

293 GATT, WILLIAM E JR. (31359928) PVT ENGINEERS FRANCE MASS 1944 hw

Declassified in accordance with D.O. 13526

T 2-632

GENERAL SERVICES ADMINISTRATION
RECORDS MANAGEMENT SERVICE
REQUEST FOR SERVICE

RETURN

FEDERAL RECORDS CENTER

TYPE OF SERVICE REQUESTED (Check one)

☐ INFORMATION☐ DOCUMENT☐ RESEARCH

Military Records Br.
TSRS
219 N. Lee St., Alex., Va.

AGENCY

ODMB

ADDRESS

T B"

INDIVIDUAL

McLaughlin

ROOM NUMBER

1421

EXTENSION

54033

RECORD GROUP NUMBER

301

DATE

Feb 25, 1958

SEARCHER'S
INITIALS

a25

NO RECORD

MISSING FROM

TO

CHARGED TO

Braid. Mem.

BUILDING AND ROOM NUMBER

DATE

MAR 17 1958

DESCRIPTION

293 Gate Wm E. Jr. 31359928

5-1 109

Lost

REQUEST RECEIVED BY

DATE

**DEPARTMENT OF THE ARMY
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON**



DEPARTMENTAL RECORDS BRANCH, A.G.O.

TECHNICAL RECORDS SECTION
DRB, TAGO
219 N. Lee Street
Alexandria, Virginia

RECEIPT OF REMAINS

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
DISTRIBUTION CENTER #1, AGRS
1st AVENUE & 58th STREET
BROOKLYN, NEW YORK

DISTRIBUTION CENTER

ROUTINE

REMAINS CONSIGNED TO: JOSEPH ANGELO

487 NORTH WARREN AVE

BROCKTON, MASS.

313 599 28

REMAINS OF THE LATE PVT WILLIAM E GATT JR.

ACCOMPANIED BY AN

ESCORT ARE SCHEDULED TO LEAVE

NEW YORK

ON TRAIN

NUMBER 12 NEW HAVEN

RAILROAD AT NINE AM EST

ON THURSDAY 8 JULY

AND DUE TO ARRIVE AT BROCKTON

AT FOUR THIRTY TWO PM EST

ON SAME DAY.

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

G. H. BARE

COLONEL, QMC

ESCORT: ANSINK, HAROLD G. T/4
ER-42242550 DET #5, 1300 ASU

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

THIS 8th DAY OF July, 1948

T/4 Harold G. Ansink
ER 42242550 WITNESS (Escort) ECR AFF
DA 7/5 1300 ASU

Angelo Funeral Service
CONSIGNEE
Joseph Angelo

NAT
FILE
RECORDS ANNOTATED
DATE 16 Aug 48
NAME R. C. Cantor
R & R RR.

E. H. BALE

REPATRIATION
RECORDS BRANCH

AUG 10 12 22 PM '48

MEMORIAL DIVISION

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3586 01488

DATE

15 12 47

DAY MONTH YEAR

NAME

GATT WILLIAM E JR

SERIAL NUMBER

31359928

RANK

PVT

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST MERE EGLISE NO 2 - CARENTAN

DISPOSITION OF REMAINS

1 1300 01

CODE DIST. PT.

PLOT

D

ROW

3

GRAVE

41

COUNTRY

FRANCE

CAUSE OF DEATH

2

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

JOSEPH ANGELO
487 NORTH WARREN AVENUE
BROCKTON, MASSACHUSETTS

NAME AND ADDRESS OF NEXT OF KIN

WILLIAM E. GATT (FATHER)
86 DARTMOUTH STREET
BROCKTON, MASSACHUSETTS

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

GATT, William E.Jr.

SERIAL NUMBER

31359928

RANK

Pvt

DATE OF DEATH

UNK

DATE DISINTERRED

20 APRIL 48

IDENTIFICATION TAG ON

☒ REMAINS☒ MARKER

ORGANIZATION

USAGF

RELIGION

C

IDENTIFICATION VERIFIED BY

RALPH W. AHEARN, Embalmer.

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

O.D. uniform

CONDITION OF REMAINS

Advanced decomposition

OTHER MEANS OF IDENTIFICATION

ID tag with remains

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET ~~XXX~~ Transfer Case

DATE 20 APR 48

BY Ralph W. Ahearn

CASKET SEALED BY

W. T. Bush

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY all markings, tags and plates verified by: JOHN PAIVOK, JR., 1/LT., FA.

DATE 3 MAY 48 BY R. Cook

(except casketing)

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

JOHN L. BOYD, 2/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 No.2	TO Casketing Point A, Cherbourg
KIND OF CONVEYANCE Truck	NAME OF CONVOYER Cpl. Campbell
SIGNATURE OF SHIPPER <i>Allyn P. King</i> ALLYN P. KING, 1/LT., CAV	DATE 22 APR 48
SIGNATURE OF RECEIVER <i>E.N. Ciampo</i> E.N. CIAMPO, 1/Lt., FA	DATE 22 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, 1/Lt., FA	DATE
SIGNATURE OF RECEIVER <i>John E. Hendry, Jr.</i> JOHN E. HENDRY, JR, MAJOR, CAC	DATE

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM NYPOE	TO TO DC#1
KIND OF CONVEYANCE Tractor	NAME OF CONVOYER
SIGNATURE OF SHIPPER JAMES L. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE JUN 26 1948
SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE JUN 26 1948

6. SHIPPED

FROM D 3 41 EVANCE	TO Operations Officer DC#1
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER ECRISE NO	DATE
SIGNATURE OF RECEIVER 1 1300	DATE 01

7. SHIPPED

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

QMC FORM R-5024 Local Reproduction Authorized
4 MAR 46

RECEIVED
GREENWICH MEAN TIME (Z)

JUN 22 20 29 1948

SIGNAL CENTER
HQ. NYPE, BKLYN., N.Y.

WU257 19 COLLECT 6 EXTRA

BROCKTON MASS JUN 22 119P

COL G A BARE

QM CORPS DISTRIBUTION CENTER #1 NEWYORK PORT OF
EMBARKATION BROOKLYN NY

RE WILLIAM GATT BA122 INSTRUCTIONS RECEIVED WILL MEET
BODY AT RAILROAD STATION

JOSEPH ANGELO 487 NORTH WARREN AVE BROCKTON MASS

GATT BA122 487.

315P

GREENVILLE VICTORY

IN OUT

JUN 22 4 46 PM 1948

DC #1. AGRS
NYPE

W. T. IS COLLECT

1948 JUN 22 4 46 PM

1948 JUN 22 4 46 PM

TO THE DIRECTOR OF THE BUREAU OF REVENUE

FROM THE DIRECTOR OF THE BUREAU OF REVENUE

RECEIVED JUN 22 1948

RECEIVED JUN 22 1948

RECEIVED JUN 22 1948

1948

1948 JUN 22 4 46 PM

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION		INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT
SPACE ABOVE FOR SIGNAL CENTER ONLY			19 18 41		
FROM: (Originator) ACTION TO: • WILLIAM E GATT • 86 DARTMOUTH STREET • BROCKTON MASS			SECURITY CLASSIFICATION DAY LETTER ACTION PRECEDENCE FOR INFORMATION <input type="checkbox"/> ORIGINAL MESSAGE REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
GREENVILLE VICTORY					
<p>PLEASE BE ADVISED THE REMAINS OF THE LATE PVT WILLIAM E GATT JR</p> <p>ARE ENROUTE TO THE UNITED STATES AND WILL ARRIVE NEW YORK PORT ABOARD</p> <p>THE USAT ON</p> <p>DEBARKATION FROM SHIP AND MOVING REMAINS UNDER MILITARY GUARD TO DISTRIBUTION</p> <p>CENTER NUMBER ONE, FINAL CHECKING, VERIFICATION OF RECORDS, ASSIGNMENT OF ESCORT</p> <p>AND ARRANGING FOR TRANSPORTATION BY MOTOR OR RAIL TO FINAL DESTINATION WILL TAKE</p> <p>FROM ONE TO FOUR WEEKS. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS</p> <p>DELIVERED TO JOSEPH ANGELO 487 NORTH WARREN AVENUE BROCKTON MASS</p> <p style="text-align: right;">. PLEASE INSTRUCT</p> <p>FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. WE REGRET</p> <p>IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE, HOWEVER,</p> <p>WE APPRECIATE YOUR DESIRE TO RECEIVE REMAINS AS SOON AS POSSIBLE AND ASSURE</p> <p>YOU EVERY EFFORT IS BEING MADE TO EXPEDITE DELIVERY. YOUR FUNERAL DIRECTOR</p> <p>WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DATE OF DELIVERY OF THE RAIL</p>					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE	OF

D

ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION AND HE WILL BE REQUESTED TO INFORM YOU SO THAT YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF THE DATE OF THIS MESSAGE BY TELEGRAM COLLECT AT DISTRIBUTION CENTER NUMBER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW INSTRUCTIONS. IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE FORTY EIGHT HOUR PERIOD. SUGGEST YOU ARRANGE WITH ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BAILE
COLONEL, QMC

CERTIFICATE

(AR 30-1830)

WW ID

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 GATT, WILLIAM B. JR.	GRADE PVT	SERIAL NUMBER 31359928	COMPONENT USAGF
---	---------------------	----------------------------------	---------------------------

I certify that the sum of \$ 230.00 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY Calvary	CITY OR COUNTY Brockton	STATE Mass
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: HEADQUARTERS NEW YORK PORT OF EMBARKATION D - C #1 AGR 1st Avenue & 58th Street Brooklyn, N.Y.		
SIGNATURE OF CLAIMANT William E Gatt		
ADDRESS OF CLAIMANT (City, Street or RFD, and State) 86 Dartmouth St. Brockton Mass		
RELATIONSHIP TO DECEDENT Mother		DATE July 8 1948

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 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:			
SIGNATURE OF CLAIMANT			
ADDRESS OF CLAIMANT (City, Street or RFD, and State)			
RELATIONSHIP TO DECEDENT			DATE

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.

QUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt William E. Gatt, Jr., 31 359 928
 Plot D, Row 3, Grave 41,
 United States Military Cemetery
 St Marc Eglise #2, France

23 September 1947

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, William E Gatt

(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

Cabury Buxton Massachusetts
 (NAME AND LOCATION OF CEMETERY)

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

- ☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
- (LOCATION OF NATIONAL CEMETERY SELECTED)
- (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
- ☐ YES ☐ NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

DD Processed none
12 Dec 47 RHP

cdl 11/19/47 Mitchell
 OQMG FORM 345 MILITARY 14 NOV 1946

16-50411-1
 NOV 13

PAGE 1

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
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		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			
<i>Joseph Angelo</i>			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<i>487 No. Warren Ave</i>	<i>Brockton</i>	<i>Plymouth</i>	<i>Mass</i>
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.
<i>Brockton Mass</i>	<i>Brockton mass</i>		<i>Brockton 5356</i>

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
<i>Gatt</i>	<i>Amelia</i>		<i>mother</i>
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<i>86 Dartmouth St</i>	<i>Brockton</i>	<i>Plymouth</i>	<i>Mass</i>

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.

William E Gatt
(SIGNATURE OF NEXT OF KIN)
William E Gatt
(NAME PRINTED OR TYPED)

86 Dartmouth St
(STREET AND NUMBER)
Brockton Mass
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 25 day of October, 1947, at city (or town) of Brockton, county of Plymouth, and State (or Territory or District) of Massachusetts

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

Joseph Angelo
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
NOTARY PUBLIC
October 10, 1952
(OFFICIAL TITLE)

PART II - RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

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

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

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

_____	_____ (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 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

_____	_____ (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.



MEMORIAL DIV.

RECORDS BRANCH

Pvt William E. Gatt, Jr., 31-359 928
 Plot D, Row 3, Grave 41,
 United States Military Cemetery
 St Mere Eglise #2, France

23 September 1947

Mr. William E. Gatt, Sr
 86 Dartmouth Street
 Brockton, Massachusetts

Dear Mr. Gatt:

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.
 EJS

njp

SEP 29 4 28 PM '47
 O. O. M. G.
 MAIL & RECORDS BRANCH

QMGYG 293

Gatt, William E. Jr. 31359928

8 August 1946

Mr. William E. Gatt
86 Dartmouth Street
Brockton, Massachusetts

Dear Mr. Gatt:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private William E. Gatt, Jr., A.S.N. 31 359 928.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Ste. Mere Eglise #2, plot D, row 3, grave 41.

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. LARKIN
Major General
The Quartermaster General

EWZ

bbw

INFORMATION GUIDE FOR OR/L TO NOS

CEMETERY ST. MERE EGLISE #2 PL D ROW 3 GRAVE 41
NAME GATT, Jr., WILLIAM E. RANK Pvt. ASN 31359928

Next of Kin (Relationship) FATHER

Name WILLIAM E. GATT

Street 86 DARTMOUTH ST.

City & State BROCKTON, MASS.

Original Burial ☒ Reburial ☐

DATE 7-31-46 Name of Person Executing Form Roberta Johnson
(First) (Last)

Photo

Yes ☐

No ☐

*file - mat
8 Aug 46
1/100*

CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS TAKEN FROM AG CAS CARD

CEMETERY ST MERE EOLISE #2 PLOT D ROW 3 GRAVE 41

NAME 293 : GATT, WILLIAM E JR

RANK : ---

ASN : 31359928

ORGANIZATION : ---

DATE OF DEATH : ---

PLACE OF DEATH : ---

CAUSE OF DEATH : ---

*

MEMORIAL DIVISION

NOV 20 8 51 AM '46

RECORDS AND
BRANCH

N.S. 6/11/46

(Signature)

NAN
FILE
28 NOV 46
P. W. W.

CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS TAKEN FROM AG CAS CARD *

CEMETERY ST MERE EGLISE #2 PLOT ROW GRAVE 41NAME GATT, WILLIAM E JRRANK ---ASN 31359928ORGANIZATION ---DATE OF DEATH ---PLACE OF DEATH ---CAUSE OF DEATH ---

*

H.S. 6/11/46
(Signature)

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

REPORT OF BURIAL

259

REBURIAL

7207

27 June 1944

Date

FEB 10 1945

TM 10-630 AND AR 30-1815

Gatt

William

EJR

POT

31359928

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

France

6 June 1944

KIA

Place of Death

Date of Death

Cause of Death

1600-27 June 1944

Ste. Mere-Eglise #2

Ste. Mere-Eglise

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

41

3

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?

Previously buried in ^{Temp} 607 Mason Cemetery

What means of identification were buried with the body?

Plot 17 Row 10 Grave 187

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

Who is buried on:

Honko

6844436

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Beginning of Row

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 C

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

REBURIAL FROM "UTAHRED" CEMETARY

Also known as 607 Mason Temp (447904)

Information marked (**) taken from original report of burial dated 10 June 1944.

File
MAR 16 1945
Abraham

Signature of Officer or other person reporting burial

Verified by G.R.S. 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:

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.:

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.

TOOTH CHART

Deceased's Right														Deceased's Left															
Upper							Lower							Upper							Lower								
8	7	6	5	4	3	2	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	2	3	4	5	6	7	8
Indicate: missing natural teeth by × ; crowns by ○ ; fillings by □ ; Bridges by ◊ linking anchor teeth ; replacements by artificial teeth ×																													

Characteristics:

Other Data:

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)**RESTRICTED 7207**
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

10 June 1944
Date

SEP 25 1944

Gatt

William

E

JR

PVT

31359928

977

Last Name

First

Initial

Rank

Serial No.

No Info

Unit

531 Eng Reg Sh

No Info

Organization

Carentan Peninsula, France

Place of Death

8 June 1944

Date of Death

K.I.A.

Cause of Death

2000

9 June 1944

Time and Date of Burial

607 Macon Temp

Name of Cemetery

Name or Coordinates of Location

447 964

187

Grave Number

10

Row Number

Plot Number

Temp

Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:

Jd. Henko

Name

6844436

Serial No.

No Info

Rank

U.S. ARMY

Organization

188

Grave No.

Deceased's Left:

B. BERNHARDT. No Info

Name

Serial No.

No Info

Rank

U.S. N

Organization

186

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:

1 Pocket Knife
1 Lighter
1 Insignia
1 Wallet
Pictures
200 Francs

File
OCT 24 1944
ST

Signature of Officer or other person reporting burial

NEAL F. RAKER

1st Lt. QMC

Verified by Graves Registration Officer

2nd Lt. 98

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																	
Upper							Lower							Upper							Lower										
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
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 ×; crowns by ○; 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 Pocket Knife
1 Lighter
1 Insigntia
1 Wallet
Pictures
200 Francs

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

DATE 2 July 1944

Final +

BY ORDER OF THE SECRETARY OF WAR:

11 JUL 1944 FILE

m.s.R.
ADJUTANT GENERAL

ADJUTANT GENERAL

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

—BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
GATT WILLIAM E JR		31359928	PVT	CE	ETO
PLACE OF CASUALTY	DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
	DAY	MONTH	YEAR		
FRANCE	06	JUN	44	KIA	104

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
MRS	AMELIA		GATT	MOTHER
NO. AND NAME OF STREET		CITY	COUNTY	STATE
86 BARTMOUTH STREET		BROCKTON		MASSACHUSETTS

REMARKS:

☐ CORRECTED COPY

27 JUNE 1944 ELB

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	
REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY _____ REVIEWED BY _____					

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

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.S.C.																									
ACCT. AREA		CASUALTY STATUS			ORIGINAL CAS. DATE			MESSAGE NO.		LATEST CAS. DATE			REFERENCE AREA		CREW POS.	RESIDENCE					COMP	RACE			
					DAY	MO.	YR.			DAY	MO.	YR.				STATE	COUNTY								
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

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<input type="checkbox"/>	ASST. CHIEF OF STAFF, G-1
<input type="checkbox"/>	BUREAU OF PUBLIC RELATIONS
<input type="checkbox"/>	CASUALTY PAY RECORDS BR., O.F.D.
<input type="checkbox"/>	CHIEF OF ARM OR SERV. CONCERNED
<input type="checkbox"/>	CHIEF OF STAFF
<input type="checkbox"/>	CHRONOLOGICAL UNIT, CAS. BR.
<input type="checkbox"/>	CHIEF, P.O.W. BR., M.I.S., W.D.G.S.

<input type="checkbox"/>	CHIEF, WAR BOND DIVISION
<input type="checkbox"/>	CHIEF, WAR BOND OFFICE
<input type="checkbox"/>	C.G., ARMY GROUND FORCES
<input type="checkbox"/>	C.G. 1st SERVICE COMMAND
<input type="checkbox"/>	DIR. OF SPECIAL SERVICES DIV.
<input type="checkbox"/>	DIRECTOR, W.A.C.
<input type="checkbox"/>	ENLISTED BRANCH, A.G.O.
<input type="checkbox"/>	FINANCE OFFICER, U. S. ARMY, WASH., D.C.
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<input type="checkbox"/>	OFFICE OF DEPENDENCY BENEFITS

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<input type="checkbox"/>	P.O.W. INFO. BUREAU, O.P.M.G.
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<input type="checkbox"/>	SURGEON GENERAL
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<input type="checkbox"/>	U.S. EMPLOYEE'S COMPENS. COMM.
<input type="checkbox"/>	WAR SHIPPING ADMINISTRATION
<input type="checkbox"/>	WILLS UNIT, CASUALTY BRANCH

5 JUL 1944 FILE

DIB

88

Rm

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

HK/pr1 4635

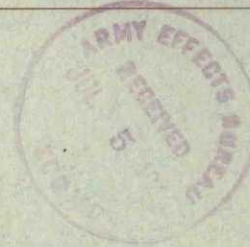
101428

REPORT OF DEATH

DATE 2 July 1944

NAME Gatt, William E Jr		ARMY SERIAL NUMBER 31 359 928	GRADE PVT			
HOME ADDRESS Brockton, Massachusetts		ARM OR SERVICE Corps of Engineers	DATE OF BIRTH 28 Mar 1925			
PLACE OF DEATH France	CAUSE OF DEATH Killed in action		DATE OF DEATH 6 Jun 1944			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 3 Jun 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 0 3			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs Amelia Gatt (mother) 86 Dartmouth St., Brockton, Mass.						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs Amelia Gatt (mother) 86 Dartmouth St., Brockton, Mass. Mr William E Gatt (father) 86 Dartmouth St., Brockton, Mass.						
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	X		X	

ADDITIONAL DATA AND/OR STATEMENT



Battle

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S. G. O.	F. B. I.	F. O. U. S. A., WASH., D. C.
G. A. O.	VET. ADMIN.	ARMY EFFECTS BUREAU
Q. M. G.	OFF. FIS. DIR.	

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn

ADJUTANT GENERAL

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

BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
GATT WILLIAM E JR		31359928		PVT	CE	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
	DAY	MONTH	YEAR			
FRANCE	06	JUN	44		KIA	104

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
MRS	AMELIA		GATT	MOTHER
NO. AND NAME OF STREET		CITY	COUNTY	STATE
86 BARTMOUTH STREET		BROCKTON		MASSACHUSETTS

REMARKS:

☐ CORRECTED COPY

27 JUNE 1944 ELB



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		
REPORT NOT VERIFIED					NO FORM 43	NO CAS. BR. FILE
					CHECKED BY	REVIEWED BY

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

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH																									
ACCT. AREA		CASUALTY STATUS			ORIGINAL CAS. DATE			MESSAGE NO.			LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE						
					DAY	MO.	YR.				DAY	MO.	YR.			STATE	COUNTY								
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

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<input type="checkbox"/>	CHIEF OF ARM OR SERV. CONCERNED
<input type="checkbox"/>	CHIEF OF STAFF
<input type="checkbox"/>	CHRONOLOGICAL UNIT, CAS. BR.
<input type="checkbox"/>	CHIEF, P.O.W. BR., M.I.S., W.D.G.S.

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<input type="checkbox"/>	CHIEF, WAR BOND OFFICE
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<input type="checkbox"/>	OFFICE OF DEPENDENCY BENEFITS

<input type="checkbox"/>	OFFICERS BRANCH, A.G.O.
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<input type="checkbox"/>	SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G.
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<input type="checkbox"/>	SURGEON GENERAL
<input type="checkbox"/>	THE ADJUTANT GENERAL
<input type="checkbox"/>	U.S. EMPLOYEE'S COMPENS. COMM.
<input type="checkbox"/>	WAR SHIPPING ADMINISTRATION
<input type="checkbox"/>	WILLS UNIT, CASUALTY BRANCH

Overseas inventory indicates property prepared for shipment to this Bureau. However, due to length of time involved, property presumably lost in transit, or shipped direct to the next of kin.

for *Kathryn H. DeLoach*
H. G. CALDWELL
Effects Quartermaster

INVENTORY OF EFFECTS

(See AR 600-550)

GATT WILLIAM E., JR. 31359928
(Last name) (First name) (Middle initial) (Army serial number)late a Pvt. Co. "C", 531st ESR
(Grade) (Organization or arm or service)

who died on the 6th 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	Photograph, Studio	
1	Razor	
1	Fountain Pen	
1	Rosary	
	Souvenir Coins	
1	Menthol Stick	
1	Sewing Kit	
	Correspondence	
1	Steel Mirror	

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

CLASS II—Other effects

NUMBER	ARTICLES

CLASS II—Continued

NUMBER	ARTICLES
I	CASH ON HAND
I	BANK OF AMERICA
I	WELLS FARGO
I	CHASE NATIONAL
I	MERCHANTS TRUST
I	FIDELITY UNION
I	AMERICAN SAVINGS
I	INDIAN NATIONAL
I	MANHATTAN
I	TRUST COMPANY
I	RECEIPTS FROM CUSTOMERS
I	PAYROLL
I	TAXES
I	INSURANCE PREMIUMS
I	INTEREST RECEIVABLE
I	DIVIDENDS RECEIVABLE
I	DEBTS TO OTHER COMPANIES
I	EQUITY INVESTMENTS
I	PROPERTY
I	GOODWILL
I	PAID UP CAPITAL
I	RESERVE FOR DEPRECIATION
I	RETAINED EARNINGS
I	STOCKS
I	BONDS
I	LOANS
I	RENTALS
I	COMMISSIONS
I	ADVERTISING EXPENSES
I	OFFICE SUPPLIES
I	TRAVEL EXPENSES
I	TELEPHONE EXPENSES
I	POSTAGE EXPENSES
I	UTILITIES
I	REPAIRS AND MAINTENANCE
I	SALARIES AND WAGES
I	EMPLOYER'S CONTRIBUTION
I	PROFIT SHARING PLAN
I	DEFERRED COMPENSATION
I	NON-EXECUTIVE STOCK OPTION PLAN
I	401(K) PLAN
I	408(a)(6) IRAs
I	IRAs
I	ROTH IRAs
I	CHARITABLE CONTRIBUTIONS
I	NET LOSS
I	NET INCOME
I	NET ASSETS
I	NET LIABILITIES
I	NET EQUITY
I	NET DEFICIT
I	NET SURPLUS
I	NET POSITION
I	NET RESULT
I	NET EFFECT
I	NET IMPACT
I	NET CONSEQUENCE
I	NET OUTCOME
I	NET GAIN
I	NET LOSS
I	NET PROFIT
I	NET REVENUE
I	NET SALES
I	NET OPERATING INCOME
I	NET NON-OPERATING INCOME
I	NET PRETAX INCOME
I	NET TAX INCOME
I	NET AFTER-TAX INCOME
I	NET AVAILABLE CASH
I	NET FREE CASH
I	NET DISPOSABLE CASH
I	NET EXCESS CASH
I	NET SURPLUS CASH
I	NET RESERVE CASH
I	NET HOLDING CASH
I	NET INVESTMENT CASH
I	NET FINANCING CASH
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I	NET FINANCING CASH
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I	NET AFTER-TAX CASH
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I	NET AFTER-TAX CASH
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I	NET EXCESS CASH
I	NET SURPLUS CASH
I	NET RESERVE CASH
I	NET HOLDING CASH
I	NET INVESTMENT CASH
I	NET FINANCING CASH
I	NET OPERATING CASH
I	NET NON-OPERATING CASH
I	NET PRETAX CASH
I	NET TAX CASH
I	NET AFTER-TAX CASH
I	NET AVAILABLE CASH

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 to EFFECTS, QM, ETOUSA, APO 887

(Give name and degree of relationship; if legal representative

US ARMY

or beneficiary named by the deceased, so state)

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

LOUIS S. HOCHMAN

2nd Lt., 531st Engr. Shore Regt.,

Ass't Adj. 1st Bn

APO 230, % PM, NY, NY

(Station)

15 June 1944

(Date)

*Strike out words not applicable.

*Duplicate***INVENTORY OF EFFECTS.**

(See AR 600-550) ✓

GATT WILLIAM E., JR. 31359928

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

late a Pvt. Co. "C", 531st Engr Sh Regt

(Grade)

(Organization or arm or service)

who died on the 6th 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	Photograph, Studio	
1	Razor	
1	Fountain Pen	
1	Rosary	
	Souvenir Coins	
1	Menthol Stick	
1	Sewing Kit	
	Correspondence	
1	Steel Mirror	

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

CLASS II—Other effects

NUMBER	ARTICLES

CLASS II—Continued

Money {	Specie...	\$.....
	Notes ...	\$.....

to EFFECTS ON PROUSA, APO 887
(Give name and degree of relationship; if legal representative)

US ARMY
or beneficiary named by the deceased, so state)

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

Edgar C Pearce

EDGAR C. PEARA,
1st Lt., 531st Engr. Shore Regt.,

Adjutant 1st Bn.

APC 230, 8 PM, NY, NY.
(Station)

(Station)

3/ 15 June, 1944
(Date)

(Date)

*Strike out words not applicable.

101428

✓S

d



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

IN REPLY REFER TO 101428-S

JRM:JS:cc
November 23, 1944

Mr. William E. Gatt
86 Dartmouth Street
Brockton, Massachusetts

Dear Mr. Gatt:

The Army Effects Bureau has received from overseas some personal effects of your son, Private William E. Gatt, Jr. The inclosed identification card was included among his effects.

There also is inclosed check for \$4.03, 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.

Regrettably, a wallet and knife included among his effects were received at this Bureau in a damaged condition. However, it is felt you would wish to receive these items regardless of their condition.

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

Yours very truly,

A. L. SMITH
Administrative Assistant
Army Effects Bureau

2 Incls—
Check
Identification Card

ROUTING

1. Accounting Branch
2. Aileen Smith
3. _____
4. _____

Attach following item(s) from
Office Safe: -

Case No. 101428-S cc

Attach Bureau Check:

Account No. 44713 Amount \$4.03 *ew*

Account No. _____ Amount _____

Payable to

Mr. William E. Gatt
86 Dartmouth Street
Brockton, Massachusetts

M. Turner
(Correspondent)

Check No. 35289

Initials emh

44713

101428

November 25 44

William E. Gatt

4.03 ✓

Four and 03/100

Major Q.M.C.
Asst.

INVENTORY

ML:mem
Eff QM Form IIa

SEP 14 1949

24

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENTSumpter:cc
November 23, 1944

Ship to:

Effects of:

Name

Pvt. William E. Gatt, Jr.

Mr. William E. Gatt

ASN

31359928

86 Dartmouth Street

Case No.

101428-D

Brockton, Massachusetts

Wt.

FRANKED

Ship Via

G B/L No.

Date

Marjorie Turner
For the Effects Quartermaster

PACKAGES SHIPPED

TOTAL

WT.

Franked

Est. Exp. Chgs.

Est. Frt. Chgs.

Date Shipped

NOV 27 1944

REMARKS:

NOV 28 1944

Eff QM Form 14 (19 Aug 44)

(Shipping Clerk)

Sheet 1 of 1 Sheet
 Box No.

 ARMY EFFECTS BUREAU
 INVENTORY

 Pal 26
 Reg 22

 Deceased X
 Missing
 P.O.W.
 Abandoned

SHOWN ON TALLY-IN AS

William E. GattORIGINAL NO. OF PKGS. TALLY-IN NO. 5486INVENTORY DATE 11-8-44CASE NO. 101,428EFFECTS OF William E. GattRANK PvtA.S.N. 31359928ORG.

PACKAGE DESCRIPTION:

1 Package

ARTICLE DESCRIPTION

1 Cigarette lighter1 Shoulder Patch* 1 Wallet (no money)Photos + Personal Papers** 1 KnifeREMARKS: Home address86 Dartmouth St
Brockton mass.No correspondenceCAT. Mrs Amelia Gatt86 Dartmouth St
Brockton mass* damaged by waterSTORAGE ** rusty
SPACE shortage on reverseInventoried by LibbySAFE STORAGE VAULT STORAGE Packed by L. Lili

ATTACHMENTS:

Inventory of Effects1 Gr label1 Ident. card

NO CORRESPONDENCE

SHORTAGE ON REVERSE

G. I. ON REVERSE

WEIGHT
SHIPPED

NOV 27 1944

NOV 14 1944

Shortage
 200 Francs
 money turn in to
 R. J. Collier Capt. 7d.
 Sym. 211-901 - 9 July 1944 Recd - this

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

Kirby

Inventory Clerk

Supervising Officer

INVENTORY OF EFFECTS
(see AR 600-550)

Gatt William E 31359928
(Last name) (First name) (middle initial) (Army serial #)

late a PVT No Info
(Grade) (Organization or arm or service)

who died on the 8 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 Lighter ✓	
	1 Insignia ✓	
	1 Wallet ✓	
	Pictures ✓	

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

CLASS II -- Other effects

Number	Articles
	1 Pocket Knife ✓
	200 Francs ○

W.D., A.C.O. Form No. 54

July 1, 1933

Money turn into
R.J. Collie, Capt, 2nd
Sgt 211901
9 July 1944

file
plm

CLASS II -- Continued

[illegible]

NEAL F. RAKER
1st Lt. QMC
Graves Registration Officer

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

to

(Give name and degree of relationship; if legal representative)

representative or beneficiary named by the decedent, so state)

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

(Station)

(Date)

19

*Strike out words not applicable.

Serial No. 31359928 Name WILLIAM E GATT JR
Grade _____ Rank PRIVATE
Organization U.S. ARMY
Address _____
Nearest Relative MRS AMELIA GATT
Address 86 DARTMOUTH ST. BROCKTON, MASS
Killed in Action ☒ Died of Disease _____
Date 8 JUNE 1944 Hospital _____
Battle Area FRANCE Information _____
Place of Burial 607 MAISON TEMP CEM. CARENTAN FR. FRANCE
Point of Coordination 447964
Description of Body _____

Members Missing _____

Signed

Alfred Guskay

101428

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU		STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY				DECEASED
	G. R. OR SUB GR LABEL				MISSING
	WILL OR POWER OF ATTY.				P. O. W.
	TALLY IN FORM 43				ABANDONED
					UNKNOWN
	BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS		
	BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL		
	BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL		
	BOOKS	BRUSHES	PEN, FOUNTAIN		
	BRACELET, IDENT.	CASE	PHOTOS		
	CAMERAS	CLOTH, WASH	PIPES		
	CLOTHING	COATS	RINGS		
	MISC. ARTICLES	FOOTLOCKER	SCARFS		
	RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS		
	RIBBONS, DECORATION	GLASSES	SOCKS, PR.		
	SHORT SNORTER	GLOVES, PR.	STATIONERY		
	SOUVENIR MONEY	HANDKERCHIEFS	TIES		
	SOUVENIRS	HEADWEAR	TOBACCO		
	TESTAMENTS	JACKETS	TOILET ARTICLES		
	TOWELS & WASHCLOTHS	KITS	TOWELS		
	U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.		
	WATCH	LETTERS	TRUNKS, PR.		
	WINGS	LIGHTERS	UNDERWEAR		
CONTAINERS ADDRESSED TO		INFORMATION			
none		mother Mrs. Amelia Gatt 86 Dartmouth St. Brockton, Mass			
NAME AND STATUS VARIATIONS		(Ste Mere Eglise 2-D-3-41)			

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER			TRANSMIT ORIGINAL
BOND		SYMBOL	ORIG. REG. MAIL
TRAV. CHECK		AMOUNT	TO G. A. O.
FOREIGN CURRENCY			MUTILATED
U. S. CURRENCY			TO ISSUING AGENCY
DATE			
BANK OR PLACE OF ISSUE			
PAYEE			
REMITTER OR DRAWER			
TALLY NO.		ORIG. NO. OF PKGS.	EXAMINING DATE
4045			4 Sept 49
NAME		BOX NO.	SHEET
WILLIAM E GATT JR			OF SHEETS
ORGANIZATION		A. S. N.	
		31359928	
		RANK	CASE NO.
		PVT	
WAREHOUSE SPACE		EXAMINED BY	
		murdy	
PACKAGE DESCRIPTION		PACKED BY	
WEIGHT		INSPECTED BY	
		jm	
		STORED BY	
		DIARY REMOVED	
		PHOTO FILM REMOVED	
		MOTION PICTURE FILM REMOVED	
		SHIPPED	
		DATE	
		BY WHOM	

ADDITIONAL REMARKS

[illegible]

SHORTAGES

[illegible][illegible]

Gatt, William E., Jr. Pvt 31359928

BAY	PALLET	BOX	TALLY
			9045

TYPE PH
G/Env.

9-7-49
APO 58

GATT, William E., Jr., Pk., 3135 9928
Ste Mere Eglise 2. D-3-41

ND, AGO Form No 28

CEMETERY: STE MERE EGLISE 2
D-3-41

RESTRICTED

SUBJECT: Inventory of Personal Effects of:

Date _____

GATT,	William	E. Jr., Pvt.,	31359928
(Last Name)	(First Name)	(II) (Rank)	(ASN)

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

The above individual of _____

(Unit)

(Organization)

was reported _____

about _____

194

(Deceased, Missing, etc.)

Designated beneficiary if information readily accessible:

NAME: _____

ADDRESS _____

INVENTORY OF EFFECTS

WD., AGO Form No. 28

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

Forwarded to Personal Effects Depot

Money if the amount of _____ has been exchanged
(here identify currency)

for U.S. Treasury check No. _____ amounting to \$ _____

Known bank account in European Theater: _____

(list name of bank account No)

I certify that the above items constitute all effects secured by me belonging to the above named individual and that they were forwarded to the Army Effects Bureau Kansas City, Missouri,

on _____ 194 through _____

(forwarding agency)

Signed: _____

JOSEPH F. GEOGHEGAN

1st Lt OMC

Depot Quartermaster

(Name)

(Rank & ASN)

(Organization)

(List any additional information on reverse side)

AG ETO Form No. 26 Rev.

RESTRICTED