

WW II

2970

CERTIFICATE

(AR 30-1830)

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

PART A - CIVILIAN OR PRIVATE CEMETERY

A			
REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES			
(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT <i>James H. Hagenbuch</i>	GRADE <i>Pvt.</i>	SERIAL NUMBER <i>13098929</i>	COMPONENT <i>AGF</i>
I certify that the sum of \$ <u>150</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 <i>St. Canice</i>	CITY OR COUNTY <i>Mahanoy City</i>	STATE <i>Pa.</i>	
INSTRUCTIONS TO PERSON SIGNING THIS FORM		SIGNATURE OF CLAIMANT	
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.		<i>Alice M. Hagenbuch</i>	
2. Return four copies to:		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
Commanding Officer Phila. Quartermaster Depot 2800 S. 20th St., Phila. 45, Pa. ATTN: AGF Division		<i>7056 Ruskin Lane - Stonehurst Hills - Pa</i>	
		RELATIONSHIP TO DECEDENT	DATE
		<i>Mother</i>	<i>July-14-48</i>

PART B - NATIONAL OR POST CEMETERY

B			
REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES			
(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED		INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED	
INSTRUCTIONS TO PERSON SIGNING THIS FORM		SIGNATURE OF CLAIMANT	
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.			
2. Return four copies to:		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
		RELATIONSHIP TO DECEDENT	DATE

PAID

QMC FORM 1236
23 OCT 47REPLACES WD AGO FORM R-5507, QMC FORM R-5048
AND QMC FORM R-5066, WHICH ARE OBSOLETE.

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2. below.

2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.

3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

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

RECEIPT OF REMAINS

DISTRIBUTION CENTER

AGR DISTRIBUTION CENTER PHILA. PENNA

JAMES HAUGHNEY INC. FUNERAL DIRECTOR
MAIN STREET AND MAHANOEY ST.,
MAHANOEY CITY PENNSYLVANIA

DAY LETTER O.I.#5720

~~RECORD~~

REMAINS CONSIGNED TO:

REMAINS OF LATE PRIVATE JAMES H. HAGENBUCH, 13098929 BEING SHIPPED TO
YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER NINETY ONE READING RAILROAD
LEAVING PHILADELPHIA SIX AM JULY TWELFTH AND DUE TO ARRIVE MAHANOEY CITY
PENNSYLVANIA NINE TWENTY SEVEN AM RAILROAD TIME JULY TWELFTH. REQUEST YOU
MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND NOTIFY NEXT
OF KIN. ESCORT WILL BE PERMITTED TO REMAIN A MAXIMUM OF SEVENTY TWO HOURS.

FRANK M. GREEN,, JR., MAJOR TC

es

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

THIS 12th DAY OF July, 19 48
DAY MONTH

Shirley H. Green
WITNESS (Escort)

James P. Haughney
CONSIGNEE

NAT
FILE
RECORDS-ANNOTATED
DATE 19 JUL 1948
NAME W. H. Green
R & R BR.

MMM

DISINTERMENT DIRECTIVE

SECTION A—
NAME AND BURIAL LOCATION OF DECEASEDDIRECTIVE NUMBER
3586 01.709DATE
15 12 47
DAY MONTH YEAR

NAME

HAGENBUCH JAMES H

SERIAL NUMBER

13098929

RANK

PVT

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST MERE EGLISE NO 2 - CARENTAN

DISPOSITION OF REMAINS

3200 03

CODE

DIST. PT.

CAUSE OF DEATH
2

PLOT

D

ROW

6

GRAVE

103

COUNTRY

FRANCE

SECTION B—CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

ROSE M. COYLE *Mahanoy ST. D*
501 EAST CENTER STREET *Mahanoy*
MAHANAY CITY, PENNSYLVANIA *ST. D*

NAME AND ADDRESS OF NEXT OF KIN

MRS. ALICE M. HAGENBUCH (MOTHER)
7056 RUSKIN LANE
STONEHURST HILLS,
UPPER DARBY, PENNSYLVANIA

SECTION C—DISINTERMENT AND IDENTIFICATION

NAME

Hagenbuch, James H.

SERIAL NUMBER

13098929

RANK

Pvt

DATE OF DEATH

UTD

DATE DISTINTERRED

23 April 1948

IDENTIFICATION TAG ON

☒ REMAINS☒ MARKER

ORGANIZATION

USAGF

RELIGION

Cath.

IDENTIFICATION VERIFIED BY

R. W. Ahearn

Embalmer

NAME AND TITLE

SECTION D—PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

OD uniform. Jump suit.

CONDITION OF REMAINS

Advanced decomposition.
Crushed skull.

OTHER MEANS OF IDENTIFICATION

None.

MINOR DISCREPANCIES

None.

REMAINS PREPARED AND PLACED IN ~~XXXXXX~~ Transfer Case

DATE 26 April 1948

BY

R. W. Ahearn

CAISKET SEALED BY

H. F. Pergande

EMBALMER (Signature)

H. F. Pergande

CAISKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY all markings, tags, and plates verified by

JOHN PALYOK JR, 1st Lt, FA

DATE 5 May 48 BY Ben Benjamin

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

J. Boyd
JOHN L. BOYD, 2d Lt, FA

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St. Mere Eglise #2		TO Casketing Point A, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Tec 5 W. A. Campbell	
SIGNATURE OF SHIPPER <i>W. T. Dailey</i> W. T. DAILEY, Capt, QMC	DATE 27 April 48	SIGNATURE OF RECEIVER <i>E. N. Ciampo</i> E. N. CIAMPO, 1st Lt, FA	DATE 27 Apr 48

2. SHIPPED

FROM Casketing Point A, Cherbourg		TO Port Unit, Cherbourg	
KIND OF CONVEYANCE Truck-		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>E. N. Ciampo</i> E. N. CIAMPO, 1st Lt, FA	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> JOHN E. HENDRY JR, Maj, CAC	DATE

3. SHIPPED

FROM CHERBOURG PORT UNIT		TO NYPE	
KIND OF CONVEYANCE USAT GREENVILLE VICTORY		NAME OF CONVOYER RAYMOND MC MANUS, CAPT., TC	
SIGNATURE OF SHIPPER JOHN E. HENDRY, JR., MAJ CAC	DATE 17-6-48	SIGNATURE OF RECEIVER <i>Raymond E. McManus</i>	DATE 17/6/48

4. SHIPPED

FROM USAT GREENVILLE VICTORY		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>m. hegel</i>	
SIGNATURE OF SHIPPER RAYMOND E. McMANUS Captain, TC Transport Commander	DATE 25/6/48	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C.	DATE 26 JUN 1948

5. SHIPPED PORT TRANSPORTATION OFFICER

FROM NYPE		TO DC03	
KIND OF CONVEYANCE Train		NAME OF CONVOYER <i>Pfc Frank A. Tange</i>	
SIGNATURE OF SHIPPER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C.	DATE JUN 27 1948	SIGNATURE OF RECEIVER <i>W. T. Dailey</i>	DATE

6. SHIPPED

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

7. SHIPPED

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

O.I.		INSPECTION CHECK LIST	
5720		(For Use at Distribution Point)	
Name HAGENBUCH, James H. ✓		Rank Private ✓	Serial Number 13098929 ✓
Source Mrs. Alice M. Hagenbuch (Mother) 756 Ruskin Lane Stonehurst Hills, Upper Darby, Pa.		Consignee Rose M. Boyle JAMES HAUGHNEY, INC. 501 E. Center St. MAIN & MAHANOEY STS. Mahanoy City, Pa. ✓	
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)		Condition of Shipping Case (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory	
✓ FINISH (Exterior)		Remarks 6/28/48 JPB	
FINISH (Interior)			
HANDLES			
HANDLE BOLTS			
STENCILING - NAMEPLATE			
HEALTH PERMIT MARKER			
HEALTH PERMIT NUMBER			
CASKET - General Appearance (Check ONLY Discrepancies)		Condition of Casket (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory	
✓ FINISH (Exterior)		Remarks 2 JPB 7/10/48 JPB	
HANDLES AND FASTENINGS			
STENCILING - NAMEPLATE			
CAM LOCKS (Sealing)			
ODOR OR MOISTURE			
ROUTED THROUGH			
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> REPAIR SHOP	
Condition of Remains <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		Casket Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No	
Necessary Disinfection (Explain)		Casket Exchanged <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Shipping Case Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Shipping Case Exchanged <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Remarks	
Time	Date	Signature of Mortician	
		1:41 PM 7-11-48	
Remarks		Signature of Inspector Edw E Smith	
Monday 12 - July		B-492	

WEST
UNIONWESTERN
UNIONWESTERN
UNIONWESTERN
UNION

AGR
WU AA150 99 DL COLLECT 8 EXTRA

STONEHURSTHILLS PENN JUN 2 1100A

FRANK M GREN JR

MAJOR ASST PHILA QM DEPOT

A.G.R. DIVISION
PHILADELPHIA DEPOT

1948 JUN 22 PM 1:30

RECEIVED TELGRAM STATING THAT REMAINS OF MY SON JAMES H
HAGENBUCH IS ENROUTE TO THE STATES. I WISH TO MAKE IT CLEAR
THAT MY SON'S REMAINS WILL BE TAKEN CHARGE OF BY JAMES
HAUGHNEY FUNERAL DIRECTOR WHOSE ADDRESS IS MAIN AND
MAHANOEY ST MAHANOEY CITY PA. ALTHOUGH I LIVE IN STONEHURST HILLS
I WISH TO HAVE MY SON BURIED FROM MY FAMILY HOME IN
MAHANOEY CITY AND WANT HIS REMAINS SENT DIRECT TO MAHANOEY
CITY TO THE ABOVE NAMED FUNERAL DIRECTOR. I WILL GO TO MAH-
ANOEY CITY AS SOON AS NOTIFIED

MRS ALICE M HAGENBUCH 7056 RUSKIN LANE STONEHURST.
HILLS UPPER DARBY PENN.

PA 7056. 1208P.. *EDIT*



James Haughney Jr
OK

MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. NO. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR JUN 21 1948	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) PHILA. QUARTERMASTER DEPOT, PHILA., PA.			SECURITY CLASSIFICATION		
ACTION TO: <div style="display: flex; justify-content: space-between;"> <div> MRS ALICE M HAGENBUCH 7056 RUSKIN LANE STONEHURST HILLS, UPPER DARBY, PA. </div> <div> GOVT PAID </div> </div>			PRECEDENCE FOR ACTION INFORMATION		
			DAY LETTER O.I. 5720		
			<input checked="" type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
INFORMATION TO: DLR AND CHECK ANY CHGS					
<p>THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE PVT JAMES H. HAGENBUCH</p> <p>_____ ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE</p> <p style="text-align: center;">CONSIGNEE SPECIFIED BY YOU.</p> <p>YOU WISH REMAINS DELIVERED TO YOU/AT ABOVE ADDRESS. PLEASE MAKE ARRANGEMENTS WITH</p> <p>FUNERAL DIRECTOR OF YOUR CHOICE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL.</p> <p>WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAILROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE FURNISH NAME AND ADDRESS OF FUNERAL DIRECTOR SELECTED AND CONFIRM ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS BY DAY LETTER TELEGRAM COLLECT TO PHILADELPHIA QUARTERMASTER DEPOT. PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IF YOU SHOULD DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.</p> <p style="text-align: right;">D. G. POLLARD, LT. COL., QMC</p>					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE	OF
				1	1

WD AGO FORM 11-168
15 JUN 1945

This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

c8-16-45801-1

U. S. GOVERNMENT PRINTING OFFICE

JUN 21 1948

7026

IN NC

AT 05

1

11/11/11 11:11 AM

REPATRIATION
RECORDS BRANCH

7 12 05 PM '48

EQUATORIAL DIVISION

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

1
Pvt James H. Hagenbush 13 098 929
Plot D, Row 6, Grave 103,
United States Military Cemetery
St. Mary Eglise #2, France

23 September 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, ALICE M. HAGENBUSH
(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
ST. CANICUS CEMETERY MAHANOCITY PENNA.
(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
(FOREIGN COUNTRY)
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

15 DEC 1947

COPIED
13 NOV 47
M. Baker
OQMG FORM 345 MILITARY
14 NOV 1946

16-50411-1

PAGE 1

NOV 10

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 COYLE	FIRST NAME ROSE	MIDDLE INITIAL M.
NUMBER AND STREET 501 E. CENTER ST.	CITY OR TOWN MAHANOK CITY	COUNTY OR PROVINCE SCHUYLL
EXPRESS OFFICE (Nearest railroad passenger station) MAHANOK CITY	TELEGRAPH ADDRESS READING STATION	STATE OR TERRITORY OF U. S. A., OR COUNTRY PENNA.
		TELEPHONE No.

OR

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR James H. Haggerty			
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.

Alice M. Hagenbuch **7056 Ruskin Lane**
 (SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
ALICE M. HAGENBUCH **Stonehurst Hills Upper Darby**
 (NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this **23rd** day of **October**, 19**47**, at city (or town) of **Upper Darby**, county of **Delaware**, and State (or Territory or District) of **Pennsylvania**.

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

George J. Schofield
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 NOTARY PUBLIC
 My Commission Expires
 January 7, 1951

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 _____, (PLEASE INSERT RELATIONSHIP) _____, AS THE NEXT OF KIN OF THE DECEASED NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED. THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

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

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE I OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

I, Abbie M. Hagenbuch the mother of James H. Hagenbuch want my son's remains to be sent to 501 E. Centre St. Mahanoy City Penna. This is my family's home and we wish to have him buried in our family plot in St Canice Cemetery in Mahanoy City. Pa.

Send in Care of Rose Cogle my aunt I will be at my family home in Mahanoy City to receive the remains.

Abbie M. Hagenbuch

Please notify me when my son's body is to arrive. ~~at~~ my address

7056 Ruskin Lane
Stonehurst Hills
Upper Darby
Pa.



1

Pvt James H. Hagenbuch 13 098 929
Plot D, Row 6, Grave 103,
United States Military Cemetery
St. Mere Eglise #2, France

23 September 1947

Mrs. Alice M. Hagenbuch
1510 Oxford Street
Philadelphia, Pennsylvania

Dear Mrs. Hagenbuch:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

8 Incls.

CVF

SEP 30 12 40
U.S. MAIL
MAIL & RECORDS

0000 293

Hagenbuch, James H.

Hagenbuch James H 13 098 929

See

5 August 1946

Mrs. Alice M. Hagenbuch
1510 Oxford Street
Philadelphia, Pennsylvania

Dear Mrs. Hagenbuch:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private James H. Hagenbuch, A.S.N. 13 098 929.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Ste. Mere Eglise #2, plot D, row 6, grave 103.

This cemetery is located twenty miles southeast of Cherbourg, France, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. IARKIN
Major General
The Quartermaster General

LA



ARMY SERVICE FORCES

 IN REPLY REFER TO SPQYG 295-314.6 OFFICE OF THE QUARTERMASTER GENERAL
T/O (European) WASHINGTON 25, D. C.


28 December 1945

SUBJECT: Corrections of Reports of Interment

 TO: Commanding General, American Graves Registration Command
 European Theater, Versailles, France
 APO 887, c/o Postmaster
 New York, New York
 FOR:

1. It is requested that the burial reports and grave markers for the following decedents, interred at the U. S. Military Cemetery, #2, Ste. Mere Eglise, France, be changed to correct the discrepancies underlined, and that this office be advised when these corrections have been completed.

NAME	RANK/ GRADE	SERIAL NO.	BRANCH of SERV.	RELIGION	DATE OF DEATH	GR.	ROW	PLOT
Beasley, <u>Elbert M., Jr.</u>	Pfc.	14 031 819	22nd Inf.			162	9	E
Dulin, Thaddeus R.	Lt. Col.	0 020 881	12th Inf. Regt.			67	4	B
<u>Michelberger, Russell E.</u>	1st Lt.	0 700 800	385th Bomb. Gp.			141	8	I
<u>993 Hagenbuch, James H.</u>	Pvt.	13 098 929	506 Para Inf. Regt.			103	6	D
Herrill, John C.	Pfc.	37 528 949	60th Inf. Regt.			146	8	A
Ingalls, William M.	Pfc.	31 160 349	8th Inf. Regt.			135	7	J
Johnson, Carl H.	Tec/5	16 034 197	456th F. A. Bn.			156	8	F

FOR THE QUARTERMASTER GENERAL:

 JAMES L. FRENN
 Major, QMC
 Assistant

Last Name First Name M.I.

Hagenbuch James 74.

Army Serial No. 13098929

Name of Cemetery St. Marie Eglise #2.

Plot

Row

Grave

Letter to: Field

Remarks: Correct serial
number is 13098929

File

12-17-45
SC

GRAVE REGISTRATION
Form No. 1
(Revised 1 Sept. 1943)**RESTRICTED**
REPORT OF BURIAL
TM 10-630 AND AR 30-18158467
June 27, 1944
Date J.H.

293 Hagenbuch James H Pvt. 13098129 82
Last Name First Initial Rank Serial No.
Unit 506 Para Infg 1st A.B. Organization
Place of Death France Date of Death June 6, 1944 Cause of Death KIA
Time and Date of Burial June 27, 1944 Name of Cemetery St Mere Eglise #2 Name or Coordinates of Location St Mere Eglise
103 6 D Temp
Grave Number Row Number Plot Number Type of Marker

Disposition of Identification Tags: Buried with body Yes ☒ No ☐ Attached to Marker Yes ☒ No ☐If No Identification Tags
How were remains identified?**REBURIAL**

What means of identification were buried with the body?

Previously buried in 607 Macdon Cemetery
Plot A Row 7 Grave 136

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

Who is buried on:

Deceased's Right: Messine 32600786 104
Name Serial No. Rank Organization Grave No.
Deceased's Left: Gregory 37147175 102
Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee _____
Name

Address _____

Religion _____

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

REBURIAL FROM UTAH RED CEMETARY

Hagenbuch, James H. 607 Macdon Temp 1447964

James Hagenbuch 1st Lt. Inf.
Signature of Officer or other person reporting burial

HQ. SOL. 22/9/43. 380M/8/15219

Verified by G.R.S. Officer

File 87
18 FEB 1945

Inc #51

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.:

TOOTH CHART

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

Indicate: missing natural teeth by x; crowns by o; fillings by □; Bridges by ⊙ linking anchor teeth; replacements by artificial teeth X

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

Characteristics: _____

Other Data: _____

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

Left Hand

2

1

Thumb

4

3

2

1

Thumb

Right Hand

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

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

10 June 1944
Date

Hagenbuch, James H.

Pvt

13098929

Last Name

First

Initial

Rank

Serial No.

No Info.

506 Para Inf. Reg

Air Borne

8

007

1944

Organization

Carentan Peninsula, France

10 June 1944

Fractured Skull

Place of Death

Date of Death

Cause of Death

1600 10 June 1944

607 Macon Temp.

447934

932

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

136

7

A

Temporary

Grave Number

Row Number

Plot Number

Type of Marker

Disposition of Identification Tags: Buried with body Yes ☒ No ☐ Attached to Marker ~~XXXX~~ No ☐

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right: E. L. HERKE 36222296 No Info. USA 137

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left: L. P. PERKO 38084102 " " " 135

Name

Serial No.

Rank

Organization

Grave No.

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

JAMES H HAGENEUCH
13098929 T42 43 O

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

Emergency Addressee No Info. Name

Address

Religion

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

- 1 Camera
- 1 Doll
- 1 Pocket Knife
- 1 Combination Tool
- 1 Medal
- 1 Rosary
- 1 Medalion

Pictures
1 Wallet
420 Francs

Signature of Officer or other person reporting burial

NEAL F. RAKER

1st Lt. OMC

Graves Registration Officer

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:

Laundry Marks:

Number of Rifle:

Wear Glasses?

Is Tooth Chart Attached?

(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.:

TOOTH CHART

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

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

Characteristics:

Other Data:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

1. Medalion
1. Hosiery
1. Medal
1. Combatant
1. Looked in
1. Doll
1. Gemstone

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

*Corrected Reports
Orig. Fwd. 14 Sept 1944

REPORT OF DEATH

DATE 23 September 1944

SAJ

FILE NAME Hagenbuch, James H.		ARMY SERIAL NUMBER 13,098,929		GRADE Pvt.									
HOME ADDRESS Philadelphia, Pennsylvania		ARM OR SERVICE Infantry		DATE OF BIRTH 13 Nov 1923									
PLACE OF DEATH European Area		CAUSE OF DEATH *Died of wounds received in action		DATE OF DEATH 8 June 1944									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 5 Aug 1942		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Alice M. Hagenbuch (mother) 1510 Oxford St., Philadelphia, Pa.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Alice M. Hagenbuch (mother) same as above Joseph Hagenbuch IX (brother) 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

*On Parachute Pay.

File
1 Oct 44
B. D.

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G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

☒ BATTLE
☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn
ADJUTANT GENERAL

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

REPORT OF DEATH

DATE 14 September 1944
SAN

FULL NAME Hagenbuch, James H.				ARMY SERIAL NUMBER 13,098,929		GRADE Pvt.							
HOME ADDRESS Philadelphia, Pennsylvania				ARM OR SERVICE Infantry		DATE OF BIRTH 13 Nov 1923							
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in action			DATE OF DEATH 8 June 1944							
STATION OF OCCASION European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 5 Aug 1942		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS							
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Alice M. Hagenbuch (mother) 1510 Oxford St., Philadelphia, Pa.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Alice M. Hagenbuch (mother) same as above Joseph Hagenbuch (brother) 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	

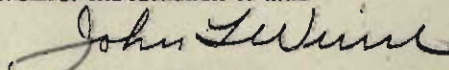
ADDITIONAL DATA AND/OR STATEMENT

SEE #On Parachute Pay.

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S. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 2DI FILE

☒ BATTLE☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:


John T. Winn

ADJUTANT GENERAL

28 SEP 1944 FILE

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

Cancellation of REPORT OF DEATH

DATE 26 July 1944
HK/vb 4633

FULL NAME <u>Hagenbuch, James H.</u>		ARMY SERIAL NUMBER <u>13,098,929</u>	GRADE <u>Pvt.</u>						
HOME ADDRESS		ARM OR SERVICE	DATE OF BIRTH						
PLACE OF DEATH		CAUSE OF DEATH		DATE OF DEATH					
STATION OF DECEASED		DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS						
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)									
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)									
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

ADDITIONAL DATA AND/OR STATEMENT

An official report has been received from the European Area that Private James H. Hagenbuch, 13,098,929, was seriously wounded on 8 June 1944. Therefore, the report of death from this office dated 28 June 1944, shall be and is hereby cancelled.

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F. B. I.

F. O., U. S. A.

2. O. Q. M. G.

O. F. D.

ARMY EFFECTS BUREAU

G. A. O.

VET. ADMIN.

CASUALTY BRANCH FILE

A. G. 201 FILE

☐ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR.

John T. Winn

John T. Winn

ADJUTANT GENERAL

File

8/9/44

517

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

—BATTLE CASUALTY REPORT

NAME HAGENBUCH JAMES H			SERIAL NUMBER 13098929		GRADE PVT	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE			DATE OF CASUALTY DAY MONTH YEAR 08 JUN 44		FLYING OR JUMPING STAT U	TYPE OF CASUALTY KIA	SHIPMENT NUMBER 101

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 MRS.	FIRST NAME ALICE	MIDDLE INITIAL M.	LAST NAME HAGENBUCH	RELATIONSHIP MOTHER
NO. AND NAME OF STREET 1510 OXFORD STREET		CITY PHILADELPHIA	COUNTY PHILADELPHIA	STATE PENNSYLVANIA

REMARKS:

☐ CORRECTED COPY
22 JUNE 1944**OE**

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ☒ FORM 43 ☒ AG 201 REQ **21 June 44**

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

REPORT NOT VERIFIED ☐ NO FORM 43 ☐ NO CAS. BR. FILE ☐ CHECKED BY **Stilbert** REVIEWED BY **W. 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	CRAW PUB.	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 **A4**

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--	--	---

File 819/44
9/4

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

HK/pr1 4635

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 28 June 1944

FULL NAME Hagenbuch, James H		ARMY SERIAL NUMBER 13 098 929	GRADE PVT	
HOME ADDRESS Philadelphia, Pennsylvania		ARM OR SERVICE Infantry	DATE OF BIRTH 13 Nov 1923	
PLACE OF DEATH France		CAUSE OF DEATH Killed in action		DATE OF DEATH 8 Jun 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 5 Aug 1942		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 10 4
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs Alice M Hagenbuch (mother) 1510 Oxford St., Philadelphia, Pa.				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs Alice M Hagenbuch (mother) 1510 Oxford St., Philadelphia, Pa. Joseph Hagenbuch (brother) 1510 Oxford St., Philadelphia, Pa.				
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT
YES	NO	YES	NO	YES
	X	X		X
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS
YES	NO	YES	NO	YES
X		X		X
OTHER PAY STATUS (SPECIFY BELOW)				
YES	NO			
X				

ADDITIONAL DATA AND/OR STATEMENT

On parachute pay.

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G. A. O.	VET. ADMIN.	ARMY EFFECTS BUREAU
G. M. G.	OFF. FIS. DIR.	

Battle

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn

ADJUTANT GENERAL

10 JUL 1944 FILE

JUL 1944 FILE 1

Sp

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

117309

122057

*Corrected Reports
Orig. Fwd. 14 Sept 1944

REPORT OF DEATH

DATE 23 September 1944

FULL NAME Hagenbuch, James H.				ARMY SERIAL NUMBER 13,098,929		GRADE SAJ	
HOME ADDRESS Philadelphia, Pennsylvania				ARM OR SERVICE Infantry		DATE OF BIRTH 13 Nov 1923	
PLACE OF DEATH European Area			CAUSE OF DEATH *Died of wounds received in action			DATE OF DEATH 8 June 1944	
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 5 Aug 1942		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS)							
Mrs. Alice M. Hagenbuch (mother) 1510 Oxford St., Philadelphia, Pa.							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)							
Mrs. Alice M. Hagenbuch (mother) same as above							
Joseph Hagenbuch (brother) same as above							
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS	
YES	NO	YES	NO	YES	NO	YES	NO
AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO	YES	NO	YES		NO	
				X		X	



ADDITIONAL DATA AND/OR STATEMENT

*On Parachute Pay.

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2. O. G. M. G.	O. P. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

☒ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John T. Wine
John T. Wine
ADJUTANT GENERAL

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

REPORT OF DEATH

DATE 14 September 1944

SAN

FULL NAME Hagenbuch, James H.		ARMY SERIAL NUMBER 13,098,929	GRADE Pvt.	
HOME ADDRESS Philadelphia, Pennsylvania		ARM OR SERVICE Infantry	DATE OF BIRTH 13 Nov 1923	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 8 June 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 5 Aug 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Alice M. Hagenbuch (mother) 1510 Oxford St., Philadelphia, Pa.				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Alice M. Hagenbuch (mother) same as above Joseph Hagenbuch (brother) same as above				
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT
YES	NO	YES	NO	YES
				NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS
YES	NO	YES	NO	YES
				NO
OTHER PAY STATUS (SPECIFY BELOW)		YES		
		NO		

ADDITIONAL DATA AND/OR STATEMENT

RE *On Parachute Pay.

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G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

☒ BATTLE☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR.

John T. Winn

John T. Winn

ADJUTANT GENERAL

117309

RTB:RW:mb
August 4, 1945

Mrs. Alice M. Hagenbuch
1510 Oxford Street
Philadelphia, Pennsylvania

Dear Mrs. Hagenbuch:

The Army Effects Bureau has received some additional property of your son, Private James H. Hagenbuch.

These effects, contained in one carton ~~and~~ being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the soldier's legal residence.

Sincerely yours,

P. L. KOEB
1st Lt., QMC
Officer-in-Charge
SJ Unit

ao 3

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

SHIP TO:

Mrs. Alice M. Hagenbuch
1510 Oxford Street
Philadelphia, PennsylvaniaEffects of:
Name

Pvt. James H. Hagenbuch

ASN

13098929

Case No.

117309 D

Wt.

DATE 4 August 1945G. B. B.
FOR: Effects Quartermaster

REMARKS: RTB:RW:11

☐ 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
☒ Warehouse Division
☐ Files Branch, Adm. Div.

JUL 10 1945

REMARKS:

Franked _____
 Est. Exp. Chgs. _____
 Est. Frt. Chgs. _____
 No. of packages 7

Shipping Clerk
L. E.

Eff. QM Form 14 (26 Dec 44)

PACKAGE DESCRIPTION		ARMY EFFECTS BUREAU INVENTORY		DECEASED	
# 100		117,309		MISSING	
				P.O.W.	
				ABANDONED	
				TALLY NO. 8680	
				INV. DATE 18 July 45	
				ORIG. NO. 1	
				OF PKGS. 1	
				BOX NO.	
				SHEET 1	
				OF SHEETS	
NAME James H. Hagenbuch		RANK Put		ORGANIZATION 5069 Infantry	
A.S.N. 13098929					
Belt		TOWELS & WASHCLOTHS		WINGS	
BELT MONEY (NO MONEY)	X	CLOTHING		BAGS, CLOTH OR TRAVEL	
Cloth, wash		FRAGILE IDENT.		BILLFOLD (NO MONEY)	
Coats		Brushes		Case	
Footwear, Pr.		CAMERAS		Footlocker	
Gloves, Pr.		Glasses		KIT, SEW, TLT, OR WRITING	
Handkerchiefs		Knives		BOOKS	
Headwear		Lighters		Books, Address	
Jackets	X	MISC.		Books, Pilot Log	
Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUR)	
Scarfs		Pencil, Mechanical		FILM	
Shirts		Pipes		Letters	
Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal	
Ties		RIBBONS, DECORATION		Photos	
Towels		Rings		Shoe Shine Articles	
Trousers, Pr.		Tobacco		SHORT SHORTER	
Trunks, Pr.		Toilet articles	X	SOUVENIRS	
Underwear		WATCH		SOUVENIR MONEY	
				Stationery	
				TESTAMENTS	
				U.S. MONEY (AMOUNT)	
File					
St					
REMARKS Lettin Address					
Jeannie Kiser					
1323 N. Jefferson St					
Phila, 32, Pa.					
ATTACHMENTS X FORM #84 FORM #100					
3 roll of film removed for development					
C.A.T. none					
L.C.					
WAREHOUSE SPACE		STORED BY		WEIGHT	
2125A		18C		G.I. REMOVED	
INVENTORIED BY		DATE SHIPPED		SPORTAGE ON REVERSE	
Mills		JUL 10 1945		IDENT. TAGS REMOVED	
PACKED BY		CHECKED BY		DIARY REMOVED	
Coffman				LOCKED STORAGE	
				LAUNDRY REMOVED	
				FILM REMOVED	

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

COPY REMOVED

NAME HAGENBUCA, JAMES 8929

BAY	PALLET	BOX	TALLY
41	33		8680
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN			

ME. OM Form 48

INVENTORY OF EFFECTS

(See AR 600-580)

HAGENBUCH, James H. - 13078929

(Last name) (First name) (Middle initial) (Army serial number)

late a PVT. 506th Pict. Inf

(Grade)

(Organization or arm of service)

who died on the 6 day of June, 19

CLASS I—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
	Personal letters	
#	PICTURES ✓	
1	BOOK ✓	
	INSIGNIA ✓	

*To be filled out only in case of shipment to The Adjutant General.

CLASS II—Other effects

NUMBER	ARTICLES
1	SWIM SUIT ✓
1	CAP ✓

~~*Strike out words not applicable.~~

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

JRM:VB:sj Case No. 117309
Date 17 March 1945

SUBJECT: Report of transactions in disposing of the effects of

James H. Hagenbush, 13098929 late a
(Name of deceased) (Army Serial Number)
Private, Infantry who died
(Grade) (Organization, Army or Service)
on the 8 day of June, 1944, at European Area.

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

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

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

b. Local debtors owed decedent's estate \$ None, of which the sum of \$ None was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. _____.)

c. Decedent owed undisputed local creditors the sum of \$ None, which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt _____, Incl. _____)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 17 November 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Alice M. Hagenbush 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. Alice M. Hagenbush of
(Name of person found entitled)
1510 Oxford Street, Philadelphia State of
(Number, Street or Avenue) (City, Town or Village)
Pennsylvania, 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, Q.M.C.

(Name, Rank, Organization)
SUMMARY COURT MARTIAL



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO: 117309 B

JRM:LB:ems
November 20, 1944

Mrs. Alice M. Hagenbuch
1510 Oxford Street
Philadelphia, Pennsylvania

Dear Mrs. Hagenbuch:

The Army Effects Bureau has received from overseas some personal effects of your son, Private James H. Hagenbuch.

I am inclosing a check for \$8.47, 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.

It is regretted, but apparently some of the items included in these effects, have been damaged.

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,

F. A. ECKHARDT
Captain Q.M.C.
Assistant

1 Incl--Check

WAR DEPARTMENT
Q. M. C. Form No. 490
(Revised February 8, 1938)

TALLY-OUT

(Packing or Loading List)

ARMY EFFECTS BUREAU - KCQMD

(Station)

Serial No.
Req. No.
No. of sheets
Sheet No.

Warehouse 11th Floor

Date 11/14/44 *117309*

Consignee CAMERAGRAPH PHOTO SERVICE
912 Grand Avenue

Carrier

Destination Kansas City, Missouri

B/L No.

Routing TO BE PICKED UP BY CONSIGNEE

Car No., Initials,
Seals No.

Date shipped

Authority W 23-25 QM O.I. 3804

U. S. NOS. ON PACKAGES	NUMBER AND KIND OF PACKAGES	CONTENTS	GROSS WEIGHT (Pounds)		CUBIC MEASURE
			UNIT	TOTAL	
		Pvt. James H. Hagenbach 13098929			
	1 Roll	Film			
		NOTE: Above items to be returned to Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City, Missouri.			
		1 print & 1 negative returned - 12/18/44 sm			
		<i>Prints & negatives mailed 12-15-44, dmh</i>			
		Tally-In #5486			

Checker.

Packer.

G. I. NEWMAN, 1st Lt., Q.M.C. Shipper.

Received the above articles in apparent good order and condition (except as noted) this date GIN:sm

Cameragraph Photo Service

(Designation)

Sheet 1 of 1 Sheets
Box No. ARMY EFFECTS BUREAU
INVENTORYDeceased ☒
Missing ☐
P.O.W. ☐
Abandoned ☐Pal 26.
By 22
SHOWN ON TALLY-IN AS James H. Wagenbuck ORIGINAL NO. OF PKGS. 117TALLY-IN NO. 5486 INVENTORY DATE 11-8-44 CASE NO. 117309EFFECTS OF James H. Wagenbuck RANK PvtA.S.N. 13098929 ORG. air Borne.

PACKAGE DESCRIPTION:

ARTICLE DESCRIPTION

* 2 Knives ✓	
** 1 Kodak ✓	Roll of exposed film (removed)
*** 1 doll ✓	
1 Rosary - 1 medal ^{religious}	
*** 1 Bifold (no money)	
Lot of photos ✓	
1 Receipt ✓	
1 Medal ✓	

REMARKS: No information (checked)
No correspondenceATTACHMENTS:
1 Gr. Tag.
Form # 544

* Rusty and back of one gone.

** Loose in case.

*** Broken

**** Moldy -

Shortage on ReverseC.A.T. not available~~NO CORRESPONDENCE~~~~SHORTAGE ON REVERSE~~~~G. I. ON REVERSE~~STORAGE) 2174
SPACE)SAFE STORAGE ☐
VAULT STORAGE ☐WEIGHT
SHIPPED NOV 23 1944Inventoried by S. Johnston Packed by Luff

Shortage
420 French
money turn in to R.J. Colie F.D.
Symbol # 211901
Date July 9-1944

I certify the above-named items
were not contained in the
package when checked by me.

Inventory Clerk

L. Johnston
Inventory Clerk

W. Battenbury
Supervising Officer

File No. 13098929 Name HAGENBUCH JAMES B
Grade _____ Rank _____
Organization _____
Address _____
Nearest Relative _____
Address _____
Killed in Action ☒ Died of Disease _____
Date 10 JUN 1944 Hospital _____
Battle Area FRANCE Information _____
Place of Burial 607th ARCON TEMP CEM CARENTAN PAR FRANCE
Point of Coordination 44 79 64
Description of Body _____
Members Missing _____

Signed

Alfred Gusky

INVENTORY OF EFFECTS
(see AR 600-550)

Hagenbuch, James H. 13098929
 (Last name)(First name)(middle initial)(Army serial #)
 late a Pvt Air Borne
 (Grade) (Organization or arm or service)

who died on the 10 day of June 1944

CLASS I-Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

Number	Articles	*Package Number
1	Camera ✓	
1	Doll ✓	
1	Medal ✓	
1	Rosary ✓	
1	Medalion ✓	
	Pictures ✓	
1	Wallet ✓	

*To be filled out only in case of shipment to The Adjutant General.

CLASS II -- Other effects

Number	Articles
1	Pocket Knife ✓
1	Combination Tool ✓
	420 Francs O

W.D., A.C.O. Form No. 54
 July 1, 1933

Money turned in to
 R.J. Collier, Capt. 7.1
 Syn #211901
 9 July 1944

file
 with
 11-17

I certify that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that * the effects were delivered

NEAL F. BAKER
1st Lt. OMC
Graves Registration Officer

*the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.

_____, 19____
(Date)

*Strike out words not applicable.

ROUTING

1. ✓
2. Capt. Eckhardt
3. _____
4. _____

Attach following item(s) from
Office Safe:

LB:ems

Case No. 117309 B ✓

Attach Bureau Check:

Account No. 44777 Amount \$8.47 *gs*

Account No. _____ Amount _____

Payable to:

Mrs. Alice M. Hagenbuch ✓
1510 Oxford Street
Philadelphia, Pennsylvania

 (Correspondent) *mauley*

Check No. 34723Initials emh

44777

117309

November 22 44

Alice M. Hagenbuch

8.47

Eight and 47/100

Major Q.M.C.
Asst.

Eff. QM Form 49 (2 Oct 44)

11-21

HEADQUARTERS, 506TH PARACHUTE INFANTRY
APO 472, United States Army

11-Aug-44

SUBJECT: Disposition of Effects.

TO : Effects Quartermaster, Warehouse Division, Stanley Warehouse,
U. S. Forces, Liverpool.

1. Disposal of effects made on the following individual:

Name: *Hagenbrun, James H.*

Grade: *Pvt.*

ASN: *13098929*

Organization: *506 Pict-claf.*

Status: *KIA* Date: *6 June 44*



2. Personal effects of the above individual transported Via truck to Quartermaster, 101st Airborne Division, for forwarding to Effects Quartermaster, ETOUSA, Warehouse Division, Stanley Warehouse, U. S. Forces, Liverpool.

3. Following items transmitted herewith:

----- Money orders

----- Will

----- Deeds

----- Travelers Checks

----- *3* ----- Copies of A.G.O. Form No. 54

4. Private debtors known:

5. Private Creditors known:

6. Bank in the United Kingdom:

*File
11-17*

WILLIAM D. GANN
1st Lieut., 506th Parachute Infantry
Personal Effects Officer



C O P Y
KCQMD
ALB-wdt

EFFECTS QUARTERMASTER U.K.
DEPOT G-14
United States Army

HGL/jg

15th October, 1944.

SUBJECT: Transmittal of Inventories of Effects.

TO : The Effects Quartermaster, Kansas City QM Depot,
601 Hardesty Avenue, Kansas City, Missouri.

1. The attached Inventories have been on hand at this office for 30 days or more; the effects to which they refer have never been received by this office. It is believed the effects may have been erroneously forwarded direct to your office, to the beneficiary; or to the Effects Quartermaster in France. In view of the fact that we are unable to contact the Units to ascertain disposition of the effects, and that ultimately all effects will be received by your office, we are forwarding these forms for your records.

2. The method of handling Form 54's at this office is that all Form 54's are checked against effects on hand. Where effects have been received, such forms will be forwarded by letter of transmittal to your office giving information as to the disposition of the effects, and at the expiration of one month, if no effects are received, the forms will be transmitted to your office in accordance with paragraph 1.

R. J. MOULTON.
Lt. Col. QMC.
Effects Q M U.K.

Incls: Inventories and
List in duplicate.