

9 May 1949

Pfc James G. Campas, ASN 12 130 524
Plot G, Row 3, Grave 38
Headstone: Cross
St. Laurent (France) U. S. Military Cemetery

Mr. George J. Campas
128 Highland Avenue
Tonawanda, New York

Dear Mr. Campas:

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

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

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

Sincerely yours,

H. FELDMAN
Major General
The Quartermaster General

fat

Interred 12 February 1949

G-3-38 USMC, ... Laurent

DISINTERMENT DIRECTIVE

C.H. HIEMSTRA
1/Lt Inf, interring OfficerSECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3508 00710

DATE

15 01 48
DAY MONTH YEAR

NAME

293
CAMPAS JAMES G

SERIAL NUMBER

12130524

RANK

PFC

ARM

1

DATE OF DEATH

DAY MONTH YEAR

DISPOSITION OF REMAINS

1 3505 80
CODE DIST. PT.

CEMETERY

BLOSVILLE = CARENTAN

PLOT

I

ROW

7

GRAVE

134

COUNTRY

FRANCE

CAUSE OF DEATH

4

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

SAINT LAURENT, FRANCE

NAME AND ADDRESS OF NEXT OF KIN

GEORGE J. CAMPAS (FATHER)

128 HIGHLAND AVENUE

TONAWANDA, NEW YORK

Flag sent

7 MAR 1949

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

JAMES G CAMPAS

SERIAL NUMBER

12130524

RANK

UTD

DATE OF DEATH

UNK.

DATE DISTINTERRED

16 Dec. 1947

IDENTIFICATION TAG ON

ORGANIZATION

☒ REMAINS☒ MARKER

USAGF

RELIGION

Prot.

IDENTIFICATION VERIFIED BY

JOHN H. CLARK, 2nd Lt
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Uniform

CONDITION OF REMAINS

Advanced decomposition

OTHER MEANS OF IDENTIFICATION

Waistband of trousers - C-0524

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 10 February 1948

BY

H. F. Pergande

CASKET SEALED BY

H. F. Pergande

EMBALMER (Signature)

H. F. Pergande

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 10/2/48 BY H. B. Ryder Jr.

Clk. Recorder

JOHN PALYOK JR., 1st Lt. FA

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

JOHN PALYOK JR., 1st Lt. FA

SIGNATURE OF GRS INSPECTOR

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

FINAL LETTER SENT

9 MAY 1949

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blossville		TO Casketing Point "A" Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt. R. Spach	
SIGNATURE OF SHIPPER <i>W.T. Dailey</i> W.T. Dailey, Capt. QMC	DATE 5/2/48	SIGNATURE OF RECEIVER <i>E.N. Ciampo</i> E.N. Ciampo, 1st Lt. FA	DATE 5/2/48

2. SHIPPED

FROM Casketing Point "A", Cherbourg		TO Casketing Point "B" St. Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pfc. C. Lee	
SIGNATURE OF SHIPPER <i>E.N. Ciampo</i> E.N. Ciampo, 1st Lt. FA	DATE 26/2/48	SIGNATURE OF RECEIVER <i>D. MacKenzie</i> D. MacKenzie, Capt. Inf.	DATE 26/2/48

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER GEORGE J. CUMBY (LAINER)	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	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

IDENTIFICATION SECTION
MEMORIAL DIVISION

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL			ARMY SERIAL NUMBER		GRADE
CAMPAS JAMES G			12130524		PFC
HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR	SHOE SIZE	DATE OF DEATH
5' 4 1/2"	134	BROWN	BROWN	8D	JUNE 6, 1944
LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation)					
HQ. CO. 1ST BN. 506TH PRCT. INF					
PLACE OF DEATH OR PLACE LAST SEEN IF MIA					
KILLED IN ACTION SOMEWHERE IN FRANCE					
LIST ALL CAMPS IN WHICH STATIONED IN U.S. PRIOR TO SERVICE OVERSEAS, WITH INCLUSIVE DATES AT EACH.					

STATION	DATES
FT. NIAGARA - NEW YORK	8-1-42 TO 8-12-42
CAMP TOOMBS - GA.	8-14-42 TO NOT OF REC

FROM: WD, AGO CLINICAL RECORDS BRANCH
NO RECORDS ON FILE

FRACTURES AND/OR BREAKS	TATTOOS AND/OR BIRTH MARKS
NOT OF REC	NOT OF REC.

DENTAL CHART

July 29, 1942

X 7 6 5 4 3 2 1

1 2 3 4 5 6 7 X

UPPER RIGHT

UPPER LEFT

X 15 14 13 12 11 10 9

9 10 11 12 13 14 15 X

LOWER RIGHT

LOWER LEFT

X - EXTRACTED

O - CARIOUS

/ - CARIOUS NON-RESTORABLE

CAN S JAN S G.

121 524

✓

To Clinical Records Branch

For disposition

The records show medical treatment as follows:

Hospital

From

To

Register Number

STATE HOSPITAL

FORT BENNING, GA. 12-1-42

12-23-42

155543

Walter Kipson

9-5-46

D.P.R.B.

Clerk

Date

Branch

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc. James G. Campos, 12 130 524
 Plot 1, Row 7, Grave 134,
 United States Military Cemetery
 Noville, France

16 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, George J. Campos
 (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. St. Laurent France
- ☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

- ☐ 3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A

PRIVATE CEMETERY LOCATED AT _____

(LOCATION OF CEMETERY SELECTED)

- ☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

☐ YES☐ NO

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

None

Coded
5 Jan 48
W. Baker

17 FEB 1948

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

DEC 4

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with you 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			
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
Campas	FRANCES	N. M. I.	Mother
128 Highland Ave	N. Tonawanda	ERIE	New York

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.

George J. Campas
(SIGNATURE OF NEXT OF KIN)
 GEORGE J. CAMPAS
(NAME PRINTED OR TYPED)

128 Highland Ave.
(STREET AND NUMBER)
Tonawanda N.Y.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 31st day of October, 1947 at city (or town) of N. Tonawanda, county of Niagara, and State (or Territory or District) of New York

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

Maxine E. Craker
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public
(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 DECEDENT
(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 DECEDENT. THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

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

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

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

PART III

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

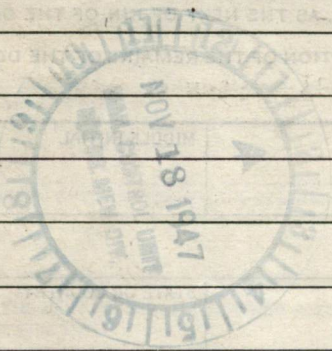
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

If on Form 1041, other than as shown, the information entered here will be considered as part of the Notarial Attestation.



Pfc. James G. Campas, 12 130 524
Plot I, Row 7, Grave 134,
United States Military Cemetery
Hosville, France

16 September 1947

Mr. George J. Campas
128 Highland Avenue
Tonawanda, New York

Dear Mr. Campas:

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

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

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

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

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls. 8
SEP 24 11
D. O. M. & RECORDS
MAIL & RECORDS
26

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

In Reply Refer To

QMCMR 314.6

T/O

European

CRS

US miss

18 November 1946

SUBJECT: Burial Records

TO:

Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Request the burial reports and grave markers for the following
decedents be changed to read as underscored:

Cemetery: U. S. Military Cemetery Bloisville, France.

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	ORGAN.	PLOT	ROW	GRAVE
293 <u>Campas</u> Campas, James G.	<u>Pfc</u>	12 130 524	<u>6 June 44</u>	-	I	7	134
Cacciatore, John S.	Pfc	38 103 694	<u>2 July 44</u>	<u>Co G</u> <u>358 Inf Reg</u> <u>90 Inf Div</u>	G	3	48
Cross, Thomas G.	<u>Sgt</u>	37 191 385	<u>10 Jun 44</u>	<u>Hq & Hq Co L</u> <u>508 Frecht Inf</u> <u>82 ARVN Div</u>	L	10	193

2. The records of this office have been reverified with the records
of The Adjutant General, War Department, and have been found to be correct
as indicated above.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

rwk

VD

REPatriation RECORDS BRANCH

DATE 8 Nov 1946

NAME CAMPAS JAMES G. P.F.C.

SERIAL NO 12130524

CEMETERY BLOSVILLE, FRANCE

PLOT I

ROW 7

GRAVE 134

LETTER FIELD

Correct Records to Read

Rank

Date of Death 6, June 1944

B. Cheseldine
SPECIAL CHECKER

File
18 Nov 46
J. Dougherty
NA7

SPQYG 293
Campas, James G.
SN 12 130 524

6 April 1946

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

Mrs. Frances Campas
128 Highland Avenue
Tonawanda, New York

Dear Mrs. Campas:

Reference is made to letter from this office dated 20 November, 1944 concerning your son, the late Private First Class, James G. Campas.

The official report of burial shows that the remains of your son were originally interred in the United States Military Cemetery, Hiesville, France, but were later disinterred and moved to a more suitable site where constant care of the grave can be assured by our Forces in the field.

The report of burial further discloses that the remains of your son are now interred in Plot I, Row 7, Grave 134, in the United States Military Cemetery, Bloisville, France, located twenty miles northwest of St. Lo, twenty four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WM. B. CHRISTENSEN
1st Lieut., QMC
Assistant

WBC

APR 9 1 04 PM '46
Q. Q. M. C.
MAIL & RECORDS BRANCH

pdj

APR 10 11 43 AM '46
RECORDS BRANCH

SPQYG 293

Campas, James G. - Pfc.

ASN 12 130 524

Address Reply to THE
QUARTERMASTER GENERAL.

20 November 1944.

Mrs. Frances Campas,
128 Highland Avenue,
Tonawanda, New York.

Dear Mrs. Campas:

Your letter of 16 October 1944 has been forwarded to this office for necessary action in connection with the return of the remains and the burial of your son, the late Private First Class James G. Campas.

You may be assured, that a notation has been made on the official records of this office that it is your desire to have the remains of your son returned to the United States for final interment, if possible, after the war. All expenses incident to the preparation and shipment of the remains to the place thus designated by the legal next of kin will be borne by the Government.

Information submitted to this office reveals that the remains of your son were interred as one of our honored dead in a respectful and reverent manner. The cemetery is known as the United States Military Cemetery, Hiersville, France. The remains are in Grave 18, of Row 2, Plot A. An Army Chaplain conducted an appropriate ceremony at the grave and a temporary marker with a fitting inscription thereon has been erected. The cemetery is under the immediate supervision of our military authorities.

May I extend to you my deepest sympathy in the loss of your son.

For The Quartermaster General:

Sincerely yours,

MAYO A. DARLING,
Lt. Colonel, Q.M.C.
Assistant.

MEMORIAL DIVISION

NOV 21 9 36 AM '44

GRAVES REGISTRATION SECTION

CCP

cbj

NOV 21 1944
O.D.M.C.
MAIL & RECORDS BRANCH

128 Highland Avenue,
Tonawanda, New York.

October 16, 1944

Quartermaster General, ASF,
Washington, D. C.

Dear Sir:

I am writing you to obtain details concerning the place of burial, of my son James G. Campas, serial #12130524, who was killed in Normany, France last June 6th.

Any information you can give me will be greatly appreciated.

Is it possible to have the body returned to this country, at my expense, prior to the end of the war?

Yours very truly,

Francis Campas

RECEIVED
OCT 18 9 51 AM '44
MEMORIAL DIVISION

293 Campas, James G.

Reburial

PORT OF BURIAL

TM 10-630 AND AR 30-1815

Reburial

4 July 1944

Date

Campas, James G

Last Name

First

Initial

Rank

Serial No.

Unknown

Unit

506 Para Inf Regt

101st Airborne

Organization

France

Place of Death

Unknown

Date of Death

6 June 44

Cause of Death

KIA

22

Reburial 1000 4 July 1944

Time and Date of Burial

Blossville

Name of Cemetery

France

Name or Coordinates of Location

134

Grave Number

7

Row Number

I

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?

Reinterred from Hiesville Cemetery.

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:

Sagalowitz, Nat

Name

32507497

Serial No.

Rank

Unknown

Organization

135

Grave No.

Deceased's Left:

Perkins, Warren W.

Name

16073039

Serial No.

Rank

101st Airborne

Organization

133

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

Unknown

Name

Address

Religion P

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

None

Previously buried in Hiesville Cemetery

Plot A Row 2 Grave 18

Signature of Officer or other person reporting burial

H.A. Chandler 2nd Lt. QMC.

IF DECEASED UNIDENT D

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.:

Left Hand

4
3
2
1
Thumb

4
3
2
1
Thumb

Right Hand

TOOTH CHART

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

Indicate: missing natural teeth by ×; crowns by ○; fillings by □; Bridges by ⊙ linking anchor teeth; replacements by artificial teeth $\overline{\times}$

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.

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

SEP 2

44 7048

Date

Campas

James

G.

PFC

12130524

420

Last Name

First

Initial

Rank

Serial No.

Hq. 1st Battalion, 506th Parachute Infantry Regiment, 101st Airborne Division

Unit

Organization

France

6 June 44

KIA

Place of Death

Date of Death

Cause of Death

2100, 8 June 1944

Hiesville

388928

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

18

2

A

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Curlee, Dave E.

19

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Halstead, Clifford M.

17

Deceased's Left:

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:

1440 francs (withdrawn)

1 Wallet

17 photos

1 Ring

1 Picture Case

Signature of Officer or other person reporting burial
R. O. LINKER, Capt., QMC, DGRSO

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.:

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 ×; crowns by ○; fillings by □; Bridges by ⊖ linking anchor teeth; replacements by artificial teeth ×

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.

(unidentified) name: OWA
 Jelle I
 W. J. J.
 I. J.
 I. J.

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 28 June 1944
MBB/pmr/4627

FULL NAME <u>24th Campas, James G.</u>				ARMY SERIAL NUMBER <u>12 130 524</u>		GRADE <u>PFC</u>							
HOME ADDRESS <u>Tonawanda, New York</u>				ARM OR SERVICE <u>Infantry</u>		DATE OF BIRTH <u>7 Apr 24</u>							
PLACE OF DEATH <u>France</u>			CAUSE OF DEATH <u>Killed In Action</u>			DATE OF DEATH <u>6 Jun 44</u>							
STATION OF DECEASED <u>European Area</u>				DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>1 Aug 42</u>		LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">YEARS</td> <td style="text-align: center;">MONTHS</td> <td style="text-align: center;">DAYS</td> </tr> <tr> <td style="text-align: center;"><u>1</u></td> <td style="text-align: center;"><u>10</u></td> <td style="text-align: center;"><u>6</u></td> </tr> </table>		YEARS	MONTHS	DAYS	<u>1</u>	<u>10</u>	<u>6</u>
YEARS	MONTHS	DAYS											
<u>1</u>	<u>10</u>	<u>6</u>											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mr. George J. Campas, father, 128 Highland Ave., Tonawanda, N. Y.</u>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Frances Campas, mother, address shown above.</u> <u>George J. Campas, father, address shown above.</u>													
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
<u>X</u>		<u>X</u>		<u>X</u>		<u>X</u>						<u>X</u>	

ADDITIONAL DATA AND/OR STATEMENT

*Jump Status.

Battle

COPIES FURNISHED:

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:

James W. Reinhart

ADJUTANT GENERAL

10 JUL 1944 FILE

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

-BATTLE CASUALTY REPORT

NAME CAMPAS JAMES G	SERIAL NUMBER 12130524	GRADE PFC	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE	DATE OF CASUALTY DAY: 06 MONTH: JUN YEAR: 44	FLYING OR JUMPING STAT J	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	FIRST NAME MR GEORGE J CAMPAS	MIDDLE INITIAL	LAST NAME	RELATIONSHIP FATHER
NO. AND NAME OF STREET 128 HIGHLAND AVENUE		CITY TONAWANDA NEW YORK	COUNTY	STATE

REMARKS:

☐ CORRECTED COPY

22 JUN 44 JAT

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED June 14 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.

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

DISTRIBUTION

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<input type="checkbox"/>	AMERICAN RED CROSS
<input type="checkbox"/>	ARMY EFFECTS BUREAU
<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. 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.
<input type="checkbox"/>	MACHINE RECORDS BRANCH, A.G.O.
<input type="checkbox"/>	OFFICE OF DEPENDENCY BENEFITS

<input type="checkbox"/>	OFFICERS BRANCH, A.G.O.
<input type="checkbox"/>	P.O.W. INFO. BUREAU, O.P.M.G.
<input type="checkbox"/>	SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G.
<input type="checkbox"/>	SOCIAL SECURITY BOARD
<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

1 JUL 1944 FILE

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

152067

REPORT OF DEATH

28 June 1944
DATE MBB/pmr/4627

NAME <u>Campas, James G.</u>		ARMY SERIAL NUMBER 12 130 524	GRADE PFC
HOME ADDRESS Tonawanda, New York		ARM OR SERVICE Infantry	DATE OF BIRTH 7 Apr 24
PLACE OF DEATH France	CAUSE OF DEATH Killed In Action		DATE OF DEATH 6 Jun 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 1 Aug 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 10 6
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. George J. Campas, father, 128 Highland Ave., Tonawanda, N. Y.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Frances Campas, mother, address shown above. George J. Campas, father, address shown above.			
INVESTIGATION MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IN LINE OF DUTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OWN MISCONDUCT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WAS DECEASED ON DUTY STATUS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
AUTHORIZED ABSENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		IN FLYING PAY STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER PAY STATUS (SPECIFY BELOW) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL DATA AND/OR STATEMENT

*Jump Status.



Battle

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

BY ORDER OF THE SECRETARY OF WAR:

James W. Reinhart

ADJUTANT GENERAL

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

—BATTLE CASUALTY REPORT

NAME CAMPAS JAMES G	SERIAL NUMBER 12130524	GRADE PFC	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE	DATE OF CASUALTY DAY: 06 MONTH: JUN YEAR: 44		FLYING OR JUMPING STAT J	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.

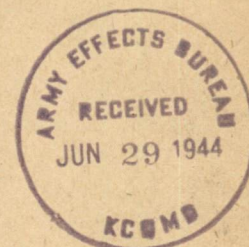
MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
	MR GEORGE J CAMPAS			FATHER
NO. AND NAME OF STREET		CITY	COUNTY	STATE
128 HIGHLAND AVENUE		TONAWANDA NEW YORK		

REMARKS:

☐

CORRECTED COPY

22 JUN 44 JAT



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.

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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--	---	--

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. George J. Campas

128 Highland Avenue

Tonawanda, New York

Effects of:
Name

Pfc James G. Campas

ASN

12130524

Case No.

152067 D

Wt.

DATE 6 August 1945

RTB:JFH:mjd

G. B. Brien

FOR: Effects Quartermaster

REMARKS:

 Inclose Bureau Check
 Acct. No.
 Amount
 Inclose "Valuables" item
 Ship "Valuables" item(s)

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

ROUTING:

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

REMARKS:

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

FRANKED

AUG 10 1945

N.K.
Shipping Clerk

PACKAGE DESCRIPTION		ARMY EFFECTS BUREAU INVENTORY		DECEASED	<input checked="" type="checkbox"/>
		152,067 22		MISSING	
				P.O.W.	
				ABANDONED	
				TALLY NO.	9056
				INV. DATE	26 July 45
				ORIG. NO. OF PKGS.	1
				BOX NO.	
				SHEET OF	1 SHEETS
				ORGANIZATION	506 Pacht Inf.

NAME JAMES CAMPAS
A.S.N. 12130524 RANK PVT

Belt		TOWELS & WASHCLOTHS	1	WINGS
BELT. MONEY (NO MONEY)		CLOTHING		BAGS, CLOTH OR TRAVEL
Cloth, Wash		BRACELET IDENT.		BILLFOLD. (NO MONEY)
Coats		Brushes		Case
Footwear, Pr.		CAMERAS		Footlocker
Gloves, Pr.		Glasses	1	KIT, SEN, 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		FILMS
Shirts		Pipes		Letters
Socks, Pr.	X	RELIGIOUS ARTICLES		Papers, Personal
Ties		RIBBONS, DECORATION		Photos
Towels		Rings		Shoe Shine Articles
Trousers, Pr.		Tobacco		SHORT SHORTER
Trunks, Pr.		Toilet Articles		SOUVENIRS
Underwear		WATCH	X	SOUVENIR MONEY
				stationery
			269	TESTAMENTS
				U.S. MONEY (AMOUNT)

REMARKS Brother Address
128 Highland Ave.
Longwanda N. York.

ATTACHMENTS ☒ FORM #54 ☐ FORM #100

C.A.T. <u>none</u>		WEIGHT		G.I. REMOVED
WAREHOUSE SPACE <u>3154</u>		STORED BY <u>NK</u>		SHORTAGE ON REVERSE
INVENTORIED BY <u>Ledili</u>		DATE SHIPPED <u>AUG 10 1945</u>		IDENT. TAGS REMOVED
PACKED BY <u>Call</u>		CHECKED BY <u>J</u>		DIARY REMOVED
		<input checked="" type="checkbox"/> #43 OR ADDITIONAL		LOCKED STORAGE
				LAUNDRY REMOVED
				FILM REMOVED

ADDITIONAL REMARKS

Removed 1 Handkerchief, filthy dirty + stained
salvaged no value. (E8)

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

copy

NAME

CAMPASS, JAMES

0524

BAY	PALLET	BOX	TALLY
52	78		9056
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN			

Eff. QM Form 43

INVENTORY OF EFTE

(See AR 600-550)

Campas, James 12120024
(Last name) (First name) (Middle initial) (Army serial number)

died a Pfc 501 Pchd Inf
(Grade) (Organization or arm or service)

who died on the 6 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	Shaving kit ✓	
	Coin ✓	
	Personal letters ✓	

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

CLASS II—Other effects

NUMBER	ARTICLES
1	Swimming suit ✓
1	Pant. ✓

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

JRM:JMH:cc

Case No. 152067
Date 6 August 1945

SUBJECT: Report of transaction in disposing of the effects of

James G. Campas, 12130534 late a
(Name of decedent) (Army Serial Number)
PTO, Infantry who died
(Grade) (Organization, Army or Service)
on the 6 day of June, 1944, at France

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 28 November 1944, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of George J. Campas 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, George J. Campas of
(Name of person found entitled)
128 Highland Avenue, Tonawanda State of
(Number, Street or Avenue) (City, Town or Village)
New York, is the father of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, GMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

152067

RTB:JFH:mjd
August 6, 1945

Mr. George J. Campas
128 Highland Avenue
Tonawanda, New York

Dear Mr. Campas:

The Army Effects Bureau has received some additional property of your son, Private First Class James G. Campas.

These effects, contained in one carton, are 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. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Unit

87
00



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

JRM:LB:cms
December 1, 1944

IN REPLY REFER TO: 152067 B

Mr. George J. Campas ✓
128 Highland Avenue ✓
Tonawanda, New York ✓

Dear Mr. Campas:

Thank you for the information furnished the Army Effects Bureau in connection with the personal effects of your son, Private First Class James G. Campas.

I am inclosing a check for \$29.05, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

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

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

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

Sincerely yours,

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

1 Incl--
Check

ROUTING

1. Lucilia
2. Accounting w.
3. Capt. Eckhardt
4. _____

Attach following item(s) from
Office Safe:

Case No. 152067-B JRM:LB:sc

Attach Bureau Check:

Account No. 45856 Amount \$29.05 *sw*

Account No. _____ Amount _____

Payable to:

George J.
George J. Campas
128 Highland Avenue
Tonawanda, New York

Do. Bless

(Correspondent)

Name of soldier: Pfc James G. Campas
Relationship: son

Check No. 36745

Initials emh

45856

152067

December 4

44

George J. Campas

29.05

Twenty-Nine and 05/100

Major O.M.C.
Asst.

12-1

Deceased _____ X
Missing _____
A.W.O.L. _____
P.O.W. _____
Abandoned _____

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

Sheet 1 of 1 Sheets
Front Box

INVENTORY

Shown on Tally In as _____

TALLY IN NO. INVENTORY DATE 9-13-44 CASE NO. 2067

EFFECTS OF JAMES G. CAMPAS RANK PFC

ARMY SERIAL NO. 12130524 ORG. 101 A/B

CONSIGNOR G 14 U K

DELIVERING CARRIER Mail G B/L NO. _____ G B/L DATE _____

[illegible]

Warehouse Space _____ Inventoried By Huba

Locked Storage Space Office Safe Packed By _____

ML:mem
Eff QM Form IIa

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Ship To:

Mr. George J. Campas
128 Highland Avenue
Tonawanda, New York

Effects of

Name

Pfc James G. Campas

ASN

12130524

Case No.

152067-D

Wt.

file

FRANKED

Ship Via

G B/L NO.

JJRM:LB:sc

Date

29 November 1944

D. Glass

For Effects Quartermaster

PACKAGES SHIPPED

1 pkg

Franked

Est. Exp. Chgs.

Est. Frt. Chgs.

TOTAL

WT.

Date Shipped

DEC 4 1944

REMARKS:

DEC 8 1944

DEC 17 1944

Deceased
Missing
P.O.W.
Abandoned

ORIGINAL NO. OF PKGS. 1

CASE NO. 152067

RANK *Pfc.*

Hq. 1st Bn. 506th Pict Regt.

PACKAGE DESCRIPTION:

ARTICLE DESCRIPTION

1- Bill Fold w/ Cards

Papers & Photos

1- Photo Case "7 Photo

1- Ring.

REMARKS:

Residence:-

Tonawanda, N.Y.

ATTACHMENTS:

1-GR. Label

✓ No correspondence

NO CORRESPONDENCE

SHORTAGE ON REVERSE

G.I. ON REVERSE

STORAGE
SPACE

3737

SAFE STORAGE

VAULT STORAGE

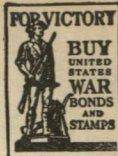
WEIGHT

SHIPPED

Inventoried by

Ed Markel

Packed by



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

(S-12-18-44)

JRM:LB:ely

November 18, 1944

IN REPLY REFER TO 152,067 B

Mr. George J. Campas
128 Highland Avenue
Tonawanda, New York

Dear Mr. Campas:

The Army Effects Bureau has received from overseas some personal property of your son, Private First Class James G. Campas.

To make proper disposition of this property, it is necessary that we have certain information regarding your son's family. I would like to know whether he was married and, if so, the name and address of his widow, also the name and address of his mother, if she is living.

If your son left a Will which has been probated, please furnish the original or a certified copy of the Letters Testamentary. Any papers submitted will be returned to you as soon as possible.

Please mail your reply in the inclosed self-addressed envelope which needs no postage, as this will accelerate delivery of the property.

Sincerely yours,

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

1 Incl--
Envelope

Captain F. A. Eckhardt.

my son PFC JAMES G CAMPAS
Has left ~~no will~~, he was not married
So you may forward his personal
Property to me. Thanking in advance
I remain George J Campas

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

152,067

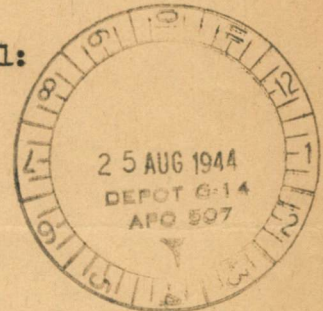
11- Aug 44
[Signature]

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: Campbell, James
Grade: P.F.C.
ASN: 12130524
Organization: 506 Pictelst.
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:

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



KANSAS CITY, MO.

OCT 17 1944 PM

Serial No. 1V1305Y4 Name CAMPAS, JAMES G.

Grade _____ Rank _____

Organization Ng. 1st Bn. 506 Palt. Regt.

Address _____

Nearest Relative _____

Address _____

Killed in Action _____ Died of Disease _____

Date _____ Hospital _____

Battle Area _____ Information _____

Place of Burial _____

Point of Coordination _____

Description of Body _____

Members Missing _____

Signed _____