

INDIVIDUAL DECEASED PERSONNEL FILE

1

GER
201 27 20

DISINTERMENT DIRECTIVE

60-32 MARK

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 4650 15579		DATE 15 04 48 DAY MONTH YEAR		
NAME SUROWIEC JOSEPH A				SERIAL NUMBER 32284022		RANK PVT	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY MARGRATEN - AACHEN							1	DISPOSITION OF REMAINS 2300 02 CODE DIST. PT.
PLOT A	ROW 1	GRAVE 2	COUNTRY HOLLAND			CAUSE OF DEATH 2		

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE LOUIS SCHLAGER AND SON 674 BROADWAY BUFFALO, NEW YORK		NAME AND ADDRESS OF NEXT OF KIN ALBERT SUROWIEC (FATHER) 57 GREY STREET BUFFALO, NEW YORK	
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME JOSEPH A SURWIEC		SERIAL NUMBER 32284022	RANK PVT.	DATE OF DEATH		DATE DISINTERRED 7 JULY 1948	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS I.D. <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION USAGF		RELIGION C	IDENTIFICATION VERIFIED BY DAVID W BROWN 1/LT., INF. NAME AND TITLE			

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM		CONDITION OF REMAINS CRANIAL AUTOPSY. AMPUTATION-DISTAL END RIGHT FEMUR, TIBIA AND FIBULA.					
OTHER MEANS OF IDENTIFICATION NONE							

MINOR DISCREPANCIES /
I.D. TAGS HAVE "JOS" FOR JOSEPH.

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX

DATE 8 JULY 1948		BY ROY T PATTERSON, EMBALMER	
CASKET SEALED BY JOHN A. BRICKLEY, EMB. SUPV.		EMBALMER (Signature) JOHN A. BRICKLEY, EMB. SUPV.	
CASKET BOXED AND MARKED DATE 13/8/48 BY ORVILLE W. BILLINGS CLERK/RECORDER		SMXXXXXXXXXXXXXXXXX ALL MARKINGS, PLATES TAGS VERIFIED BY C. R. MACDONALD, CAPT. GMS.	

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.

R. N. Letourneau
ROGER N LETOURNEAU, CAPT., FA
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM U.S.M.C. MARGRATEN, HOLLAND	TO ANTWERP PORT - PIER 140		
KIND OF CONVEYANCE RAIL	NAME OF CONVOYER M/SGT ORLA C. PATTERSON RA 6412170		
SIGNATURE OF SHIPPER <i>L. H. Meyer</i> YTD L. H. MEYER 1/VI INF 01327166	DATE 9/8/48	SIGNATURE OF RECEIVER	DATE
2. SHIPPED			
FROM AGRC. ANTWERP BELGIUM	TO USAT CARROLL VICTORY		
KIND OF CONVEYANCE ZEC	NAME OF CONVOYER K. W. WHEREOTT CAPT. T. C.		
SIGNATURE OF SHIPPER L. E. Butler Lt Col Inf	DATE 16 SEPT 1948	SIGNATURE OF RECEIVER <i>K. W. Whereott</i>	DATE 16 SEPT 1948
3. SHIPPED			
FROM	TO <i>my pr</i>		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C.	DATE OCT 6 1948
4. SHIPPED PORT TRANSPORTATION OFFICER			
FROM <i>my pr</i>	TO <i>Deor</i>		
KIND OF CONVEYANCE <i>Train</i>	NAME OF CONVOYER <i>Wilfred A. Ayatto</i>		
SIGNATURE OF SHIPPER JAMES L. MCKINNON COLONEL, T. C.	DATE OCT 13 1948	SIGNATURE OF RECEIVER <i>Joseph W. Widman Jr</i>	DATE
PORT TRANSPORTATION OFFICER			
5. SHIPPED			
FROM	TO		
KIND OF CONVEYANCE BOEYVO MEM AOBK	NAME OF CONVOYER BOEYVO MEM AOBK		
SIGNATURE OF SHIPPER FOMIS SCHLAGER AND SON	DATE	SIGNATURE OF RECEIVER VTBEBL SOBOMTEC (LYNNE)	DATE
6. SHIPPED			
FROM V I S HOFFYAD	TO S		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER VACHEN	DATE	SIGNATURE OF RECEIVER	DATE J 3300
SABOMTEC JOSEPH A			
7. SHIPPED			
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

JEW

RECEIPT OF REMAINS

DISTRIBUTION CENTER SCENECTADY GEN DEPOT US ARMY
SCENECTADY, N. Y.

DAY LETTER

ROUTINE

REMAINS CONSIGNED TO: LOUIS SCHLAGER & SON
674 BROADWAY
BUFFALO, N. Y.

REMAINS OF THE LATE PRIVATE JOSEPH A SUROWIEC A 32 284 022 BEING SHIPPED TO YOU ACCOMPANIED BY A MILITARY ESCORT ON TRAIN NUMBER 5 NEW YORK CENTRAL RAILROAD LEAVING ALBANY 12:46 PM 25 OCTOBER AND DUE TO ARRIVE BUFFALO STATION 8:08 PM 25 OCTOBER. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN.

R. D. BLANKENHORN
LT. COLONEL, QMC

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

THIS 25 DAY OF Oct 19 48

PFC *Conc. M. J. Cozzi*
WITNESS (Escort)

Louis Schlager & Son
CONSIGNEE
Louis Schlager

FILE
RECORDS ANNOTATED
DATE 23 Nov 48
NAME *M. J. Cozzi*

SCHDY GEN DIST DEPT US ARMY
SCHENECTADY, NEW YORK
DLR AND REPORT ANN DELIVERY CHARGES

DAY LETTER

ALBERT SUROWIEC

ROUTINE

57 GREY STREET

SEP 30 1948

BUFFALO, NEW YORK

WE HAVE BEEN ADVISED REMAINS OF THE LATE

PRIVATE JOSEPH A. SUROWIEC

NY 017 R

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED
TO LOUIS SCHLAGER AND SON, 674 BROADWAY, BUFFALO, NEW YORK

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR
ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT
MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER SCHENECTADY GENERAL
DISTRIBUTION CENTER U S ARMY ATTENTION AMERICAN GRAVES REGISTRATION DIVISION
SCHENECTADY, NEW YORK. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE
POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY
INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. 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. 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. ALSO HE WILL BE REQUESTED TO FURNISH YOU
THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL
BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER.

PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

R. D. BLANKENHORN
LT. COLONEL, QMC

"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."

(Signature)

(Rank and Duty Assignment)

NY 017 R

CASE NO.		INSPECTION CHECK LIST					SPACE NO.
NAME OF DECEASED <i>(Last, First, Middle Initial)</i> SUROWIEC, JOSEPH A.		BRANCH OF SERVICE	RACE W	RELIGION C	SEX M	DATE	
RANK OR GRADE PVT	SERIAL NUMBER A 32 284 022	CONSIGNEE LOUIS SCHLAGER AND SON 674 BROADWAY BUFFALO, NEW YORK					
<input checked="" type="checkbox"/> SHIPPING CASE—GENERAL APPEARANCE <i>(Check ONLY Discrepancies)</i>			CONDITION OF SHIPPING CASE <i>(Check One)</i> <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY				
<input checked="" type="checkbox"/> FINISH <i>(Exterior)</i> <input type="checkbox"/> FINISH <i>(Interior)</i> <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input type="checkbox"/> STENCILING—NAME PLATE <input type="checkbox"/> HEALTH PERMIT MARKER <input type="checkbox"/> HEALTH PERMIT NUMBER			REMARKS <div style="font-size: 2em; text-align: center;">Ref.</div>				
<input checked="" type="checkbox"/> FINISH <i>(Exterior)</i>							
HANDLES AND FASTENINGS							
STENCILING—NAME PLATE							
CAM LOCKS <i>(Sealing)</i>							
ODOR OR MOISTURE							
<input checked="" type="checkbox"/> CASKET—GENERAL APPEARANCE <i>(Check ONLY Discrepancies)</i>			CONDITION OF CASKET <i>(Check One)</i> <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY				
<input checked="" type="checkbox"/> FINISH <i>(Exterior)</i> <input type="checkbox"/> HANDLES AND FASTENINGS <input type="checkbox"/> STENCILING—NAME PLATE <input type="checkbox"/> CAM LOCKS <i>(Sealing)</i> <input type="checkbox"/> ODOR OR MOISTURE			REMARKS <div style="font-size: 2em; text-align: center;">707 mldg</div>				
<input type="checkbox"/> FINISH <i>(Exterior)</i>							
HANDLES AND FASTENINGS							
STENCILING—NAME PLATE							
CAM LOCKS <i>(Sealing)</i>							
ODOR OR MOISTURE							
ROUTED THROUGH							
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input type="checkbox"/> REPAIR SHOP				
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO				
NECESSARY DISINFECTION <i>(Explain)</i>			CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO				
			SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO				
			SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO				
			REMARKS				
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR		
					OCT 22 1948 <i>Mldg</i>		
REMARKS							

**REQUEST FOR REIMBURSEMENT OF INTERMENT
OR TRANSPORTATION EXPENSES**

DATE

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT (Last, First, Middle Initial) SUROWIEC, JOSEPH A.		BRANCH OF SERVICE <i>[Signature]</i>	TO BE FILLED IN BY CLAIMANT UJK Capt., F.D. Schenectady, N.Y. Sym. No. 212-450 Sta. No. 820
RANK OR GRADE PVT	SERIAL NO. A 32 284 022	<input checked="" type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery) NOV 1948	

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
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.

<p>FILL IN THIS STATEMENT IF BOX "A" IS CHECKED</p> <p>I certify that the sum of \$ <u>7500</u> 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:</p> <p>NAME: <u>Forest Lawn Cemetery</u></p> <p>CITY OR COUNTY: <u>Buffalo Erie Co</u></p> <p>STATE: <u>New York</u></p>	<p>FILL IN THIS STATEMENT IF BOX "B" IS CHECKED</p> <p>I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)</p> <p>TO: (Name and Location of National or Post Cemetery)</p> <p><i>[Signature: Leon Surowiec]</i></p> <p>SIGNATURE OF CLAIMANT</p> <p><u>65 Ivy St</u></p> <p>ADDRESS (Street number or RFD, City and State)</p> <p><u>Buffalo, N.Y.</u></p> <p>RELATIONSHIP TO DECEDENT</p> <p><u>Brother</u></p>
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REMARKS

Leon Surowiec
65 E Ivy St.,
Buffalo, New York

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt Joseph A. Surowiec, 32 284 022
Plot A, Row 1, Grave 2,
United States Military Cemetery
Margraten, Holland

24 November 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

1. ALBERT SUROWIEC

(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

FOREST LAWN - BUFFALO N.Y. VETERANS PLOT.
(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

D.D. Form 4-21-1943-MK

Coded 7 Apr 48
Thomas

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			
LOUIS SCHLAGER + SON			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
674 BROADWAY	BUFFALO	ERIE	N. Y.
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
674 BROADWAY	SAME	CL 8650	

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
SURONWIEC	JULIA	F	MOTHER
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
57 GREY	BUFFALO	ERIE	N. Y.

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

I wish to have the remains sent directly to the undertaker for interment.

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.

Albert Suronwicz
(SIGNATURE OF NEXT OF KIN)
 ALBERT SURONWIEC
(NAME PRINTED OR TYPED)

57 Grey St
(STREET AND NUMBER)
 BUFFALO 12 NEW YORK
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 3rd day of Jan

1947, at city (or town) of Buffalo, county of Erie, and State (or Territory or

District) of New York

Norman L. Schlager

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 NORMAN L. SCHLAGER, Reg. No. 1448

Notary Public in and for Erie County, New York

My Commission Expires March 30, 1948

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

Pvt Joseph A. Surowiec, 32 284 022
Plot A, Row 1, Grave 2,
United States Military Cemetery
Margraten, Holland

24 November 1947

Mr. Albert Surowiec
57 Gray Street
Buffalo, New York

Dear Mr. Surowiec:

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.
8/28/47

oey

NOV 25 1 16 PM
U.S. ARMY
WASHINGTON, D.C.

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

51232
a10 November 1944

Date

Surowiec, Jos. A **1st Lt.** **32284022**
 Last Name First Initial Rank Serial No.
Co. A 38th A I Bn. 7th Armored Div.
 Unit Organization
Vic. Tongres, Belgium **9 November 1944** **KIA**
 Place of Death Date of Death Cause of Death
1530 hours 10 Nov. 1944 U. S. Mil. Cem., Margraten, Holland **VK 645482**
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
2 1 A **Cross**
 Grave Number Row Number Plot Number Type of Marker

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

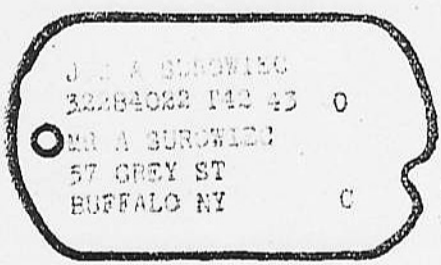
If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:
 Deceased's Right: **Singer, John D. 33007929** **Col. m 29th Div XIX Corps. 1**
 Name Serial No. Rank Organization Grave No.
 Deceased's Left: **Chappell, Claudius 35813903** **Unknown Co B 38th A I Bn. 3**
 Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee **Mr. A Surowiec**
 Name
57 Grey St. Buffalo, N.Y.
 Address

Religion **C**

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

Edwin J. Donovan
 Signature of Officer or other person reporting burial
EDWIN J. DUNOVAN
 1st. Lt., GMC
 GRS Officer
 File 8-19-45
 GRS
 Verified by G.R.S. Officer

RESTRICTED

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.

Left Hand

1

Thumb

Right Hand

1

Thumb

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

TOOTH CHART

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

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

Characteristics: _____

Other Data: _____

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.

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

REPORT OF DEATH

DATE 4 Dec 1944

CEJ/jca/4626

FULL NAME <u>Surowiec, Joseph A.</u>		ARMY SERIAL NUMBER <u>32 284 022</u>	GRADE <u>Pvt</u>
HOME ADDRESS <u>Buffalo, N. Y.</u>		ARM OR SERVICE <u>Inf</u>	DATE OF BIRTH <u>20 Mar 1907</u>
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Wounds rec'd in action</u>		DATE OF DEATH <u>9 Nov 1944</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>23 May 1942</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) <u>Mr. Albert Surowiec, father, 87 Grey St., Buffalo, N. Y.</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Julia Surowiec, mother, same as above.</u> <u>Mr. Albert 87 Surowiec, father, same as above.</u>			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)		YES	
NO		X	

ADDITIONAL DATA AND/OR STATEMENT

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

[Signature]

[Signature]

DEC 15 1944

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

320634 *Sw*

REPORT OF DEATH

DATE **4 Dec 1944**

CEJ/jca/4626

FULL NAME Surowiec, Joseph A.		ARMY SERIAL NUMBER 32 284 022	GRADE Pvt
HOME ADDRESS Buffalo, N. Y.		ARM OR SERVICE Inf	DATE OF BIRTH 20 Mar 1907
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds rec'd in action		DATE OF DEATH 9 Nov 1944
STATION OF DECEASED European Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 23 May 1942	LENGTH OF SERVICE FOR PAY PURPOSES	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Albert Surowiec, father, 87 Grey St., Buffalo, N. Y.		YEARS	MONTHS X
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Julia Surowiec, mother, same as above. Mr. Albert 57 Surowiec, father, same as above.		DAYS	



ADDITIONAL DATA AND/OR STATEMENT

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		

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

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

[Signature]

ADJUTANT GENERAL

jd

320634
ew

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 Hardisty Avenue
Kansas City 1, Missouri.

TO: The Adjutant General, Washington 25, D.C. 10 Nov. 1945 HW.

Please complete and return to the Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, Kansas City, 1, Missouri.

1. Last Name** <i>SUBOWIEG</i>	2. First Name <i>JOSEPH</i>	3. Middle Initial <i>A.</i>	4. Serial * Number <i>32284022</i>	5. Grade <i>PVT</i>
6. Casualty Status <input checked="" type="checkbox"/> Deceased <input checked="" type="checkbox"/> Missing <input type="checkbox"/> Unknown: Please furnish: <i>Died of wounds 9 Nov. 44</i>		7. Organization & APO address <i>Co. F 38th Armd Inf. Bn. Apo. 257</i>		
8. Name of Beneficiary <i>Julia Surawiec</i>	9. Relationship <i>mother</i>	10. Address <i>57 Grey St. Buffalo, N.Y.</i>		
11. Alternate Beneficiary <i>Albert Surawiec</i>	12. Relationship <i>Father</i>	13. Address <i>Same as above</i>		
14. Emergency addressee <i>Albert Surawiec</i>	15. Relationship <i>Father</i>	16. Address <i>Same as above</i>		
17. Bailee <i>Same as 6 A.</i>	18. Relationship	19. Address		

*. If the above ASN is not assigned to the soldier named, it is requested that the AEB be advised the name, rank and present mailing address of the soldier to whom this ASN is assigned, together with the information requested in 8-19 above.

** In the event the above ASN is not assigned to this soldier, it is further requested that this Bureau be furnished available information regarding this soldier of record in your office.

Eff. QM Form 20 (12 Dec. 44.)
EPM/th.s.

Edward F. Witsele
EDWARD F. WITSELE
Major General
Acting The Adjutant General
By: *[Signature]*

5-15-45
Full

320,634

RTB:VM:mf
January 24, 1946

Dear Mr. Surowiec:

The Army Effects Bureau has received some additional property of your son, Private Joseph A. Surowiec.

This property consisting of a few items, is being sent you.

If, for some reason, the property has not reached you at the expiration of thirty days from the date of this letter, please notify me so tracer can be instituted.

Yours very truly,

HARRY NIEMIEC
2nd Lt., OMC
Chief, Correspondence Branch

5/10
1-23-46

9
60
67

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
ACCOUNT NUMBER	NAME	SHIP VALUABLES	<input checked="" type="checkbox"/> CASUALTY REPORT
	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	<input type="checkbox"/> INVENTORY
	RANK		<input type="checkbox"/> FORM 20
<p align="center">Mr. Albert Surowiec 57 Gray Street Pvt. Joseph A. Surowiec Buffalo, New York 32294022 320634</p>			<input type="checkbox"/> LETTER
			NO. & TYPE OF CONTAINER
			<input type="checkbox"/> ENVELOPE
			<input type="checkbox"/> CARTONS
			<input checked="" type="checkbox"/> PACKAGE
			<input type="checkbox"/> FOOT LOCKER
			SPECIAL INSTRUCTIONS
			<input type="checkbox"/> REMOVE GI
			<input type="checkbox"/> SHIP BLOODSTAINED
			<input type="checkbox"/> SHIP DAMAGED
<input type="checkbox"/> REMOVE BL'DSTAINED			
<input type="checkbox"/> REMOVE DAMAGED			
<input type="checkbox"/> FILMS REMOVED			
<input type="checkbox"/> DIARY REMOVED			
RTB: VM: gs	SUMMARY COURT DATA		DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		1-23-46
REMARKS			MAIL REVIEWER (initials)
			SK
			<input checked="" type="checkbox"/> SHIPPED
			<input type="checkbox"/> FRANKED
			<input type="checkbox"/> EXPRESS
			<input type="checkbox"/> FREIGHT
			DATE SHIPPED
			20 1946
			MAILING CLERK
			MK
ORDER FOR ACTION			ROUTING
			<input type="checkbox"/> ACCOUNTING BRANCH
			<input checked="" type="checkbox"/> WAREHOUSE
			<input checked="" type="checkbox"/> FILE

EFF QM FORM 14
10 OCT 1945

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

HT

<input checked="" type="checkbox"/>	INBOUND INVENTORY	<input checked="" type="checkbox"/>
<input type="checkbox"/>	G. R. OR SUB OR LABEL	<input type="checkbox"/>
<input type="checkbox"/>	WILL OR POWER OF ATT.	<input type="checkbox"/>
<input type="checkbox"/>	TALLY IN FORM 43	<input type="checkbox"/>

DECEASED	
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

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

CONTAINERS ADDRESSED TO		INFORMATION	
<i>None</i>		<i>Home add</i>	
		<i>57 Gray St</i>	
		<i>Buffalo</i>	
		<i>N.Y.</i>	

NAME AND STATUS VARIATIONS		CROSS REFERENCE	
<i>43 Josa Surawiec --- 4622</i>			
<i>Capt Joseph-A Surawiec --- 4022</i>			

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

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET OF SHEETS
<i>6060</i>		<i>9-Jan-46</i>		
NAME			A. S. N.	CASE NO.
<i>Joseph-A Surawiec</i>			<i>34284022</i>	
ORGANIZATION			RANK	
			<i>Capt</i>	
WAREHOUSE SPACE		EXAMINED BY	DIARY REMOVED	
<i>289</i>		<i>Stid</i>	<input type="checkbox"/>	
PACKAGE DESCRIPTION		PACKED BY	PHOTO FILM REMOVED	
<i>11/4/46</i>		<i>Stid</i>	<input type="checkbox"/>	
WEIGHT		INSPECTED BY	MOTION PICTURE FILM REMOVED	
		<i>Stid</i>	<input type="checkbox"/>	
		STORED BY	DATE	SHIPPED
		<i>Stid</i>	<i>02-15-46</i>	
				BY WHOM
				<i>MK</i>

SUROWIEC, JOSA		PFC	4622	
BAY	PALLET	BOX	TALLY	TYPE PKG
			6260	PKG.

320634

RTB;RW:jm
July 24, 1945

Mr. Albert Surowiec
57 Gray Street
Buffalo, New York

Dear Mr. Surowiec:

I am inclosing a check for \$24.36, representing funds of your son, Private Joseph A. Surowiec.

No other property belonging to him has been received at the Army Effects Bureau to date.

Our action in transmitting funds does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of decedent's legal residence.

Money ordinarily is sent from overseas by mail in advance of other effects; therefore, it is probable that additional belongings of decedent will reach this Bureau at a later date. As it is intended to forward any such property to you promptly upon receipt here, I ask that you please notify this Bureau if there is a change in your address within the next few months.

I wish to express my sympathy in the loss of your son.

Sincerely,

C. B. QUINN
2nd Lt., GIC
Chief, Files Branch

1 Incl—Check

WJ

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Albert Surowiec

Effects of:

Name Pvt. Joseph A. Surowiec

57 Gray Street

Buffalo, New York

ASN 32284022

Case No. 320634 D

Wt.

DATE 18 July 1945

Smith

FOR: Effects Quartermaster

REMARKS: RTB:RW:cr

Inclose Bureau Check *me*

Acct. No. 113552 and 61796 *me*

Amount \$18.61 and \$6.25 = \$24.86

Inclose "Valuables" item

Ship "Valuables" item(s)

Remove G.I.

Note discrepancy in _____

Films removed

Diary removed

Laundry removed

101925 bt

ROUTING:

1 Accounting Branch *ew*

Warehouse Division

2 Files Branch, Adm. Div.

OL 170-30.25

113552-\$18.61

320634

July 24

45

Albert Surowiec

24.86

Twenty-Four and 86/100

REMARKS:

Franked _____

Est. Exp. Chgs. _____

Est. Frt. Chgs. _____

No. of packages _____

Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

320,634

ms 112

JUN 29 1945

J

CASE NO.		
TYPED BY	Ebersold	
DATE	5-25-45	
STATUS	Deceased	
NAME	Surowiec, Joseph A.	
A.S.N.	32284022	
RANK	P.V.T.	
ORGANIZATION	UNK	
AMOUNT	\$18.61	ACCOUNT NO.
LIST NO.	F 176	113552 mlh
REMARKS		PAID-Check No. 101925 @ RY

A C C O U N T I N G I N V E N T O R Y

*1961
525
348*

320634 ⁴
EW

CONFIDENTIAL

4 December 1944

Army Effects Bureau. KCQMD.
601 Hardesty Avenue. Kansas City.1.Mo.
U.S.A.

2178774 \$ 6.25

CHICAGO. ILL.

TREASURER OF THE UNITED STATES.

Joseph A. Surowiec.
Or the Treasurer of the U.S.

Aug 7 1944
876 007

Pvt.

SUROWIEC Joseph.A.

32284022

\$ 6.25

STATUS : Deceased.

Request acknowledgment of receipt by indorsement hereon.

PAID-Check No. 1019 25 *2/21*

Army Effects Bureau, Kansas City
Quartermaster Depot, 601 Hardesty
Avenue, Kansas City 1, Missouri

Receipt acknowledged.

DEC 21 1944

For The Effects Quartermasters

INVENTORY CONFIDENTIAL

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

Case No. 320634
Date 18 July 1945

SUBJECT: Report of transaction in disposing of the effects of
Joseph A. Surowiec 32284022 late a
(Name of deceased) (Army Serial Number)
Private Infantry who died
(Grade) (Organization, Army or Service)
on the 9 day of November, 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., KQCM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

b. Local debtors owed decedent's estate \$ none, of which the sum of \$ 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 10 July 1945, pursuant to Special Orders 228, Headquarters KQCM Depot, dated 25 September 1943, the application or affidavit of Albert Surowiec 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, Albert Surowiec of (Name of person found entitled)
57 Gray Street Buffalo State of (Number, Street or Avenue) (City, Town or Village)
New York is the father of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.G.

(Name, Rank, Organization)