALUSA LA MAR 4 1107A

WESTERN
UNION

ATLANTA GENERAL DEPOT, ATTN GRAVES

REGISTRATION DIV ATLA

RETEL 3RD REMAINS SGT VICTOR G HAIK INSTRUCTIONS AS IS

MRS JOSEPHINE L HAIK

215P

m/c
JK

WESTERN
UNION

NY 027

INSPECTION CHECK LIST						CASE NO.	SPACE NO.
NAME OF DECEASED (Last, First, Middle Initial)			BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE
HAIK, VICTOR G.			AGF	W	C	M	5-2-738
RANK OR GRADE		SERIAL NUMBER	CONSIGNEE				
SGT		34230948	POOLE FUNERAL HOME BOGALUSA, LA.				
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)				CONDITION OF SHIPPING CASE (Check One)			
				<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior)				REMARKS <i>Case searched</i>			
FINISH (Interior)							
HANDLES							
HANDLE BOLTS							
STENCILING—NAME PLATE							
HEALTH PERMIT MARKER							
HEALTH PERMIT NUMBER							
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)				CONDITION OF CASKET (Check One)			
				<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior)				REMARKS <i>Case searched</i>			
HANDLES AND FASTENINGS							
STENCILING—NAME PLATE							
CAM LOCKS (Sealing)							
ODOR OR MOISTURE							
ROUTED THROUGH							
<input type="checkbox"/> MORTUARY OPERATING ROOM				<input checked="" type="checkbox"/> REPAIR SHOP			
CONDITION OF REMAINS				CASKET REPAIRED			
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
NECESSARY DISINFECTION (Explain)				CASKET EXCHANGED			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
				SHIPPING CASE REPAIRED			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
				SHIPPING CASE EXCHANGED			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
				REMARKS			
				<i>J + R</i>			
TIME	DATE	SIGNATURE OF MORTICIAN		TIME	DATE	SIGNATURE OF INSPECTOR	
				4:55	3/24/49	C. B. Fitzpatrick	
REMARKS							

6766

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

31 March 49

NAME OF DECEDENT (Last, First, Middle Initial)

HAIK, VICTOR G.

BRANCH OF SERVICE

AGF

TO BE FILLED IN BY CLAIMANT

A. INTERMENT EXPENSES (Civilian or Private Cemetery)

810-852
G. A. SUMMA
CPT., P.D.,
APR 1949

B. TRANSPORTATION EXPENSES (National or Post Cemetery)

RANK OR GRADE

SGT

SERIAL NO.

34230948

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign for receipt.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

Ft. McPherson, Ga

WW II

CLAIM VALID REPATRIATION

GEORGE GREEN
CAPTAIN, QMC.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: of Cemetery Bonmah

CITY OR COUNTY: Bogalusa

STATE: La

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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: (City, town, or place from which remains were shipped)

TO: (Name and Location of National or Post Cemetery)

RETURN FOUR COPIES TO

AGR DIVISION
ATLANTA GENERAL DEPOT, U. S. ARMY
ATLANTA, GEORGIA

SIGNATURE OF CLAIMANT

DO NOT SIGN

ADDRESS (Street number or RFD, City and State)

946 Columbia St Bogalusa, La

RELATIONSHIP TO DECEDENT

wife

REMARKS

Bogalusa
Paid \$75.00

COPY

APR 19 1949

Atlanta, Ga. _____

Paid on Voucher 132282 Money

Accounts of _____ Fin. Dept.

Check No. 640562

PART A

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.

PART B

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. An interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.



RRE Form #39
13 Jul 48

m

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

Handwritten signature/initials

HAIK	Victor	G.,	Sgt	34230948
(Last Name)	(First Name)	(Initial)	(Rank)	(ASF)

Repatriated to the United States

22 FEB 1949

STATION FILE

Incl #

CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

Only PART I should be completed, if identification tags are available.
Both PART I & II should be completed if identification tags are not available.
 If information is unavailable, so indicate.

3-12-45

PART I (Positive identification)

Date

1. Victor G. Haik Unk 34230948 Unk
 (Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached
One tag around neck, supported by grave marker.

3. Give exact location from which disinterred, furnishing coordinates and map series used
Schonberg, Bel. Coord: P 9589 Sheet 6 GSGS 4042

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetery)
Schonberg village cemetery adjacent to temporary unnamed cemetery.

5. Approximate or established date of death (state which & give basis for date selected)
Condition of body prevents estimated date of death.

6. Approximate or established date of burial (give basis for date established)
Established date Dec 22, 1944, date on marker.

7. Manner in which grave was marked and all information contained on the marker
Wooden cross, Am. Victor G Haik, 34230948 T 42-43 Dec 22, 1944

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned
Various civilians contacted but were not in town at time American was killed and could give no information.

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information).
Town in hands of Germans at that time and no civilians present.
 Any P E removed by Germans.

PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)

11. _____
 (Est Height) (Est Weight) (Color of Hair) (Color of Eyes)

12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc.

RESTRICTED

13. Give as detailed description as possible of condition and amounts of remains

14. Give probable cause of death, type and location of wounds (is there evidence that body was burned)

15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, designs markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

(Type)

(WD Serial No.)

(Organization)

(Serial No. and

Type of each gun)

17. Give exact location of remains in vehicle before removal.

If buried in a coffin, give description and markings

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of these remains

20. Other pertinent information which would aid in establishing identity

American soldier buried on flight, Benny Lagonnaris. German soldier buried on left, Karl Waltr.

Henry S. Ayer s/ser 35108365 3043 CASR CO

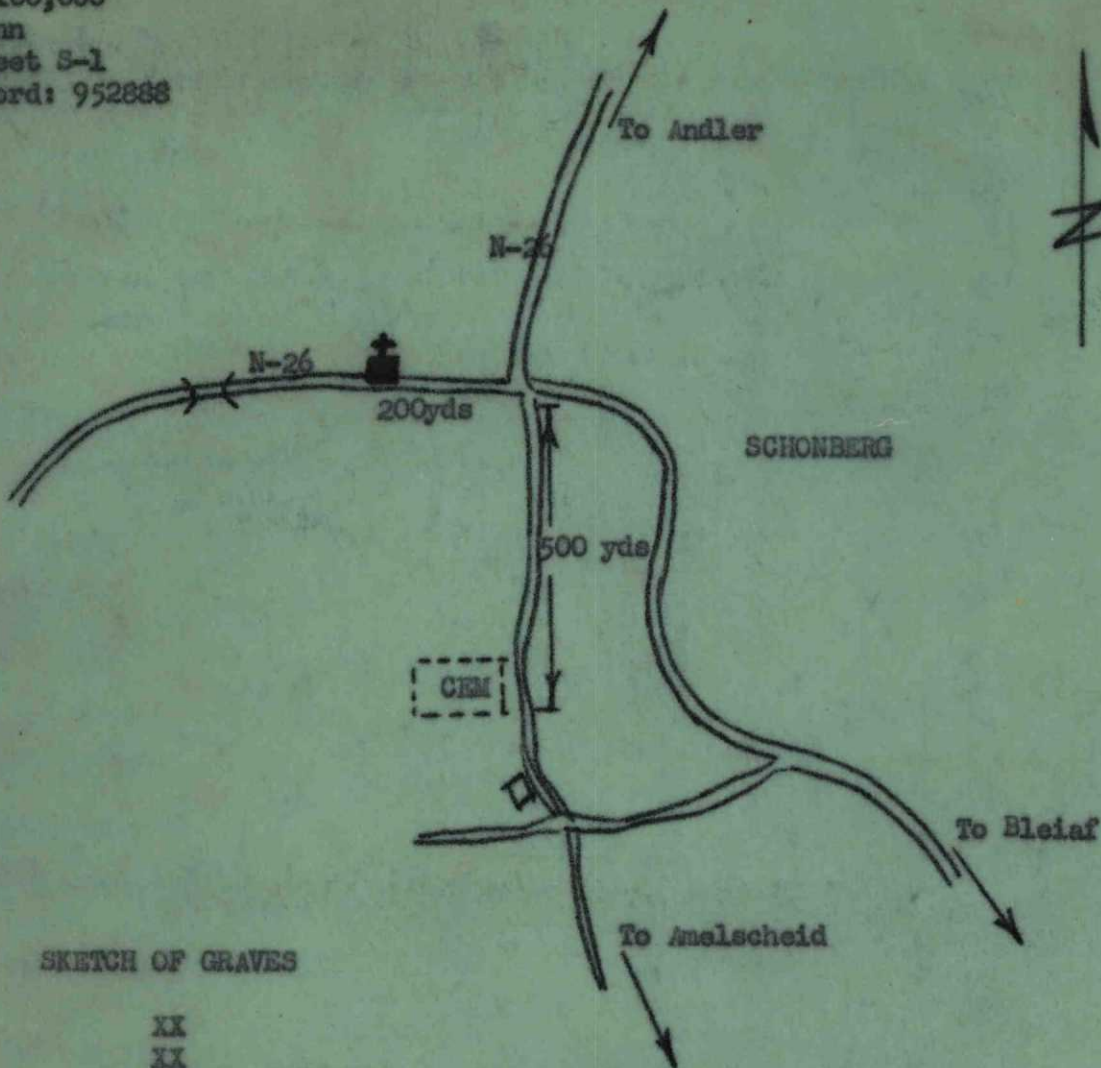
(Individual in Charge of Disinterment)

(Rank)

(ASN)

(Organization)

Central Europe
 1:100,000
 Bonn
 Sheet S-1
 Coord: 952888



SKETCH OF GRAVES

XX
 XX
 ① XX X
 XXXX X
 XXXX
 XXXXX
 XXXXXX
 XXX②XX
 XXX③XX
 XXXXXX
 XXXXXX
 XX④XX
 ⑤ XXXXXX
 X

X indicates German graves
 Americans are numbered from 1 to 5.

		<u>Date of Death</u>
1.	Denny ^{or} ^u Logonaris 39204063	20 Dec 44
2.	Viktor G. Hsik 34230948	22 Dec 44
3.	John D Ford-Lt. 01633218	21 Dec 44
4.	James X Davis-Sgt 37554133	20 Dec 44
5.	Robert E. Hainley-Lt. 0777954	25 Jan 45

RESTRICTED

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

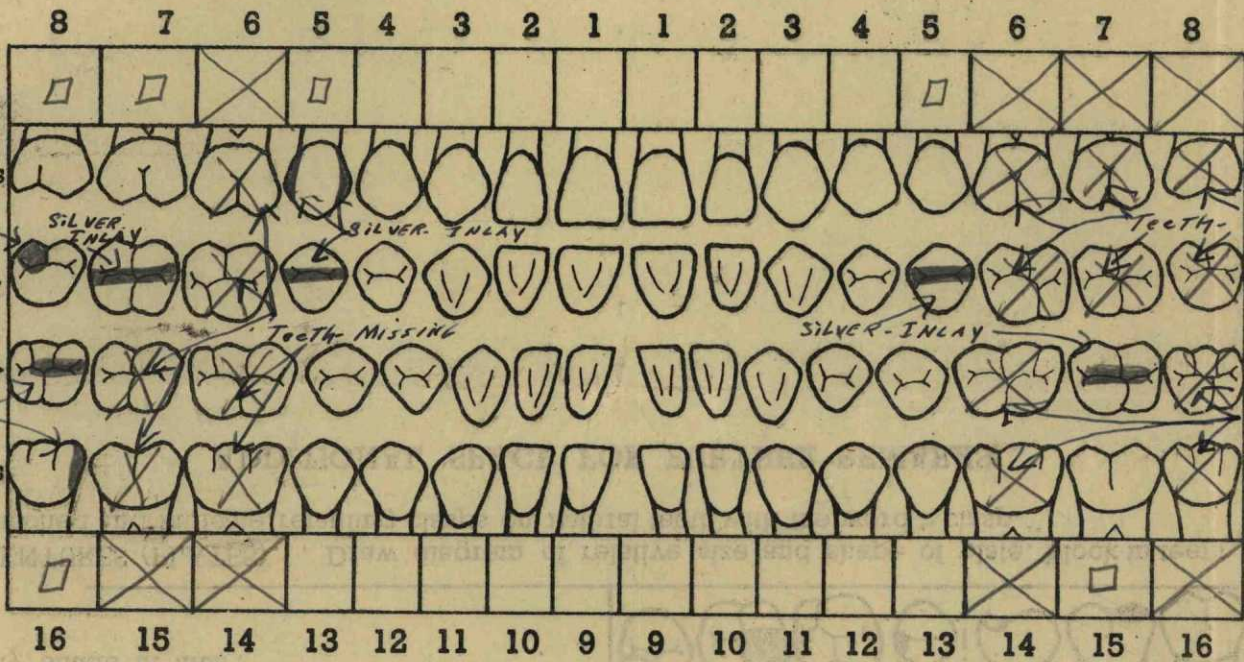
TOOTH CHART

15 Mar 45
Date

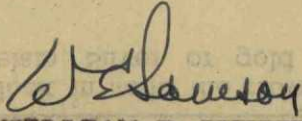
HAIK **Victor** **G** **Unk** **34230948**
 Last Name First Initial Rank Serial No.
Unk **Unk** **Unk** **Unk** **Unk**
 Unit Organization
Schonberg Bel **Unk (Estimated to be 22 Dec 44)** **GSW both legs**
 Place of Death Date of Death Cause of Death

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.


WILLIAM E SAMSON
1st Lt QMC
3043 QMGR CO

Signature of Officer or other person who prepared Tooth chart

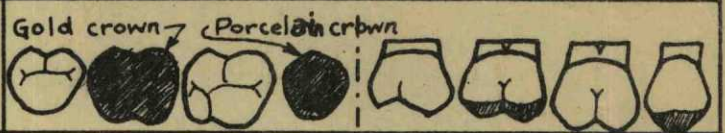
Verified by G. R. S. Officer

RESTRICTED

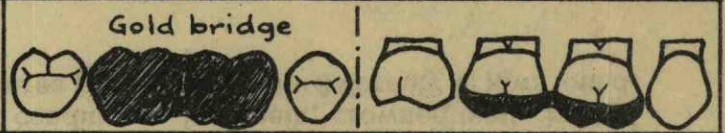
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



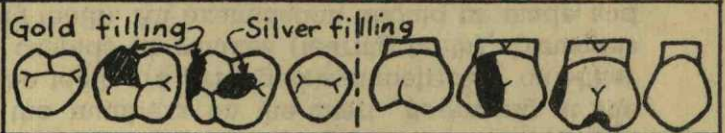
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



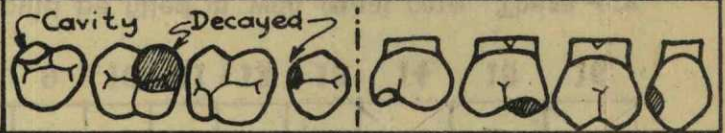
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :

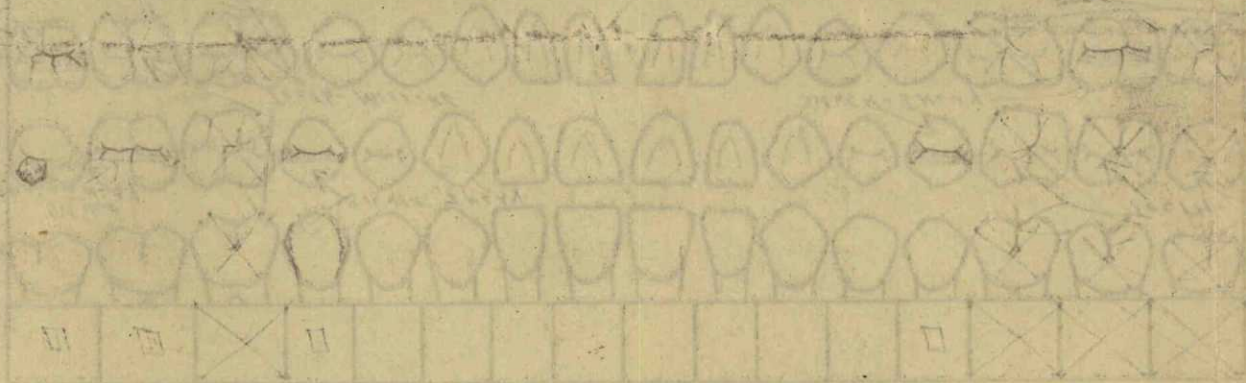


CARIES (CAVITIES). Outline location and size cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS



QUEST FOR DISPOSITION OF REMAINS

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

DATE:

Sgt Victor G. Haik, 34 230 948
Plot G, Row 2, Grave 26,
United States Military Cemetery
Foy, Belgium

5 January 1948

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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, Josophine L. Haik

(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) _____

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

Ponemah, Bogalusa, La.,

(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____

(FOREIGN COUNTRY)

(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

213 proc JUL 20 1948

*Coded: 7-6-48
Dumles*

28 MAY 1948

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

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			
Pools Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
216 Alabama Avenue	Bogalusa	Washington	Louisiana
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
G.M. & O. Railroad, Bogalusa, La.,	Western Union, Bogalusa, La.,	21	

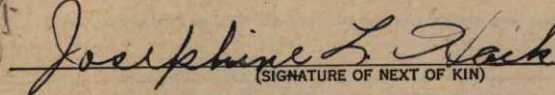
IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
Haik	Ralph	NMI	Brother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
946 Columbia, St.,	Bogalusa	Washington	Louisiana

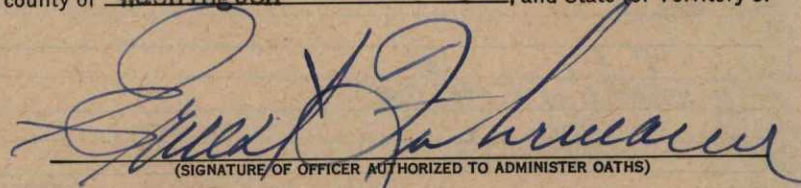
REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)*

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.


 _____ 946 Columbia, St., _____
 (SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
 Josephine L. Haik _____
 (NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 16th day of January, 1948, at city (or town) of Bogalusa, county of Washington, and State (or Territory or District) of Louisiana.



 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public

 (OFFICIAL TITLE)

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



Sgt Victor G. Haik, 34 230 948
Plot G, Row 2, Grave 26,
United States Military Cemetery
Foy, Belgium

5 January 1948

Mrs. Josephine L. Haik
946 Columbia Street
Bogalusa, Louisiana

Dear Mrs. Haik:

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

8 Incls. B
M.K.

JAN 5 2 20 PM '48
MAIL & RECORDS

mbk

WAR DEPARTMENT

SECURITY CLASSIFICATION (If any)

DISPOSITION FORM

293

Haik, Victor G.

FILE No.

AGRS-DC 201 Haik, Vicotr G.

SUBJECT

Location of grave.

34,230,948

TO The Quartermaster General FROM RAC, St. Louis 20, Mo.
Washington 25, D. C.

DATE 21 August 46

COMMENT No. 1
Giese-S

For appropriate action as pertains to location of grave of Victor G. Haik,
34 230 948.

FOR THE ADJUTANT GENERAL:

Henry Spamer
Adjutant General

1 Incl:
Cpy ltr dtd 30 July 45

RECORDS BRANCH
SEP 19 1946
RECORDS SECTION

✓
File
9-12-46
Smith
NAT
See ltr dtd
14 Dec 45

DISPOSITION FORM

NAME: [Faint text] GRAVE NO.: [Faint text]
LOCATION OF GRAVE: [Faint text]
[Faint text]

[Faint text]



Copy

Bogalusa, Louisiana
July 30, 1945

Major General J. A. Ulio
The Adjutant General
Washington, D. C.

Dear Sir:

I have received a letter from 1st Lt. John C. Loving and James C. Fahl, Co A 31 Tank Bn, APO 257, New York, NY. Confirming of Sgt Victor G. Haik, 34 230 948- death killed Dec 23, 1944. Both stated Sgt Haik was buried in Foy, Gelguim in grave 26, row 2, plot g of U.S. Military Cemetery No. 1.

Recently I was informed by one of his friends that visited his grave in Leigh, Belgium. Do these names concern the cemetery or was his body transferred.

Both letters stated him a hero. Would like to know if any medals is awarded as he was in a leader tanks. If the copy of the letters is necessary will be good to send them to you. Thank for any information that you can give me.

Your truly

Mrs Josephine L. Haik
946 Col St.
Bogalusa, La.

Copy

Familien- u. Vorname: *Haik Viktor G.* U.S.A. 1

geboren am *23 Dec 44* *Haik, Victor G.* in: *Germany* Kreis: *Germany*

Truppenteil: *Feld am Rhein. Riv. Br.*

Dienstgrad: *Sold.* *5/22/46 - 1948*
died med Co 1918.

Erkennungsmarke: *342 309 48 T 42-43* *at Schoenberg*

Tag des Todes	Ort des Todes	Beerdigt am
<i>22. 12. 44</i>	<i>Sau. Sp. 1818</i> <i>Str. 4. Pl. Schünberg</i>	<i>1946</i>

Lage und Nr. des Grabes: *Heldenfriedh. Schünberg ostw.*
10 km. St. Tith, nebend. Dorfstr. Reihe 5 Grab 12
(OVER)

Gemeldet durch: *B.L. Ref. 1. W.G.D. Wast. Trupp. L. 1. Bl.*
VIII Sau. Sp. 1818 Str. 4. Pl. Schünberg über Def II

buried - Heroes Cem. at Schönberg east
10 km from St. Vith near the village Cem.
row 5 - grave 12

Belgium

Name: Haik, Victor		Staatsangehörigkeit: U.S.A.	Nr. der Liste: 34 230 948
Gefangenenlager: 293 Haik, Victor G			Seite der Liste:
Name: Haik			Beruf: ✓
Vorname: Viktor G.			Religion:
Geburtsstag u. Geburtsort:		Truppenteil:	Rank: Pvt.
Vorname des Vaters:		Komp. usw. a.i.n.	Matr. Nr. 342 309 48 T 42-43
Familiennamen der Mutter:		Ort und Tag der Gefangennahme oder Internierung:	
Name u. Anschrift der zu benachrichtigenden Person:		Verwundungen, Verletzungen oder Tod: Dead	
Aufenthalt u. Veränderungen:		wann und von wo zugegangen:	

Died: 20 Dec. 1944 Med. aid company 1818 at Schonberg
 † 20. 12. 44 Lau. Komp. 1818 Tr. U.S.A. Schonberg Belgium
 Gravel: Heldenfriedh. Schonberg approx 10 km. N. Vill near the
 Dorfstr. Reihe 5 Grab 12
 K/A 23 Dec 44 Buried in Hero or Military cemetery at Schonberg
 10 kilometers east of St. Vill near the village cemetery, Row 5, grave 12 Belgium

FILE
MAN
9/24/94
afm

gen. d. San. Ep. 1818 fr. V. Pl. Schönberg ii. Ref II
7.4 a. Ref IV i

abgel. d 675/45
Totenk. 74
Hfd. 109

Report from Medical Aid Company 1818 -
at Schönberg + Ref II

Cas 4 - Ref IV i

American Cas. Report 675-145

Appears on Dead List 74/109.

SPQYG 293
Haik, Victor G.
S.N. 34 230 948

Address Reply To
THE QUARTERMASTER GENERAL
Attn: Memorial Division

14 December 1945

Mrs. Josephine L. Haik
946 Columbia Street
Bogalusa, Louisiana

Dear Mrs. Haik:

Your letter to The Adjutant General, Washington 25, D. C., concerning your husband, the late Sergeant Victor G. Haik, has been referred to this office.

The official report of burial shows that the remains of your husband were originally interred in the Hero or Military Cemetery at Schenberg, Belgium, but were later disinterred and moved to a more suitable site where constant care of the grave can be assured by our Forces in the field. The remains of your husband are now interred in the United States Military Cemetery #1, Foy, Belgium, Plot G, Row 2, Grave 26, located approximately four miles northeast of Bastogne and twenty miles southeast of Marche, both in Belgium.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

ah
GRAVES REGISTRATION SECTION
DEC 14 8 58 AM '45
MEMORIAL DIVISION MAIL & RECORDS SECTION



DEC 14 9 42 AM '45
MEMORIAL DIVISION

JRB

PLK

ARMY SERVICE FORCES
TRANSMITTAL SHEET

SECURITY CLASSIFICATION
(if any)

FILE NO.
m 293
AGPD-R 201 Haik, Victor G.
34 230 948

SUBJECT:

TO: Office of the Quartermaster
General
Washington 25, D. C.

FROM: D & A Sub-Branch
72 Wall Street
New York 5, N. Y.

DATE:
13 November 1945

For disposition.

R. V. Fontaine
R. V. FONTAINE
Capt., AGD
Casualty Awards Section

NOV 13 1945

Nov 19 3 49 PM '45 GRAVES REGISTRATION SECTION
MEMORIAL DIVISION

Nov 19 4 26 PM '45
MEMORIAL DIVISION



ec 606
13 November 1945

COPY

Bogalusa, La.
July 30, 1945

Major General J. A. Ulio
The Adjutant General
Washington, D. C.

Dear Sir:

I have received a letter from 1st Lt. John C. Loving and James C. Fahl, Co-A-31 Tank Bn.- A.P.P 257- New York, N. Y. Confirming of Sgt. Victor G. Haik 34230948- death killed December 23, 1944. Both stated Sgt. Haik was buried in Foy Belgium in grave 26-row 2-plot G-of U. S. Military Cemetery No. 1.

Recently I was informed by one of his friends that visited his grave in Leigh Belgium. Do these names concern the cemetery or was his body transferred.

Both letters stated him a hero. Would like to know if any medals is awarded as he was in a leader tank. If the copy of the letters is necessary will be glad to send them to you.

Thank for any information that you can give me.

Yours truly,

Mrs. Josephine L. Haik
946 Col Street
Bogalusa, La.

Copy

ec 606
13 November 1945

COPY

Bogalusa, La.
July 30, 1945



Major General L. A. Little
The Adjutant General
Washington, D. C.

Dear Sir:

I have received a letter from Lt. John C. Loving and James C. Fehl, Co-A-31 Tank Bn. - A.P. 257 - New York, N. Y. Confirming of Sgt. Victor G. Halk 34230948 - death killed December 23, 1944. Both stated Sgt. Halk was buried in Foy Belgium in grave 26-row 2-plot G-of U. S. Military Cemetery No. 1.

Recently I was informed by one of his friends that visited his grave in Leign Belgium. Do these names concern the cemetery or was his body transferred.

Both letters stated him a hero. Would like to know if any medals is awarded as he was in a leader tank. If the copy of the letters is necessary will be glad to send them to you.

Thank for any information that you can give me.

Yours truly,

Mrs. Josephine L. Halk
246 Col Street
Bogalusa, La.

Copy

BURIAL INFORMATION REPORTED BY GERMAN GOVERNMENT
 RECEIVED THROUGH AMERICAN LEGATION, BERN, SWITZERLAND U.S. ARMY

NAME (Last, First, Middle) HAIK, VICTOR G.	GRADE	ORGANIZATION S.N. 34230948		
DATE OF BIRTH <i>he</i>	PLACE			
EMERGENCY ADDRESSEE				
DATE OF DEATH OR CAPTURE Died Dec. 22, 1944	PLACE At Schönberg, Belgium			
PLACE OF BURIAL Hero, or Military Cemetery at Schönberg 10 kms. east of St. Vith next to the Village Cemetery, Belgium	ROW NO. 5	GRAVE NO. 12	TYPE OF BURIAL <input type="checkbox"/> SINGLE <input type="checkbox"/> COMRADE	DATE OF BURIAL
OTHER MEMBERS OF CREW OF _____				
NAME	GRADE	NAME	GRADE	
1.		6.		
2.		7.		
3.		8.		
4.		9.		
5.		10.		
PERSONAL EFFECTS				
SOURCE OF INFORMATION: GERMAN LIST OF AMERICAN CASUALTIES NO. 74/109				PAGE NO.
PLACE Meiningen, Germany			DATED 29 May 1945	
REMARKS Burial Information as received in the German language in this list: Heldenfriedhof Schönberg ostw. 10 km. St. Vith Neben dem Dorffriedhof Reihe 5 Grab Nr. 12				

*File
8-20-45
M.H.*

Cas. list 74/109

Name - Haik, Victor G.

S.N. 34230 948

Died Dec. 22, 1944 at Schönberg, Belgium

Place of burial: —

Herz og Juit. Cemetery at Schönberg

10 kms. east of St. Vith next to the
Village Cemetery, Row 5, Grave 12.

Belgium

File
6-20-45
44-45-1

RESTRICTED

GRAVES REGISTRATION FORM NO. 1 (Revised 1 Sept. 1945)

20

REPORT OF BURIAL

15 Mar 45 Date

TM 70-630 AND AR 30-1315

HAIK

Victor

G

Sgt Unk

34230948 Serial No.

Unk Unit

31 Gards Bn. Organization

Unk

Schonberg Bel

Unk (Estimated to be 22 Dec 44)

GSW both legs Cause of Death

12 Mar 45 0900 Time and Date of Burial

US Mil Cem #1 Foy Bel Name of Cemetery

26 Grave Number

2 Row Number

G Plot Number

Cross Type of Marker

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

If No Identification Tags Identified by one ID tag found around neck and grave marker. There are no clothing marks. The skin is decomposed making fingerprinting impossible. Tooth chart was taken.

Disinterred by S/Sgt Ayer of 3043 QMGR CO.

What means of identification were buried with the body? Note below any identifying clues for probable identification of deceased, etc.

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

Who is buried on:

None First in row

Deceased's Right:

FORD 0-1633218 Unk Unk 27

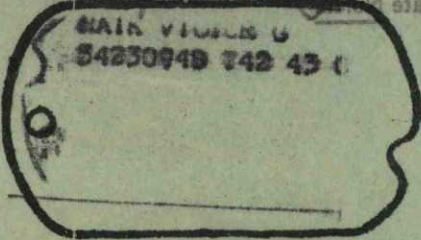
Deceased's Left:

Name Serial No. Rank Organization Grave No.

Signature of Name, Rank and if possible Organization of person furnishing above data when other than officer reporting burial:

Defective tag

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



Emergency Addressee Unk

Name

Address

Religion Unk

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

No Personal Effects

W. Samson WILLIAM E SAMSON 1st Lt QMC 3043 QMGR CO

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

REBURIAL Previously buried in isolated grave located at Schonberg, Bel.

FILED 15 MAR 1945 S. 2034

#7

RESTRICTED

REPORT OF BURIAL 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.

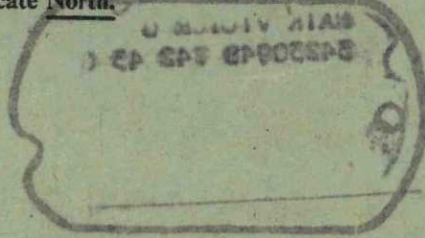
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No
Identified by one ID tag found around neck and give composed making fingerprinting impossible. There are no clothing marks. The skin Disinterred by S/sgt Ayer of 303 OMRG CO.

Deceased's Left	None	Who is buried on:
	FORD	Deceased's Right:
Deceased's Right	0-1633218	Deceased's Left:
Thumb	Unk	
Thumb	Unk	

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

Emergency Address: Unk

Religion: Unk

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

No Personal Effects

WILLIAM E SAMSON
AGIP BR HQ 0505
303 OMRG CO

722560

Left Hand

Right Hand

Thumb

Thumb

15 Mar 45

50

82330948

HAIR

WSP both legs

Schönberg Bel Unk

US Mil Cem #1 Toy

15 Mar 45 0900

Cross

50

No

Disinterred by S/sgt Ayer of 303 OMRG CO.

Unk

Disinterred by S/sgt Ayer of 303 OMRG CO.

Unk

Disinterred by S/sgt Ayer of 303 OMRG CO.

Unk

Disinterred by S/sgt Ayer of 303 OMRG CO.

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Disinterred by S/sgt Ayer of 303 OMRG CO.

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Disinterred by S/sgt Ayer of 303 OMRG CO.

Unk

Disinterred by S/sgt Ayer of 303 OMRG CO.

Unk

Disinterred by S/sgt Ayer of 303 OMRG CO.

Unk

Disinterred by S/sgt Ayer of 303 OMRG CO.

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

29m 293

15 Mar 45
Date

HAIK

Victor

G

Unk

34230948

Last Name
Unk

First

Initial

Rank

Serial No.

Unit

Organization

Schonberg Bel Unk (Estimated to be 22 Dec 44)

GSW both legs
Cause of Death

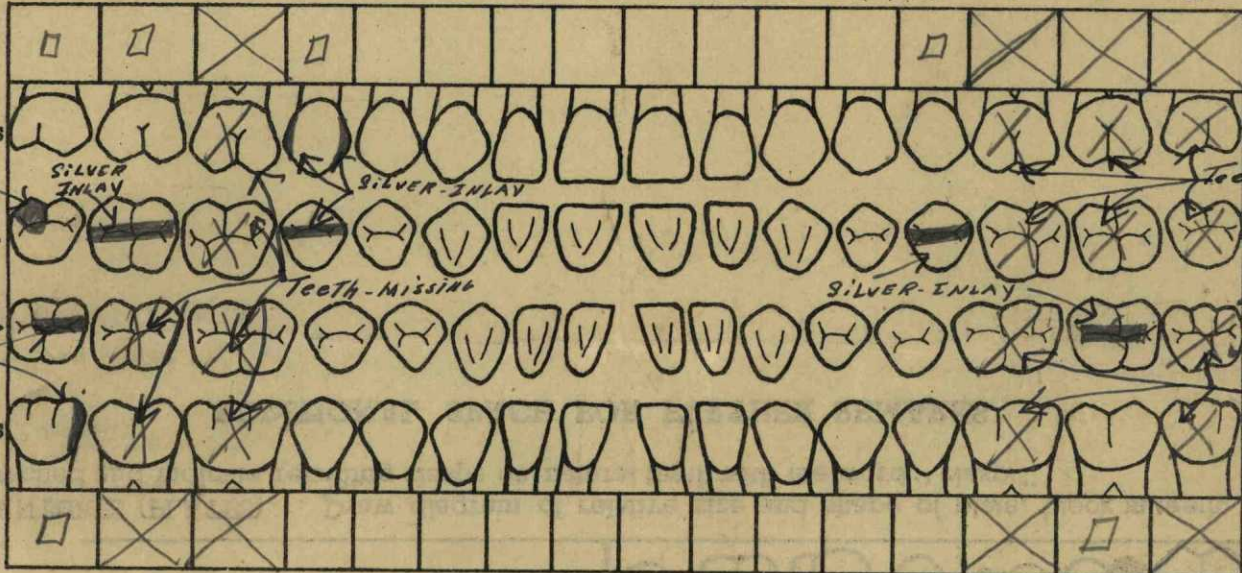
Place of Death

Date of Death

Right

Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

William E Samson
WILLIAM E SAMSON
1st Lt QMC
3043 QMGR CO

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

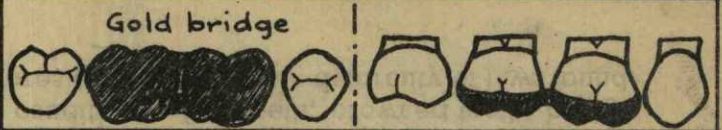
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



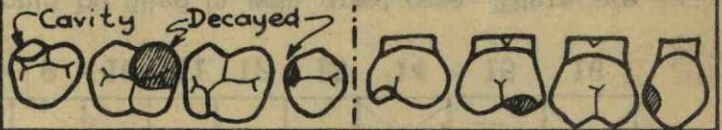
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :

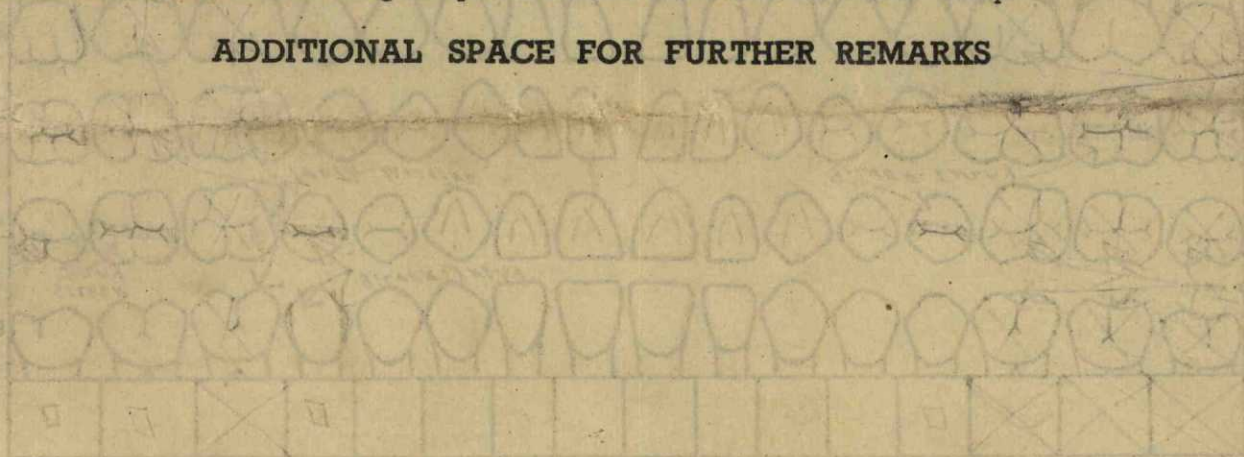


CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS



8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Handwritten signature: H. H. K.

CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

Only PART I should be completed, if identification tags are available.
Both PART I & II should be completed if identification tags are not available.
If information is unavailable, so indicate.

3-12-45

PART I (Positive identification)

Date

1. Victor G. Haik Unk 34230948 Unk
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached
One tag around neck, supported by grave marker.

3. Give exact location from which disintered, furnishing coordinates and map series used
Schonberg, Bel. Coord: P 9589 Sheet 6 GSGS 4042

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetery)
Schonberg village cemetery adjacent to temporary unnamed cemetery.

5. Approximate or established date of death (state which & give basis for date selected)
Condition of body prevents estimated date of death.

6. Approximate or established date of burial (give basis for date established)
Established date Dec 22, 1944, date on marker.

7. Manner in which grave was marked and all information contained on the marker
Wooden cross, Am. Victor G Haik, 34230948 T 42-43 Dec 22, 1944

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned
Various civilians contacted but were not in town at time American was killed and could give no information.

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information).
Town in hands of Germans at that time and no civilians present.
Any P E removed by Germans.

PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)

11. (Est Height) (Est Weight) (Color of Hair) (Color of Eyes)

12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc.

RESTRICTED

13. Give as detailed description as possible of condition and amounts of remains

14. Give probable cause of death, type and location of wounds (is there evidence that body was burned)

15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, designs markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

(Type)	(WD Serial No.)	(Organization)	(Serial No. and
--------	-----------------	----------------	-----------------

Type of each gun)

17. Give exact location of remains in vehicle before removal

18. If buried in a coffin, give description and markings

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of these remains

20. Other pertinent information which would aid in establishing identity

American soldier buried on right, Denny Lagonnaris. German soldier buried on left, Karl Walff.

Henry S. Ayer

(Individual in Charge of Disinterment)

S/Sgt

(Rank)

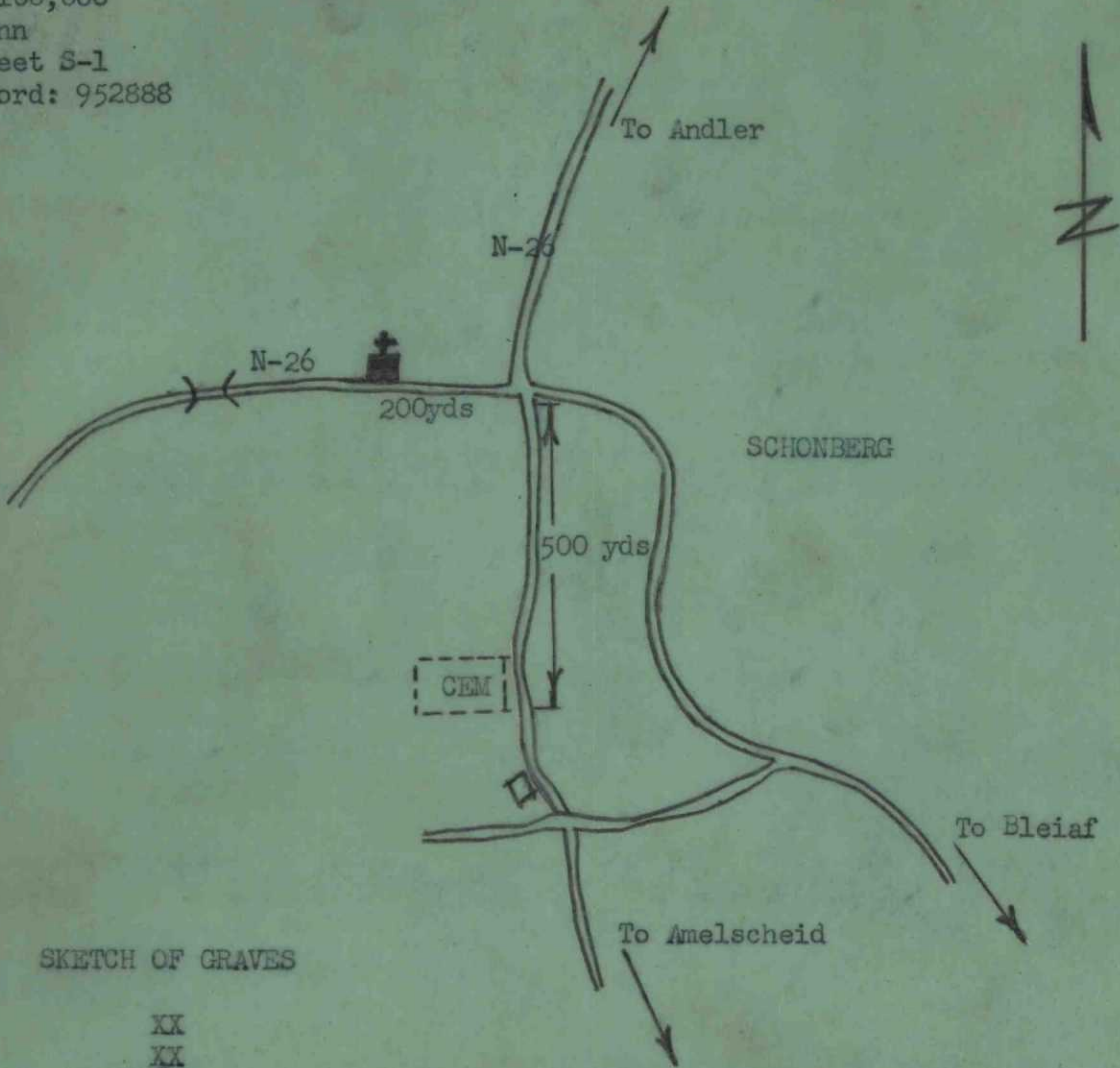
35108365

(ASN)

3043 QMGR CO

(Organization)

Central Europe
 1:100,000
 Bonn
 Sheet S-1
 Coord: 952888



SKETCH OF GRAVES

XX
 XX
 (1) XX X
 XXXXX X
 XXXXX
 XXXXXX
 XXXXXXX
 XXXXXX
 XXXXXX
 XXXXXX
 XXXXXX
 XXXXXX
 (2) XXX
 (3) XXX
 XXXXXX
 X

X indicates German graves
 Americans are numbered from 1 to 5.

		Date of Death
1.	Denny Logonaris 39204063	20 Dec 44
2.	<u>Viktor G. Hoik 34230948</u>	22 Dec 44
3.	John D Ford-Lt. 01633218	21 Dec 44
4.	James V Davis-Sgt 37554133	20 Dec 44
5.	Robert E. Hainley-Lt. 0777954	25 Jan 45

RESTRICTED

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

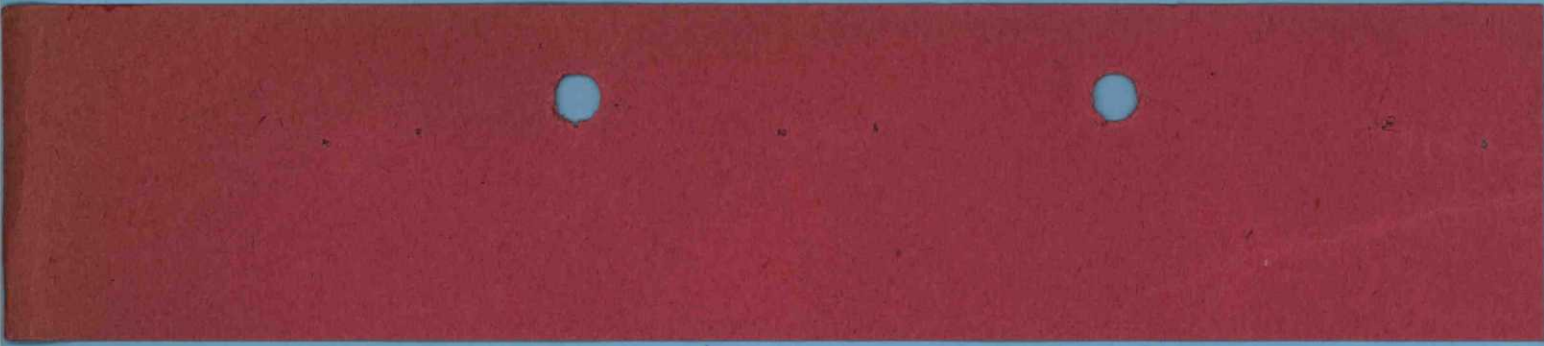
REPORT OF DEATH

DATE 20 Apr 45

FULL NAME <u>Haik, Victor G.</u>				ARMY SERIAL NUMBER <u>34 230 948</u>				GRADE <u>III</u> <u>Sgt.</u>																		
HOME ADDRESS <u>Bogalusa Louisiana</u>				ARM OR SERVICE <u>Infantry</u>				DATE OF BIRTH <u>27 June 14</u>																		
PLACE OF DEATH <u>European Area</u>				CAUSE OF DEATH <u>Killed in action</u>				DATE OF DEATH <u>23 Dec 44</u>																		
STATION OF DECEASED <u>European Area</u>				DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>7 Feb 42</u>				LENGTH OF SERVICE FOR PAY PURPOSES																		
								YEARS		MONTHS		DAYS														
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Josephine L Haik (Wife) 946 Columbia St., Bogalusa Louisiana</u>																										
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Josephine Lucille Haik (Wife) same as above</u> <u>Victor Gabriel Haik Jr. same as above (Son)</u> <u>Donald Gabe Haik (Brother) 721 First St., Bogalusa, La.</u>																										
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)														
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO													
											X															
ADDITIONAL DATA AND/OR STATEMENT <u>Gabriel Sabe Haik (Father) same as above</u> <input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE																										
The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 Dec 44 until such absence was terminated on 13 Apr 45, when evidence considered sufficient to established the fact of death was received by the Secretary of War from a Commander in the European Area.																										
<table border="1"> <thead> <tr> <th colspan="3">COPIES FURNISHED:</th> </tr> </thead> <tbody> <tr> <td>S. G. O.</td> <td>F. B. I.</td> <td>F. O., U. S. A.</td> </tr> <tr> <td>S. O. C. M. G.</td> <td>O. F. D.</td> <td>ARMY EFFECTS BUREAU</td> </tr> <tr> <td>S. A. G.</td> <td>VET. ADMIN.</td> <td>CASUALTY BRANCH FILE</td> </tr> <tr> <td></td> <td></td> <td>A. G. 201 FILE</td> </tr> </tbody> </table>												COPIES FURNISHED:			S. G. O.	F. B. I.	F. O., U. S. A.	S. O. C. M. G.	O. F. D.	ARMY EFFECTS BUREAU	S. A. G.	VET. ADMIN.	CASUALTY BRANCH FILE			A. G. 201 FILE
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S. A. G.	VET. ADMIN.	CASUALTY BRANCH FILE																								
		A. G. 201 FILE																								
<p align="right">BY ORDER OF THE SECRETARY OF WAR: <i>J. P. Carl</i> ADJUTANT GENERAL</p> <p align="right"><i>Final</i> 28 APR 1945 <i>file</i></p>																										

WD AGO FORM 52-1
 1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944
 WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED



SENSITIVE SURFACE - HANDLE EDGES ONLY

377,522
rw

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

REPORT OF DEATH

DATE 20 Apr 45

FULL NAME Haik, Victor G.		ARMY SERIAL NUMBER 34 230 948	GRADE Sgt.										
HOME ADDRESS Bogalusa Louisiana		ARM OR SERVICE Infantry	DATE OF BIRTH 27 June 14										
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 23 Dec 44										
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 7 Feb 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Josephine L Haik (Wife) 946 Columbia St., Bogalusa Louisiana													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Josephine Lucille Haik (Wife) same as above Victor Gabriel Haik Jr. same as above (Son) Donald Gabe Haik (Brother) 721 First St., Bogalusa, La.													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

Gabriel Sabe Haik (Father) same as above

 BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 Dec 44 until such absence was terminated on 13 Apr 45, when evidence considered sufficient to established the fact of death was received by the Secretary of War from a Commander in the European Area.

COPIES FURNISHED:

S. G. O.	F. B. I.	F. O., U. S. A.
S. O. C. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:


 ADJUTANT GENERAL

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

377522 1774

-BATTLE CASUALTY REPORT

NAME HAIK VICTOR G		SERIAL NUMBER 34230948	GRADE SCT	ARMY OR AIR FORCE INF	REPORTING OFFICER ETC
PLACE OF CASUALTY BELGIUM9	DATE OF CASUALTY DAY MONTH YEAR 23 DEC 44		STATUS OR SERVICE STATUS MIA	RELATIONSHIP NUMBER 005	

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 TELEGRAMS 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 BIK MONIES, PAY GRATUITY IN CASE OF DEATH.

MR. OR MRS. FIRST NAME-MIDDLE INITIAL-LAST NAME MRS JOSEPHINE L HAIK	RELATIONSHIP WIFE	DATE ENTERED 14 JANUARY 46
NO. AND NAME OF STREET-CITY-STATE 946 COLUMBIA STREET BOGALUSA LOUISIANA		

REMARKS: CORRECTED COPY



JAN 11 3 45 PM '46
 RECEIVED

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 48 AS OF 001 000

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO

PREVIOUSLY REPORTED: YES NO (AS INDICATED BELOW)

MSG NO.	MESSAGE NO.	TYPE	DATE AND AREA	U. S. COUNTRIES

FORWARDED TO: REG. INEN. WIREGRAM WOUNDED LETTER BOARD A. S. P. C. CHECK H. S. C. SIGN DEL.

REPORT NOT VERIFIED: NO FORM 48 NO CAS. BR. FILE CHECKED BY *[Signature]* REVIEWED BY *[Signature]*

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			SERIAL NO.	STATE	CITY	ZIP	AGE													
		DAY	MO.	YR.		DAY	MO.	YR.																		
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	60

DISTRIBUTION "A" 28 COPIES
 (ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL EXCEPT WOUNDED.)
 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" COPIES
 (ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

U.S. G.P.O. FORM NO. 1000
19 JUNE 1944

D. V. G. *Amerik.* *Haik, Victor G.* *34230948* *67565*
Familien- u. Vorname: *Sgt Haik, Viktor G.* *Wittler G.* *Angaben nicht in der Lage.*

geb. am: */* **in:** */* **Kreis:** *Quanaq*

Truppenteil: */* **Erfennungsmarke:** *342 30948T. 62 43*

Dienstgrad: *FILE-D.P.R.* **Lfb. Nr.** *607.*

Lazarett:	Krankheit oder Verwundung:	Zugang:	Abgang:
<i>San. Kp.</i>	<i>a 21.12.44.</i>	woher: <i>/</i>	wohin: <i>west.</i>
<i>1818</i>	<i>Gr. Spl. li. Hüft</i>	<i>am 22.12.44.</i>	<i>am 22.12.44.</i>
<i>Tr. V. Fl.</i>	<i>Kia 23 Dec 44</i>	<i>am 22.12.44.</i>	<i>am 22.12.44.</i>
<i>Schwabenberg</i>	<i>23 May 46, Cas. No.</i>		

23 May 46, Cas. No.

Aug 6.

Buried. Hero Cedar, at Schönberg -
10 km East of St. Vitth
next to village cemetery.
Row 5 - grave 12

Grablage

Heldenfriedhof Schönberg,
west. 10 km St. Vitth
neben dem Dorfriedhof,
Reihe 5,
Grab 12.

377,522

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU		STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY			<input type="checkbox"/>	DECEASED
<input type="checkbox"/>	G. R. OR SUB GR LABEL			<input type="checkbox"/>	MISSING
<input type="checkbox"/>	WILL OR POWER OF ATTY.			<input type="checkbox"/>	P. O. W.
<input checked="" type="checkbox"/>	TALLY IN FORM 43			<input type="checkbox"/>	ABANDONED
<input checked="" type="checkbox"/>	<i>attachment</i>			<input type="checkbox"/>	UNKNOWN
BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS	<p>1 Form No-736,0 4 Religious cards 2-M.O Receipts No-6116 No-6117- 1 Religious cloth scapular St. Anthony 1 Religious cloth scapular Sacred Heart 1 Religious cloth scapular Heart shaped 1 Rosary beads color black 1 Rosary beads silver color beads 1 black leather Religious case w- cloth sacred Heart scapular and small Prayer book (The Little Manual.)</p>		
BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL			
BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL			
BOOKS	BRUSHES	PEN, FOUNTAIN			
BRACELET, IDENT.	CASE	PHOTOS			
CAMERAS	CLOTH. WASH	PIPES			
CLOTHING	COATS	RINGS			
MISC. ARTICLES	FOOTLOCKER	SCARFS			
RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS			
RIBBONS, DECORATION	GLASSES	SOCKS, PR.			
SHORT SNORTER	GLOVES, PR.	STATIONERY			
SOUVENIR MONEY	HANDKERCHIEFS	TIES			
SOUVENIRS	HEADWEAR	TOBACCO			
TESTAMENTS	JACKETS	TOILET ARTICLES			
TOWELS & WASHCLOTHS	KITS	TOWELS			
U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.			
WATCH	LETTERS	TRUNKS, PR.			
WINGS	LIGHTERS	UNDERWEAR			
CONTAINERS ADDRESSED TO		INFORMATION			
<i>none</i>		<i>none</i>		<p>11-Photo's 1 Billfold leather color brown printed on- Cpl V. G. HAIK 1 Pin- Sacred Heart of Jesus 1-Photo Folder color brown- 1-Ring wedding band Plain gold color.</p>	
NAME AND STATUS VARIATIONS		CROSS-REFERENCE			
		<i>German A E, B.</i>			
CHECK	REC'D BY	NUMBER			
MONEY ORDER		SYMBOL			
BOND		AMOUNT			
TRAV. CHECK		DATE			
FOREIGN CURRENCY		BANK OR PLACE OF ISSUE			
U. S. CURRENCY		PAYEE			
		REMITTER OR DRAWER			
TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET OF SHEETS	
<i>7641</i>		<i>4 June 46</i>			
NAME			A. S. N.		
<i>VICTOR G. HAIK</i>			<i>34230948</i>		
ORGANIZATION			RANK	CASE NO.	
			<i>Cpl</i>		
WAREHOUSE SPACE	EXAMINED BY	DIARY REMOVED			
<i>144 A</i>	<i>Ban</i>	<input type="checkbox"/>			
PACKAGE DESCRIPTION	PACKED BY	PHOTO FILM REMOVED			
<i>#1 p 29</i>	<i>Coffman</i>	<input type="checkbox"/>			
WEIGHT	INSPECTED BY	MOTION PICTURE FILM REMOVED			
	<i>ACM</i>	<input type="checkbox"/>			
	STORED BY	SHIPPED			
		DATE	BY WHOM		

DAMAGED

11/12/48 unable to locate property

ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

Rosary broken & tarnished

SHORTAGES

Pay book

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

Louise Ban

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

INVENTORY EFFECTS

STATE

HAIK, VICTOR G.		CPL.	0948	
BAY	PALLET	BOX	TALLY	TYPE PKG
26		17	7641	PKG

PERSONAL EFFECTS AND BAGGAGE DEPOT

FD-290

WFO. 513, U.S. ARMY

TALLY IN INVENTORY RECORD

TALLY IN No.

F 487

NAME HAIK, VICTOR G RANK CPL ASN 34230948

SHOWN ON CONSIGNORS T.O. AS _____

ORGANIZATION _____

DATE 24 MAY 45 CASE _____ PARCEL ENV STATUS (*) MIA

ITEMS	DESCRIPTION	REMARKS
1	IDENTIFICATION TAG ✓	FOUND AT
1	RELIGIOUS MANUAL / CASE ✓	MIENINGER
2	RELIGIOUS INSIGNAS ✓	GERMANY BLK-E
2	ROSARIES ✓	1 SOLDIER'S
	RELIGIOUS <u>PICTURES</u> ✓	PAY BOOK ○
1	BILLFOLD ✓ PICTURES ✓	
2	RECEIPTS ✓	
1	PERMIT ✓	
1	RING <u>GOULD</u> ✓	

INVENTORIED BY Tonella
TYPE CONTAINER _____

WHSE _____
SPACE _____

QJDKG 347535 348041 357301 377533

FUM/JBS/dp
16 January 1947

SUBJECT: Data Concerning Status of Military Personnel

TO : The Quartermaster General
Memorial Division
Washington 25, D.C.

1. Reference is made to Par. 1c, letter, 28 November 1945, OQMG, file SFQYS 332.3 (Kansas City), and subject: Questions re Effects.

2. The inclosed German document relating to the death and burial of the following personnel is forwarded for your information. This Bureau has on file an official Report of Death for each of these men.

Name	ASN	Rank
Davis, James I.	37554133	S/Sgt.
Ford, John D.	O-1633319	1st Lt.
Lagounaris, Denny F.	39204063	Pfc.
Haik, Victor G.	34230948	Sgt.

FOR THE COMMANDING OFFICER:

1 Incl
German documentF. U. WAXBY
Lt Col, QMG
Effects Quartermaster

2/1

COPY
KCQMD
AEB/ed

QMGOD 332.3, Kansas City

1st Ind

WD, OQMG, Washington 25, D. C. 28 January 1947

TO: Commanding Officer, Kansas City Quartermaster Depot, 601 Hardesty Avenue,
Kansas City 1, Mo. ATTENTION: Effects Quartermaster

Translation of German document inclosed for the information of your
Bureau.

FOR THE QUARTERMASTER GENERAL:

2 Incls

1. n/c

2. Added:

Trans. of German doc.

/s/ Guy B. Kegley
/t/ GUY B. KEGLEY
Major, QMC
Assistant

Original in case 347535

C O P Y
KCQMD
AEB/edStation
AP0 34388

Field HQ, 20 Jan 1945

Subject : Identification Tags and Effects
of dead American soldiers.

To the

Army Information Center
for Casualties and PW's
Saalefeld/Saale.

submitted in the enclosures are 4 (four) identification tags of deceased American soldiers. Report of burial pertaining thereto has already been sent. All four Americans died at the clearing station (at Schoenberg (Eifel) and were buried in the Heroes' Cemetery (of) Schoenberg (near the village cemetery).

- 1) Pvt DAVIS, James I, 37 554
Shell fragment (in) pelvis, died 20 Dec 1944.
- 2) John D FORD 016 33218
Gunshot (wound) in head, died 20 Dec 1944.
- 3) Gunner Denny F. LAGOUNARIS, 39204063
Gunshot (wound in) abdomen, died 20 Dec 1944.
- 4) Cpl Victor G HAIK, 342 30948
Shell fragment (wound in) left foot, died 22 Dec 1944.

Besides enclosed Ident. Tags were found:

1 wedding ring, 2 rosaries in small black wallet with small notebook, 1 album of photographs, 1 leather case and paybook with photographs and pilot license.

The effects are transmitted to above station with request for further disposition (of same).

(Signed-illegible)
Capt (Med) and Comdr Clearing Sta.

SW

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

JRM:WA:np

Case No. 377522

Date 28 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Victor G. Haik, 34230948 late a
(Name of deceased) (Army Serial Number)
Sergeant, Infantry who died
(Grade) (Organization, Army or Service)
on the 23 day of December, 1944, at 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 decedents 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 \$ none 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 25 August 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Josephine L. Haik 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, Mrs. Josephine L. Haik of 946 Columbia Street, Bogalusa State of Louisiana, is the Widow of the

above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

377522

RTB:MH:lah
August 28, 1945

Mrs. Josephine L. Haik
946 Columbia Street
Bogalusa, Louisiana

Dear Mrs. Haik:

The Army Effects Bureau has received from overseas some personal effects of your husband, Sergeant Victor G. Haik.

These effects are 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 recipient's legal residence.

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

Yours very truly,

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

lv

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Josephine L. Haik
946 Columbia Street
Bogalusa, Louisiana

SHIP TO:
Sgt. Victor G. Haik

Effects of:
Name 34230948
ASN 377522 D
Case No.
Wt.

DATE 28 August 1945
RTB:WA:np

H. W. Zimlock
FCR: 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:

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

REMARKS:

Franked **FRANKED** **AUG 31 1945**
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages 1

E. K.

Shipping Clerk

377522

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU	STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY		DECEASED	
<input checked="" type="checkbox"/>	G. R. OR SUB GR LABEL		MISSING	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	WILL OR POWER OF ATTY.		P. O. W.	
<input checked="" type="checkbox"/>	TALLY IN FORM 43		ABANDONED	
		UNKNOWN		

<input checked="" type="checkbox"/>	BAGS, CLOTH OR TRAVEL		BELT		OVERCOATS	
<input checked="" type="checkbox"/>	BELT, MONEY (NO MONEY)		BOOKS, ADDRESS		PAPERS, PERSONAL	
<input checked="" type="checkbox"/>	BILLFOLD (NO MONEY)		BOOKS, PILOT LOG		PENCIL, MECHANICAL	
<input checked="" type="checkbox"/>	BOOKS		BRUSHES		PEN, FOUNTAIN	
<input checked="" type="checkbox"/>	BRACELET, IDENT.		CASE		PHOTOS	
<input checked="" type="checkbox"/>	CAMERAS		CLOTH, WASH		PIPES	
<input checked="" type="checkbox"/>	CLOTHING		COATS		RINGS	
<input checked="" type="checkbox"/>	MISC. ARTICLES		FOOTLOCKER		SCARFS	
<input checked="" type="checkbox"/>	RELIGIOUS ARTICLES		FOOTWEAR, PR.		SHIRTS	
<input checked="" type="checkbox"/>	RIBBONS, DECORATION		GLASSES		SOCKS, PR.	
	SHORT SNORTER		GLOVES, PR.		STATIONERY	
	SOUVENIR MONEY		HANDKERCHIEFS		TIES	
	SOUVENIRS		HEADWEAR		TOBACCO	
	TESTAMENTS		JACKETS		TOILET ARTICLES	
	TOWELS & WASHCLOTHS		KITS		TOWELS	
	U. S. MONEY (AMOUNT)		KNIVES		TROUSERS, PR.	
	WATCH		LETTERS		TRUNKS, PR.	
	WINGS		LIGHTERS		UNDERWEAR	

CONTAINERS ADDRESSED TO <i>none</i>	INFORMATION <i>none</i> <i>Rechecked</i>
NAME AND STATUS VARIATIONS	CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL
BOND		AMOUNT	ORIG. REG. MAIL
TRAV. CHECK		DATE	TO G. A. O.
FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	MUTILATED
U. S. CURRENCY	PAYEE	TO ISSUING AGENCY	
		REMITTER OR DRAWER	

TALLY NO. <i>78</i>	ORIG. NO. OF PKGS. <i>1</i>	EXAMINING DATE <i>18 Aug 45</i>	BOX NO. <i>5</i>	SHEET <i>1</i> OF <i>1</i> SHEETS
NAME <i>Victor G. HAIR</i>		A. S. N. <i>34230948</i>		
ORGANIZATION <i>31 Yk Bw, 7 am Div</i>		RANK <i>Sgt</i> CASE NO.		
WAREHOUSE SPACE <i>1913A</i>	EXAMINED BY <i>Nire</i>	DIARY REMOVED		
PACKAGE DESCRIPTION <i>#1 phg</i>	PACKED BY <i>Martin J. Finley</i>	PHOTO FILM REMOVED		
	INSPECTED BY <i>[Signature]</i>	MOTION PICTURE FILM REMOVED		
	STORED BY <i>[Signature]</i>	SHIPPED		
		DATE <i>AUG 31 1945</i>	BY WHOM <i>[Signature]</i>	

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

SHORTAGES

1 Sew Kit

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

Hive

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

NAME HAIK, VICTOR G. S. 0948

BAY	PALLET	BOX	TALLY
31	3	5	78
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN.			

R E S T R I C T E D
I N V E N T O R Y F O R M

17 JANUARY 1945

Date

SUBJECT: Inventory of Personal Effects of:

HALE VICTOR G SGT 34230948
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO _____ US Army

The above named individual of 31st TANK BN 7TH ARMORED DIVISION
MIA (Unit) 23 DEGRADATION (Organization)

was reported _____ about _____ 1944

Status (KIA, MIA, Hosp. etc.) (Date) NOT KNOWN

Designated Beneficiary if information readily accessible _____

I N V E N T O R Y O F E F F E C T S

1 SEWING KIT ✓
1 ZIPPER CASE WITH RAZOR BLADES ✓
1 COMB ✓
1 RUBBER STAMP INK AND PAD ✓
1 RAZOR ✓
1 ATHLETIC SUPPORT ✓
1 CRUCIFIX ✓
3 MEDALS ✓
1 TIE PIN ✓
4 COLLAR INSIGNIAS ✓
3 RIBBONS ✓
1 RING WITH TAG AND ONE OFFICERS BAR ✓

Money in the amount of NONE has been turned into _____
(Name of Finance Officeand symbol number) _____ Form WDFD 38 enclosed.
NOT KNOWN

Names and addresses of any Banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of
the above named individual and that they were forwarded to the Effects Depot
by TRUCK on 17 JANUARY 1945.

(Rail, Truck, etc.)

Name

SAM B. PLYLER

Rank & ASN

CAPT OMC O-1016266

Organization

HEADQUARTERS 7TH A.D.

Any additional pertinent information:

Serial No. 34230948 Name Victor G. Haik
 Grade Sgt. Rank Sgt.
 Organization 31st Tank Bn., 7th A.D.
 Address _____
 Nearest Relative _____
 Address _____
 Killed in Action MIA Died of Disease _____
 Date 23 Dec 1944 Hospital _____
 Battle Area _____ Information _____
 Place of Burial _____
 Point of Coordination _____
 Description of Body _____
 Members Missing _____

F 37

Signed Sam B. Plyler
 Capt. Q.M.C.