

293 JAWOREK, MICHAEL J. 31430157 PFC. INF. EUROPEAN (MASS.) '45RO

Declassified in accordance with D.O. 13526



ORIGINAL

### RECEIPT OF REMAINS

HEADQUARTERS, NYPE

DISTRIBUTION CENTER DISTRIBUTION CENTER #1, AGRS ROUTINE

58th ST. & 1st AVE., BROOKLYN, NEW YORK

REMAINS CONSIGNED TO:

JOHN P ROWE  
MAIN STREET  
MARLBORO MASS

REMAINS OF THE LATE *99* PFC MICHAEL J JAWOREK *210* ACCOMPANIED BY AN  
ESCORT ARE SCHEDULED TO LEAVE NEW YORK ON TRAIN  
NUMBER 12 NEW HAVEN RAILROAD AT TEN AM  
ON MONDAY 31 OCTOBER AND DUE TO ARRIVE AT HUDSON  
AT FIVE FIFTY TWO PM ON SAME DATE

PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND  
PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

G. H. BARE

ESCORT: SGT CHARLES ~~XXX~~ FINCK JR COLONEL, QMC  
RA 32001375 DET #5 1300 ESCORT

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased  
this 31 (Day) day of October (Month), 1949.

**FILE**  
**NOV 1949**  
REPATRIATION  
BRANCH

*Charles H. Finck Jr. Sgt.*  
(Witness (Escort))  
*RA 32001375 - A.F.F.*

*John P. Rowe*  
(Consignee)



CRJ  
90-50

## DISINTERMENT DIRECTIVE

1

Special

SECTION A—  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4650 08074

DATE

15 05 48  
DAY MONTH YEAR

NAME

JAWOREK MICHAEL J

SERIAL NUMBER

31430157

RANK

PFC

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

MARGRATEN - AACHEN

DISPOSITION OF REMAINS

1 1300 01  
CODE DIST. PT.

PLOT

KKK

ROW

3

GRAVE

71

COUNTRY

HOLLAND

CAUSE OF DEATH

2

## SECTION B— CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

JOHN P. ROWE  
MAIN STREET  
MARLBORO, MASSACHUSETTS

NAME AND ADDRESS OF NEXT OF KIN

MRS. MARGARET E. JAWOREK (WIFE)  
45 MAPLE STREET  
MARLBORO, MASSACHUSETTS

## SECTION C— DISINTERMENT AND IDENTIFICATION

NAME

MICHAEL J JAWOREK

SERIAL NUMBER

31430157

RANK

PFC

DATE OF DEATH

DATE DISTINTERRED

11/8/48

IDENTIFICATION TAG ON

 REMAINS MARKER GRS

ORGANIZATION

USAGF

RELIGION

C

IDENTIFICATION VERIFIED BY

CLYDE B SPINKS  
CAPT FA NAME AND TITLE

## SECTION D— PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

UNIFORM

CONDITION OF REMAINS

COMPLETE SKELETAL FORM

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES 1

NONE

REMAINS PREPARED AND PLACED IN  CASKET  TRANSFER BOX

DATE 27 SEPTEMBER 1948 BY

JAMES F WHIDDEN, EMBALMER

CASKET SEALED BY

JOHN A. BRICKLEY, EMB. SUPV.

EMBALMER (Signature)

JOHN A. BRICKLEY, EMB. SUPV.

CASKET BOXED AND MARKED

DATE 24/11/48 BY ORVILLE W. BILLINGS  
CLERK RECORDERSHIPPING ADDRESS VERIFIED BY ALL MARKINGS, TAGS, AND  
PLATES VERIFIED BY

E. C. CRIST, MAJ. CAC.

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

ROGER E LEWIS, CAPT. CAV

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

QMC FORM  
REV 15 MAR 46

1194

ATH



RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USM MARGRATEN, HOLLAND		TO ANTWERP PORT, PIER 140	
KIND OF CONVEYANCE		NAME OF CONVOYER CPL. THOMAS F. MC KEOWN RA 31448722	
SIGNATURE OF SHIPPER LLOYD L.H. MEYER 1/LT. INF. 01327166	DATE 19/11/48	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 20 NOV 1948

2. SHIPPED

FROM LIDOCREAMINVESTORAGE AREA		TO AGRC (WATER DIVISION) BREMERHAVEN PORT OF EMBARKATION	
KIND OF CONVEYANCE VC. RAIL		NAME OF CONVOYER LEROY PENNINGTON, CPL.	
SIGNATURE OF SHIPPER ROBERT W. DANSEL, 1/LT. QMC. 1/10/49	DATE 1/10/49	SIGNATURE OF RECEIVER FRANCIS R. MAC DONALD, CAPT. QMC.	DATE 1/10/49

3. SHIPPED

FROM AGRC (Water Division) Bremerhaven Port of Embarkation		TO USAT Kingsport Victory	
KIND OF CONVEYANCE		NAME OF CONVOYER E. B. McKinstry, 1st Lt. Inf.	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 8 Dkt. 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 18 Dkt. 1949

4. SHIPPED

FROM		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE OCT 19 1949

5. SHIPPED

FROM NYPE		TO DC-91	
KIND OF CONVEYANCE TRAILER		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE OCT 19 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE OCT 19 1949

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



SPACE NO---BAY NO---

**INSPECTION CHECKLIST**  
(FOR USE AT DISTRIBUTION POINT)

NAME ✓ JAWOREK, MICHAEL J	RANK ✓ PFC	SERIAL NUMBER ✓ 31430157
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NEXT OF KIN	ADDRESS
-------------	---------

<b>SHIPPING CASE - General Appearance</b> (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH (Exterior) FINISH (Interior) HANDLES HANDLE BOLTS STENCILING - NAMEPLATE	REMARKS  <div style="text-align: center; font-size: 2em;">OK</div>

<b>CASKET - General Appearance</b> (Check ONLY Discrepancies)	CONDITION OF CASKET (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH (Exterior) HANDLES AND FASTENINGS STENCILING - NAMEPLATE CAM LOCKS (Sealing) ODOR OR MOISTURE	REMARKS  <div style="text-align: center; font-size: 2em;">OK</div>

**ROUTED THROUGH**

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
--	---

CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/>
---	--

NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED <input type="checkbox"/>
----------------------------------	---

SHIPPING CASE REPAIRED <input type="checkbox"/>
---

SHIPPING CASE EXCHANGED <input type="checkbox"/>
--

REMARKS
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TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER <i>M. Newman</i>
------	------	------------------------	------	------	---

REMARKS

IF SHIPPING CASE DOES NOT REQUIRE REPLACEMENT, REMOVE STENCIL FROM INSIDE CASE AND DESTROY. IF CASE IS TO BE REPLACED, RE-STENCIL WITH STENCIL FOUND INSIDE CASE, THEN DESTROY STENCIL.



RECEIVED ACRD

1949 OCT 17 21 00

WU056 14 COLLECT

MARLBORO MASS OCT 17 334P

COL G H BARE QMC

(ANS WUX BNA 1042A) BROOKLYN NY

TELEGRAM RECEIVED NO CHANGE IN FUNERAL PLANS FOR LATE.

PFC MICHAEL J JAWOREK

MRS MARGARET E JAWOREK

350..

GREENWICH MEAN TIME (Z)  
U. S. ARMY COMCENTER  
HQ. NYPE. BROOKLYN, NY



RECEIVED

DISTRIBUTION CENTER #1  
NEW YORK PORT OF EMBARKATION  
BROOKLYN, NEW YORK  
19 OCT 14 19 53

I certify that this message is on official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest.

MRS MARGARET E JAWOREK  
45 MAPLE ST  
MARLBORO, MASS

JAMES McCARTHY  
Major, TC  
Admin O, AGR Div.

KINGSPORT

PLEASE BE ADVISED THE REMAINS OF THE LATE **PFC MICHAEL J JAWOREK**  
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED  
TO **JOHN P ROWE, MAIN ST, MARLBORO, MASS.**

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF FROM FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DELIVERY GIVING DATE AND TIME REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

RELEASED TO W U

G. H. BARE, COL, QMC

DOG

17 OCT 48

2A



WUTL

Marlboro, Mass., Oct. 31, 1949

105212

M. Commanding General, N.Y.P.E. Attn; AGR Division

293 JAWOREK, MICHAEL J. PFC #31430157

John H. Rowe Funeral Home

57 MAIN STREET

TELEPHONE 655-W

AMBULANCE SERVICE

PAID

Transportation charge for moving the remains from Hudson, Mass. to Marlboro, Mass.

10.00

"I certify that the above bill is correct and just; that payment therefor has not been received; that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to this transaction have been complied with; and that State or local sales taxes are not included in the amount billed".

John P. Rowe

Owner

J. C. Howarth  
Col., F. D.  
Brooklyn, N. Y.

NOV 1949

Syn. 215-130  
Sta. 625



105201

Marble, Mass., Oct. 21, 1949

Commanding General, N.Y.P.D. Division

325 JAVORNE, MARBLE, MASS.

John J. Javorne



AMBULANCE SERVICE

TELEPHONE 822-W

Transportation charge for moving the remains from Hudson, Mass. to Marble, Mass. 10.00

"I certify that the above bill is correct and that payment therefor has not been received; that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to this transaction have been complied with; and that State or local sales taxes are not included in the amount billed."

*John J. Javorne*

Owner

105201  
105201  
105201  
105201



101599

# CERTIFICATE

(AR 30-1830)

WW II

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.

PAID

## 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
JAWOREK, MICHAEL J	PFC	31430157	USAGE

I certify that the sum of \$ 85.00 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.

INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE
SAINT MICHAELS	HUDSON	MASS.

INSTRUCTIONS TO PERSON SIGNING THIS FORM	SIGNATURE OF CLAIMANT
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:	MRS. MARGARET E. JAWOREK ADDRESS OF CLAIMANT (City, Street or RFD, and State) 45 MAPLE STREET, MARLBORO MASS.
	RELATIONSHIP TO DECEDENT: <u>WIFE</u> DATE: <u>NOV. 1. 1949</u>

## 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

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:

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
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)
Col., F. D. Brooklyn, N. Y.  NOV 1949  Sym. 215-130 Sta.	RELATIONSHIP TO DECEDENT: _____ DATE: _____



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.

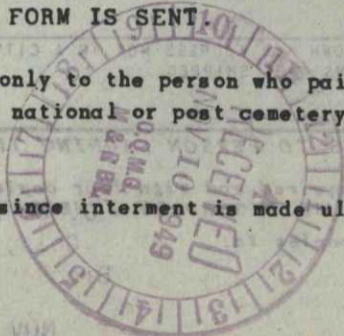
EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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.



816-138



3146 GRS Europe  
Disint

QKMO DEPT OF THE ARMY WASH DC

UNCLASSIFIED

CG AHC PARIS FRANCE

ROUTINE

48210 X

FR QKMO

DISINTERMENT DIRECTIVES FURND CLN 15 JUL 48 T/SGT FRANK T WITEK 32745175  
MARGRATEN SMCLN 15 JAN 48 T/3 L J NUMBER 36153236 ST EVOLD SMCLN 15 JUN 48 1ST  
LT GEORGE MC RUGH 0686487 CHAMPIGNEUL SMCLN 15 JUN 48 T/4 MILTON L CARLISLE  
12137426 HAM SMCLN 15 APR 48 S/SGT ALFRED H WIELAND JR 33333442 MARGRATEN SMCLN  
15 MAY 48 PFC MICHAEL J JAWOREK 31430157 MARGRATEN SMCLN 15 APR 48 T/SGT DOUGLAS  
E HICKS 31262527 MARGRATEN AND 2 MAY 49 GB 215 MARGRATEN CONSISTING OF SWART CMA  
BERNARD R 0801220 AND 4 OTHERS PD IN ORDER TO ANSWER NEXT OF KIN AND CONGRESSIONAL  
INQUIRIES REQUEST EST WHEN THESE REMAINS WILL BE RETD TO US

UNCLASSIFIED

GRAVES

QKMO MR CULLUM X 4309

161600Z

M. R. HORNER

SRP 49 1ST LT, QMC, MEM DIV



FROM COMGEN AGRC  
MSG NO AGRC 6161  
D. T. G. 220915Z  
ACTION QAC  
MC IN NO. 57767

*[Handwritten mark]*  
E  
FUC 79  
FPA023  
RR UEFC  
DE UF:CG 3  
R 220915Z  
FM HQ AGRC PARIS FRANCE  
TO OQAC WASHDC  
GRAVES BRNC  
REF AGRC 6161

ATTN MEMORIAL DIVISION

UNMSG WOL 42210 THE FOLLOWING REMAINS HAVE BEEN CLEARED FROM SUSPENSE AND WILL BE  
OUTLOADED ON THE FIRST AVAILABLE MORTUARY SHIP IN ACCORDANCE WITH RESPECTIVE  
DISINTERMENT DIRECTIVES: 1/LT GEORGE MC HUGH O-636487, T/4 MILTON L. CARLISLE  
12137426, S/SGT ALFRED H WIELAND JR 33333442, <sup>293</sup> PFC MICHAEL J JAWOREK 31430157 AND  
T/SGT SGT DOUGLAS B HICKS 31262627. THE CASES OF T/SGT FRANK T WITEK 3274

PAGE 2 UFFO 3

5175 AND GROUP BURIAL 215 MARGRATH CONSISTING OF 2/LT BERNARD R SWART O-301220  
AND FOUR OTHERS CONTINUE TO BE HELD IN SUSPENSE PENDING FIELD ACTION TO RESOLVE  
DISCREPANCIES INVOLVED. THE REESTABLISHING OF PRESENT IDENTIFICATIONS HOWEVER IS  
ASSURED. BEFORE THE REMAINS OF TECH THREE LOVE JIG NUMBER 30153236 CAN BE RELEASED  
COMPLIANCE WITH OUR CABLE AGRC 5837, 6 SEP, IS AWAITED. END AGREE PECHAM  
22/0951Z SEP

NAT  
FILE  
RECORDS ANNOTATED  
DATE 23 SEP 1949  
NAME *[Signature]*  
R & R BR.

*Mem - Opms*



AGRC reported this case  
under investigation.

DP dispatched 15 May 48

AGRC requested dental info  
on 30 Nov 48 — info furnished  
4 Jan 49. No report in  
file.

It may be good to  
check Id. on this  
one.



1948 NOV 30 19 26

04133

FUG 126  
FPA 75  
PP UEPC  
FM UFPO 41/301600Z  
TO OQMC WASH DC

FROM HQ AGRC PARIS  
MSG NO. AGRC -A-236  
D.T.G. 301100Z  
ACTION QMC  
MC IN NO. 60417

GRAVES GRNC

REF AGRC ABLE TWO THREE SIX  
PASS TO MEMORIAL DIVISION

*293 Golds Europe  
124*

REQUEST LATEST DENTAL INFORMATION FOR THE FOLLOWING LISTED MEN TO  
AID IN INVESTIGATION OF REMAINS FORMERLY IDENTIFIED AS GLENN FOX  
CHANNEY CMA THREE FIVE SEVEN ZERO SEVEN EIGHT TWO FOUR PD PRIVATE  
FIRST CLASS WILLIAM OBOE RUSSELL CMA THREE SIX ONE EIGHT SIX ONE FOUR  
SIX CMA PRIVATE PARNELL WILLIAM HENNES CMA THREE SIX NINE ZERO SEVEN  
THREE THREE ZERO CMA <sup>293</sup> MICHAEL JEG JAWOREK <sup>31430157</sup> CMA THREE ONE FOUR THREE  
ZERO ONE FIVE SEVEN CMA HARRY CLARE CMA THREE THREE FIVE SEVEN FOUR  
SEVEN NINE ONE CMA ROBERT EASY BURKE CMA THREE THREE SEVEN EIGHT EIGHT  
ZERO EIGHT NINE CMA SECOND LIEUTENANT JOSEPH CHARLES SALESKI CMA  
ZERO DASH SIX NINE EIGHT NINE TWO THREE PD END AGRE PC PECKHAM  
CFN CHANEY RUSSELL HENNES JAWOREK CLARE BURKE SALESKI

30/1700Z NOV

*File 12-48  
31-12-48  
K. H. H. M.  
NAT*



REGISTER OF DENTAL PATIENTS AT

Jaworek, Michael J.

(1) SURNAME

(2) CHRISTIAN NAME

31430157

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

Pvt.

A

2nd Bn.

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

36

W

Mass.

11/52

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
CH2	DO	A
CH3	MO	A
CH10	0	0A
CH15	0	0A
PU	Insert	6/15/44
CH14	MOD DA	6/15/44
CH12	DO DA	6.6
CH15	DO DA	4/1/44
	OS (over (aw))	4/1/44

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.  
(Revised Feb. 24, 1941)

16-20622







PROSTHETIC PATIENT REGISTER OF DENTAL PATIENTS AT

bcw

Jaworek, Michael J.  
 (1) SURNAME (2) CHRISTIAN NAME

314 301 57  
 (3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS  
 Pvt A 2nd  
 (6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS  
 36 W. Mass. 11/51

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
CR-6-7-2; CC-1	Q.E. Amc (inj) 4-18 Lut. Rem. 4-21	EBP I. M.W.H. 4/25
El-5-6-7-5 Pu. Pros	Trauma (inj) 4-25 Cull dist 4/28 Sub. Rem. 4-28	MUR I.H.S.
GING.	GT. DRLX. CR 5-4	I-II S-C M.U.
CR4	PATIENT HAS A CLASS II	Proprto M.H.S.
CR5	5/15/44	
CR4	5/16/44	
Pu	5/19/44	
Pu		
CR4		

Dental Corps, U. S. A.



**\*REPORT OF DENTAL SURVEY**

**UPPER TEETH**

Right					Left										
2	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

**LOWER TEETH**

Right										Left					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

CLASS I GT

Occlusion .....: Calculus: Slight, Medium, Heavy

Periodontoclasia .....

Dental foci suspected: Yes No

Other conditions .....

*PU*

**PROSTHETIC PATIENT**

Date 4-18, 1944

Dental Corps, U. S. A.

\*Restorable carious teeth by O  
Nonrestorable carious teeth by /  
Missing natural teeth by X

Teeth replaced by denture (horizontal line) 

X	X	X
---	---	---

Teeth replaced by fixed bridge (oval to include abutments) 

○	X	○
---	---	---



293 FILE DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED **Q433**

NAME (Last, First, Middle Initial) <b>JAWOREK, MICHAEL J.</b>		GRADE <b>PFC</b>	PRESENT SERIAL NUMBER <b>3143 0157</b>
ORGANIZATION <b>CD "A" 23RD ARMD INF BN W</b>		CREED <b>CATHOLIC</b>	FORMER SERIAL NUMBER (If Applicable)

DATE OF DEATH/MIA <b>16 MAR 45</b>	CAUSE OF DEATH <b>CAUSE NOT STATED</b>	PLACE OF DEATH OR PLACE LAST SEEN IF MIA <b>LAST SEEN 2000yds EAST OF ST VITH, BELGIUM POW. Mil. Inf Tipping - Germany</b>	
DATE OF FOD	HEIGHT ✓ <b>70 in</b>	WEIGHT ✓ <b>148</b>	COLOR EYES ✓ <b>Brown</b>
		COLOR HAIR ✓ <b>Brown</b>	SHOE SIZE ✓ <b>10 1/2 B.</b>

**INDUCTION DENTAL CHART DATE ✓ 12 Jan 44**

UPPER RIGHT <b>X 1 0 5 4 3 2 X</b> <i>do do A A</i>	UPPER LEFT <b>1 X 3 4 5 6 X</b> <i>do A</i>
LOWER RIGHT <b>16 X 15 14 13 12 11 10 9</b> <i>o mo AA do</i>	LOWER LEFT <b>9 10 X 12 13 14 15 16</b> <i>oA do mo A A</i>

**X = Extracted      O = Cavious      1 = Cavious Non-Restorable**

FRACTURES AND/OR BREAKS ✓ <b>None</b>	TATTOOS AND/OR BIRTHMARK ✓ <b>None</b>
--	---

ADDITIONAL INFORMATION  
**Form - 9 - Feb - 08  
2 Form 79 attached**

File  
**JAN 12 1949**  
G. W. ROGERS  
Capt., QMC  
Identification Branch



IDENTIFICATION BRANCH

JAN 12 1 52 PM '49

MEMORIAL DIVISION



Pentagon Liaison  
3 DEC 1948  
MEM. DIV. OQMG



293 FILE DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED 24133

NAME (Last, First, Middle Initial) GRADE PRESENT SERIAL NUMBER  
 293 JAWOREK, MICHAEL J PFC 43157

ORGANIZATION RACE CREED FORMER SERIAL NUMBER (If Applicable)  
 Co. "A" 23RD ARMD. INF. BN. WHITE CATHOLIC

DATE OF DEATH/MTA CAUSE OF DEATH PLACE OF DEATH OR PLACE LAST SEEN IF MIA  
 16-MAR-45 CAUSE NOT STATED MIL. HOSP. LEIPZIG, GERM.

DATE OF FOD  
 HEIGHT WEIGHT COLOR EYES COLOR HAIR SHOE SIZE  
 5'10" 148 lbs BROWN BROWN 10 1/2-B

DENTAL CHART 12-JAN-44 23-MAY-44

UPPER RIGHT UPPER LEFT  
 X 1 6 5 4 3 2 X do do  
 1 2 3 4 5 6 X X  
 LOWER RIGHT LOWER LEFT  
 X 16 15 14 13 12 11 10 9 do do mo mo  
 9 10 11 12 13 14 15 16

X = Extracted O = Cavious I = Cavious Non-Restorable

FRACTURES AND/OR BREAKS TATTOOS AND/OR BIRTHMARK

ADDITIONAL INFORMATION BORN - 9-FEB-08

file  
 JAN 4 1949  
 G. W. Rogers  
 Capt., QMC  
 Identification Branch



AIRMAIL

16  
 FORM 293  
 GDS (European Area) *Ident*

4 January 1949

SUBJECT: Additional Information

TO: Commanding General  
 American Graves Registration Command  
 European Area  
 APO 98, c/o Postmaster  
 New York, New York

1. Reference is made to your radio A-236, dated 30 November 1948.
2. Inclosed herewith are GDS Forms 371, SPDIF and Forms 79, covering all available dental information pertaining to the following:

<u>NAME</u>	<u>RANK</u>	<u>SERIAL NUMBER</u>
Darke, Robert E.	Pfc	33788069
Chaney, Glenn F.	Pfc	35707624
Clare, Harry D.	Pvt	33974791
Hennes, Farnell W.	Pvt	36901330
<u>293</u> <del>Jaworek, Michael J.</del>	Pfc	31430157
Russell, William G.	Pfc	36186146
Saleski, Joseph C.	1/LA	0-698923

FOR THE QUARTERMASTER GENERAL:

7 Incls:

Incls 1-5 GDS Form 371 (in dup)

Incls 6 &amp; 7 GDS Form 371 (in dup)

w/den recs attchd

T. H. METZ

Lt. Col. (MG)

Memorial Division

AIRMAIL



# REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

333  
3/12/48  
ms.

Pfc Michael J. Jaworek, 31 430 157  
Plot KKK, Row 3, Grave 71,  
United States Military Cemetery  
Margraten, Holland

5 December 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, MARGARET E. JAWOREK  
(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  
Immaculate Conception Marlboro, Mass.  
(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.)

*DD form'd 10 May 1948*

*Coded 4/10 5/18  
Hallgraves*

WAR 16

*es Lanham*



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			
John P. Rowe			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
MAIN ST.	MARLBORO, MASS	Middlesex	MASS
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Hudson, MASS.	MARLBORO, MASS		

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
JAWOREK	Stanley		Father
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
46 Neil St.	MARLBORO	Middlesex	MASS.

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.

Margaret E. Jaworek 45 Maple St.  
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)  
 MARGARET E. JAWOREK Marlboro, Mass.  
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 3rd day of January,  
 1948, at city (or town) of Marlboro, county of Middlesex, and State (or Territory or  
 District) of Massachusetts

William J. Downey  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 Notary Public  
(OFFICIAL TITLE)

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

my Commission expires April 17, 1953 16-50411-1



**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.

\_\_\_\_\_  
(SIGNATURE OF NEXT OF KIN)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(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

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(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 Notarial Attestation.





Pfc Michael J. Jaworek, 31 430 157  
Plot ~~XXX~~, Row 3, Grave 71,  
United States Military Cemetery  
Margraten, Holland

5 December 1947

Mrs. Margaret Jaworek  
45 Maple Street  
Marlboro, Massachusetts

Dear Mrs. Jaworek:

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.

DEC 10 11 08 AM '47  
O. C. H. G.  
MAIL & RECORDS BRANCH

cj



5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

**Personalkarte II: Wirtschaftliche Angaben**

*Jaworek, Michael*  
 Kriegsgefangenenlager: *(IV B) IV 3 Tschaly*

Beschreibung der *...*angsmarke  
 Nr. *319444*  
 Lager: *IV B*

Buchstabe  
 (Anfangsbuchstabe des Namens)



**Des Kriegsgefangenen**  
 Name: *Jaworek*  
 Vorname: *Michael*  
 Geburtstag und -ort: *9.9.1908 Mannheim*  
 Staatsangehörigkeit: *amerikan*

Dienstgrad: *16.3.45 in der 78. Inf. Div. Leipzig*  
 Zivlberuf: *16.3.45 Berufs-Gr. 8, 9, 10 Plo. Kopf*  
 Grad der Arbeitsfähigkeit: *16.3.45. Im Hof. H. Rans. Leipzig, aufstehen.*  
*durch Zugang v. 1.9.45 nach IV B*

**a) Private Geldmittel** *died at Leipzig*

Datum	Dem Kriegsgefangenen abgenommene Beträge in Valuta	Postsendungen in Valuta	Guthrift in		Hiervon ausgezahlt		Bleibt Guthaben		Anerkennungsvermerk	
			R.M.	Pol.	R.M.	Pol.	R.M.	Pol.	der Zahlmeisterei	des Kr.-Gef.
<i>IV 4. Bel. Nr. 2419</i>	<i>am. Dollar</i>		<i>3</i>	<i>-</i>						
<i>29.11.45</i>	<i>3 Dollar</i>									
	<i>(820)</i>									

**APPROVED JUL 14 1945**

*7. Juli 1946*  
*21. August 46*  
*MAX SMILL*

**b) Abgenommene Wertgegenstände**

Datum	Nähere Bezeichnung	Aufbewahrende Stelle	Rückgabevermerk mit Datum	Anerkennungsvermerk	
				der Zahlmeisterei	des Kr.-Gef.
					<i>377</i>

Wenden!







311X

QMGYG 293  
Jaworek, Michael J.  
SN 31 430 157

Address Reply To  
THE QUARTERMASTER GENERAL  
Attention: Memorial Division

15 August 1946

Mrs. Margaret E. Jaworek  
45 Maple Street  
Marlboro, Massachusetts

Dear Mrs. Jaworek:

Your letter to the Adjutant General's Office concerning your husband, the late Private First Class Michael J. Jaworek, has been referred to this office.

The official Report of Burial discloses that the remains of your husband were interred in Plot KKK, Row 3, Grave 71, in the United States Military Cemetery Margraten, Holland located ten miles west of Aachen, Germany.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN  
Major, QMC  
Assistant

B  
JLP  
el

pmh

AUG 15 1946  
PH 216  
CC  
BR

MEMORIAL DIVISION  
AUG 15 12 20 PM '46  
REGISTRATION AND RECORDS BRANCH



Malboro, Mass.

July 22, 1946  
PC

Dear Sir,

On July 17, 1945 I received a letter from the War Dept. saying my husband, W.P.C. Michael J. Jaworek Infantry died in a Prisoner of War Military infirmary at Leipzig on March 16, 1945.

Up to date I never received any word telling me where he was buried. Is there any way of me knowing where and in



what country he is  
buried?

I would very much  
appreciate if you would  
let me know.

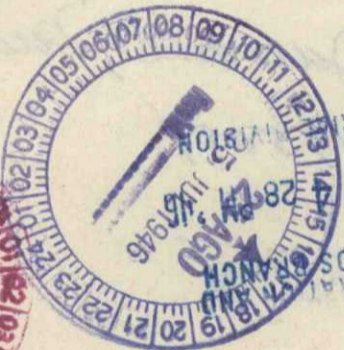
Sincerely yours.

Mrs. Margaret E. Jaworek  
45 Maple St  
Marlboro, Mass.

AG 201 Jaworek, Michael J  
P.C.-O 195059







MEMORIAL RECORDS  
JUL 30  
28  
1946



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

# REPORT OF BURIAL

3 July 1945 <sup>138</sup>  
Date

TM 10-630 AND AR 30-1815

IF DECEASED UNIDENTIFIED

993  
ml

Jaworek, Michael

31430157  
Serial No.

Last Name First Initial Rank

PW# 317744/IV B

Unknown

Unk

Place of Death

16 Mar 1945

Unk

1530 3 July 1945

H.S. MIL. Cemetery, Margraten, Hol. VK 645482

Cause of Death

71

3

KKK

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags  
How were remains identified?

## REBURIAL

What means of identification were buried with the body?

Previously buried in isolated grave located at Leipzig Ostfriedhof, Ger. 230150

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

Who is buried on:

Deceased's Right:

Rowe

70

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

McCawley

72

Name

Serial No.

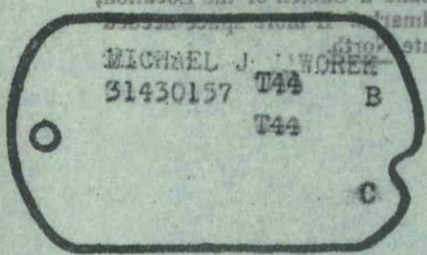
Rank

Organization

Grave No.

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

If this is an isolated burial, make a sketch of the location. If print of identification tag is not affixed fill in below:



Emergency Addressee Unk

Name

Address

Religion Cath

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

Edwin Miller  
Signature of Officer or other person reporting burial

EDWIN H. MILLER, 1st Lt.

603rd QM Gr. Reg. Co.

Verified by G.R.S. Officer

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	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
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

FILED  
DEC 17 1945

65



GRAVE REGISTRATION  
FORM NO. 1  
(Revised Sept. 1943)

# 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.

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

How were remains identified?  
 1 No Identification Tags  
 2 How were remains identified?

What means of identification were buried with the body?  
 1  
 2

To determine Right or Left use Deceased's Right and Left.  
 Who is buried on:  
 Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Serial No. \_\_\_\_\_

Signature of Officer or other person reporting burial: \_\_\_\_\_  
 Date: \_\_\_\_\_

### TOOTH CHART

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

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

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.

Emergency Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Religion: \_\_\_\_\_

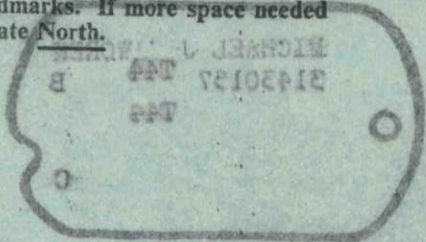
List only Personal Effects Found on Body and disposition of same:

Signature of Officer or other person reporting burial: \_\_\_\_\_  
 Date: \_\_\_\_\_

Other Data: \_\_\_\_\_

Characteristics: \_\_\_\_\_

AG P BR HQ SOS 122560





SENSITIVE SURFACE - HANDLED EDGES ONLY

193 Jaworek, Michael J

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

DATE 24 July 1945 vfi

REPORT OF DEATH

FULL NAME <b>Jaworek, Michael J.</b>		ARMY SERIAL NUMBER <b>31 430 157</b>	GRADE <b>Pfc</b>										
HOME ADDRESS <b>Marlboro, Massachusetts</b>		ARM OR SERVICE <b>Infantry</b>	DATE OF BIRTH <b>9 Feb 08</b>										
PLACE OF DEATH <b>POW Military Infirmary Leipzig, Germany</b>	CAUSE OF DEATH <b>Cause not stated</b>		DATE OF DEATH <b>16 Mar 45</b>										
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>12 Jan 44</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <b>over 15 yrs</b>										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Margaret Jaworek (wife) 45 Maple Street, Marlboro, Massachusetts</b>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Margaret Jaworek (wife) Same as above Jeanne Marie and Margaret R. (children) Same as wife's Mrs. Nellie Jaworek (mother) 66 Neil Street, Marlboro, Massachusetts Mr. Stanley Jaworek (father) Same as mother's</b>													
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
											<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

ADDITIONAL DATA AND/OR STATEMENT

\*Combat Infantryman GO 92 Hqs 7th Armd Div dtd 21 Nov 44

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 22 Dec 44 until such absence was terminated by a report from the Provost Marshal General of a prisoner of war status on 9 Apr 45. The prisoner of war status was terminated on 17 Jul 45 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from official captured German records.

8 DEC 1945

FILE

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:  
*Ja Laska*

ADJUTANT GENERAL