

REBURIAL

PORT OF BURIAL 612

TM 10-630 AND AR 30-1815

30 June 1944

Date

Reeves

Rudolph

R.

Unknown

35500416

Last Name

First

Initial

Rank

Serial No.

Unknown

Unit

377 PARA FA BN

Unknown

Organization

France

Place of Death

Unknown

Date of Death

KIA

Cause of Death

30 June 1944 (Reinterred)

Time and Date of Burial

Blossville

Name of Cemetery

France

Name or Coordinates of Location

189

10

D

Peg

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?

DISINTERRED FROM COORD: 121:930

What means of identification were buried with the body?

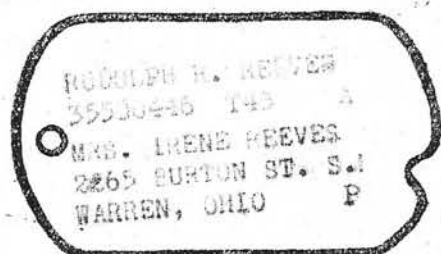
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Jennell, James 33045992 Unknown Unknown 190

Deceased's Left: Winebrener, Raymond 35137583 Unknown Unknown 188

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 Mrs. Irene Reeves

Name

2265 Burton St., Warren, Ohio.

Address

Religion Protestant

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

NONE

Signature of Officer or other person reporting burial

DALE C. SHERWOOD Verified by G.R.S. Officer
1st. Lt., OMC

SECRET

CLASSIFICATION REMOVED
By Authority of T. A. G.
Date: 26 MAY 1945
Initials: JGF

WAR DEPARTMENT CASUALTY AND MISSING PERSONS QUESTIONNAIRE

(THE FAMILIES OF MANY OF YOUR COMRADES HAVE NOT BEEN AS FORTUNATE AS YOURS. THEIR SONS AND HUSBANDS HAVE BEEN REPORTED MISSING IN ACTION AND THEY ARE ANXIOUSLY WAITING TO LEARN THEIR FATE. YOU MAY BE ABLE TO SUPPLY THE INFORMATION WHICH WILL HELP TO TERMINATE THE DREADFUL SUSPENSE AND ANXIETY THEY ARE SUFFERING.)

1. Your name *Soria Daniel R.* 2. Rank *Cpl* 3. ASN *20912845*
4. Home address *1950-10328 ave Oakland Calif.*
5. Last camp in which imprisoned *III A.*

DO NOT ANSWER BOTH QUESTIONS 6 AND 7 BELOW ON THE SAME FORM. FILL OUT A SEPARATE FORM FOR EACH PERSON KNOWN TO BE DEAD (QUESTION 6), OR BELIEVED TO BE STILL AT LARGE OR IN GERMAN HANDS (QUESTION 7).

6. If you have any information concerning military personnel who died in action or during imprisonment, you should furnish the following information to the best of your ability :

- a. Full name of deceased *Rudolph Reeves*
b. Grade or rank *Cpl.* c. Organization *B Bati 4 377 Para. Fld. Bn.*
d. Home town or state *unk*
e. Date and place of death *near St. Lo France*
f. Cause of death *strated*
g. Place of burial *NO*
h. Were you an eye witness to his death? *NO*
i. Names of persons believed to have witnessed his death *John H. - Thomas C.*
of B Bati 4 377 Fld Bn. 100th Div.
j. If your information is hearsay give name and address of your informant(s).

7. If you have any information concerning military personnel not yet freed from German hands, or who escaped from German hands prior to your liberation and might still be at large, you should answer the following :

- a. Full name of this person
b. His rank
c. Organization
d. Home town or state
e. Was he in good health? (If wounded or ill, give full details.)
f. When was he last seen in German hands
g. By whom?
h. Present whereabouts or presumed whereabouts? (Give full details.)
i. If your information is hearsay, give name and address of your informant(s).

C. CASUALTY INTERROGATION FORM
THE ADJUTANT GENERAL'S OFFICE

THE FAMILIES OF MANY OF YOUR COMRADES HAVE NOT BEEN AS FORTUNATE AS YOURS. THEIR SONS AND HUSBANDS HAVE BEEN REPORTED MISSING IN ACTION AND THEY ARE ANXIOUSLY WAITING TO LEARN THEIR FATE. YOU MAY BE ABLE TO SUPPLY THE INFORMATION WHICH WILL HELP TO TERMINATE THE SUSPENSE AND ANXIETY THEY ARE SUFFERING.

IF YOU HAVE INFORMATION CONCERNING THE DEATH IN ACTION OR DURING IMPRISONMENT OF ANY MEMBER OF THE ARMED FORCES YOU ARE REQUESTED TO FURNISH THE FOLLOWING INFORMATION ABOUT THE DECEASED:

FULL NAME OF DECEASED *Rudolph Reeves*
HOME TOWN OR STATE:
GRADE OR RANK *Col.*
ORGANIZATION *B Batry 377 Pict F.R. Bn.*
DATE AND PLACE OF DEATH *June 1944 Near St. Helens, England*
CAUSE OF DEATH *Shelling*
PLACE OF BURIAL
WERE YOU AN EYEWITNESS *No*
TO HIS DEATH
NAMES OF PERSONS BELIEVED TO HAVE WITNESSED HIS DEATH *Pvt. John Hart & Pvt. Johnson
B Batry 377 Pict F.R. Bn.*
IF YOUR INFORMATION IS HEARSAY
GIVE NAME AND ADDRESS OF YOUR INFORMANT

SIGN HERE *Reeves / B Serial 20912545*
Name and Serial Number

1950-1037 Ave Oakland
Your home address

NOTE: THIS FORM IS FOR USE BY CASUALTY BRANCH, THE ADJUTANT GENERAL'S OFFICE, WASHINGTON 25, D. C. ADDITIONAL COPIES OF THE FORM ARE AVAILABLE TO YOU. PLEASE FILL ONE OUT FOR EACH MEMBER OF THE ARMED FORCES WHOM YOU KNOW OR BELIEVE TO BE DEAD.

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3508 04095

DATE

15 02 48
DAY MONTH YEAR

NAME

REEVES RUDOLPH R

SERIAL NUMBER

35500446

RANK

CPL

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS

3322 03

CODE DIST. PT.

PLOT

D

ROW

10

GRAVE

189

COUNTRY

FRANCE

CAUSE OF DEATH

1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

ARLINGTON NATIONAL CEMETERY
FORT MYER, VIRGINIA

NAME AND ADDRESS OF NEXT OF KIN

MRS. LOIS IRENE REEVES (MOTHER)
RURAL FREE DELIVERY #1
POST OFFICE BOX 331
WARREN, OHIO

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

Reeves, Rudolph R.

SERIAL NUMBER

35500446

RANK

Unk

DATE OF DEATH

Unk

DATE DISTINTERRED

22 Jan 48

IDENTIFICATION TAG ON

☒ REMAINS
☐ MARKER

ORGANIZATION

USAGF

RELIGION

F

IDENTIFICATION VERIFIED BY

T.S. Murray, Capt. 1st Lt.
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Uniform and mattress cover

CONDITION OF REMAINS

Advanced decomposition

OTHER MEANS OF IDENTIFICATION

Enbossed plates with remains and marker

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 Mar 48

BY

Edmund X. Davis

CASKET SEALED BY

Edmund X. Davis

EMBALMER (Signature)

Edmund X. Davis

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 2 Mar 48 BY Rosario Tarsia

Charles J. Wiseman

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

John Palysak Jr.
John Palysak Jr., 1st Lt.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC HOSVILLE		TO Casketing Point B - St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER T/5 James E. Gregory	
SIGNATURE OF SHIPPER <i>W. T. Bailey</i> W. T. Bailey, Capt RMC	DATE 30 Feb 48	SIGNATURE OF RECEIVER <i>D.A. MacKenzie</i> D.A. MacKenzie, Capt JTB	DATE 48 Feb

2. SHIPPED

FROM Casketing Point B - St Laurent		TO Port Unit Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>B. Mac</i>	
SIGNATURE OF SHIPPER <i>D.A. MacKenzie</i> D.A. MacKenzie, Capt CMC	DATE	SIGNATURE OF RECEIVER <i>John Hendry</i> John E. Hendry Jr, Maj CMC	DATE

3. SHIPPED

FROM CHERBOURG PORT UNIT		TO NYPE	
KIND OF CONVEYANCE USSS LAWRENCE VICTORY		NAME OF CONVOYER JOSEPH J. CARROLL, 1st Lt TC	
SIGNATURE OF SHIPPER JOHN E. HENDRY JR. MAJ.CAC	DATE 26 April 48	SIGNATURE OF RECEIVER <i>Joseph J. Carroll</i>	DATE APR 26 1948

4. SHIPPED

FROM		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>NYPE</i>	DATE	SIGNATURE OF RECEIVER <i>for James L. McKinnon</i> JAMES L. McKINNON COLONEL, T. C.	DATE MAY 7 1948

5. SHIPPED PORT TRANSPORTATION OFFICER

FROM <i>NYPE</i>		TO DC 3	
KIND OF CONVEYANCE Train		NAME OF CONVOYER <i>Sgt. William C. Subodsky</i>	
SIGNATURE OF SHIPPER JAMES L. McKINNON COLONEL, T. C.	DATE 5/8/48	SIGNATURE OF RECEIVER <i>William C. Subodsky</i>	DATE MAY 1948

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

Date May 26, 1948

TO: Mrs. Lois Irene Reeves,
R.F.D. No. 1, P. O. Box 331
Warren, Ohio

The authorized inscription for a Government headstone of the general type (furnished for all decedents except those who served only during the Civil and Spanish-American Wars) includes: (1) The State from which the veteran came; (2) religious emblem in a small circle above the inscription on the face of the headstone; and (3) the dates of birth and death.

In order that the appropriate information, as desired by the next of kin, may be shown on the headstone for the decedent whose name is listed below, it is requested that you fill in the proper spaces indicated below the data called for, and RETURN THIS FORM PROMPTLY TO THE

Executive Officer
Arlington National Cemetery
Fort Myer, Virginia
Superintendent of Cemetery or Commanding Officer of Post

If this form is not returned to the Superintendent within fifteen (15) days from date of mailing, the headstone will be ordered with the data as to religious emblem, State and date of birth inscribed thereon as shown in the official records, and NO CHANGE WILL BE MADE AT A LATER DATE AT GOVERNMENT EXPENSE.

To be filled in by Superintendent or Commanding Officer

Name of Veteran 293 Rudolph R. Reeves

Rank, etc. Cpl. U. S. Army

Grave or ~~lot~~ No. 4176, Section 12

Date of death June 6, 1944

Date buried May 24, 1948

To be filled in by Next of Kin

State desired Ohio

Religious emblem desired Protestant
(Latin Cross for Christian Faith, Star of David for Hebrew Faith)

Date of birth December 24, 1919

Address of kin Pt. 1 Lakewood Ohio

Signature Lois Irene Reeves Date 6/4/48

Receipt

RECEIPT OF REMAINS

DISTRIBUTION CENTER
AGR DISTRIBUTION CENTER PHILA QM DEPOT

SUPERINTENDENT
ARLINGTON NATIONAL CEMETERY
FORT MYER VIRGINIA

DAY LETTER
~~XXXXXXXXXX~~
~~ROUTINE~~

REMAINS CONSIGNED TO:

TWENTY-SEVEN (27) REMAINS IN CAR USA 8917 DELIVERED TO ARLINGTON NATIONAL
CEMETERY FORT MYER VIRGINIA AT APPROXIMATELY SEVEN AM, EIGHTEENTH MAY FORTY EIGHT
ACCOMPANIED BY MILITARY ESCORT

FRANK M. GREEN, JR., MAJOR TC

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

THIS 18 DAY OF May, 1948
DAY MONTH

Howard M. Jones, BTC, USN

WITNESS (Escort)

Jos. J. Walsh, Sr. Supt.

CONSIGNEE

Original signed receipt filed with "Schneider, John M., Pvt., AGF,
SN 35 924 882".

*File
NA
Records Annotated
6-11-48
Care for
R.R.*

O.I. 7353

INSPECTION CHECK LIST

(For Use at Distribution Point)

Name REEVES, RUDOLPH R		Rank CPL		Serial Number 35500446	
Source Mrs. Lois Irene Reeves (Mother) Rural Free Delivery #1, P.O. Box 331 Warren, Ohio		Consignee Arlington National Cemetery Fort Myer, Virginia			
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)		Condition of Shipping Case (Check One) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> FINISH (Interior) <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> HEALTH PERMIT MARKER <input type="checkbox"/> HEALTH PERMIT NUMBER		Remarks			
CASKET - General Appearance (Check ONLY Discrepancies)		Condition of Casket (Check One) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HANDLES AND FASTENINGS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> CAM LOCKS (Sealing) <input type="checkbox"/> ODOR OR MOISTURE		Remarks <i>Handwritten signature and notes</i>			
ROUTED THROUGH					
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> REPAIR SHOP			
Condition of Remains <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		Casket Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
Necessary Disinfection (Explain)		Casket Exchanged <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Shipping Case Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Shipping Case Exchanged <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Remarks			
Time	Date	Signature or Mortician		Time	Date
					5/17/48
Remarks <i>Handwritten notes and signatures</i>					

09R

A.G.R. DIVISION
PHILA. Q.M. DEPOT

1948 MAY 14 PM 1:28

WU Z54 38 GOVT COLLECT 7 EXTRA

WARREN OHIO MAY 14 1053A

PHILADELPHIA QUARTERMASTER DEPOT

ATTN AMERICAN GRAVES REGISTRATION DIVN

IN REPLY TO THE TELEGRAM REGARDING THE REMAINS OF CPL
RUDOLPH R REEVES PLEASE BURY HIM AT THE ARLINGTON NATIONAL
CEMETERY FORT MYER, VIRGINIA, WITH THE REGULAR SERVICES
PROVIDED THERE

MRS LOIS IRENE REEVES RFD #1 PO BOX 331 WARREN OHIO.

RFD #1 331 .



MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

V

STA. SER. No.

NR

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

MAY 3 - 1945

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

PHILADELPHIA QUARTERMASTER DEPOT
PHILADELPHIA, PENNA.

SECURITY CLASSIFICATION

ACTION TO:

. MRS. LOIS IRENE REEVES

XV . RURAL FREE DELIVERY #1

.P.O. BOX 331, WARREN, OHIO GOVT PAID

INFORMATION TO:

DLR AND CHECK ANY CHGS

PRECEDENCE FOR

ACTION

INFORMATION

~~DAY LETTER~~
DAY LETTER

O.I. 7353

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

WAR DEPARTMENT WILL DELIVER REMAINS OF LATE CPL RUDOLPH R REEVES

IN NEAR FUTURE. RECORDS OF THIS OFFICE

INDICATE YOU WISH REMAINS INTERRED AT ARLINGTON NATIONAL CEMETERY

FORT MYER, VIRGINIA

REQUEST IMMEDIATE CONFIRMATION BY

TELEGRAM COLLECT TO PHILADELPHIA QUARTERMASTER DEPOT ATTENTION AMERICAN

GRAVES REGISTRATION DIVISION PHILADELPHIA PENNSYLVANIA. NATIONAL CEMETERY

SUPERINTENDENT WILL NOTIFY YOU DATE AND HOUR FUNERAL SERVICES WILL BE HELD

IN SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. CUSTOMARY

MILITARY HONORS AND RELIGIOUS SERVICES WILL BE PROVIDED AT CEMETERY XX

~~VETERANS' ORGANIZATIONS, OR MILITARY OR NAVAL PERSONNEL~~ ARRANGEMENTS FOR

ADDITIONAL PRIVATE SERVICES AND CEREMONIES OF YOUR CHOICE TO BE HELD AT

CONCLUSION OF REGULAR SERVICES MAY BE MADE BY YOU. IF YOU WISH SUCH ADDI

TIONAL SERVICES OR CEREMONIES NOTIFY NATIONAL CEMETERY OF YOUR DESIRES.

NECESSARY YOU INCLUDE NAME OF DECEASED IN REPLY TELEGRAM. THE \$75.00

MAXIMUM INTERMENT EXPENSES ALLOWANCE IS NOT AUTHORIZED WHEN FINAL BURIAL

IS IN A NATIONAL CEMETERY.

D. G. POLLARD

LT. COL., QMC

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

OFFICIAL TITLE

PAGE

OF

1 1

WD AGO FORM 11-168
15 JUN 1945

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

mec

16-45801-1

U. S. GOVERNMENT PRINTING OFFICE

T-3

RRE Form #39

13 Jul 48

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

REEVES	Rudolph	R.,	Cpl	35500446
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Repatriated to the United States: 28nApril 1948

STATION FILE

Incl #

421

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Cpl. Rudolph R. Reeves, 35 500 446
 Plot D, Row 10, Grave 189,
 United States Military Cemetery
 Bloisville, France

9 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, LOUIS LEEVE REEVES

(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

(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 Fort Myer - Virginia

(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

DEC 5

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

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)

NO NE.

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.

Lois Irene Reeves
(SIGNATURE OF NEXT OF KIN)
LOIS IRENE REEVES
(NAME PRINTED OR TYPED)

RED #1, WARREN, OHIO
(STREET AND NUMBER)
P.O. BOX 331
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 8th day of NOVEMBER, 1937, at city (or town) of WARREN, county of TRUMBULL, and State (or Territory or District) of OHIO

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

Georgiana KONTAY
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
GEORGIANA KONTAY, NOTARY PUBLIC
(OFFICIAL TITLE)

OQMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED

RANK

SERIAL NUMBER

NAME OF NEXT OF KIN

RELATIONSHIP

OLD ADDRESS

NEW ADDRESS

REMARKS

11/18/47
File

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

REPORT OF DEATH

DATE 7 Oct 1944
trs/4632

FULL NAME <u>Reeves, Rudolph R.</u>				ARMY SERIAL NUMBER <u>35 500 446</u>				GRADE <u>Cpl</u>					
HOME ADDRESS <u>Warren, Ohio</u>				ARM OR SERVICE <u>Field Artillery</u>				DATE OF BIRTH <u>24 Dec 1919</u>					
PLACE OF DEATH <u>European Area</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>26 Mar 42</u>				LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS					
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Irene Reeves, mother, 2265 Burton St., Southeast Warren, Ohio</u>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Irene Reeves, mother, same as above</u> <u>William Reeves, brother, 557 Lilac Pl, Warren, Ohio</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
												X	X

ADDITIONAL DATA AND/OR STATEMENT

ON PARACHUTE PAY

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 June 1944 until such absence was terminated on 4 Oct 44, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
2. G. O. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

☒ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall
J. A. Marshall

ADJUTANT GENERAL

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

REPORT OF DEATH

DATE 7 Oct 1944

trs/4632

FULL NAME Reeves, Rudolph R.				ARMY SERIAL NUMBER 35 500 446				GRADE Cpl					
HOME ADDRESS Warren, Ohio				ARM OR SERVICE Field Artillery				DATE OF BIRTH 24 Dec 1919					
PLACE OF DEATH European Area				CAUSE OF DEATH Killed in action				DATE OF DEATH 6 Jun 44					
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 26 Mar 42				LENGTH OF SERVICE FOR PAY PURPOSES					
								YEARS		MONTHS		DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Irene Reeves, mother, 2265 Burton St., Southeast Warren, Ohio													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Irene Reeves, mother, same as above William Reeves, brother, 557 Lilac Pl, Warren, Ohio													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
										X		X	

ADDITIONAL DATA AND/OR STATEMENT

ON PARACHUTE PAY

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 June 1944 until such absence was terminated on 4 Oct 44, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:

S. O. O.	F. B. I.	F. O. U. S. A.
2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

☒ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall
J. A. Marshall

ADJUTANT GENERAL

138542

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

—BATTLE CASUALTY REPORT

NAME			SERIAL NUMBER			GRADE		ARM OR SERVICE		REPORTING THEATRE		
REEVES RUDOLPH R			35500446			CPL		FA		ETO		
PLACE OF CASUALTY				DATE OF CASUALTY			FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER	
FRANCE				06 JUN 44			J		MIA		133	

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME		RELATIONSHIP		DATE NOTIFIED	
MRS IRENE REEVES		MOTHER		24 JULY 44	
NO. AND NAME OF STREET—CITY—STATE					
2265 XXXXXXXXXX BURTON STREET SOUTHEAST WARREN OHIO					
FMC					

REMARKS:

☐

CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED _____ FORM 43 _____ AG 201 REQ _____									
CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____									
PREVIOUSLY REPORTED NO _____ YES _____ (AS INDICATED BELOW):									
FILE NO.		MESSAGE NO.		TYPE		DATE AND AREA		E. A. NOTIFIED	
FORWARDED TO <input type="checkbox"/> SPEC. IDEN. <input type="checkbox"/> TELEGRAM <input type="checkbox"/> WOUNDED <input type="checkbox"/> LETTER <input type="checkbox"/> CORRES. <input type="checkbox"/> S. R. & D. <input type="checkbox"/> CERTIF. <input type="checkbox"/> M. & M. <input type="checkbox"/> NON-DEL.									
REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY _____ REVIEWED BY <i>[Signature]</i>									

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

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	RAC						
					DAY	MO.	YR.			DAY	MO.	YR.				STATE	COUNTY										
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59		

DISTRIBUTION "A" ☐ 20 COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" ☐ _____ COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

SPQDK 220.87 (136942)

1st Ind.

GHG:JS:cc

Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue,
Kansas City 1, Missouri, 29 May 1945

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

1. For appropriate action with respect to inquiry regarding death
of Rudolph R. Reeves, 35500446, Cpl., Field Artillery, deceased.

2. Miss Reeves has been informed of this reference.

For the Effects Quartermaster:

G. H. GALVIN, JR.
Captain Q.M.C.
Chief, Administrative Division

PACKAGE DESCRIPTION
#1 Clm

ARMY EFFECTS BUREAU INVENTORY *PS*
136,942

DECEASED
MISSING *9*
P.O.W.
ABANDONED
TALLY NO. *7304*
INV. *3 April*
DATE *1945*
CRIG. NO. *1*
OF PKGS.
BOX NO.
SHEET *1*
OF *1* SHEETS
ORGANIZATION
Pocht. FA.

NAME *RUDOLPH R REEVES*
U.S.N. *35500446* RANK *CPL.*

<input checked="" type="checkbox"/> BELT	<input type="checkbox"/> TOWELS & KASHCLOTHS	<input type="checkbox"/> WINGS
<input checked="" type="checkbox"/> BELT, MONEY (NO MONEY)	<input type="checkbox"/> CLOTHING	<input type="checkbox"/> BAGS, CLOTH OR TRAVEL
<input type="checkbox"/> CLOTH, WASH	<input type="checkbox"/> BRACELET IDENT.	<input type="checkbox"/> RIFLFOLD, (NO MONEY)
<input type="checkbox"/> COATS	<input type="checkbox"/> BRUSHES	<input type="checkbox"/> CASE
<input type="checkbox"/> FOOTWEAR, PP.	<input type="checkbox"/> CASERS	<input type="checkbox"/> FOOTLOCKER
<input type="checkbox"/> GLOVES, PR.	<input type="checkbox"/> GLASSES	<input type="checkbox"/> KIT, SEW, TLT, OR WRITING
<input type="checkbox"/> HANDKERCHIEFS	<input type="checkbox"/> KNIVES	<input type="checkbox"/> BOOKS
<input type="checkbox"/> HEATWEAR	<input type="checkbox"/> LIGHTERS	<input type="checkbox"/> BOOKS, ADDRESS
<input type="checkbox"/> JACKETS	<input type="checkbox"/> MISC. INSIGNIA	<input type="checkbox"/> BOOKS, PILOT LOG
<input type="checkbox"/> OVERCOATS	<input type="checkbox"/> PEN, FOUNTAIN	<input type="checkbox"/> DIARY (REMOVED FOR BUS)
<input type="checkbox"/> SCARFS	<input type="checkbox"/> PENCIL, MECHANICAL	<input type="checkbox"/> FILMS
<input type="checkbox"/> SHIRTS	<input type="checkbox"/> PIPES	<input type="checkbox"/> LETTERS
<input type="checkbox"/> SOCKS, PR.	<input type="checkbox"/> RELIGIOUS ARTICLES	<input type="checkbox"/> PAPERS, PERSONAL
<input type="checkbox"/> TIES	<input type="checkbox"/> RIBBONS, DECORATION	<input type="checkbox"/> PHOTOS
<input type="checkbox"/> TOWELS	<input type="checkbox"/> RINGS	<input type="checkbox"/> SHOE SHINE ARTICLES
<input type="checkbox"/> TROUSERS, PR.	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> SHORT SHORTER
<input type="checkbox"/> TRUNKS, PR.	<input type="checkbox"/> TOILET ARTICLES	<input type="checkbox"/> SOUVENIRS
<input type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WATCH	<input type="checkbox"/> SOUVENIR MONEY
		<input type="checkbox"/> STATIONERY
		<input type="checkbox"/> TESTAMENTS
		<input type="checkbox"/> U.S. MONEY (AMOUNT)

REMARKS *add found*
Mr. J. A. Reeves
Rt # 1. Diamond, Ohio

ATTACHMENTS ☒ FORM #54 ☐ FORM #100

The effects of Cpl. Dan Loria
found in the above effects
and set up an additional

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPAC <i>1923</i>	DATE SHIPPED <i>APR 27 1945</i>	SHORTAGE ON REVERSE
IN NOTICED BY <i>Herby</i>	STORED BY <i>Shu</i>	IDENT. TAGS REMOVED
PACKED BY <i>Yendo</i>	CHECKED BY <i>SLB</i>	DIARY REMOVED
	#42 OF ADDITIONAL	LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

REEVES, RUDOLPH CPL 0446

NAME

BAY	PALLET	BOX	TALLY
32	71	630	7304
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN			

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

Case No. 136942Date 21 April 1945

SUBJECT: Report of transaction in disposing of the effects of

Rudolph R. Reeves, 35500446 late a
(Name of decedent) (Army Serial Number)
Corporal, Field Artillery who died
(Grade) (Organization, Army or Service)
on the 6 day of June, 1944, at European Area.

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo. pursuant to S.O., 228 Hq., KQCM 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) as been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 17 April 1945, pursuant to Special Orders 228, Headquarters KQCM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Irene Reeves 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 I.W. 112, Mrs. Irene Reeves of _____
(Name of person found entitled)

2265 Burton Street, Southeast, Warren State of _____
(Number, Street or Avenue) (City, Town or Village)
Ohio, is the Mother of the _____
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Cpl. Rudolph R. Reeves

35500446

136942 D

Mrs. Irene Reeves

2265 Burton Street, Southeast

Warren, Ohio

Effects of:

Time

ASN

Case No.

It.

DATE 21 April 1945

JRM:WA:fg

W. Arthur
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 _____

APR 27 1945

M/K
Shipping Clerk

INVENTORY OF EFFECTS

(See AR 600-550)

Reeves, Rudolph L. 35530007
 (Last name) (First name) (Middle initial) (Army serial number)

late a Corporal Parachute F. A.
 (Grade) (Organization or arm or service)

who died on the _____ day of _____, 19

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

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Camera, Agfa Agfa	✓
1	Pen, Fountain	✓
1	Pipe, with Cleaners	✓
1	Pouch, Tobacco	✓
1	Belt, Money w/ a dime	✓
1	Belt, Waist, Leather	✓
1	Book, Address	✓
1	Bible	✓
1	Kit, Toilet Article	✓
1	Lighter, Cigarette	✓
1	Case, Watch	✓
2	Pictures	✓

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

CLASS II—Other effects

NUMBER	ARTICLES

CLASS II—Continued

[illegible]

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

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.

Everett S. Brown

2^d Lt. P. F. H.

F.P.O. 472

(Station)

27 July

(Date)

19. 44

^aSeason not recorded; not applicable.

LAURENCE VICTORY

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 LOIS IRENE REEVES

(Signature or name of addressee)

2

(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery

MAY 14 1941

, 1941

Post Office Department

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300



(GPO)

POSTMARK OF DELIVERING
OFFICE

Return to

Street and Number,
or Post Office Box,

PHILADELPHIA

2800 SOUTH 20TH STREET

AGR DIVISION

REGISTERED ARTICLE

No.

572683

INSURED PARCEL

PHILADELPHIA,

No.

PENNSYLVANIA

5/12/48



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

IN REPLY REFER TO 136942

JRM:WA:na
✓ April 23, 1945

Mrs. Irene Reeves
2266 Burton Street, SE.
Warren, Ohio

Dear Mrs. Reeves:

The Army Effects Bureau has received from overseas some personal effects of your son, Corporal Rudolph R. Reeves.

These effects are being forwarded to you in one carton.

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

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

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

Yours very truly,

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
S J Unit



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO 136942 ✓

GHG:JS:cc
May 9, 1945

Miss Mary Reeves ✓
Warren, Ohio ✓

Dear Miss Reeves: ✓

This acknowledges your letter of May 8, relative to the death of your brother, Corporal Rudolph R. Reeves. ✓

I wish to advise that we have, this date, forwarded your letter to The Adjutant General, Washington 25, D. C. for direct reply to you, as that official has jurisdiction over matters relating to circumstances of death.

Please accept my sincere sympathy in the loss of your brother.

Yours very truly,

HARRY NIEMIEC
2nd Lt. Q.M.C.
Chief, Correspondence Branch

C-O-P-Y
KCQMD:AEB:cc

May 8, 1945

Dear Sir --

I am writing to you hoping I get some information from you about the death of my late brother Cpl. Rudolph Reeves. He was a paratrooper, and was in the D-Day invasion. I would appreciate it very much if you could find out and send me a reply, this information will mean a lot to me.

Thank you

Miss Mary Reeves

Cpl. Rudolph Richard Reeves
A.S.M. 35500446
Battery B - 377 Parachute F.A.
A.P.O. #472
c/o Postmaster New York, N.Y.

Number to refer 136942

Reeves, Rudolph R.

13 March 1946

Mrs. Irene Reeves
2265 Burton Street, Southeast
Warren, Ohio

Dear Mrs. Reeves:

The War Department is most desirous that you be furnished the burial location of your son, the late Corporal Rudolph R. Reeves, A.S.N. 35 500 446.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, France, plot D, row 10, grave 189.

This cemetery is located approximately twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France, and is under the constant care and supervision of United States military personnel.

Please accept my sincere sympathy in the loss of your son.

Sincerely yours,

009527

T. B. LARKIN
Major General
The Quartermaster General

gtd

IMS

Cpl. Rudolph R. Reeves, 35 500 446
Plot D, Row 10, Grave 189,
United States Military Cemetery
Blosville, France

9 September 1947

Mrs. Irene Reeves
2265 Burton Street, Southeast
Warren, Ohio

Dear Mrs. Reeves:

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.

Incls.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

SEP 17 10 07 AM '47

U.S. M. C.
MAIL RECORDS BRANCH

AGR
Adm. Br. XXXXX

QMDPK 293.8

11 May 1948

Mrs. Lois Irene Reeves
Rural Free Delivery
P.O. Box 331, Warren, Ohio

Dear Mrs. Reeves:

Inclosed is copy of Western Union Telegram sent to you on
3 May 1948, which is self-explanatory and to which no reply has
been received.

Prompt reply, preferably by telegraph collect, giving this
office the information requested, will be appreciated.

Very truly yours,

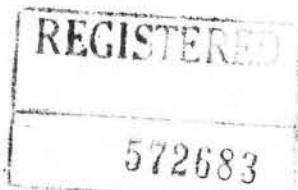
CARL B. KELLER, JR.
1st Lieut., OMC
Administrative Officer
AGR Division

1 Incl
Cy telegram

mec

SHL

WJD



LAWRENCE VICTORY, NO. 1

SPECIAL DELIVERY