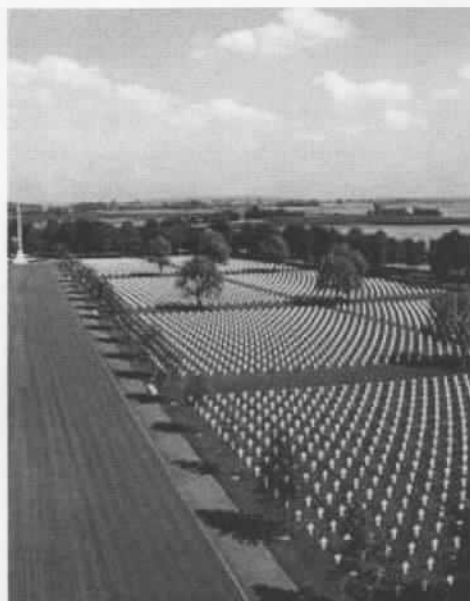




**INDIVIDUAL DECEASED  
PERSONNEL FILE**

BEST COPY POSSIBLE  
POOR QUALITY ORIGINAL



## **George R. Kapusta**

**ID: 35300176**

**Entered the Service From: Ohio**

**Rank: Technical Sergeant**

**Service: U.S. Army, 23rd Infantry Battalion,  
7th Armored Division**

**Died: Sunday, October 29, 1944**

**Buried at: Netherlands American Cemetery**

**Location: Margraten, Netherlands**

**Plot: O Row: 8 Grave: 4**

**Awards: Purple Heart**

6

DISINTERMENT DIRECTIVE

293 Unit. Hall of Fame (Museum)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

NAME: UNKNOWN - UNKNOWN SERIAL NUMBER: UNKNOWN RANK: UNKNOWN ARM: UNKNOWN

DATE: 15 06 48 DAY MONTH YEAR

CEMETERY: MARGRATHEN - AACHEN

PLOT: LL ROW: 11 GRAVE: 252 COUNTRY: HOLLAND

DISPOSITION OF REMAINS: 4001 CODE 100 DIST. PT.

CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: MARGRATHEN, HOLLAND (BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN: [Blank]

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: [Blank] SERIAL NUMBER: [Blank] RANK: [Blank] DATE OF DEATH: [Blank] DATE DISTINTERRED: [Blank]

IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: [Blank] RELIGION: [Blank] IDENTIFICATION VERIFIED BY: [Blank] NAME AND TITLE: [Blank]

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [Blank] CONDITION OF REMAINS: [Blank]

OTHER MEANS OF IDENTIFICATION: [Blank]

MINOR DISCREPANCIES: [Blank]

REMAINS PREPARED AND PLACED IN CASKET: [Blank]

CANCELLED

DATE: [Blank] BY: [Blank] EMBALMER (Signature): [Blank]

CASKET BOXED AND MARKED: [Blank] SHIPPING ADDRESS VERIFIED BY: [Blank]

DATE: [Blank] BY: [Blank]

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

SIGNATURE OF GRS INSPECTOR

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

8 June 1949

293 P/Lt George H. Kapusta, ASN 35 300 176

Plot O, Row 5, Grave 4

Headstone: Cross

Margraten (Nolland) U. S. Military Cemetery

Mrs. Mary Kapusta  
1511 Manhattan Avenue  
Youngstown, Ohio

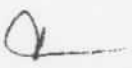
Dear Mrs. Kapusta:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstones. The headstones will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

  
E. YELMAN  
Major General  
The Quartermaster General

62-9 13

1

USMC MARGRATEN  
BLOCK: 0 ROW: 8 .VE: 4  
DATE OF BURIAL: 15 APR 49 DISINTERMENT DIRECTIVE  
VERIFIED BY *[Signature]*  
AGRS OFFICER

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4650 18045

DATE

15 03 49

DAY MONTH YEAR

NAME: KAPUSTA GEORGE R  
SERIAL NUMBER: 35300176T  
GRADE: SGT  
ARM: 1  
RACE: 1  
RELIGION: 2

CEMETERY: MARGRATEN HOLLAND  
PLOT: LL  
ROW: 11  
GRAVE: 262  
DISPOSITION OF REMAINS: 4601 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN FLAG SENT: 27 April 1949.

NAME AND ADDRESS OF CONSIGNEE  
MARGRATEN, HOLLAND

NAME AND ADDRESS OF NEXT OF KIN  
MARY KAPUSTA (MOTHER)  
1511 MANHATTAN AVENUE  
YOUNGSTOWN, OHIO

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS USAGF  
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE  
17 JUN 1949  
REPATRIATION  
BRANCH  
MEM. DIV.

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 4650 00297		DATE 15 04 48 DAY MONTH YEAR		
NAME UNKNOWN		SERIAL NUMBER X-001229		RANK	ARM 0	DATE OF DEATH		
CEMETERY MARGRATEN - AACHEN					0	DISPOSITION OF REMAINS 4601 80 CODE DIST. PT.		
PLOT LL	ROW 11	GRAVE 262	COUNTRY HOLLAND			CAUSE OF DEATH 6		

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE MARGRATEN, HOLLAND (BY ADMINISTRATIVE ORDER)		NAME AND ADDRESS OF NEXT OF KIN	
--	--	---------------------------------	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN		SERIAL NUMBER X-601229	RANK UNK	DATE OF DEATH		DATE DISINTERRED 24 AUG. 48	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS EMB <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION UNKNOWN		RELIGION UNK	IDENTIFICATION VERIFIED BY EDWARD E. STOUT 1/LT CAV NAME AND TITLE			

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM		CONDITION OF REMAINS R/SCAPULA, HUMERUS FRACTURED - R/RADIUS & ULNA, MISSING - ADVANCED DECOMPOSITION.					
OTHER MEANS OF IDENTIFICATION		REPORT OF BURIAL WITH REMAINS					
MINOR DISCREPANCIES /		NONE					
REMAINS PREPARED AND PLACED IN CASKET							
DATE 6 OCT. 1948		BY LESSE H. JOHNSON		EMBALMER		EMBALMER	
CASKET SEALED BY LESSE H. JOHNSON		LESSE H. JOHNSON					
CASKET BOXED AND MARKED		SIGNATURE CORRECTED BY: ALL PLATES TAGS MARKINGS VERIFIED BY:					
DATE 6/10/48 BY VINCENT A. CHALKER JR CLERK RECORDER		ERNEST J. OGLESBY JR 1/LT CAV					

CANCELLED

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

ERNEST J. OGLESBY JR 1/LT CAV  
SIGNATURE OF GRS INSPECTOR

*Raymond G. Johnson*  
*1st Lt CAV*

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of Form 1194 concerned

# REQUEST FOR DISPOSITION OF REMAINS

BUDDY BUREAU No. 49-R277

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

DATE: 14/2/49

T/Sgt. George R. Kapusta, 35 300 176  
 Plot LL, Row 11, Grave 262,  
 United States Military Cemetery  
 Margraten, Holland

14 February 1949

A		C	
B		D	

**DO NOT WRITE ABOVE THIS LINE**

**NOTE.**—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.  
 If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

## PART I

I, Mary Kapusta

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> WIDOW  | <input type="checkbox"/> WIDOWER           | <input type="checkbox"/> SON OVER 21 YEARS OLD     | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input type="checkbox"/> FATHER   | <input checked="" type="checkbox"/> MOTHER | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD   |
| <input type="checkbox"/> RELATIONSHIP OTHER THAN ABOVE <small>(Specify)</small> |  |  |   |

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  
(NAME AND LOCATION OF CEMETERY)
3. BE RETURNED TO (FOREIGN COUNTRY) THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT (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

MAR 15 1949

*713*  
 Coded 3-9-49  
*Alcott*

DDMG FORM 14 NOV 1944 345 MILITARY

MAR 7 1949

PAGE 1

*Barker*  
 5 March 49



**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
STATE OR TERRITORY OF U. S. A., OR COUNTRY	TELEGRAPH ADDRESS	TELEPHONE NO.
EXPRESS OFFICE (Nearest railroad passenger station)		

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

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
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

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.

Mary Kapusta (SIGNATURE OF NEXT OF KIN)      1511 Manhattan Avenue (STREET AND NUMBER)  
Mary Kapusta (NAME PRINTED OR TYPED)      Youngstown 9, Ohio (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 24<sup>th</sup> day of Feb. 1949 at city (or town) of Youngstown, county of Mahoning, and State (or Territory or District) of \_\_\_\_\_

**MARTIN J. LESNAN**  
 Notary Public 10-15-50  
Martin J. Lesnan  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Kubler  
 (OFFICIAL TITLE)

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



ADDITIONAL REMARKS AND INSTRUCTIONS

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

NOTARIAL  
RECORDS BR  
3 15 PM '49

MAR 8 11 20 AM '49

MAR 8 3 05 PM '49

RECEIVED  
RECORDS BR  
MAR 8 3 05 PM '49



6-11

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

**INTRA OFFICE REFERENCE SHEET**

*243 Kapusta, George R. 35 300 176*

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM--	3 TO--	4 DATE	5 MESSAGE
3	Chief Rec Sec R/R Br Mem Div	Chief Fam Cor Br	9 Feb 49	<p>Request dispatch of necessary letter to WOK of KAPUSTA, George R. Return file to Capt. Snedigar.</p> <p>1 Incl 293 file</p> <p><i>[Signature]</i> SNEDIGAR 5198</p> <p>THOMAS 5198</p>
4	Chief, Fam Cor Branch	Chief, Rec Sec R/R Br Mem Div	14 Feb 1949	<p>1. Action completed. LOI dispatched 14 February 1949.</p> <p>1 Incl. 293 file</p> <p><i>[Signature]</i> SMITH 5072</p>
5	Chief Rec Sec R/R Br Mem Div	Exec Office R/R Br	18 Feb 49	<p>Records corrected in Records Section. Grave Location-LOI letter has been dispatched. Copy is attached.</p> <p>1 Incl n/c</p> <p><i>[Signature]</i> SNEDIGAR 5198</p> <p>THOMAS 5198</p>

MAT  
FILE  
DATE 23 FEB 1949  
*Mark J. Hill*

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Chief Id Br Mem Div	Chief RR Br ATTN: Maj Gill  IN TURN  Chief Fam Cor ATTN: Maj Smith	28 Jan. 49	<p>1. Attached case file forwarded for necessary correction of records and deflagging.</p> <p>2. All records in Ident. Section have been amended and letters to the Field and Effects Bureau dispatched.</p> <p>1. For necessary Grave Location Letter to NOK.</p> <p>1 Incl; 293 file for Kapusta, George R. 35300176</p> <p>METZ 74059</p> <p><i>[Signature]</i> BARRY 2462</p>
2	Exec Off R/R Br Mem Div	Chief Rec Sec R/R Br	2 Feb 1949	<p>1. Forwarded for necessary correction of records.</p> <p>2. Hand carry to F/C Branch for letters to NOK.</p> <p>1 Incl 293 file: KAPUSTA, George R. 35300176</p> <p>GILL 72963      MARROW 72963</p>

**CORRESPONDENCE ACTION SHEET**

PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
ADDRESSEE MR. MISS MRS. RELATIONSHIP	ADDRESS (Street, City, State)		
<i>Mrs. M. K. Kanister</i> <i>Mrs. M. K. Kanister</i>	<i>1511 Manhattan Ave.</i>		

NAME OF DECEDENT (Last, First, Middle)  
*Josephine George N.*

PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS
	<p align="center"><u>Letter "D"</u></p> <p><i>Par. # 1</i></p> <p><i># 2</i></p> <p><i># 3</i></p> <p><i># 11</i></p> <p><i># 5</i></p> <p><i>Incls.</i></p> <p align="right"><i>Copies: Mr. Snowden</i> <i>Mr. Brown</i></p> <p align="center"><i>Initial LCB</i></p>

GRADE

SERIAL NUMBER

*George N.*

*1st Sgt*

*35 300 1116*

ANALYST INITIALS AND DATE <i>Barnett 2/10/49</i>	TYPIST INITIALS	REVIEWER INITIALS AND DATE
---	-----------------	----------------------------

QMGMF 293  
Kapusta, George R.  
SN 35 300 176

14 February 1949

Mrs. Mary R. Kapusta  
1511 Manhattan Avenue  
Youngstown, Ohio

Dear Mrs. Kapusta:

The Department of the Army is most desirous that you be furnished information regarding the burial location of your son, the late Technical Sergeant George R. Kapusta.

The records of this office disclose that his remains were interred in the United States Military Cemetery Margraten, Holland, Plot 11, Row 11, Grave 262. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity. The remains are now casketed and being held pending disposition instructions from the next of kin, either for return to the United States or for permanent burial in an overseas cemetery.

Our records indicate that you are the next of kin authorized to direct the final disposition of the remains of the decedent. We are, therefore, inclosing informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your desires in the matter. Upon receipt of the completed form, you may be assured that the Department of the Army will attempt to comply with your instructions as indicated thereon.

In order that this office may take immediate action toward the final disposition of the remains of your son, it is urged that you complete the inclosed form, "Request for Disposition of Remains", and mail it to this office, without delay, in the inclosed self-addressed envelope which requires no postage.

May I extend my sincere sympathy in your great loss.

Sincerely yours,

JAMES F. SMITH  
Major, QMC  
Memorial Division



Incls. *[Handwritten initials]*

bc

INITIAL LOI

*[Handwritten]* LOI SENT 14 FEB 1949

QMGMT 293  
Kapusta, George R.  
35300176

28 January 1949

SUBJECT: Identification of Former Unknown Deceased

TO : Commanding Officer  
Army Effects Bureau  
Kansas City Records Center  
Kansas City 1, Missouri

LL

11

282

X 1229

Margraten, Holland

T/Sgt Kapusta, George R.,

35300176  
Mrs. Mary R. Kapusta, (mother), 1511 Manhattan Avenue,  
Youngstown, Ohio

BY COMMAND OF MAJOR GENERAL LARKIN:



T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

NJS

JCM

fmL

(Holland) 1771

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 U S ARMY

RRE 293.9 (IB)

24 January 1949

SUBJECT: Burial Information

*293 Kapusta, George R. 35 300 176*

TO: The Quartermaster General  
Washington 25 D. C.

1. Reference is made to OQMG Form 371 for Tec Sgt <sup>293</sup> George R. Kapusta, 35 300 176.
2. The remains of the above have been reburied in US Military Cemetery Margraten, plot LL, row 11, grave #262.
3. Report of Burial was forwarded your office by Letter of Transmittal #3252, dated 2 December 1948.

FOR THE COMMANDING GENERAL:

*E. D. Mulvanity*  
E. D. MULVANITY  
Lt Col QMC  
Actg Asst Adj Gen

*2-4-49*

*R. James*



DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

IN REPLY REFER TO OMCMT 293  
Kapusta, George R.  
35300176

28 January 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General  
American Graves Registration Command  
European Area, APO 58, c/o Postmaster  
New York, New York

1. The identification of T/Sgt Kapusta, George R., 35300176  
(formerly I 1229, Plot LL, Row 11 and  
Grave 262, USMC Margraten, Holland)

as established by your Headquarters has been approved by this office.

2. Request all records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

NJS

JCM

JAN 31 5 30 PM '49  
O. O. M. G.  
MAIL & RECORDS BRANCH

P.A. McDonald

IDENTIFICATION CHECK LIST				DATE	
UNKNOWN X- NO. OR OTHER DESIGNATION 1229		CEMETERY USMC Margraten, Holland	PLOT 11	ROW 11	GRAVE 262
IDENTIFIED AS W/Sgt George R. Kapusta 35300176					
ITEM	FAVORABLE	UNFAVORABLE	UNKNOWN		
DATE AND PLACE OF DEATH	X				
CAUSE OF DEATH	X				
DENTAL CHART	X				
COLOR HAIR	X				
ESTIMATED HEIGHT	X				
ESTIMATED WEIGHT					
SCARS, FRACTURES, ETC.					
LAUNDRY MARKS					
SHOE SIZE	X				
TYPE CLOTHING	X				
IDENTIFICATION TAG					
PERSONAL EFFECTS					
STATEMENT OF CIVILIANS	X				
ENEMY RECORDS					
EMERGENCY MEDICAL TAG					
PAY BOOK (EM/OFF.)					
SIGNED STATEMENT OF IDENTITY					
REMARKS					
<p>OQMG Form 371 indicates W/Sgt George R. Kapusta was KIA "approx 2 mi S.W. of Liesel, Holland, 29 Oct 44". The remains of X-1229 and one other identified member of the 23rd Armd Inf Bn, Pfc Henry T. Roan, were recovered just off the road bed of the Liesel- Heittrak road, approximately two and one quarter (2 1/4) miles southeast of Liesel. The Seventh Armored Division (the 23rd Armd Inf Bn being a component unit) was in action in this particular area at the time Kapusta was killed. The following extracts from the "Fact Sheet on the 7th Armored Division" attest this:</p> <p style="padding-left: 40px;">" On Oct 27th, the Germans counter-attacked in the 7th's sector near Meijel (5120N-0553E). Here the battle raged bitterly for three days, but even though outnumbered, the 7th conceded little ground and killed a number of Germans."</p> <p>and:</p> <p style="padding-left: 40px;">" 1st Lt Neil M. Chapin of Petersburg, Va. was awarded the Distinguished Service Cross for action at Liesel, Holland(5125N-0549E), on Oct 29, 1944, when he helped to deliver effective artillery fire upon the enemy"</p> <p>Upon recovery a pair of service shoes, size 10C, were found on the remains of X-1229. This is in exact agreement with the shoe size of Kapusta, whose records indicate wore a size 10C.</p>					

*File  
19-Jan-49  
P.A.M.*

RRE Form #43  
20 Sep 48

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

KAPUSTA	GEORGE	R.	T/SGT	35300176
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery MARGRATEN

Incl #

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

V-1220  
Mergraten, Holland.  
Plot: LL  
Row: 11  
Grave: 262

### TOOTH CHART

Unknown X-1229

Date

Last Name First Initial Rank Serial No.

Unit

Organization

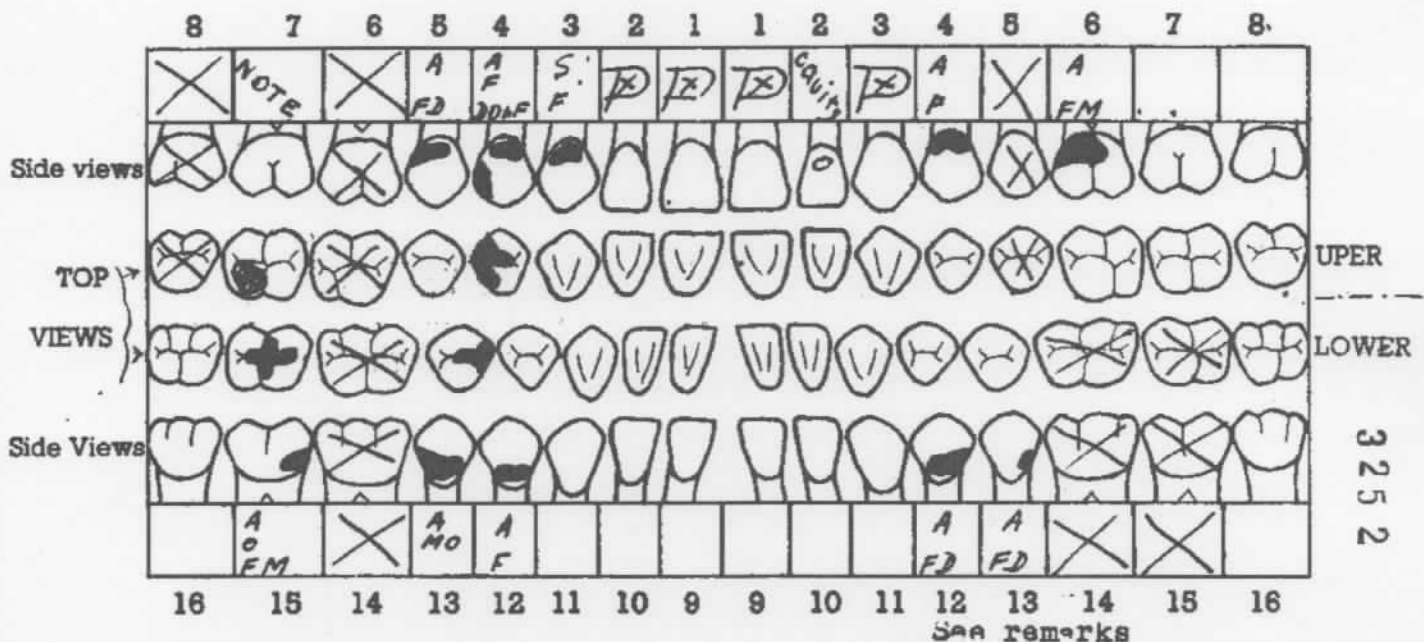
Place of Death

Date of Death

Cause of Death

Right

Left





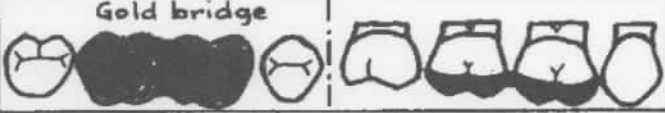


Medium size white teeth. Light Calculus. Brown lingual stain.  
Spaces: -7--5:4mm. -4--6:none. L-16--13:12mm. R-13--16:4mm.  
Lesional version R-16,15,..L-16; R-7.  
R-9 L-2,9 worn very hard.  
L-15 rotated mesially 1/2 turn.  
The cavity in L-2 possibly had been filled with silicate.  
R-7 arrested decay.  
See reverse side for illustrations.

*Harold L. Wheeler M.D.*  
Signature of Officer or other person who prepared Tooth chart

*Ellsworth T. Mac Intyre*  
Verified by G. R. S. Officer

Ellsworth T. Mac Intyre Captain QMC C.I.P.

9

<p><b>MISSING TEETH...</b> All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p><b>CROWNED TEETH...</b> Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p><b>BRIDGE WORK...</b> Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p><b>FILLINGS...</b> Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p><b>CARIES (CAVITIES).</b> Outline location and size of cavity, shade in thus :</p>	

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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

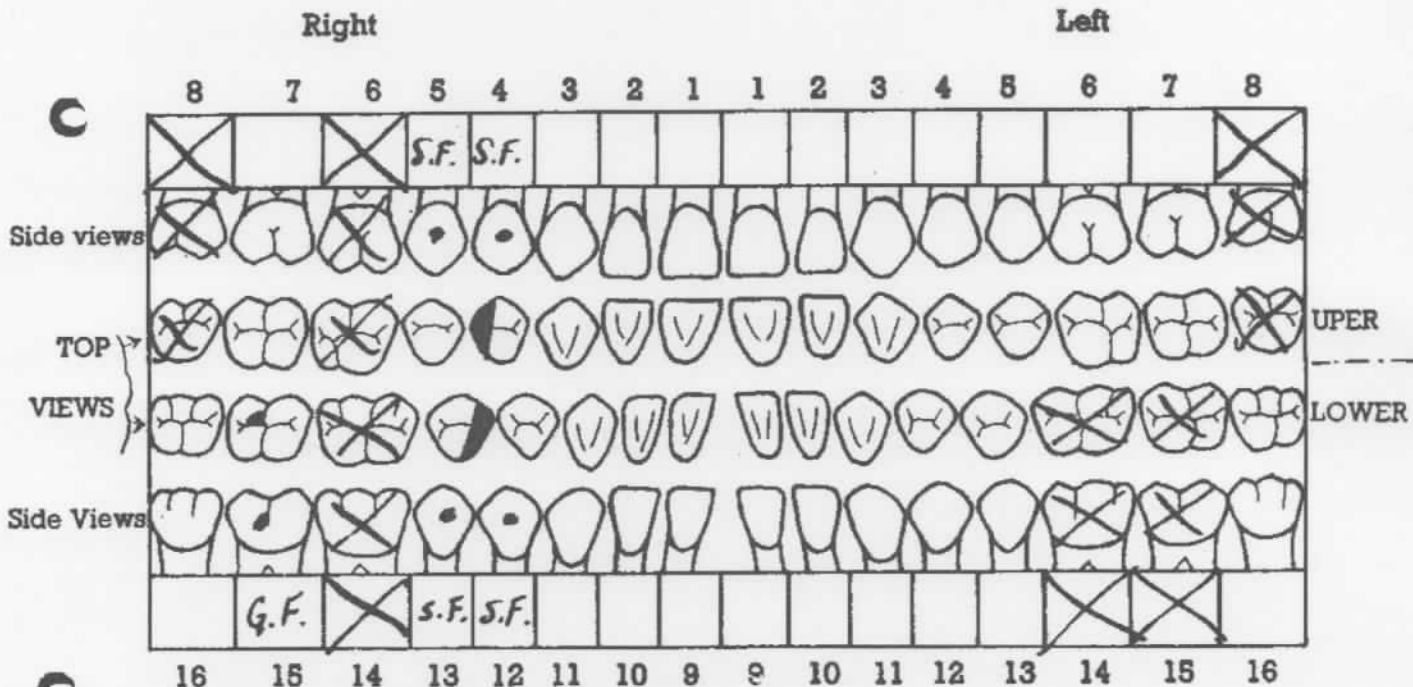
Medium size, white teeth.  
 Posthumously missing R 1, 2; L 1.  
 Spaces R 7-5, 4mm.; L 4 - 6, None; L 1<sup>a</sup>-13, 12 mm.; R 13-15, 4mm.;  
 Mesial version R 1<sup>a</sup>, 15; L 16; R 7.  
 R 9: L 2; 9 worn very hard.  
 L 13 rotated mesially 1/8 turn.  
 Brown lingual stain.  
 Light calculus.  
 The cavity in L 2 possibly had been filled with silicate.  
 Note R 7 - arrested decay.

85

### TOOTH CHART

21 July 1945  
Date

X-1229  
Unknown T-2362  
Last Name First Initial Rank Unknown Serial No.  
Unknown Unit 27 Oct. 1944 Organization SFW Right Side.  
Place of Death Date of Death Cause of Death

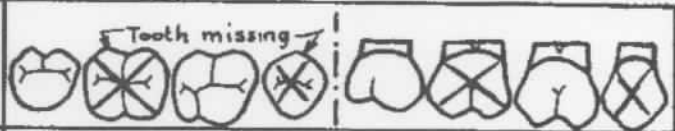


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*Sgt. W. W. Bedyne*  
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

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



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



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



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

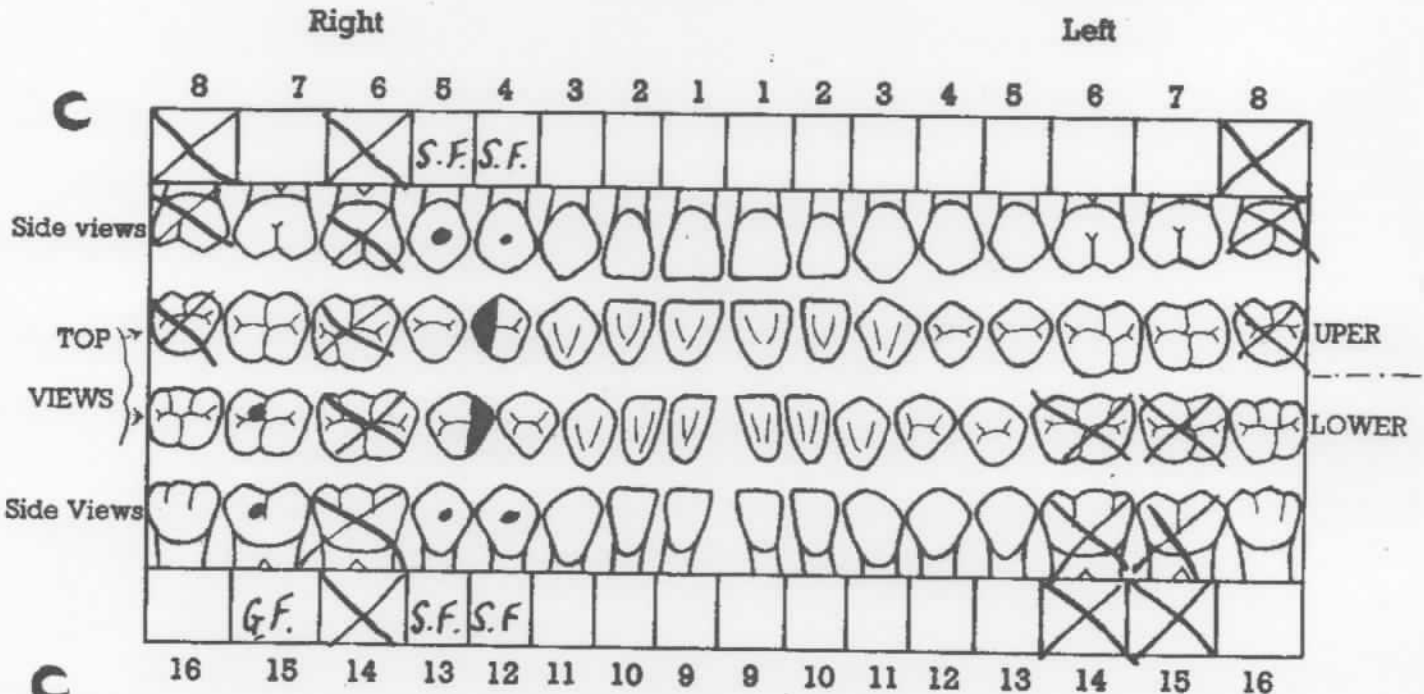


**TOOTH CHART**

21 July 1945  
Date

X-1229  
Unknown T-236 P

Last Name: Unknown First: Unknown Initial: Unknown Rank: Unknown Serial No.: Unknown  
Unit: Unknown Organization: SP7 right side  
Place of Death: Unknown Date of Death: 27 Oct. 1944 Cause of Death: SP7 right side



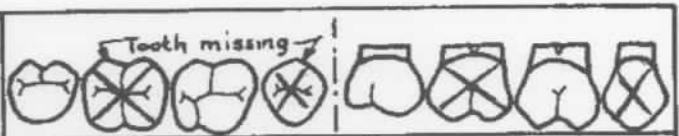
This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

*Sgt. N. M. Bedzyc*

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. & E. Officer

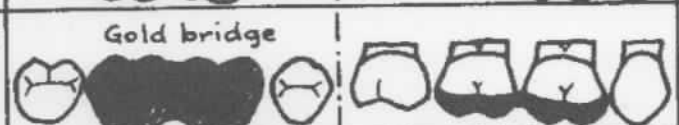
**MISSING TEETH**.. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



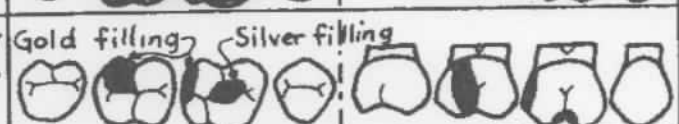
**CROWNED TEETH**... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



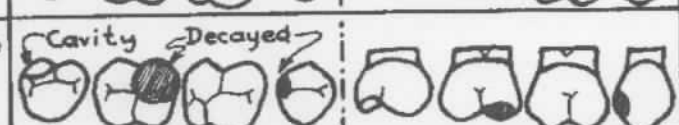
**BRIDGE WORK**... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

REPORT OF INVESTIGATION WITH SEARCHING  
To be completely filled out and attached to each copy of  
CR Form 1, "Report of Burial" when disinterment is accomplished.

1. Unknown X1229                      Unknown                      Unknown                      Unknown  
(Full name of deceased)                      (Rank)                      (ASN)                      (Organization)
  2. State if identification tags were attached to remains, how many, and where attached None
  3. Give exact location from which disinterred, furnishing coordinates and map series used Liesel-Heitrek Road 687120 Overlay attached
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (include plot, row and , nave if organized cemetery) Isolated burial
  5. Approximate or established date of death (state which and give basis for date selected) 28 Oct. 1944                      (Estimate)
  6. Approximate or established date of burial (give basis for date established) 31 Oct. 1944 (From statement of P. Gitzel, Dutch Underground)
  7. Manner in which grave was marked and all information contained on the marker Cross and helmet with helmet liner. Cross marked; Unknown American  
No marks in helmet or liner.
  8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned  
No effects found
  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)  
Statements of P. Gitzels of the Dutch Underground and  
Mrs. H. Hubbers L 96 Liesel
  10. If buried in a coffin, give description and markings
  11. Action taken

Disinterment approved by Ltr. OCQM  
Disinterment and reburial/burial made by Sgt. Graff 3080 QM Gr. Reg. Co.  
Date of ~~burial~~/reburial 28 July 1945  
Place of ~~burial~~/reburial US Military Cemetery Margraten, Holland VK643482  
Plot LL Row 11 Grave 262

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

S/William H Ewing  
T/WILLIAM H EWING 1st Lt. O-1588991

A TRUE COPY  
*Edwin Miller* Signature of Investigating Officer

\*Cross out word not applicable EDWIN H MILLER 1st Lt. QMC  
603rd QM Gr. Reg. Co.

Rank                      ASN

OCQM=GR&E Div.

CHECK LIST FOR UNKNOWNNS

Unknown T-2362

UNKNOWN X- 1229

Case No. 784, Holland  
and Case 2241, Holland

CEMETERY Margraten, Holland VK645482

PLOT LL ROW 11 GRAVE 262

Arrived at cemetery 1630 27 July 1945 From Isolated Burial  
(hour) (date) (collecting point)

Place of death Liesel - Heitrak Road Overlay attached  
(name) (coordinates and landmarks)

Remains recovered by 3060 QM G. R. Co.  
(name and organization)

Evacuated to cemetery by 3060 QM G. R. Co.  
(name and organization)

Is load list attached \_\_\_\_\_ Are names of deceased found in same area as this Un-  
(yes-no)

known starred \_\_\_\_\_ Are circumstances described which may indicate organization of  
(yes-no)

the deceased \_\_\_\_\_ If only part of a body was received, was a careful search made  
(yes-no)

for other parts of Unknown \_\_\_\_\_  
(yes-no)

If remains come from vehicle, plane, etc: Unknown  
(type of vehicle or plane, nickname,

serial number, organization or symbols)

Crew list \_\_\_\_\_  
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use none

C If organization to which vehicle or plane was assigned or if names of all other de-  
ceased are not known, give detailed information concerning vehicle or plane \_\_\_\_\_

(parts of markings or symbols) none (burned) (pierced by shell fire - where)

Field (found in town, field, by road, etc.) Unknown (damaged by mine explosion)

Unknown (names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects No effects found  
(Indicate exact pocket or part of body

where found)

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs, etc.
*Headgear (type)				
Raincoat				
Overcoat				
Jacket, Field			Green	M-1943
Jacket, Combat				
Lackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool OD		15+35	O.D.	
Undershirt, Wool			White	
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD		34+35	O.D.	
Belt, Web				
Drawers, Wool				
Drawers, Cotton			O.D.	
Leggings			O.D.	(note unusual lacing)
Wool				
*Socks Cotton				
*Shoes (type)		10 C		
Overshoes				
Web				
Equipment (type)				
(Other Item)				
(Other Item)				

\*If body is nude, sizes of these items should be computed by measuring the remains.

Chevron or \_\_\_\_\_ Shoulder Patch \_\_\_\_\_  
 Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:  
 Age \_\_\_\_\_ Height 5'11" Weight 175 Description of wounds SPW  
 (years) (ft-in) (lbs)



Bandages or dressings \_\_\_\_\_ Scars Too decomposed  
(length, width, location)

Tattoos too decomposed  
(number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks too decomposed  
(yes-no) (description, location)

Sunburn or tan, other than hands and face too decomposed

Tobacco stain on fingers or teeth too decomposed  
(designate where, extent)

Complexion too decomposed Build too decomposed  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

Hair BROWN  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

Sideburns too decomposed Mustache too decomposed Beard or goatee too decompose  
(color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

Eyes too decomposed Eyebrows too decomposed  
(color, setting, shape) (color, bushiness, extend across nose)

Nose too decomposed Ears too decomposed  
(size, shape, straight) (Size, set close to or far from head)

Forehead too decomposed Mouth too decomposed Lips too decomposed  
(high, wide, wrinkled) (large, medium, small) (small, large, full)

Teeth tooth chart attached  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin too decomposed Cheekbones too decomposed  
(prominent, receding, pointed, dimple, double) (high, normal)

Jaw too decomposed Circumference of head in inches 21"  
(large, small, normal) (hat band)

Neck too decomposed Larynx too decompose Shoulders too  
(size, long, short, normal, wrinkled) (prominent, normal) (broad, decomposed)

Arms too decomposed  
(length) (muscular, color, extent & quantity of hair)

Hands too decomposed  
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

too decomposed  
(marks on fingers indicating that rings were worn)

T- 2362

Case No. 734, Holland  
Case No. 2241, Holland

Fingers too decomposed  
(short, thick, long, slender; size of knuckles) (missing fingers or joints)  
(unusual characteristics of fingernails)

Chest too decomposed  
(size at nipples; color, quantity & extent of hair; large, small, normal)

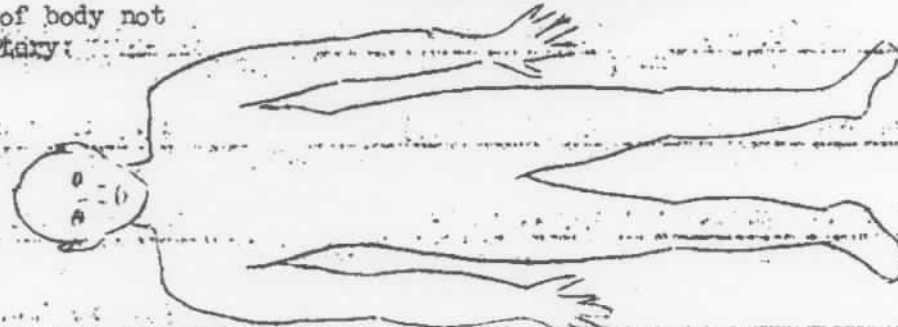
Back too decomposed      Waist too decomposed  
(quantity and extent of hair)      (size at navel, appendectomy, amount & color of hair)  
Circumcized      Pubic hair Stywn Hernioplasty too decomposed  
(yes-no)      (color)      (yes-no)      (location)

Legs too decomposed  
(inseam) (muscular; knock-kneed; bowed, normal) (quantity, color & extent of hair)

Feet too decomposed      Toes too decomposed  
(size; corns; callouses; flat)      (slender, straight, crooked, overlap)

Evidence of healed fractures Too decomposed  
(nose, arms, legs, etc.)

Black out parts of body not received at cometary:



Have photographs been made and attached no If not, explain too decomposed  
(yes-no)

Have fingerprints been placed on GRS # 1 no If not, explain too decomposed  
(yes-no)

Has tooth chart been prepared? yes If not, explain  
(yes-no)

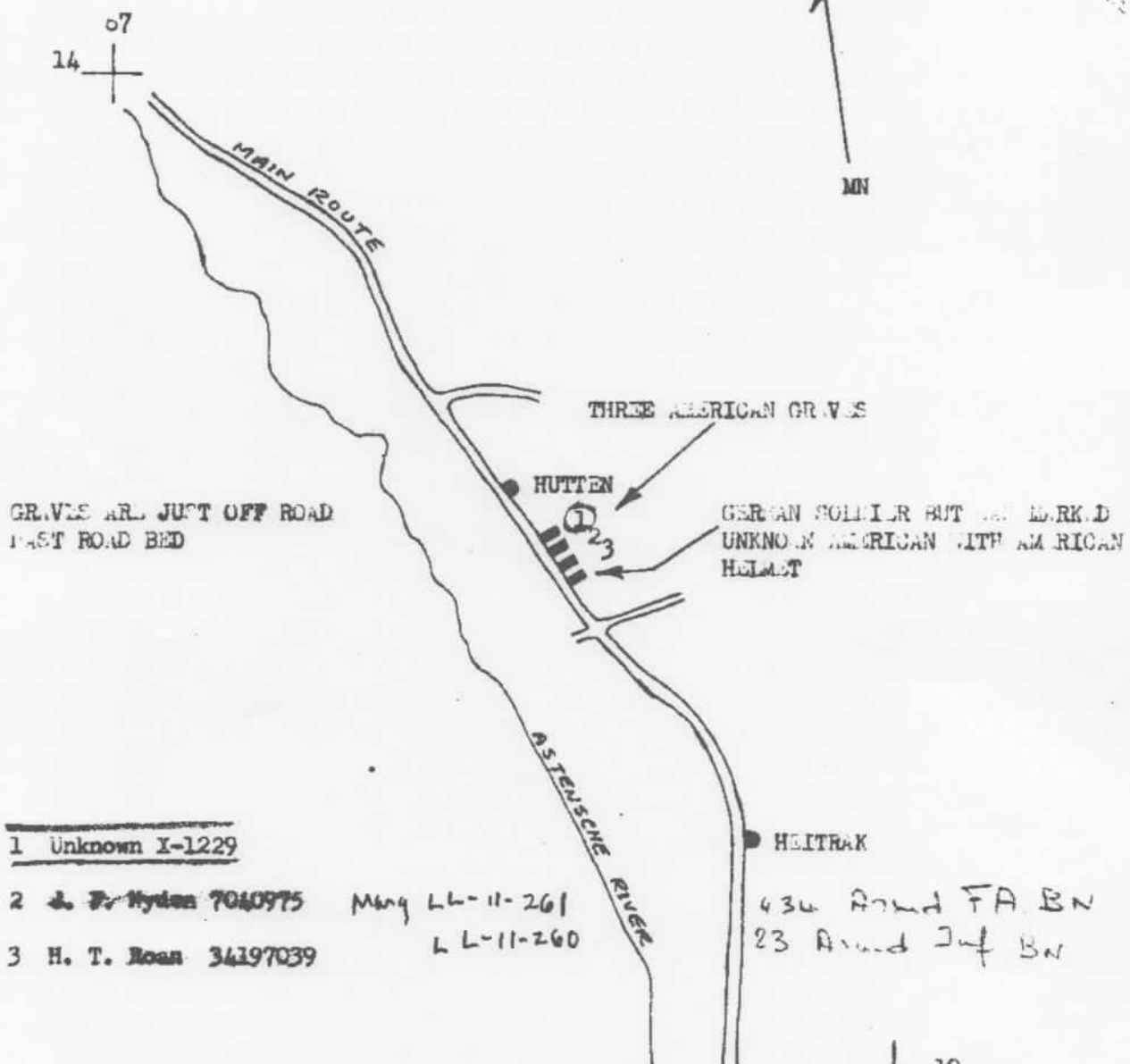
Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*William H. Ewing*  
WILLIAM H. EWING 1st Lt. CMG  
Signature of GRC and Organization

1960 GM G.R. Co.



OVERLAY



1 Unknown I-1229

20 Oct 44 2 J. P. Hyden 7040975

May L-11-261

29 Oct 44 3 H. T. Roan 34197039

L-11-260

434 2nd FA BN

23 1st Inf BN

GRID COORD  
687-120

REF: ASTEN (HOLLAND)  
1:25,000  
WESTERN HALF  
SHEET 27 N.V.

DENTAL CHART

Unknown Y- 1229  
USMC Margraten, Holland

Name: KAPUSTA, George R.  
T/Sgt. 35300176

R-8 X  
R-7 Arrested decay occlusal.  
R-6 X  
R-5 fdA  
R-4 fA dolFA  
R-3 fS  
R-2 MAD  
R-1 MAD

R-8 X  
R-7 X  
R-6 X  
R-5 \_\_\_\_\_  
R-4 \_\_\_\_\_  
R-3 \_\_\_\_\_  
R-2 \_\_\_\_\_  
R-1 \_\_\_\_\_

L-1 MAD  
L-2 Facial cavity-possibly had been  
L-3 MAD (filled with  
L-4 fA (Silicate.  
L-5 X  
L-6 fMA  
L-7 \_\_\_\_\_  
L-8 \_\_\_\_\_

L-1 \_\_\_\_\_  
L-2 \_\_\_\_\_  
L-3 \_\_\_\_\_  
L-4 \_\_\_\_\_  
L-5 X  
L-6 \_\_\_\_\_  
L-7 \_\_\_\_\_  
L-8 \_\_\_\_\_

R-16 \_\_\_\_\_  
R-15 oA fMA  
R-14 X  
R-13 moA fA  
R-12 fA  
R-11 \_\_\_\_\_  
R-10 \_\_\_\_\_  
R-9 \_\_\_\_\_

R-16 \_\_\_\_\_  
R-15 \_\_\_\_\_  
R-14 X  
R-13 \_\_\_\_\_  
R-12 \_\_\_\_\_  
R-11 \_\_\_\_\_  
R-10 \_\_\_\_\_  
R-9 \_\_\_\_\_

L-9 \_\_\_\_\_  
L-10 \_\_\_\_\_  
L-11 \_\_\_\_\_  
L-12 fdA  
L-13 fdA  
L-14 X  
L-15 X  
L-16 \_\_\_\_\_

L-9 \_\_\_\_\_  
L-10 \_\_\_\_\_  
L-11 \_\_\_\_\_  
L-12 Carious  
L-13 \_\_\_\_\_  
L-14 X  
L-15 X  
L-16 \_\_\_\_\_

Est Ht- 6'8"  
Hair- Brown  
Shoe- 10C

Induction Record 2 Mar 1942  
Ht- 6'2 1/4"  
Wt- 148  
Hair- Brown  
Shoe- 10C

## IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
of Report of Interment WD QMC Form 1042)

Unknown X - 1229

Cemetery Margraten, Holland.

Plot 11 Row 11 Grave 262

1. ~~Arrived at interment~~  
Date released: 1 April 1947  
(Hour) (Date)
2. Place of death \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
\_\_\_\_\_  
(Sheet, scale and serials used)
3. Remains ~~recovered or disinterred by~~ Subordinate Identification Point, Margraten, Holland.
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>None</u> (Type)		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>Type M 1945- One (1), size 36 R.</u>		
Jacket, Combat	<u>None</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>One (1)</u>		
Undershirt, Wool	<u>White- One (1)</u>		
Undershirt, Cotton	<u>None</u>		
Trousers, HBT	<u>None</u>		
* Trousers, Wool OD	<u>One (1) pair.</u>		

I-1229  
Margraten, Holland.

Belt, web Remnants of one (1).  
Drawers, wool None  
Drawers, cotton OD-One (1) pair.  
Leggings, wool None  
Socks, cotton None  
\* Shoes Service-One (1) pair, size 10 G.

Overshoes None  
Web Equipment None (type)

(Other item) Coveralls.  
(Other item) None

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia None  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains:

Age UTD Height Est. 6'4" Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD  
(Length, width, location)

UTD Tattoos UTD  
(Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks UTD  
(Yes-no; description, location)

Sunburn or tan, other than hand and face UTD

Complexion UTD  
(Light, medium, dark, clear, pimples, pocks, freckles)

Build UTD  
(Large, fat, thin, muscular)

Hair Brown, 2 inches, straight.  
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair UTD  
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache UTD Beard or UTD  
(Color, setting, shape) (Color, size, shape) (Light, heavy)

I-1229  
Mergraten, Holland.

Goatee UTD  
(Light, color, extent)

Eyes UTD Eyebrows UTD  
(Color, setting, shape) (Color, bushiness, extent across nose)

Nose UTD Ears UTD  
(Size, shape, straight) (Size, set close to or far from head)

Mouth UTD Lips UTD  
(Large, medium, small) (Small, large, full)

Teeth See Teeth Chart  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin Normal  
(Prominent, receding, pointed, dimples, double)

Jaw Normal Circumference of head in inches 21 inches.  
(Large, small, normal) (Hat band)

Neck UTD Larynx UTD  
(Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders UTD Arms UTD  
(Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

UTD

Hands UTD

Fingers UTD  
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

UTD  
(Unusual characteristics of fingernails)

Chest UTD  
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist UTD  
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back UTD Circumcision UTD Pubic Hair UTD  
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UTD  
(Yes-no; location)

Legs UTD  
(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet UTD Toes UTD  
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures UTD  
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

See chart.

X-1239  
Margraten, Holland.

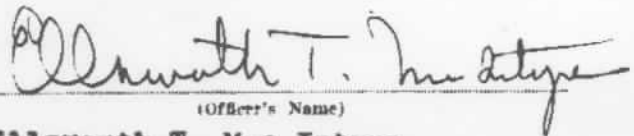
7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Fingers decomposed.

8. Has tooth chart been prepared? Yes (Yes-no) If not, explain

9. Remarks Large amount of flesh in last stage of decomposition. Joints of extremities dis-articulated. Clothing listed found in rotted condition. Estimated weight of processed remains: 75 lbs. Fluorescopic examination: Negative. Nothing found to warrant Chemical Laboratory examination. Burial report, with no pertinent information and embossed plate found. Case remains "Unknown".

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

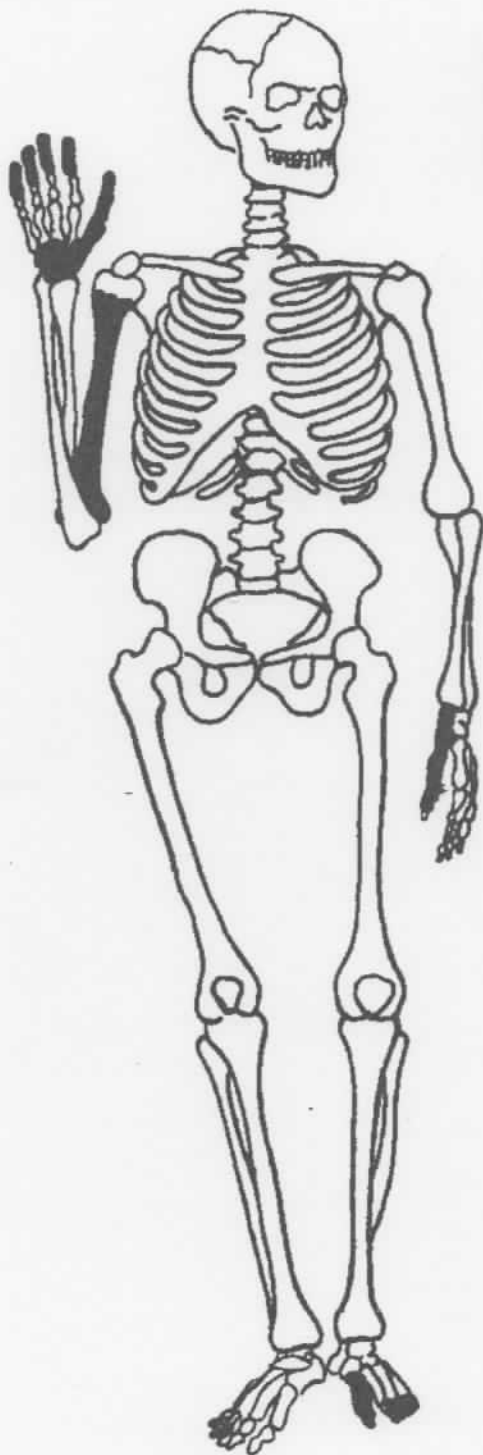
  
(Officer's Name)

Ellsworth T. McIntyre  
Captain MC  
Rank Service

Central Identification Point.  
(Organization)

## SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



X-1839  
US Military Cemetery  
Mergraten, Holland.  
Plot: LL  
Row: 11  
Grave: 262



G. R. & E. DIV.  
OFFICE OF THE CHIEF QUARTERMASTER  
NO. 00M, ZONE, STOUSSA

51

Y-1920  
Mergroten, Holland.  
Plot: LL  
Row: 11  
Grave: 262

### TOOTH CHART

Unknown X-1229

Date

Last Name First Initial Rank Serial No.

Unit

Organization

Place of Death

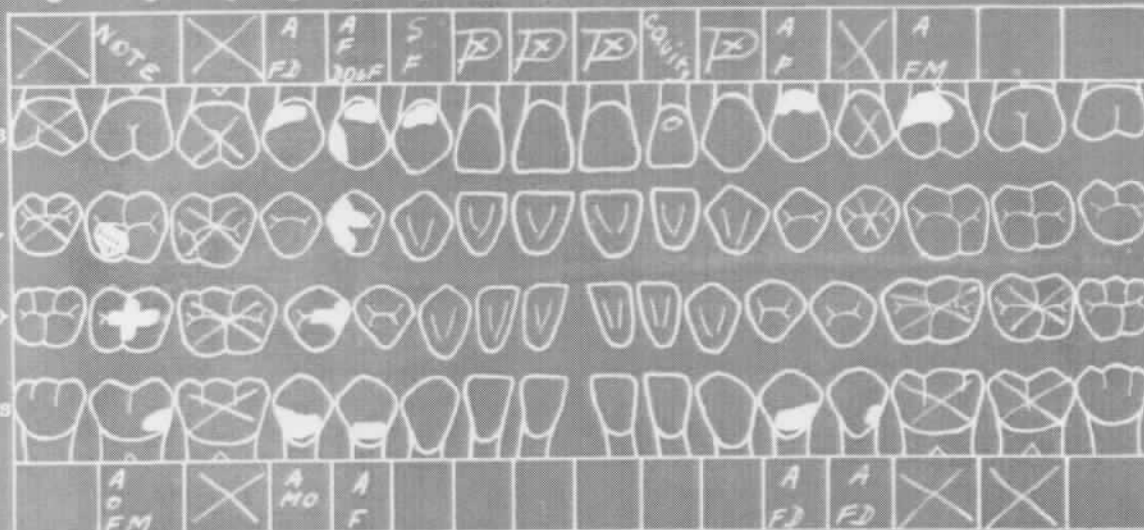
Date of Death

Cause of Death

Right

Left

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



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

See remarks

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

*Harold D. Wheeler M.D.*

Signature of Officer or other person who prepared Tooth chart

*Ellsworth T. Mac Intyre*

Verified by O. R. E. Officer

Ellsworth T. Mac Intyre Captain QMC C.I.P.

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



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



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



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



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



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

Medium size, white teeth.  
 Posthumously missing R 1, 2; L 1.  
 Spaces R 7-5, 4mm.; L 4 - 6, None; L 16-13, 12 mm.; R 13-15, 4mm.;  
 Mesial version R 16, 15; L 16; R 7.  
 R 9: L 2; 9 worn very hard.  
 L 13 rotated mesially 1/8 turn.  
 Brown lingual stain.  
 Light calculus.  
 The cavity in L 2 possibly had been filled with silicate.  
 Note R 7 - arrested decay.

85

57

V-1229  
Morgarten, Holland.  
Plot: LL  
Row: 11  
Grave: 262

# TOOTH CHART

Unknown X-1229

Date

Last Name First Initial Rank Serial No.  
Unit Organization  
Place of Death Date of Death Cause of Death

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	X	NOTE	X	A FD	A F DOLF	S F	P	P	P	Cavity	P	A F	X	A FM		
Side views																
TOP VIEWS																
Side Views																
	A O EM	X	A MO	A F								A FD	A FD	X	X	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

See remarks

Medium size white teeth. Light Calculus. Brown lingual stain.  
Spaces: R-7--5:4mm. L-4--6:none. L-16--13:13mm. R-13--15:4mm.  
Mesial version R-16,15,..L-16; R-7.  
R-9 L-2,9 worn very hard.  
L-13 rotated mesially 1/8 turn.  
The cavity in L-2 possibly had been filled with silicate.  
R-7 arrested decay.  
See reverse side for illustrations.

*Harold L. Wheeler M.D.*  
Signature of Officer or other person who prepared Tooth chart

*Ellsworth T. Mac Intyre*  
Verified by G. R. & E. Officer  
Ellsworth T. Mac Intyre Captain QMC C.I.P.

9



293 FILE

## DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial) KAPUSTA, George R.		GRADE T/Sgt	PRESENT SERIAL NUMBER 35 300 176	
ORGANIZATION Hg. Co. 23rd ARMD. INF. BN		RACE White	CREED Catholic	FORMER SERIAL NUMBER (if applicable)
DATE OF DEATH/MIA 29 Oct '44	CAUSE OF DEATH K I A		PLACE OF DEATH OR PLACE LAST SEEN IF MIA APPROX. 2 miles S.E. of INTSEL, HOLLAND	
DATE OF FOD				
HEIGHT 6' 2 1/2"	WEIGHT 148 lbs	COLOR EYES Brown	COLOR HAIR Brown	SHOE SIZE 10-C

## DENTAL CHART 2 Mar - 42

UPPER RIGHT X X X 8 7 6 5 4 3 2 1	UPPER LEFT 1 2 3 4 X 6 7 8
LOWER RIGHT 16 15 X 13 12 11 10 9	LOWER LEFT 9 10 11 12 O 13 X X 15 16
X = Extracted                      O = Carious                      1 = Carious Non-Restorable	

FRACTURES AND/OR BREAKS - - - - -	TATTOOS AND/OR BIRTHMARK - - - - -
--------------------------------------	---------------------------------------

ADDITIONAL INFORMATION

21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

CASE HISTORY

UNKNOWN No X-1229

U.S. Military Cemetery Margraten

T/Sgt Kapusta was a member of the 23 Armd Inf Bn. An organization report disclosed Kapusta was caught in an enemy artillery barrage near Liesel, Holland, and was believed to have been killed in the barrage according to non-commissioned officers of his reconnaissance platoon.

X-1229 was recovered from an isolated grave in the vicinity of Liesel, Holland. Another member of the 23 Armd Inf Bn was also recovered in an adjacent grave at Liesel, Holland.

Form 1  
9-7-45

REPORT OF INVESTIGATION AREA SEARCHING

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

- 1. Unknown -X1229  
(Full name of deceased) \_\_\_\_\_ (Rank) (ASN) (Organization)
- 2. State if identification tags were attached to remains, how many, and where attached  
None
- 3. Give exact location from which disinterred, furnishing coordinates and map series used  
Liesel-Heistra k Road 687120 Overlay Attached

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE WITH 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) 28 October 1944 (Estimate)
- 6. Approximate or established date of burial (give basis for date established) 31 Oct. 1944 (From statement of P. Gitzel, Dutch Underground)
- 7. Manner in which grave was marked and all information contained on the marker  
Cross and helmet with helmet liner. Cross marked: Unknown American  
No marks in helmet or liner
- 8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned  
No effects found
- 9. Names and addresses of all persons questioned concerning death or burial and information each furnishes (contact local mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)  
Statements of P. Gitzels of the Dutch Underground and  
Mrs. H. Hubbers L 95 Liesel

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

11. Action taken

Disinterment approved by Ltr. OOCM

Disinterment ~~XXXXXXXXXXXX~~ made by Sgt. Grail 3060 QM Gr. Reg. Co.

Date of ~~XXXXXX~~ reburial 28 July 1945

Place of ~~XXXXXX~~ reburial US Military Cemetery Margraten, Holland VK645482

Plot LL Row 11 Grave 262

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

A TRUE COPY  
*Edwin H Miller*  
EDWIN H MILLER 1st Lt. QMC

S/William H Ewing  
T/WILLIAM H EWING 1st Lt.  
O-1588991

Signature of Investigating Officer

\*Cross out word not applicable Le 603rd QM Gr. Reg. Co.

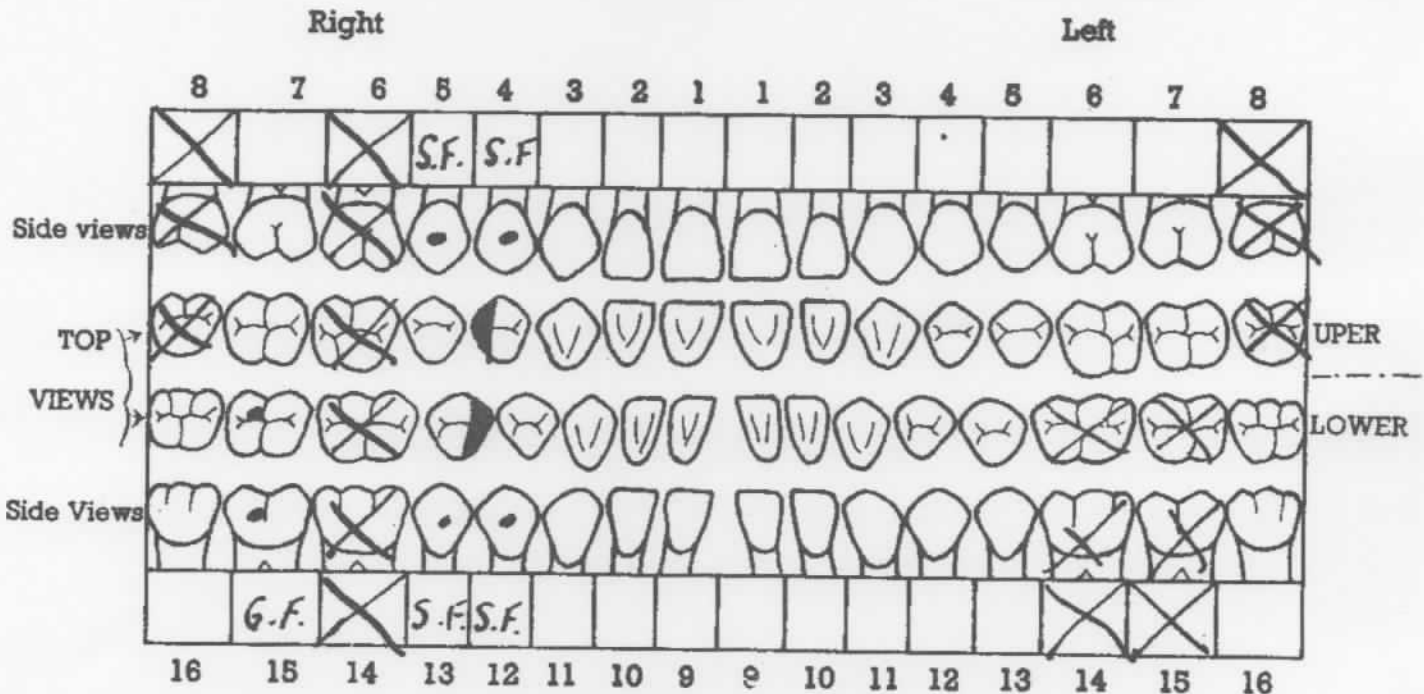
Rank ASN

**TOOTH CHART**

X-1229 21 July 1945  
 Unknown T-8362 Date

Last Name: Unknown First: Unknown Initial: Unknown Rank: Unknown Serial No.:

Unit: Unknown Date of Death: 27 Oct. 1944 Organization: SFW right side  
 Place of Death: Cause of Death:



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

*Sgt. W. M. Badzyk*  
 Signature of Officer or other person who prepared Tooth chart

Verified by G. R. & E. Officer

OSQM-CR&E Div.

CHECK LIST FOR UNKNOWNNS

Case No. 704, Holland  
and Case 1041, Holland

Unknown T-2362

UNKNOWN X- 1229  
CEMETERY Margraten, Holland VK645482  
PLACE LL ROW 11 GRAVE 262

Arrived at cemetery 1650 27 July 1945 From UKM Isolated Burial  
(hour) (date) (collecting point)

Place of death Liesel Heitrek Road Overlay attached  
(name) (coordinates and landmarks)

Remains recovered by 3060 GM G.R. Co  
(name and organization)

Evacuated to cemetery by 3060 GM G.R. Co.  
(name and organization)

Is load list attached \_\_\_\_\_ Are names of deceased found in same area as this Un-  
(yes-no)

known starred \_\_\_\_\_ Are circumstances described which may indicate organization of  
(yes-no)

the deceased \_\_\_\_\_ If only part of a body was received, was a careful search made  
(yes-no)

for other parts of Unknown \_\_\_\_\_  
(yes-no)

If remains come from vehicle, plane, etc: Unknown  
(type of vehicle or plane, nickname,  
serial number, organization or symbols)

Crew list \_\_\_\_\_  
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use \_\_\_\_\_  
None

If organization to which vehicle or plane was assigned or if names of all other de-  
ceased are not known, give detailed information concerning vehicle or plane \_\_\_\_\_

None  
(parts of markings or symbols) (burned) (pierced by shell fire - where)  
Field Unknown

(found in town, field, by road, etc.) (damaged by mine explosion)  
Unknown

(names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects No effects found  
(Indicate exact pocket or part of body

where found)



Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs, etc.
*Headgear (type)				
Raincoat				
Overcoat				
Jacket, Field			Green	M-1943
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool OD				
Undershirt, Wool		15x35	O.D.	
Undershirt, Cotton			White	
Trousers, HBT				
*Trousers, Wool OD		34x35	O.D.	
Belt, Web				
Drawers, Wool				
Drawers, Cotton			O.D.	
Leggings Wool			O.D.	(note unusual lacing)
Socks Cotton				
*Shoes (type)		10 e		
Overshoes				
Web Equipment (type)				
(Other Item)				
(Other Item)				

\*If body is nude, sizes of these items should be computed by measuring the remains.

Chevrons or \_\_\_\_\_ Shoulder Patch \_\_\_\_\_  
Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age \_\_\_\_\_ Height 5'11" Weight 175 Description of wounds SEW  
(years) (ft-in) (lbs)

Bandages or dressings one Scars Too decomposed  
(length, width, location)

---

Tattoos too decomposed  
(number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks too decomposed  
(yes-no) (description, location)

---

Sunburn or tan, other than hands and face too decomposed  
Tobacco stain on fingers or teeth

Complexion too decomposed (designate where, extent) Build too decomposed  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

---

Hair Brown  
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

---

Sideburns too decomposed Mustache too decomposed Beard or goatee too decomposed  
(color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

---

Eyes too decomposed Eyebrows too decomposed  
(color, setting, shape) (color, bushiness, extend across nose)

---

Nose too decomposed Ears too decomposed  
(size, shape, straight) (Size, set close to or far from head)

---

Forehead too decomposed Mouth too decomposed Lips too decomposed  
(high, wide, wrinkled) (large, medium, small) (small, large, full)

---

Teeth tooth chart attached  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

---

Chin too decomposed Cheekbones too decomposed  
(prominent, receding, pointed, dimple, double) (high, normal)

---

Jaw too decomposed Circumference of head in inches 21" decomposed  
(large, small, normal) (hat band)

---

Neck too decomposed Larynx too decomposed Shoulders too decomposed  
(size, long, short, normal, wrinkled) (prominent, normal) (broad, straight, small, rounded)

---

Arms too decomposed  
(length) (muscular, color, extent & quantity of hair)

---

Hands too decomposed  
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

---

to decomposed  
(marks on fingers indicating that rings were worn)

T-2362

Case No. 784, Holland

Case No. 241, Holland

Fingers too decomposed  
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

(unusual characteristics of fingernails)

Chest too decomposed  
(size at nipples; color, quantity & extent of hair; large, small, normal)

Back too decomposed (quantity and extent of hair) Waist too decomposed (size at navel, appendectomy, amount & color)

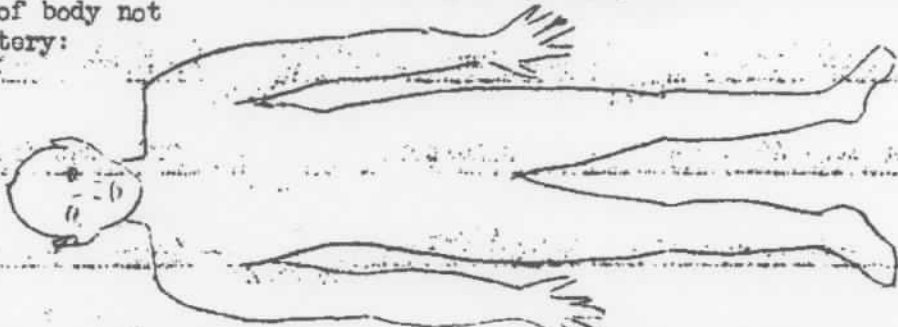
too decomposed Circumcised (yes-no) Pubic hair too decomposed (color) Hernioplasty (yes-no) too decomposed (location)

Legs too decomposed (inset) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet too decomposed (size; corns; callouses; flat) Toes too decomposed (slender, straight, crooked, overlap)

Evidence of healed fractures too decomposed (nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



Have photographs been made and attached no If not, explain too decomposed  
(yes-no)

Have fingerprints been placed on GRS # 1 no If not, explain too decomposed  
(yes-no)

Has tooth chart been prepared? yes If not, explain  
(yes-no)

Remarks:

*William H. Ewing*  
WILLIAM H. EWING, 1st Lt. CMC  
Signature of GPO and Organization

3060 QM G.R. Co!

**IDENTIFICATION SECTION  
MEMORIAL DIVISION**

**IDENTIFICATION DATA**

LAST NAME - FIRST NAME - MIDDLE INITIAL <b>Kapusta, George R</b>		ARMY SERIAL NUMBER <b>35300176</b>	GRADE <b>T/50t.</b>
HEIGHT <b>6 2/4</b>	WEIGHT <b>148 lb.</b>	COLOR EYES <b>brown</b>	COLOR HAIR <b>brown</b>
SHOE SIZE <b>10E</b>		DATE OF DEATH <b>Dec. 29-44.</b>	
LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation) <b>Hq. Co. 23rd Armd. Inf. BN.</b>			
PLACE OF DEATH OR PLACE LAST SEEN IF MIA <b>Approx. 2 mi S.E. of Loisel, Holland</b>			
LIST ALL CAMPS IN WHICH STATIONED, IN U.S. PRIOR TO SERVICE OVERSEAS, WITH INCLUSIVE DATES AT EACH.			

STATION	DATES
<b>Ft. Knox, Ky.</b>	<b>April 42</b>
<b>cp. Polk, La.</b>	<b>June 42</b>
<b>Ft. Benning, Ga.</b>	<b>Sept. 42</b>

FROM: HQ. AGC CLINICAL RECORDS DEPT. OF ARMY  
Ft. Benning, Ga.

FRACTURES AND/OR BREAKS	TATTOOS AND/OR BIRTH MARKS
-------------------------	----------------------------

**DENTAL CHART**      **2 MAR. 42**

<b>X X X</b> 5   4   3   2   1	1   2   3   4 <b>X</b> 6   7   8
UPPER RIGHT	UPPER LEFT
16   15 <b>X</b> 13   12   11   10   9	9   10   11 <b>(10)</b> 13   14   15   16
LOWER RIGHT	LOWER LEFT

X - EXTRACTED      O - CARIOUS      / - CARIOUS, NON-RESTORABLE

0

0



293 FILE

DATA ON REMAINS NOT YET RECORDED OR IDENTIFIED

*1 Holland*

NAME (Last, First, Middle Initial)

*293*

*KAPUSTA, GEORGE R.*

GRADE

*T/SGT.*

PRESENT SERIAL NUMBER

*3530076*

ORGANIZATION

*Hq. Co. 23rd ARMED INF. BN.*

RACE

*WHITE*

CREED

*CATHOLIC*

FORMER SERIAL NUMBER (if applicable)

DATE OF DEATH/MIA

*29-OCT-44*

CAUSE OF DEATH

*KILLED IN ACTION*

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

*Approx 2 miles S.E. of  
LEISEN, HOLLAND*

DATE OF FOD

HEIGHT

*6'2 1/2"*

WEIGHT

*148 lbs*

COLOR EYES

*BROWN*

COLOR HAIR

*BROWN*

SHOE SIZE

*10-C*

DENTAL CHART

*2-MAR-42*

UPPER RIGHT

*X X X 5 4 3 2 1*

UPPER LEFT

*1 2 3 4 X 6 7 8*

LOWER RIGHT

*16 15 X 13 12 11 10 9*

LOWER LEFT

*9 10 11 (12) 13 X X 16*

X - Extracted

O - Caries

I - Caries Non-Restorable

FRACTURES AND/OR BREAKS

TATTOOS AND/OR BIRTHMARK

ADDITIONAL INFORMATION

**FILE**  
**NOV 20 1944**  
**U.S. ARMY**  
**AMMUNITION**



CORRECTED COPY

SR

REPORT OF BURIAL

18 October 1948

Graves Registration No. 1 Revised 1 Sept. 1945

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints Take Impressions on Card

35300176

KAPUSTA, George R.

Unit

23rd Armd Inf Bn

Place of Death

Vic. LAISEL, Holland

Time and Date of Burial

1000, 28 July 1945

Grave Number

262

Rank

T/Sgt

Color of Hair

Light

Name of Cemetery

U.S. Military Cemetery Margraten, Holland

Row

262

Disposition of Identification Tags

Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags Previously buried as Unknown X-1229 (Margraten) How were remains identified? Identified through: 1) Tooth chart for X-1229 is in agreement with tooth chart for T/Sgt Kapusta. 2) Shoe size of X-1229 is in agreement with shoe size for T/Sgt Kapusta. 3) Est. height & color of hair of X-1229 is in agreement with height & color of hair for T/Sgt Kapusta. What means of identification were used? Est. date & place of death of X-1229 is in agreement with AG Casualty records for T/Sgt Kapusta. 5) X-1229 disinterred from same area with the identified remains of another member of the 23rd Armd Inf Bn.

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

Who is buried on:

Deceased's Right:

HYDEN

7040975

T/4

HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

KAPUSTA, George R. (Name)

T/Sgt (Rank)

35300176 (ASN)

previously buried as Unknown X-1229, USMC Margraten, (Mar 47) Identification accepted in accordance with Letter, File # 295, (Mar 47) D-H, War Dept, TAGO, 9 April 47, subject: Establishment of Board for Identification of Unknown Dead Overseas, by the following members of the Board of Review, established by Par 2, SO #139, Hq. A.G.R.C. Oct 45 October 1948.

Lt. Col. Patrick W. GUINEY 019066 QMC

Maj Reid H. TITUS 04879 TC

Maj. Roger BECKER 0251736

Maj. John R. LYLE 032700 INF

Maj. Robert E. DEPPE 0386998

Capt. Burge A. WILHELMYER 0492969 TC

Capt Jack C. HAYES 0157787

Lt. John P. DINZELLO 02055482 AGE

Memorial Division, OCSB

IDENTIFICATION APP

1948



Handwritten signature: Reid H. Titus

Handwritten: APPROVED 18 Jan 49

Handwritten signature: J. P. Dinzello







SENSITIVE SURFACE - HANDLE EYES ONLY

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

REPORT OF DEATH

DATE 10 Apr 45

FULL NAME Kapusta, George R.		ARMY SERIAL NUMBER 25 300 176	GRADE T/Sgt.			
HOME ADDRESS Youngstown, Ohio		ARM OR SERVICE Infantry	DATE OF BIRTH 27 Jan 15			
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 29 Oct 44			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 30 Mar 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Mary R. Kapusta (Mother) 1511 Manhattan Avenue Youngstown, Ohio						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mary R. Kapusta (Mother) same as above Ruth Kapusta (Sister) same as above						
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN PAYING PAY STATUS	OTHER PAY STATUS (EXCEPT BONUS)
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
					X	X

ADDITIONAL DATA AND/OR STATEMENT

BATTLE  NON-BATTLE

\*Combat Infantryman (OO 59 Hq 7th Armd div. dtd/Sept 27 44

The individual named in this report of death is shown by the records of the War Department to have been absent in a missing in action status on 30 Oct 44 and subsequently reported killed in action on 29 Oct 44, such absence was terminated on 28 Mar 45 on which date evidence of death was received by the Secretary of War from a Commander in the European Area.

18 APR 1945

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
S. G. O. S.	O. F. D.	ARMY EFFECTS BUREAU
S. A. O.	VEV. ADMIN.	CASUALTY BRANCH FILE
		A. S. 204 FILE

BY *J. Paul* ADJUTANT GENERAL

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

291178  
110

DATE 18 Apr 45

REPORT OF DEATH

FULL NAME Kapusta, George R.		ARMY SERIAL NUMBER 25 300 176	GRADE T/Sgt.			
HOME ADDRESS Youngstown, Ohio		ARM OR SERVICE Infantry	DATE OF BIRTH 27 Jan 15			
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 29 Oct 44			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 30 Mar 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Mary R. Kapusta (Mother) 1511 Manhattan Avenue Youngstown, Ohio						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mary R. Kapusta (Mother) same as above Ruth Kapusta (Sister) same as above						
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	*X

ADDITIONAL DATA AND/OR STATEMENT

BATTLE  NON-BATTLE

\*Combat Infantryman (OO 59 Hq 7th Armd Div. dtd/Sept 44

The individual named in this report of death is shown by the records of the War Department to have been absent in a missing in action status on 30 Oct 44 and subsequently reported killed in action on 29 Oct 44, such absence was terminated on 28 Mar 45 on which date evidence of death was received by the Secretary of War from a Commander in the European Area.

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

BY ORDER OF THE SECRETARY OF WAR

*J. Paul*

ADJUTANT GENERAL

291178

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

## —BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
KAPUSTA GEORGE R		35300176	T SG	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY
	DAY	MONTH	YEAR		
HOLLAND 9	30	OCT	44	V	MIA
					SHIPMENT NUMBER
					240

## 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
MRS MARY R KAPUSTA	MOTHER	12 NOV 44 GJM
NO. AND NAME OF STREET—CITY—STATE		
1511 MANHATTAN AVENUE YOUNGSTOWN OHIO		

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  COURSES.  S. R. & D.  CERTIF.  M. & M.  NON-DEL.

REPORT NOT VERIFIED \_\_\_ NO FORM 43 \_\_\_ NO CAS. BR. FILE \_\_\_ CHECKED BY \_\_\_ REVIEWED BY *M. Jones*

## 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	OPR. VOL.	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  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Mary R. Kapusta

1511 Manhattan Avenue

Youngstown, Ohio

Effects of:  
Name

T/Sgt. George R. Kapusta

35300176

ASN

291178 D

Case No.

Wt.

DATE 3 August 1945

RTB:JFH:pam

*Signatures*  
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check  
Acct. No. 88195  
Amount \$1.00 *me*  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

Remove G.I.  
 Note discrepancy in \_\_\_\_\_  
 Films removed  
 Diary removed  
 Laundry removed

118503 bt

ROUTING:

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

86195

291178

August 14.

45

Mary R. Kapusta

1.00

One and No/100

REMARKS:

FRANKED  
Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Prt. Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

AUG 22 1945

Shipping Clerk *M.S.*

PACKAGE DESCRIPTION	ARMY EFFECTS BUREAU INVENTORY	DECEASED	
		MISSING	<input checked="" type="checkbox"/>
		P.O.W.	
		ABANDONED	
		TALLY NO.	9447
		INV. DATE	19 July 45
		ORIG. NO. OF PGS.	1
		BOX NO.	50
		SHEET	1
		OF SHEETS	
		ORGANIZATION	Hq. Co.
			23and in. On.

291,178  
TOS.

NAME George R. Kapusta  
A.S.N. 35300176 RANK T/SGT.

Belt	<u>TOWELS &amp; WASHCLOTHS</u>	<u>VIMS</u>
<u>BELT MONEY (NO MONEY)</u>	<u>CLOTHING</u>	<u>RACE, CLOTH OR TRAVEL</u>
Cloth, wash	<u>WATCHES IDEST.</u>	<u>FIELD (NO MONEY) w/c</u>
Coats	Brushes	Case
Footwear, Pr.	<u>CAKES</u>	Footlocking
Gloves, Pr.	Glasses	<u>LET. SERV. FILE OR WRITING</u>
Handkerchiefs	Knives	<u>BOOKS</u>
Handwear	Lighters	Books, Address
Jackets	<u>KNIFE</u>	Books, Pilot Log
Overcoats	Pen, Fountain	<u>DIARY (REMOVED FOR DOR)</u>
Scarfs	Pencil, Mechanical	<u>FILMS</u>
Shirts	Pipes	Letters
Socks, Pr.	<u>RELIGIOUS ARTICLES</u>	Papers, Personal
Ties	<u>RIBBONS, DECORATION</u>	Photos
Towels	Films	Shoe Shine Articles
Trousers, Pr.	Tobacco	<u>SHORT SPORTS</u>
Trunks, Pr.	Toilet articles	<u>SOUVENIRS</u>
Underwear	<u>WALF</u>	<u>SOUVENIR MONEY</u>
		Stationery
		<u>PROGRAMS</u>
		<u>U.S. MONEY (AMOUNT)</u>

Apr 7, 45

REMARKS	ATTACHMENTS	FORM #58	FORM #100
Mother Mrs. Mary R. Kapusta 1511 Manhattan Ave. Youngstown Ohio			Inventory
G.A.T. None		WEIGHT	G.I. REMOVED
			SHORTAGE ON REVENUE
			IDENT. TAGS REMOVED
			DIARY REMOVED
WAREHOUSE SPACE	STORED BY	DATE SHIPPED	LOCKED STORAGE
1377	MW	AUG 22 1945	LAUNDRY REMOVED
INVENTORIED BY	CHECKED BY	WAS OR ADDITIONAL	FILM REMOVED
godfrey			

ADDITIONAL REMARKS

SN/STAGCS

U. S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

210-857

\$ 1.00

form 38

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

*Godfrey*  
INVENTORY CLERK

*La Turner*  
SUPERVISOR

G.I. EMPLOYER



NAME KAJUSTA, GEORGE R    SGT    0076

BAY	PALLET	BOX	TALLY
	25	50	9447

TYPE OF PKG.	WHSE SPACE	INVENTORIED
CTN		

IE. QM Form 48





ARMY EFFECTS BUREAU  
INVENTORY

MB

291,178

CASE NO.	
TYPED BY	Proctor
DATE	3-26-45
STATUS	Dec.
NAME	Kapusta, George R. ✓
S.S.N.	35300176 ✓
RANK	T/Sgt. ✓
ORGANIZATION	Unk.
AMOUNT	1.00
LIST NO.	PAID-Check No. 118503X. ACCOUNT NO.
REMARKS	F175 ETO file # 4 for 16

ACCOUNTING INVENTORY

291178

RTB:JFH:ma  
August 4, 1945

Mrs. Mary E. Kapusta  
1511 Manhattan Avenue  
Youngstown, Ohio

Dear Mrs. Kapusta:

The Army Effects Bureau has received from overseas some personal effects of your son, Technical Sergeant George E. Kapusta.

I am inclosing a check for \$1.00, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

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

Yours very truly,

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

1 Encl—  
Check

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

J. M. J. Hipam  
Case No. 29117  
Date 31 July 1945

SUBJECT: Report of transaction in disposing of the effects of

George E. Kapusta, 3530176 late a  
(Name of deceased) (Army Serial Number)  
T/Sgt., Infantry who died  
(Grade) (Organization, Army or Service)  
on the 29 day of Oct, 1944, at European Area

TO : The Adjutant General, War Department, Washington 25, D.C.

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at 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 23 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Mary E. Kapusta for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Mary E. Kapusta of (Name of person found entitled)  
1511 Manhattan Ave., Youngstown State of (Number, Street or Avenue) (City, Town or Village)  
Ohio, is the mother 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, USA  
(Name, Rank, Organization)  
SUMMARY COURT MARTIAL