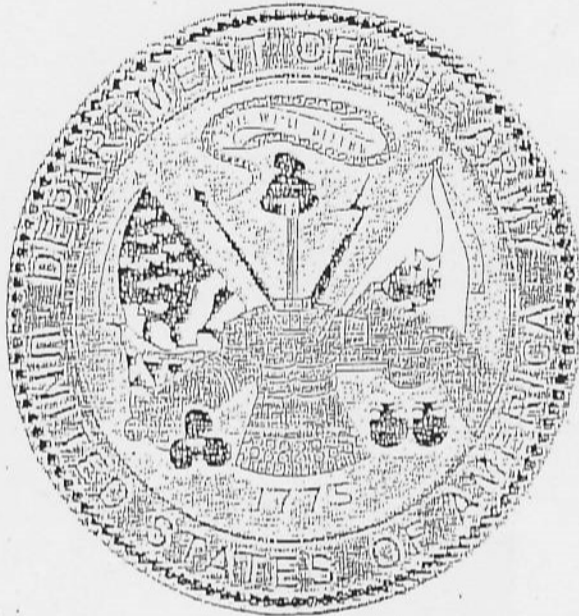


Haduk

BEST COPY POSSIBLE  
POOR QUALITY ORIGINAL



INDIVIDUAL DECEASED  
PERSONAL FILE

293 IADUK, CHARLES J.

PVT

INF

31,088,299

(MASS) '45JF

092.70A0001 Box 3662  
9-16-00-1-1



CAUTION: THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY. DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED. RETURN THEM PROMPTLY.

TRANSFER SLIP

No. A4 362603  
 DATE OF REQUEST  
 10-20-50 *JK*

RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>			
FILE OR SERIAL NUMBER AND SUBJECT	293 - <i>Holub, Charles J.</i>									
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE <i>Holub - A. Holub</i> <small>Departmental Records Branch        219 North Lee Street        Alexandria, Virginia</small>									
RETURN TO	DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER <small>Departmental Records Branch        219 North Lee Street        Alexandria, Virginia</small>									
INSTRUCTIONS	When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.									

REQUESTED PAPERS NOT IN FILE

TRANSFER COUPON

TO: \_\_\_\_\_

NOTE THAT FILE OF: \_\_\_\_\_

HAS BEEN TRANSFERRED TO: (Name) \_\_\_\_\_

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO. \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Departmental Records Branch, AGO  
 219 North Lee Street  
 Alexandria, Virginia

TRANSFER COUPON

TO: \_\_\_\_\_

NOTE THAT FILE OF: \_\_\_\_\_

HAS BEEN TRANSFERRED TO: (Name) *Charles J. Holub*

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO. \_\_\_\_\_

DATE *10/20/50*

SIGNATURE *JK*

Departmental Records Branch, AGO  
 219 North Lee Street  
 Alexandria, Virginia

No. A4 362603

No. A4 362603

WD AGO FORM 543 Replaces WD AGO Form 06-33 which may be used until exhausted.  
 1 MAY 1946

★ U. S. GOVERNMENT PRINTING OFFICE 1949-955711



QMGOD 293, Haduk, Charles J., Pfc 1st Ind  
SN 31 088 299

Department of the Army, OQMG, Washington 25, D. C., 20 December 1949

TO: Commanding Officer, Quartermaster Activities  
Kansas City Records Center (AGO), Missouri

~~ATTENTION: Effects Quartermaster~~

Information requested has been entered on basic form.

BY COMMAND OF MAJOR GENERAL FELDMAN:

*W. F. Conlon*  
WILLIAM F. CONLON  
Major, QMC  
Field Service Division

*for*  
GREEN COPY

DEC 20 11 45 AM '49  
MAIL ROOM  
RECORDS DIVISION



~~XXXXXXXXXXXXXXXXXXXX~~  
**KANSAS CITY QUARTERMASTER DEPOT**  
**ARMY EFFECTS BUREAU**  
 601 HARDESTY AVENUE  
 KANSAS CITY 1, MISSOURI

S-22 December 1949  
 HOC/vlm  
 22 November 1949

IN REPLY REFER TO 292127

REQUEST FOR INFORMATION

Haduk, Charles J. Pfc 31088299  
 (Name) (Rank) (ASN)

INFANTRY 48TH ARM'D INF BN

(Following to be filled in by OQMG), Branch of Service and/or Organization

DATE OF DEATH 29 OCT 44

PLACE OF CASUALTY EUROPEAN AREA, HOLLAND

NEXT OF KIN MR. JOHN HADUK FATHER  
 (Name) (Relationship)

ADDRESS R. F. D. #2, BOX 263, VALLEY FALLS, RHODE ISLAND

PREVIOUS SHIPMENT  YES  NO (Check one)

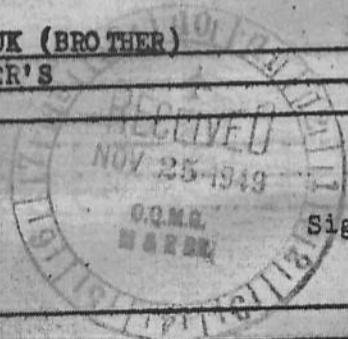
DATE OF LAST PREVIOUS SHIPMENT (If any) 4 AUG 45

SUMMARY COURT MADE (Eff QM Form 75)  Yes  No (Check one)

TO WHOM (If made) EFFECTS SHIPPED TO FATHER  
 (If same as NOK, write same)

Write below the name and address of an alternate beneficiary or an individual we have previously contacted in the case file, If a relative, list his relationship. This information will be used only if the next of kin noted above cannot be located.

MR. LEON HADUK (BROTHER)  
SAME AS FATHER'S



Signature WILLIAM F. CONLON, MAJOR, QMC

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



70

# RECEIPT OF REMAINS

HEADQUARTERS, NYPE  
DISTRIBUTION CENTER #1, AGRS  
58th ST. & 1st AVE.

DISTRIBUTION CENTER

BROOKLYN, N.Y.

KAROL A. ROMENSKI AND SON

ROUTINE

342 HIGH STREET

REMAINS CONSIGNED TO:

CENTRAL FALLS, RHODE ISLAND

REMAINS OF THE LATE PFC. CHARLES J. HADUK ACCOMPANIED BY AN

ESCORT ARE SCHEDULED TO LEAVE NEW YORK ON TRAIN

NUMBER 14 NEW HAVEN RAILROAD AT TWELVE NOON EST

ON TUESDAY 25 JANUARY AND DUE TO ARRIVE AT PAWTUCKET-CENTRAL FALLS  
R.I.

AT FOUR FORTY NINE P.M. EST 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.

ESCORT: SGT WILLIAM J. KILLION  
RA 11 114 779

NAT FILE RECORDS ANNOTATED G. H. BARE COLONEL, QMC  
DATE 14 April 49  
NAME Washburn  
R & R BR.

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

THIS 25 DAY OF Jan 1949 MONTH

Sgt William J. Killion  
WITNESS (Escort)  
RA 1114779

Karol A. Romenski & Son  
CONSIGNEE  
By Bernard Romenski



DISINTERMENT DIRECTIVE

36-96 <sup>AMB</sup>

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 4650 06627	DATE 15 04 48 DAY MONTH YEAR
NAME HADUK CHARLES J		SERIAL NUMBER 31088299	RANK PFC
CEMETERY MARGRATEN - AACHEN		ARM 1	DATE OF DEATH DAY MONTH YEAR 15 04 48
PLOT KKK	ROW 11	GRAVE 262	COUNTRY HOLLAND
DISPOSITION OF REMAINS 1 1500 01 CODE DIST. PT.			CAUSE OF DEATH 2

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE KAROL A. ROMENSKI AND SON 342 HIGH STREET CENTRAL FALLS, RHODE ISLAND (F/B PAWTUCKET, RHODE ISLAND)	NAME AND ADDRESS OF NEXT OF KIN JOHN HADUK, (FATHER) RURAL FREE DELIVERY #2, BOX 263 VALLEY FALLS, RHODE ISLAND
---	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME CHARLES J. HADUK	SERIAL NUMBER 31088299	RANK PFC	DATE OF DEATH )	DATE DISTINTERRED 11 AUG 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER <sup>AMB</sup>	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 ADVANCED STATE OF DECOMPOSITION- CRUSHED SKULL & MANDIBLE- R/CLAVICLE FRACTURED
OTHER MEANS OF IDENTIFICATION SOCIAL SECURITY CARD FOR CHARLES JOHN HADUK No 038-16-7188	
MINOR DISCREPANCIES 1 NONE	

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX	BY WILLIAM R. BAILEY, EMBALMER
DATE 28 SEPT 48	
CASKET SEALED BY JOHN A. BRICKLEY, EMB. SUPV.	EMBALMER (Signature) JOHN A. BRICKLEY, EMB. SUPV.
CASKET BOXED AND MARKED OD IN ROLSETH DATE 2/12/48 BY CLERK RECORDER	SHIPPING ADDRESS VERIFIED BY X 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.

ALBERT S. KEMBERTLIN, 1/LT, INF

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report OMC 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 G. Johnson*  
*1st Lt. Inf*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM USMC MARGRATH HOLLAND	TO ANTWERP PORT- PIER 140
KIND OF CONVEYANCE RAIL	NAME OF CONVOYER CPL STANLEY J. DUDA RA 5280467
SIGNATURE OF SHIPPER <i>Lloyd F. [unclear]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE 23/11/48	DATE 24 NOV 1948

### 2. SHIPPED

FROM AGRC ANTWERP BELGIUM	TO USAT BARNEY KIRSCHBAUM
KIND OF CONVEYANCE VC. 2	NAME OF CONVOYER R. B. HOWARD 1st Lt. INF.
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	SIGNATURE OF RECEIVER <i>R. B. Howard</i>
DATE DEC 1948	DATE DEC 1948

### 3. SHIPPED

FROM	TO <i>my PE</i>
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE	DATE 12-3-48

### 4. SHIPPED

FROM <i>my PE</i>	TO <i>Det 01</i>
KIND OF CONVEYANCE <i>Tractor</i>	NAME OF CONVOYER
SIGNATURE OF SHIPPER W. W. PREBISON LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	SIGNATURE OF RECEIVER <i>[Signature]</i> H. O. YOUNG Captain, [unclear]
DATE JAN 4 1949	DATE JAN 4 1949

### 5. SHIPPED

FROM KONIG V. BOWENSKI AND SON	TO
KIND OF CONVEYANCE MOTOR VEHICLE (RHOIDE 12 CYND)	NAME OF CONVOYER AVTEA EYTES' RHODE 12 CYND
SIGNATURE OF SHIPPER <i>[Signature]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE	DATE

### 6. SHIPPED

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

### 7. SHIPPED

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



SPACE #

BAY #

INSPECTION CHECKLIST  
(FOR USE AT DISTRIBUTION POINT)

NAME <b>HADUK CHARLES J</b>	RANK <b>PFC</b>	SERIAL NUMBER <b>31088299</b>
--------------------------------	--------------------	----------------------------------

NEXT OF KIN	ADDRESS
-------------	---------

SHIPPING CASE - General Appearance  
(Check ONLY Discrepancies)

CONDITION OF SHIPPING CASE (Check one)

SATISFACTORY  UNSATISFACTORY

FINISH (Exterior)
FINISH (Interior)
HANDLES
HANDLE BOLTS
STENCILING - NAMEPLATE <i>Clear</i>
<i>new</i>

REMARKS
---------

CASKET - General Appearance  
(Check ONLY Discrepancies)

CONDITION OF CASKET (Check one)

SATISFACTORY  UNSATISFACTORY

FINISH (Exterior) <i>clean &amp; polished</i>
HANDLES AND FASTENINGS
STENCILING - NAMEPLATE
CAM LOCKS (Sealing) <i>gray</i>
ODOR OR MOISTURE

REMARKS
---------

ROUTED THROUGH

MORTUARY OPERATING ROOM

MORTUARY REPAIR SHOP

CONDITION OF REMAINS  
 SATISFACTORY  UNSATISFACTORY

CASKET REPAIRED

NECESSARY DISINFECTION (Explain)

CASKET EXCHANGED

SHIPPING CASE REPAIRED

SHIPPING CASE EXCHANGED

REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER <i>Ray Bell</i> <i>J. Tracy</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.

*Painted 1/19/49*

140232



WU B110 26 COLLECT 7 EXTRA

RECEIVED

ADDED BY TELETYPE UNIT  
DEC 18 206P

COLONEL G H BARE

WAR DEPARTMENT  
TELEGRAPH OFFICE  
QMC342 DIST CENTER ONE NYPOE

THE LATE PFC CHARLES J HADUK FUNERAL DIRECTOR AND  
VETERAN ORGANIZATION HAVE BEEN NOTIFIED OF CHANGE IN PLANS  
JOHN H HADUK RFD 2 BOX 263 VALLEY FALLS RI

321P

2 263..

DISTRIBUTION CENTER #1  
NEW YORK PORT OF EMBARKATION  
BROOKLYN, NEW YORK

RECEIVED  
1948 DEC 14 20

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.

JOHN HADUK

RFD #2, BOX 263

VALLEY FALLS, RHODE ISLAND

WAR DEPARTMENT  
TELEGRAPH OFFICE  
BROOKLYN, N.Y.

USAT BARNEY KIRSCHBAUM

JAMES McCARTHY  
Major, TC  
Admin O, AGR Div.

PLEASE BE ADVISED THE REMAINS OF THE LATE **PFC CHARLES J HADUK**  
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED  
TO **KAROL A ROMENSKI & SON, 342 HIGH ST, CENTRAL FALLS, RHODE ISLAND**

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  
17 DEC 48

G. H. BARE, COL, QMC

DOG

227

RECORDS DIVISION  
APR 6 2 14 PM '69  
REPATRIATION

U W O F O B I



RRE Form #39  
13 Jul 48

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

HADUK	Charles	J	PFC	31088299
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Repatriated to the United States

11 DEC 1948

STATION FILE

Incl #

REPORT OF INVESTIGATION AND SEARCHING

To be completely filled out and attached to each copy of  
GR Form 1, "Report of Burial" when disinterment is accomplished.

1. Charles J. Haduk Pfc 31083299 43th Armd Inf Bn  
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached One identification tag on chain around neck

3. Give exact location from which disinterred, furnishing coordinates and map series used FR: Carte Michelin Road map 1:200,000 sheet 1 Grid Coord: VE 685085

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF EXHUMED GRAVE & EXACT LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (include plot, row and grave if organized cemetery) Isolated Burial

5. Approximate or established date of death (state which and give basis for date selected) Approximately 29 Oct 44 from Ltr: OOM

6. Approximate or established date of burial (give basis for date established) Unknown

Manner in which grave was marked and all information contained on the mark. Wooden Cross: Helmet & Liner, Liner marked "H-3299"

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned. None

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 other possessing important information) Information obtained from A. Joris 43 Beijelsweg, Asten, Holland

If buried in a coffin, give description and markings Not buried in coffin

11. Action taken Disinterred & evacuated to U.S. Mil Cem, Margraten, Holland

Disinterment approved by Ltr: HQ C2 ETOUSA OOM dtd: 2 June 1945

Disinterment ~~made~~ made by 3060 OM Gr Reg 66 APO 562, US Army

Date of ~~reburial~~ Sept 9 1945

Place of ~~reburial~~ US Military Cemetery Margraten, Holland by 603rd OM

Plot III Row 11 Grave 262 Gr Reg 66 APO 562

NOTE: Additional particulars regarding investigation will be placed on reverse side.

N. F. RAKER  
Signature of Investigating Officer

N. F. RAKER

1st Lt, OMC

O-515237

G. R. O.

Rank

ASN

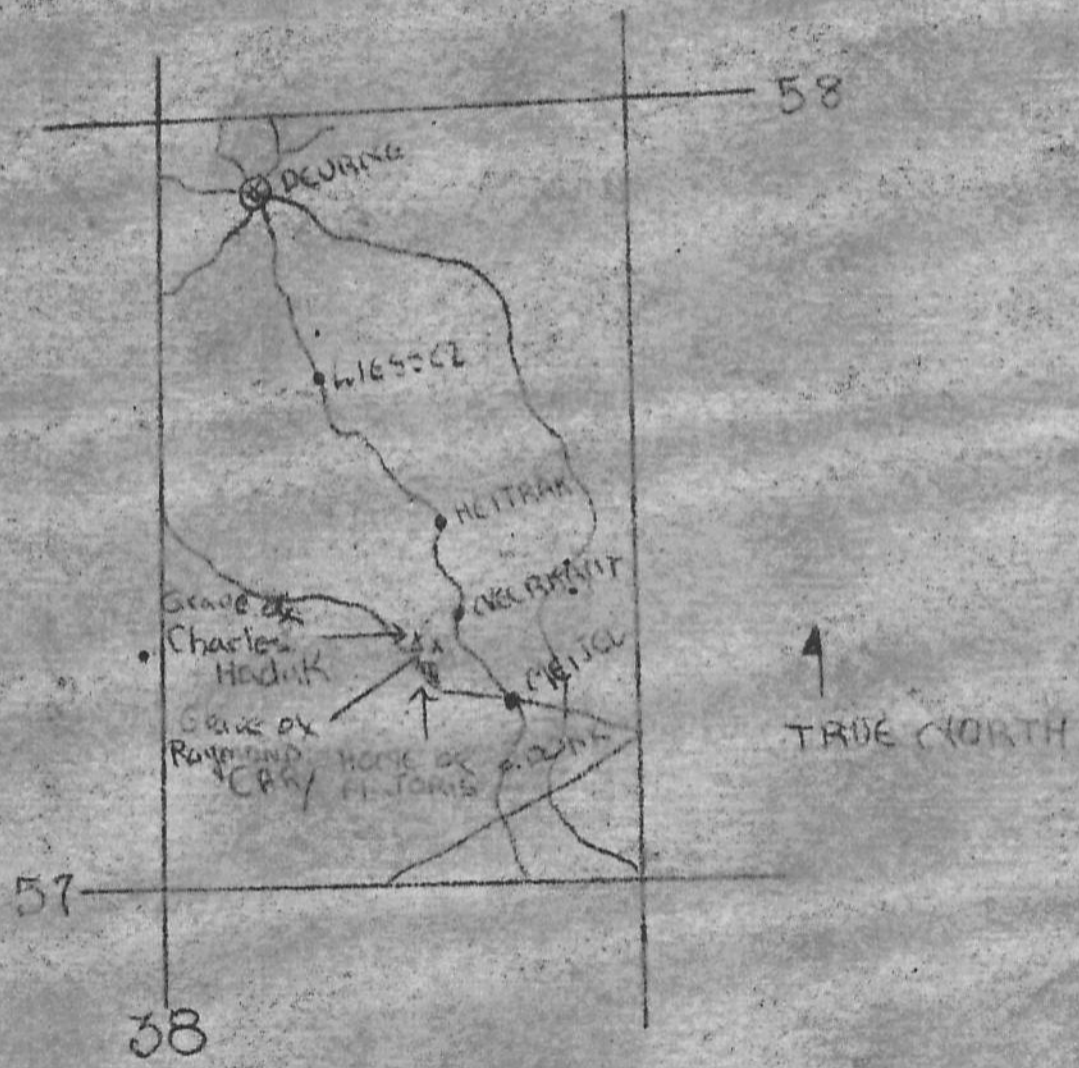
\*Cross out word not applicable  
(Holland) Reg No. 734

INC 4



284

40



Address of A. Joris  
 43 Meijelsweg  
 Astero, Holland

Scale 1:200,000 Sheet 4  
 Carte Michelin Road Map  
 Grid Coord U 685085

Landman

INCL #15



# CERTIFICATE

(AR 30-1830)

74735

WW 14

PAID

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 NATIONAL OR POST CEMETERY.

## PART A - CIVILIAN OR PRIVATE CEMETERY

<b>A</b>	<b>REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES</b> <small>(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)</small>		
NAME OF DECEDENT <i>Haduk</i> <b>HADUK CHARLES J.</b>	GRADE <b>PTC</b>	SERIAL NUMBER <b>51086299</b>	COMPONENT <b>USAGF</b>
I certify that the sum of \$ <u>177.00</u> 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 <b>Notre Dame Cemetery</b>	CITY OR COUNTY <b>Pawtucket, R. I.</b>	STATE <b>R. I.</b>	
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: <b>HEADQUARTERS NEW YORK PORT OF EMBARKATION D - C #1                      AGR 1st Avenue &amp; 58th Street Brooklyn, N.Y.</b>		SIGNATURE OF CLAIMANT <i>John Haduk</i> ADDRESS OF CLAIMANT (City, Street or RFD, and State) <b>Mendon Road, Adamsdale, North Attleboro, Mass.</b>	
		RELATIONSHIP TO DECEDENT <b>Father</b>	DATE

## PART B - NATIONAL OR POST CEMETERY

<b>B</b>	<b>REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES</b> <small>(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)</small>		
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 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: <b>Brooklyn FEB 1949 Sym. 210-344 Sta. 625</b>		SIGNATURE OF CLAIMANT  ADDRESS OF CLAIMANT (City, Street or RFD, and State)  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.

No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.





## REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

333  
3/18/48  
mnsPfc Charles J. Haduk, 31 088 299  
Plot KKK, Row 11, Grave 262,  
United States Military Cemetery  
Margraten, Holland

5 December 1947

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, JOHN HADUK  
(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

Notre Dame Cemetery, Pawtucket, Rhode Island  
(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 Pawtucket, Rhode Island  
(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

DDPROC 5/11/48

Called 29 April 48  
Mr. Matheis



**ADDITIONAL REMARKS AND INSTRUCTIONS**

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



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 <u>Haduk</u>	FIRST NAME <u>John</u>	MIDDLE INITIAL <u>None</u>
NUMBER AND STREET <u>Box 236</u>	CITY OR TOWN <u>Valley Falls</u>	COUNTY OR PROVINCE <u>Providence</u>
EXPRESS OFFICE (Nearest railroad passenger station) <u>Rural Free Delivery No. 2</u>	TELEGRAPH ADDRESS <u>High Street, Pawtucket, R.I.</u>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <u>R.I.</u>
<u>Pawtucket, Rhode Island</u>		TELEPHONE NO. <u>Southgate 5952-W</u>

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 <u>Karol A. Romenski &amp; Son</u>			
NUMBER AND STREET <u>342 High Street</u>	CITY OR TOWN <u>Central Falls</u>	COUNTY OR PROVINCE <u>Providence</u>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <u>R.I.</u>
EXPRESS OFFICE (Nearest railroad passenger station) <u>Pawtucket, Rhode Island</u>	TELEGRAPH ADDRESS <u>High Street, Pawtucket, R.I.</u>		TELEPHONE NO. <u>Perry 3833</u>

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 <u>Haduk</u>	FIRST NAME <u>Leon</u>	MIDDLE INITIAL <u>None</u>	RELATIONSHIP TO DECEASED <u>Brother</u>
NUMBER AND STREET <u>Rural Free Delivery No. 2</u>	CITY OR TOWN <u>Valley Falls</u>	COUNTY OR PROVINCE <u>Providence</u>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <u>R.I.</u>
<u>Box 236</u>			

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.

John Haduk  
(SIGNATURE OF NEXT OF KIN)  
JOHN HADUK  
(NAME PRINTED OR TYPED)

Rural Free Delivery #2, Box 263  
(STREET AND NUMBER)  
Valley Falls, Rhode Island  
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 16 day of Dec.

19 47, at city (or town) of Central Falls, county of Providence, and State (or Territory or District) of Rhode Island

Bernard Romenski  
(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.

_____	_____
(SIGNATURE OF NEXT OF KIN)	(DATE)
_____	_____
(NAME PRINTED OR TYPED)	(STREET AND NUMBER)
_____	_____
	(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)
_____	_____
(NAME PRINTED OR TYPED)	(STREET AND NUMBER)
_____	_____
	(CITY AND STATE)



1  
C/O Charles J. Kainr, 31 000 200  
Plot RAK, Row 11, Section 20A,  
United States Military Cemetery  
Mayrater, Belgium

3 December 1947

Mr. John Haduk  
Rural Free Delivery #2, Box 263  
Valley Falls, Rhode Island

Dear Mr. Haduk:

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 American people. 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 "Survivor 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 post. Its prompt return will avoid unnecessary delays.

Incis.

DEC 10 10 26 AM '47  
O. O. M. G.  
MAIL & RECORDS BRANCH

Sincerely,

CHARLES J. KAINR  
Major General  
The Quartermaster General

REPORT OF INVESTIGATION AND SEARCHING

To be completely filled out and attached to each copy of  
 GR Form 1, "Report of Burial" when disinterment is accomplished.

798  
 1. Charles J. Haduk Pfc 31088299 48th Armd Inf Bn  
 (Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached One identification tag on chain around neck

3. Give exact location from which disinterred, furnishing coordinates and map series used LR: Carte Michelin road map 1:200,000 sheet 1 Grid coord: VE 685085

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOTATED BY TYPE LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (include plot, row and grave if organized cemetery) Isolated burial

5. Approximate or established date of death (state which and give basis for date selected) approximately 29 Oct 44 from Ltr: OCGM

6. Approximate or established date of burial (give basis for date established) Unknown

7. Manner in which grave was marked and all information contained on the marker Wooden Cross: Helmet & Liner, Liner marked "H-8299"

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned None

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local agent, priest, cemetery caretaker, those responsible for burial and any other possessing important information) Information obtained from A. Joris 43 Heijelweg, Asten, Holland

10. If buried in a coffin, give description and markings Not buried in coffin

11. Action taken Disinterred & evacuated to U.S. Mil Cem, Margraten, Holland

Disinterment approved by Ltr:Hq CZ ETOUSA OCGM dtd: 2 June 1945

Disinterment and reburial made by 3060 OM Gr Reg Co APO 562, US Army

Date of ~~original~~ burial Sept 9 1945

Place of ~~original~~ reburial US Military Cemetery Margraten, Holland by 603rd OM Plt KKK Row 11 Grave 262 Gr Reg Co APO 562

NOTE: Additional particulars regarding investigation will be placed on reverse side.

*Neat's Rake*  
 Signature of Investigating Officer

N. F. RAKER  
 1st Lt. OMC  
 O-515237 Rank  
 G.R.O.

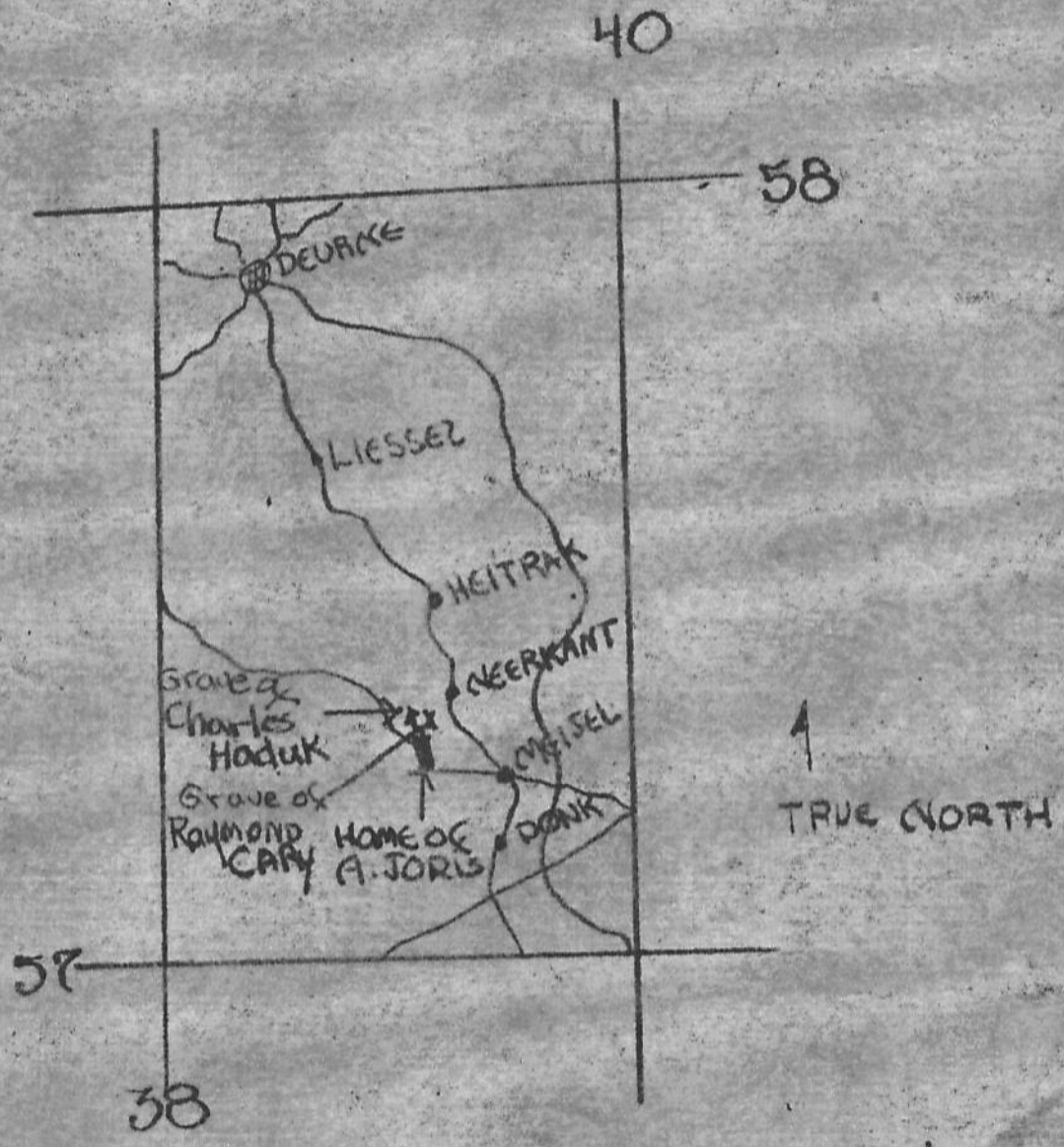
15 JAN 1945

\*Cross out word not applicable  
 (Holland) Reg No. 784

INC 14

ASN





Address of A. Joris  
 43 Meijelweg  
 Astern, Holland

Scale 1:200,000 Sheet #1  
 Carte Michelin Road Map  
 Grid Coordinate 685085

Landman

INCL #15



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

4523

**FINDING OF DEATH OF MISSING PERSON**

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Private First Class Charles J. Haduk, Army Serial Number 31,088,299, Infantry

to be dead. He was officially reported as missing in action as of the 29th day of October 1944. For the purposes stated in said Act, death is presumed to have occurred on the 30th day of October, 1945.

BY ORDER OF THE SECRETARY OF WAR  
*George F. Herbert*  
ADJUTANT GENERAL  
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWN HIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
31 Aug 1910	Adamsdale, Massachusetts	28 Mar 1942	YEARS	MONTHS	DAYS	
			Over	three	years	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mr. John Haduk	Father	Rural Free Delivery #2, Box 263 Valley Falls, Rhode Island

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
John Haduk	Father	Rural Free Delivery #2, Box 263 Valley Falls, Rhode Island
Helen Haduk	Sister	Rural Free Delivery #2, Box 263 Valley Falls, Rhode Island

REMARKS

Distribution 56

Awarded Combat Infantryman Badge per authority GO #85, Headquarters, 7th Armored Division, dated 16 November 1944.

Circumstances of disappearance: Soldier was a member of a company in defensive position during enemy counterattacks near Meijel, Holland.

15 JAN 1945  
FILE  
*JW*

# REPORT OF BURIAL

9 Sept 1945

Date

38

<sup>277</sup>  
HADUK

Charles

Pfc

31088299

Last Name

First Name

Initial

Rank

Serial No.

48 Armd. Inf. Bn

Unit

Organization

Vic. Meitel-Holland

29/10/44

KIA

Place of Death

Date of Death

Cause of Death

1100 Sept. 9 1945

U.S. Military Cemetery Margraten, Holland VK845482

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

262

11

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 685085, Holland

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

Who is buried on:

Deceased's Right:

HANCOCK

0-1308332

Name

Serial No.

Rank

Organization

261  
Grave No.

Deceased's Left:

CAREY

32249706

Name

Serial No.

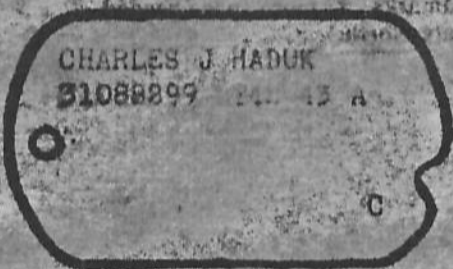
Rank

Organization

263  
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

Name

Address

Religion Cath.

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

None

Case #784

Exec. by 3060 QM Gr. Reg. Co.

*Cleon E. Wells*

Signature of Officer or other person reporting burial

CLEON E. WELLS 1st Lt.

603rd QM Gr. Reg. Co.

Verified by G.R.S. Officer

FILE  
JAN 23 1946

36



## 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.:

1  
2  
3  
4

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

Right Hand

1  
2  
3  
4

### 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.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Decayed's Right																
Decayed's Left																

Indicate: missing natural teeth by X; removed by O; filling by □; Bridges by ⊕; missing anchor teeth; replacement by artificial teeth by X

Characteristics

Other Data



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

4523

**FINDING OF DEATH OF MISSING PERSON**

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Private First Class Charles J. Haduk, Army Serial Number 31,088,299, Infantry to be dead. He was officially reported as missing in action as of the 29th day of October 1944. For the purposes stated in said Act, death is presumed to have occurred on the 30th day of October, 1945.

BY ORDER OF THE SECRETARY OF WAR

*George F. Herbert*  
ADJUTANT GENERAL  
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWN DIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
31 Aug 1910	Adamsdale, Massachusetts	28 Mar 1942	YEARS	MONTHS	DAYS	
			Over	three	years	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mr. John Haduk	Father	Rural Free Delivery #2, Box 263 Valley Falls, Rhode Island

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
John Haduk	Father	Rural Free Delivery #2, Box 263 Valley Falls, Rhode Island
Helen Haduk	Sister	Rural Free Delivery #2, Box 263 Valley Falls, Rhode Island

REMARKS

Distribution 56

Awarded Combat Infantryman Badge per authority GO #85, Headquarters, 7th Armored Division, dated 16 November 1944.

Circumstances of disappearance: Soldier was a member of a company in defensive position during enemy counterattacks near Meijel, Holland.

FILE  
NOV 5 1945

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

**-BATTLE CASUALTY REPORT**

AG 201	NAME Haduk, Charles J. ASN 31 088 299	GRADE PFC Son	DATE CAS. REPORT RECEIVED 1946 JAN 03
NAME AND ADDRESS OF E. A.	Mr. John Haduk (Father) R.F.D. #2, Box 263, Valley Falls, Rhode Island		DATE TELEGRAM SENT 15

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC 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 SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR

Son

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
PFC	HADUK CHARLES J	31088299	INF	ETO		363
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY		CASUALTY CODE
KILLED IN ACTION		IN HOLLAND		DAY	MONTH	YEAR
				29	OCT	44
						1J

REMARKS:

CORRECTED COPY

U PROJECT

Finding of death has been issued previously under Section 5, Public Law 490, 7 March 42, as amended, showing presumed date of death as 30 Oct 45. This report of death, based on information received since that date, is issued in accordance with Section 9 of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

FILE  
 JAN 15 1946  
*low*

ACTION BY COMPOSITE SECTION: REPORT VERIFIED *Certified* FORM 43 AG 201 REG. DATE

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO

PREVIOUSLY REPORTED: NO YES (AS INDICATED BELOW)

FILE NO. *Form 0.353* MESSAGE NO. TYPE *D* DATE AND AREA *30 Oct 45 MS* E. A. NOTIFIED *30 Oct 45*

FORWARDED TO:  SPEC. IDEN.  C. & P.  TELEGRAM  LETTER  CERTIF.  F. REL.  CORRES.  REPAT.  R. & D.  NON-DEL.

REPORT NOT VERIFIED: NO FORM 43 NO CAS. BR. FILE CHECKED BY *[Signature]* REVIEWED BY *[Signature]*

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WD AGO FORM 0365 1 MAY 1945 EDITION OF 1 JAN. 1945 MAY BE USED.





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

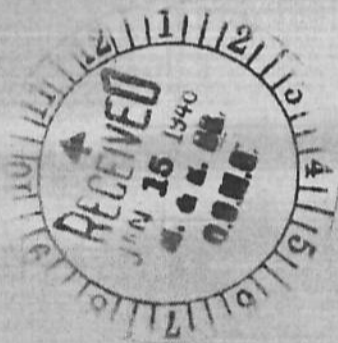
7 Jan 46

## REPORT OF DEATH

DATE

FULL NAME <b>Had Haduk, Charles J.</b>		ARMY SERIAL NUMBER <b>31 088 299</b>		GRADE <sup>GW</sup> <b>PFC</b>											
HOME ADDRESS <b>Adamsdale, Massachusetts</b>		ARM OR SERVICE <b>Infantry</b>		DATE OF BIRTH <b>31 Aug 10</b>											
PLACE OF DEATH <b>European Area</b>		CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>29 Oct 44</b>											
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>28 Mar 42</b>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS											
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Mr. John Haduk (Father) R.F.D. #2, Box 263, Valley Falls, Rhode Island.</b>															
BENEFICIARY (Name, relationship, and address) <b>John Haduk (Father) Same as above. Helen Haduk (Sister) Same as above.</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 type="checkbox"/>		
ADDITIONAL DATA AND/OR STATEMENT												<input checked="" type="checkbox"/> BATTLE		<input type="checkbox"/> NON-BATTLE	
<p>*Combat Infantryman G.O. #85 Hq 7th Armored Division, 16 Nov 44.</p> <p>Finding of death has been issued previously under Section 5, Public Law 490, 7 Mar 42, as amended, showing presumed date of death as <del>30</del> Oct 44. This report of death, based on information received since that date, is issued in accordance with Section 9 of said act, and its effect on prior payments and settlements is as prescribed in section 9.</p>															
<p>FILE JAN 15 1946</p> <p>BY ORDER OF THE SECRETARY OF WAR <i>John A. Marszal</i> ADJUTANT GENERAL</p>															





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

29 2127  
1 01  
7 Jan 46

REPORT OF DEATH

DATE

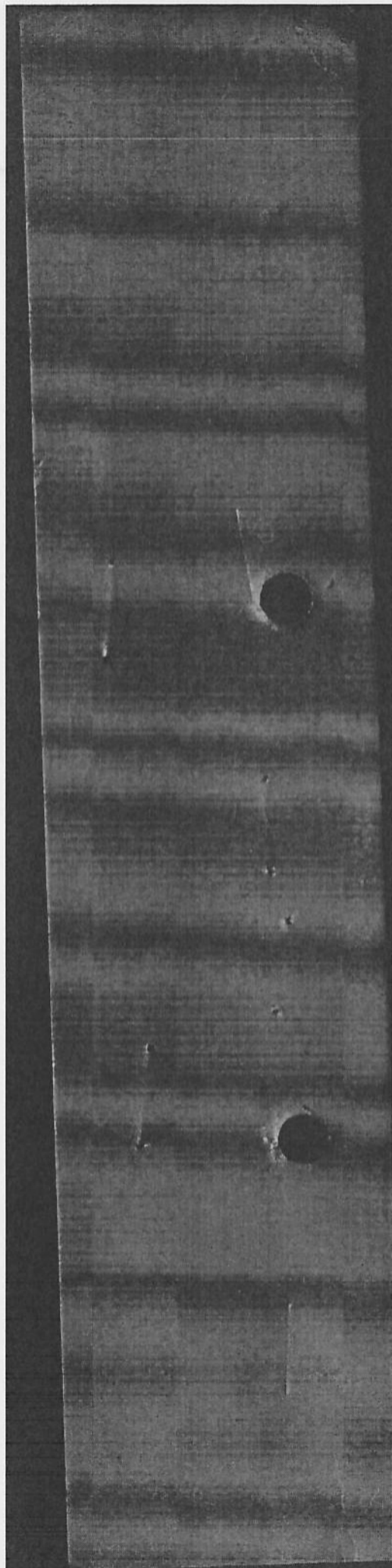
FULL NAME <b>Had Haduk, Charles J.</b>		ARMY SERIAL NUMBER <b>31 088 299</b>		GRADE <b>PFC <sup>GW</sup></b>											
HOME ADDRESS <b>Adamsdale, Massachusetts</b>		ARM OR SERVICE <b>Infantry</b>		DATE OF BIRTH <b>31 Aug 10</b>											
PLACE OF DEATH <b>European Area</b>		CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>29 Oct 44</b>											
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>28 Mar 42</b>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS											
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Mr. John Haduk (Father) R.F.D. #2, Box 263, Valley Falls, Rhode Island.</b>															
BENEFICIARY (Name, relationship, and address) <b>John Haduk (Father) Same as above. Helen Haduk (Sister) Same as above.</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 type="checkbox"/>		
ADDITIONAL DATA AND/OR STATEMENT												<input checked="" type="checkbox"/> BATTLE		<input type="checkbox"/> NON-BATTLE	

\*Combat Infantryman G.O. #85 Hq 7th Armored Division, 16 Nov 44.

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BY ORDER OF THE SECRETARY OF WAR  
*John A. Marszal*  
ADJUTANT GENERAL





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

292127 BX  
1946 JAN 03  
15  
36

BATTLE CASUALTY REPORT

AG 201	NAME Haduk, Charles J. ASN 31 088 299	GRADE PFC Son	DATE CAS. REPORT RECEIVED 1946 JAN 03
NAME AND AD. DRESS OF E. A.	Mr. John Haduk (Father) R.F.D. #2, Box 263, Valley Falls, Rhode Island		DATE TELEGRAM SENT 15

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC 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 SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR

Son

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
PFC	HADUK CHARLES J	31088299	INF	ETO		363
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY		CASUALTY CODE
KILLED IN ACTION		IN HOLLAND		DAY	MONTH	YEAR
				29	OCT	44
						1J

REMARKS:

CORRECTED COPY

U PROJECT

Finding of death has been issued previously under Section 5, Public Law 490, 7 March 42, as amended, showing presumed date of death as 30 Oct 45. This report of death, based on information received since that date, is issued in accordance with Section 9 of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

ACTION COMPOSITE SECTION: REPORT VERIFIED Certified FORM 43 AG 201 REQ. DATE

QUALITY CHECK FILE ATTACHED OR CHARGED TO

PREVIOUSLY REPORTED NO. YES (AS INDICATED BELOW):

FILE NO. Form 0.35-3 MESSAGE NO. TYPE D DATE AND AREA 30 Oct 45 N.S. E. A. NOTIFIED 30 Oct 45

FORWARDED TO:  SPEC. IDEN.  C. & P.  TELEGRAM  LETTER  CERTIF.  \* DEL.  CORRES.  REPAT.  E. R. & D.  NON-DEL.

REPORT NOT VERIFIED. NO FORM 43. NO CAS. SR. FILE CHECKED BY [Signature] REVIEWED BY [Signature]

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WD AGO FORM 0365 1 MAY 1945 EDITION OF 1 JAN. 1945 MAY BE USED.



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

4523

292127

**FINDING OF DEATH OF MISSING PERSON**

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Private First Class Charles J. Haduk, Army Serial Number 31,088,299, Infantry

to be dead. He was officially reported as missing in action as of the 29th day of October 1944. For the purposes stated in said Act, death is presumed to have occurred on the 30th day of October, 1945.

BY ORDER OF THE SECRETARY OF WAR  
*George F. Hebert*  
ADJUTANT GENERAL  
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWD MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
31 Aug 1910	Adamsdale, Massachusetts	28 Mar 1942	YEARS	MONTH	DAYS	
			Over	three	years	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mr. John Haduk	Father	Rural Free Delivery #2, Box 263 Valley Falls, Rhode Island

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
John Haduk	Father	Rural Free Delivery #2, Box 263 Valley Falls, Rhode Island
Helen Haduk	Sister	Rural Free Delivery #2, Box 263 Valley Falls, Rhode Island

REMARKS

Distribution 56

Awarded Combat Infantryman Badge per authority GO #85, Headquarters, 7th Armored Division, dated 16 November 1944.

Circumstances of disappearance: Soldier was a member of a company in defensive position during enemy counterattacks near Meijel, Holland.

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

292127

-BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
HADUK CHARLES J		31088299		PFC	INF	ETO
PLACE OF CASUALTY		DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
HOLLAND 9		DAY	MONTH	YEAR	MIA	241
		29	OCT	44		

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 TELEGRAPHIC 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 SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
MR JOHN HADUK	MR FATHER	12 NOV 44 IFR
NO. AND NAME OF STREET—CITY—STATE		
RURAL FREE DELIVERY TWO BOX 263 VALLEY FALLS RHODE ISLAND		

REMARKS:

CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED  FORM 43 AG 201 REQ \_\_\_\_\_

CASUALTY BRANCH FILE ATTACHED \_\_\_\_\_ OR CHARGED TO \_\_\_\_\_ DATE \_\_\_\_\_

PREVIOUSLY REPORTED NO  YES \_\_\_\_\_ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO  SPEC. IDEN.  TELEGRAM  WOUNDED  LETTER  CORRES.  S. R. & D.  CERTIF.  M. S. M.  NON-DEL.

REPORT NOT VERIFIED  NO FORM 43  NO CAS. BR. FILE  CHECKED BY 12 NOV 44 REVIEWED BY \_\_\_\_\_

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
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

DISTRIBUTION "A"  \_\_\_\_\_ 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.



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

(S-10-6-45)  
RTB:JFH:cc  
July 28, 1945

In Reply Refer To: 292127

Mr. John Haduk  
R. F. D. # 2, Box 263  
Valley Falls, Rhode Island

Dear Mr. Haduk:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your son, **Private First Class Charles J. Haduk:**

**1 Carton and contents**

My action in transmitting the property does not, of itself, vest title in you. The items are forwarded in order that you may act as gratuitous bailee in caring for them pending the return of the owner, who has been reported missing in action. In the event he later is reported a casualty, and I sincerely hope he never is, it will be necessary that the property be turned over to the person or persons legally entitled to receive it.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

I regret the circumstances prompting this letter, and wish to express my hope for the safe return of your son.

Yours very truly,

P. L. KOOB  
1st Lt., QM  
Officer-in-Charge  
SJ Unit

Incl—  
Envelope

Receipt acknowledged:

John Haduk  
(Signature of Bailee)

\_\_\_\_\_  
(Date)

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. John Haduk

Pfc. Charles J. Haduk

R. F. D. # 2, Box 263

Effects of:  
Name

51089299

Valley Falls, Rhode Island

ASN

292127 M

Case No.

Wt.

DATE 28 July 1945

RTB:JMH:cc

FOR: *JMH* 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:

SHIP DAMAGED PROPERTY

1 Cte  
Franked **FRANKED** AUG 4 1945  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 1

*PA*  
Shipping Clerk



PACKAGE DESCRIPTION  
*Pr, etc*

ARMY EFFECTS BUREAU INVENTORY

292,127  
7/18

DECEASED  
MISSING  
P.O.W.  
ABANDONED  
TALLY NO. 9781

INV. DATE 18 July 45

CPG. NO. OF PGS. 1

BOX NO. 18

SHEET 1

CF SHEETS

ORGANIZATION  
45th Div  
1st Div

NAME Charles J. Haduk  
A.S.N. 31088299 RANK Pfc

Belt	TOILET & WASHCLOTHS	KNIVES
<u>DETS. MONEY (NO MONEY)</u>	CLOTHING	RAIS, CLOTH OR TRAVEL
Cloth, wash	BRACKET IDENT.	BELTFOID, (NO MONEY)
Coats	Brushes	Case
Footwear, Pr.	CAMPAS	Footlocked
Gloves, Pr.	Glasses	KIT, SHW, PIR, OR WRITING
Handkerchiefs	Knives	BOOKS
Headwear	Lighters	Books, Address
Jackets	<u>X</u> MISC.	Books, Pilot Log
Overcoats	Pen, Fountain	DIARY (REMOVED FOR DUTY)
Scarfs	Pencil, Mechanical	FILES
Shirts	Pipes	Letters
Socks, Pr.	RELIGIOUS ARTICLES	Papers, Personal
Ties	RELIG. DECORATION	Photos
Towels	Rings	Shoe Shine Articles
Trousers, Pr.	Tobacco	SPORT SECURER
Trunks, Pr.	Toilet Articles	SOUVENIRS
Underwear	<u>1</u> WATCH <u>1</u>	<u>X</u> SOUTHERN MONEY
		stationery
		PHARMACIES
		100 U.S. MONEY (MONEY)

REMARKS: *Mrs E. J. Saitta's Cousin*  
*Subdiv. Orchard*  
*Notes for Glass since loose*  
*\*Watch out of order does not run*

ATTACHMENTS: *Inventory*

FORM #54

FORM #100

C.A.T. *None*

WAREHOUSE SPACE *1490*

INVENTORIED BY *L. Long*

PACKED BY *W. H. ...*

STORED BY *HC*

DATE SHIPPED *AUG 4 1945*

CHECKED BY *E*

WAS OR ADDITIONAL

WEIGHT	NO. 1. REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
	LOCKED STORAGE
	LAUNDRY REMOVED
	FILM REMOVED

DAMAGED

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED



NAME HADDIK, CHARLES J. PFC. 8299

BAY	PALLET	BOX	TALLY
66	22	18	9781 <del>9997</del>
TYPE OF PKG.		WHSE. SPACE	INVENTORIED

PKG.

RESTRICTED  
INVENTORY FORM

January 1946  
Date

SUBJECT: Inventory of Personal Effects of:

Haduk Charles J. Pfc. SI 068 298  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO \_\_\_\_\_ US Army

The above named individual of 48th A.I. Bn. 7th Armored Division  
(Unit) (Organization)

was reported MIA about 23 October 1944.  
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Unknown

INVENTORY OF EFFECTS

- Totlat Insignia ✓
- Souvenir Coins ✓
- 1 Overcoat Cap ✓
- 1 Pr. Civilian Glasses ✓
- 1 Pr. G.I. Glasses ✓
- Personal Letters ✓
- Snapshots ✓
- Address Book ✓
- 1 Ring ✓
- Marking Outfit ✓
- 1 Pa. Clavier Wrist Watch ✓
- 3 Pa. Marksman Medals w/one Rifle Bar ✓
- 1 Ribbon (MTO & GC) ✓
- 1 Pa. Tank Insignia ✓
- 1 Pa. Infantry Insignia ✓
- 1 Pa. US Insignia ✓
- Shoe Shine Equipment ✓

Money in the amount of None has been turned into \_\_\_\_\_  
(Name of finance office and

Form WDFD 38 enclosed.  
symbol number)

Unknown

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 8 January 1946.  
(Rail, Truck, etc.)

Name Sam B. Plyler  
Rank & ASN SAM B. PLYLER  
Captain WAC, O-4016266  
Organization Headquarters 7th A.D.

Any additional pertinent information:





~~XXXXXXXXXXXX~~  
 KANSAS CITY QUARTERMASTER DEPOT  
 ARMY EFFECTS BUREAU  
 601 HARDESTY AVENUE  
 KANSAS CITY 1, MISSOURI

S-22 December 1949  
 HOC/vlm  
 22 November 1949

IN REPLY REFER TO 292127

REQUEST FOR INFORMATION

293

Haduk, Charles J. Pfc 31088299  
 (Name) (Rank) (ASN)

INFANTRY 48TH ARM'D INF BN  
 (Following to be filled in by OQMG), Branch of Service and/or Organization

DATE OF DEATH 29 OCT 44

PLACE OF CASUALTY EUROPEAN AREA; HOLLAND

NEXT OF KIN MR. JOHN HADUK FATHER  
 (Name) (Relationship)

ADDRESS R. F. D. #2, BOX 263, VALLEY FALLS, RHODE ISLAND

PREVIOUS SHIPMENT X YES NO (Check one)

DATE OF LAST PREVIOUS SHIPMENT (If any) 4 AUG 45

SUMMARY COURT MADE (Eff QM Form 75) Yes X No (Check one)

TO WHOM (If made) EFFECTS SHIPPED TO FATHER  
 (If same as NOK, write same)

Write below the name and address of an alternate beneficiary or an individual we have previously contacted in the case file. If a relative, list his relationship. This information will be used only if the next of kin noted above cannot be located.

MR. LEON HADUK (BROTHER)  
SAME AS FATHER'S

Signature William F. Conlon  
 WILLIAM F. CONLON, MAJOR, QMC

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RECEIVED  
DEPT. OF JUSTICE  
WASHINGTON, D.C.  
NOV 25 1949

RECEIVED  
NOV 25 1949  
U.S. DEPARTMENT OF JUSTICE



QMGOD 293, Haduk, Charles J., Pfc 1st Ind  
SN 31 088 299

Department of the Army, OQMG, Washington 25, D. C., 20 December 1949

TO: Commanding Officer, Quartermaster Activities  
Kansas City Records Center (AGO), Missouri

~~XX~~

Information requested has been entered on basic form.

BY COMMAND OF MAJOR GENERAL FELDMAN:

*William F. Conlon*  
WILLIAM F. CONLON  
Major, QMC  
Field Service Division

*FELDMAN*  
2

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPT. OF JUSTICE  
KANSAS CITY, MO.  
DEC 22 1949

DEC 20 11 45 AM '49  
STAMPA  
MAIL RECORDS BRANCH



In reply refer to 292127

SZ/BK/1h  
16 May 1950

Mr. John Haduk  
RFD #2, Box 263  
Valley Falls, Rhode Island

Dear Mr. Haduk:

Thank you for your confirmation of address in connection with the disposal of funds received for your son, Private First Class Charles J. Haduk, which were recovered by an overseas Graves Registration officer.

I am inclosing a Bureau check in the amount of seventeen cents (\$0.17) representing the funds received for your son from this source and converted to dollar credits due to the damaged condition in which they were found when recovered.

The transmittal of funds by this Bureau does not, of itself, vest title in the recipient. Such property is forwarded for distribution in accordance with the laws of the state of decedent's legal residence.

I am glad to have been of service to you in this matter, and wish to express my sincere regret of the circumstances prompting this correspondence.

Sincerely yours,

1 Incl  
Bureau check

STANLEY ZABLOCKI  
Captain, QMC  
Effects Quartermaster

AMOUNT OF CHECK \$0.17	DATE DISCREPANCY - 10	INCLUDE VALUABLES	RECIPIENT FROM
ACCOUNT NUMBER 184875	NAME	SHIP VALUABLES	CASUALTY REPORT
	SERIAL NUMBER	VALUABLES SHIPPED BY (Clerk)	INVENTORY
	RANK		FORM 20
			LETTER

Pro Charles J. Haduk  
31088299  
292127 D

John Haduk

NO. & TYPE OF CONTAINER	SPECIAL INSTRUCTIONS
ENVELOPE	REMOVE G1
CARTONS	SHIP BLOODSTAINED
PACKAGE	SHIP DAMAGED
FOOT LOCKER	REMOVE BL'D STAINED
	REMOVE DAMAGED
	FILMS REMOVED
	DIARY REMOVED

SUMMARY COURT DATA

DATE OF FINDING

APPLICANT

DATE ACTION TAKEN  
16 May 50

MAIL REVIEWER (Initials)  
[Signature]

REMARKS

SHIPPED

FRANKED

EXPRESS

FREIGHT

DATE SHIPPED

SHIPPING CLERK

ROUTING

ACCOUNTING BRANCH

WAREHOUSE

FILE

EFF OM FORM 14  
10 OCT 1945

ORDER FOR ACTION

*CP Max Wexler*



see John Haduk

184875

292127

16 May 1950

180650

0.17

ARMY EFFECTS BUREAU  
ACCOUNTING INVENTORY

CASE NO. 292,127

TYPED BY BRK

DATE 24 Mar 1950

STATUS Deceased

RANK Pfc

NAME Charles J. Haduk

A. S. N. 31088299

ORGANIZATION

CONSIGNOR CDO, APO 807

AMOUNT \$ 0.17  
aid-check No. 180630 B

ACCOUNT NO. 184875 B

LIST NO. CIP #122

CHECK DESCRIPTION:  
INCLUDED IN ONE U. S. TREASURER'S CHECK  
NEGOTIABLE BY EQM

#1,714

DATED 14 Mar 1950

SYMBOL 215-224

AMOUNT \$4,287.97

REMARKS: Proceeds of 60 French Francs  
at rate of .0028437



HEADQUARTERS  
7752 FINANCE CENTER  
Central Disbursing Office  
APO 807, c/o Postmaster New York, N.Y.

FINC 123,7 -

14 Mar 50

SUBJECT: Conversion of Funds

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

1. In compliance with paragraph 2 of your letter of 28 December 1949, the following information is now made available, inasmuch as all conversion action has been completed.

2. Treasury checks Numbers 14520608 and 1714 in the aggregate amount of \$4,289.84 are forwarded along with fiscal lists Numbers 118 to 123 as inclosure number 2, also included are certificates covering certain foreign currencies, inclosure number 3, and copies of correspondence instrumental in affecting conversions as inclosures number 4 through number 15.

3. With reference to paragraph 3, the attached table is submitted herewith.

4. This office is unable to return currencies rejected by the respective countries concerned. Due to their extensively decomposed and highly contaminated condition, it was deemed advisable to destroy this worthless currency by burning. Certificate of destruction by three witnessing officers is available if so desired.

15 Incls:

1. Ltr File RRE 220.87
2. Fiscal lists 118 thru 123
3. Certificates
4. thru 15. ops correspondence

/s/ S. J. Taggart  
S. J. TAGGART  
Colonel FD  
Central Disbursing Officer

<u>TYPE &amp; AMOUNT OF CURRENCY REDEEMED BY C.D.O.</u>	<u>AMOUNTS REJECTED (INVALID)</u>	<u>AMOUNTS CONVERTED</u>	<u>RATE</u>	<u>DOLLAR VALUE</u>	<u>REMARKS</u>
1,237.00 U.S. Dol.	?	\$ 1,218.00	-	1,218.00	See Incl 4
L 369-10-0 Sterling		L 369-10-0	2.8025	1,035.52	Incl 5
70,111 French frs 250 Algerian frs	F.Frs 450	69,661 250	349.40) 349.40)	200.09	See Incl 6
30,475 Belgium Frs		30,475	.02006	611.33	Incl 7
11,932.50 German Mks		11,932.50	.10¢ per	1,193.25	Incl 8
520 Luxembourg Frs		520	49.95	10.41	Incl 9
1,166 Italian Lire		1,166	625 Lire = \$ 1.00	1.87	Incl 10
738½ Dutch Guilders	738½	none	-	no value	See Incl 11
1 Trinidad Dollar	1	"	-	no value	
1000 Greek Drachma	1,000	"	-	no value	
3.00 Russian Rubles	3.00	"	-	no value	
1 Mexican Dollar	1	"	-	no value	
6 Island Kronen	6	"	-	no value	
150 Danish Kronen	150	"	-	no value	See Incl 11
100 Norwegian Kronen	100	"	-	no value	See Incl 11
100 Swedish Kronen	-	100	5.17	19.34	Incl 11
1 Brazilian Milreis.	1	none	-	no value	
10 Finnish Marks	-	10	300 Marks per dollar	.03	Incl 11
U.S. Dollar Aggregate of Conversions				4,289.84	

-----  
Note by Accounting Branch, Army Effects Bureau: Pro-Rata distribution made to recipients on basis on total funds received; basis of computation shown on actual Form 11A's. Computed to nearest cent where funds exceed one cent per item. CIP lists with basis of computation files in Accounting Branch section file.





~~XXXXXXXXXXXXXXXXXXXX~~  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
801 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

SZ/BRK/vlm  
5 May 1950

IN REPLY REFER TO 292127

Mr. John Haduk  
R. F. D. #2  
Box 263  
Valley Falls, Rhode Island

Dear Mr. Haduk:

The Army Effects Bureau recently received for disposal a group of funds which had been recovered by the American Graves Registration Service in its disinterment operations under the current Repatriation Program for deceased military personnel.

These funds, consisting of United States or foreign currencies, were carried by the soldier at the time of casualty and in many instances were recovered in a mutilated or unsightly condition.

Consolidation at the overseas headquarters was then made of all such currencies and it was then returned to the country of origin for exchange to dollar credits to enable issuance of a check replacing the mutilated currency.

Such was the case with some funds received for your son, the late Private First Class Charles J. Haduk.

I know that you want to receive these funds as soon as possible, but due to the time elapsed since the occurrence of the casualty, it is believed that some explanation should be offered as to the source of these funds and the delay in their transmittal.

It would be appreciated if you would confirm the accuracy of your address in order that the check may be delivered properly. A notation placed at the bottom of this letter will be sufficient and may be returned in the inclosed addressed envelope requiring no postage.

Upon receipt of your reply, a Bureau check for the funds recovered from the above source will then be sent you promptly.

\*Mr. John Haduk is living at the  
above address: R.F.D.#2, Box 263,  
Valley Falls, R.I.\*

Sincerely yours,

*John Haduk*

*Stanley Zablocki*

STANLEY ZABLOCKI  
Captain, OMC  
Effects Quartermaster

1 Incl  
Envelope



RECEIVED  
MAY 1 1969  
U.S. DEPARTMENT OF EFFECTS BUREAU



292127

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

BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS	<i>No effects Reid</i>
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 <i>none</i>	INFORMATION <i>none</i>
NAME AND STATUS VARIATIONS	CROSS REFERENCE <i>(Margraten KKK-11-262)</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			MUTILATED
U. S. CURRENCY		DATE	TO ISSUING AGENCY
		BANK OR PLACE OF ISSUE	
		PAYEE	
		REMITTER OR DRAWER	

TALLY NO. <i>9119</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>14 Nov 49</i>	BOX NO.	SHEET OF SHEETS
-----------------------	--------------------	---------------------------------	---------	-----------------

NAME <i>CHARLES J HADUK</i>	A. S. N. <i>31088299</i>
ORGANIZATION	RANK <i>PFC</i> CASE NO.

WAREHOUSE SPACE	EXAMINED BY <i>Murphy</i>	DIARY REMOVED
PACKAGE DESCRIPTION	PACKED BY	PHOTO FILM REMOVED
	INSPECTED BY	MOTION PICTURE FILM REMOVED
WEIGHT	STORED BY	SHIPPED
		DATE BY WHOM

ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED



KKK 11 262

Serial No. 31087299 Name HADUK CHARLES J  
Grade \_\_\_\_\_ Rank \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Nearest Relative \_\_\_\_\_  
Address \_\_\_\_\_  
Killed in Action \_\_\_\_\_ Died of Disease \_\_\_\_\_  
Date \_\_\_\_\_ Hospital \_\_\_\_\_  
Battle Area \_\_\_\_\_ Information \_\_\_\_\_  
Place of Burial MILGRATEN  
Point of Coordination \_\_\_\_\_  
Description of Body \_\_\_\_\_  
Members Missing \_\_\_\_\_

Signed [Signature]  
10087299

HADUK, CHARLES J.		31088299		
DAY	PALLET	BOX	TALLY	TYPE PKG.
			9119	GB
				11-9-49
				APO 58 STGERMAIN
EFF ON FORM 41 1 JULY 1962				



CEM: MARGRATEN  
KKK-11-26

RESTRICTED

SUBJECT: Inventory of Personal Effects of: \_\_\_\_\_ Date \_\_\_\_\_

HADUK, Charles J., Pfc., 31038299  
(Last Name) (First Name) (I) (Rank) (AS.I)

TO: EFFECTS QUARTERMASTER, Army Effects Bureau, Kansas City, Missouri.

The above individual of \_\_\_\_\_ (Unit) \_\_\_\_\_ (Organization)

was reported \_\_\_\_\_ (Deceased, Missing, etc.) about \_\_\_\_\_ 194

Designated beneficiary if information readily accessible:

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

INVENTORY OF EFFECTS

60 French Francs.

//////////Last Item//////////

*List 122*

Withdrawn for collection

Money in the amount of \_\_\_\_\_ has been exchanged  
(here identify currency)

for US Treasury check No. \_\_\_\_\_ amounting to \_\_\_\_\_

Known bank account in European Theater: \_\_\_\_\_  
(List name of bank account No)

I certify that the above items constitute all effects secured by me belonging  
to the above named individual and ~~the following effects were secured by me~~  
~~the following effects were secured by me~~

on \_\_\_\_\_ 194 through \_\_\_\_\_ (Forwarding agency)

Signed: *Joseph F. Geochagan*  
JOSEPH F. GEOCHAGAN 1st Lt CMC Depot Quartermaster  
(Name) (Rank & AS.I) (Organization)

(List any additional information on reverse side)  
AG ETO Form No. 26 Rev. RESTRICTED