

03542 ✓

RECEIPT OF REMAINS

DISTRIBUTION CENTER COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS 15 OHIO

ROUTINE 28 APRIL 1948

REMAINS CONSIGNED TO: GERNER & WOLF FUNERAL DIRECTORS
119 MADISON STREET
PORT CLINTON OHIO

FROM QMDCG _____ BARDEN

REMAINS OF THE LATE TEC 4 WILLIAM C BROWN ASN 35333922 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 232 NEW YORK CENTRAL RAILROAD LEAVING COLUMBUS OHIO 3:15 PM TWENTY EIGHT APRIL AND DUE TO ARRIVE PORT CLINTON OHIO 8:35 PM RAILROAD TIME TWENTY EIGHT APRIL. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

RECORD
BRANCH
MAY 29 11 48 AM '48
MEMORIC DIVISION

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

THIS 28 DAY OF April, 1948

Roger B. Mitchell
WITNESS (Escort)

Leslie Brown
CONSIGNER

*File
NPT
Re-submitted
to Gerner & Wolf
Port Clinton
4/28/48*

RHS BHR

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 00599

DATE
15 11 47
DAY MONTH YEAR

NAME
BROWN WILLIAM C

SERIAL NUMBER
35333922

RANK
TEC4

ARM
1

CEMETERY
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS
1 5300 07
CODE DIST. PT.

PLOT ROW GRAVE
AA 8 141

COUNTRY
FRANCE

CAUSE OF DEATH
1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
GERNER & WOLF FUNERAL DIRECTORS
119 MADISON STREET
PORT CLINTON, OHIO

NAME AND ADDRESS OF NEXT OF KIN
LESLIE BROWN (FATHER)
317 HARRISON STREET
PORT CLINTON, OHIO

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
BROWN William C

SERIAL NUMBER
35333922

RANK
TEC 4

DATE OF DEATH
o/a 8 Jun 44

DATE DISINTERRED
23 Jan 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
USAGF

RELIGION
P

IDENTIFICATION VERIFIED BY
John H Clark, 2 Lt QMC

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Uniform

CONDITION OF REMAINS
Advanced decomposition

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET

DATE
2 Feb 48

BY
T. R. Harrison Jr.

CASKET SEALED BY
T.R. Harrison Jr.

EMBALMER (Signature)
T. R. Harrison Jr.

CASKET BOXED AND MARKED
DATE 2 Feb 48 BY H. J. Cummings

SHIPPING ADDRESS VERIFIED BY
John Palyok Jr, 1 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
John Palyok Jr, 1 Lt FA
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM **USMC Blossville**
 KIND OF CONVEYANCE **Truck**
 SIGNATURE OF SHIPPER *Wm T. Dalley*
Wm T. Dalley, Capt. OMC
 DATE **2 Feb 48**

TO **Casketing Point A - Cherbourg**
 NAME OF CONVOYER **Pvt Michael Strange**
 SIGNATURE OF RECEIVER *E.N. Ciampo*
E.N. Ciampo, 1 Lt FA
 DATE **2 Feb 48**

2. SHIPPED

FROM **Casketing Point A - Cherbourg**
 KIND OF CONVEYANCE **Truck**
 SIGNATURE OF SHIPPER *E.N. Ciampo*
E.N. Ciampo, 1 Lt FA
 DATE **2 Feb 48**

TO **Port Unit Cherbourg**
 NAME OF CONVOYER *Ruthe*
 SIGNATURE OF RECEIVER *John E. Hendry Jr.*
John E. Hendry Jr, Maj CAC
 DATE

3. SHIPPED

FROM **PORT UNIT CHERBOURG**
 KIND OF CONVEYANCE **USAT MC CARLEY**
 SIGNATURE OF SHIPPER *John E. Hendry Jr.*
John E. Hendry Jr, MAJOR, CAC.
 DATE **10 March 1948**

TO **NYPOE**
 NAME OF CONVOYER **ROBERT V. SCHNEIDER, 1st Lt. TC.**
 SIGNATURE OF RECEIVER *Robert V. Schneider*
 DATE **10 March 1948**

4. SHIPPED

FROM **NYPOE**
 KIND OF CONVEYANCE **NYFE**
 SIGNATURE OF SHIPPER *James L. McKinnon*
JAMES L. MCKINNON
COLONEL, T. C.
 DATE **APR 5 1948**

TO **NYFE**
 NAME OF CONVOYER *James L. McKinnon*
 SIGNATURE OF RECEIVER *James L. McKinnon*
JAMES L. MCKINNON
COLONEL, T. C.
 DATE **APR 5 1948**

5. SHIPPED

FROM **NYFE**
 KIND OF CONVEYANCE **Train**
 SIGNATURE OF SHIPPER *James L. McKinnon*
JAMES L. MCKINNON
COLONEL, T. C.
 DATE **APR 10 1948**

TO **DC#1**
 NAME OF CONVOYER *E. S. E. Broman*
 SIGNATURE OF RECEIVER *E. S. E. Broman*
E. S. E. BROMAN (LIEUTENANT)
STAMC
 DATE **APR 14 1948**

6. SHIPPED

FROM **PORT TRANSPORTATION OFFICER**
 KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

FNK 005R

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NAME Brown, William		RANK Tec 4	SERIAL NUMBER 35333922
SOURCE <i>6740 from H.M.</i>		CONSIGNEE Gerner & Wolf Funeral Directors 119 Madison Street Port Clinton, Ohio	
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR)	REMARKS <i>Touched up in Bag</i>		
FINISH (INTERIOR)			
HANDLES			
HANDLE BOLTS			
STENCILING - NAMEPLATE			
HEALTH PERMIT MARKER			
HEALTH PERMIT NUMBER			
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF CASKET (CHECK ONE) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR)	REMARKS		
HANDLES AND FASTENINGS			
STENCILING - NAMEPLATE			
CAM LOCKS (SEALING)			
ODOR OR MOISTURE			

Routed Through

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
NECESSARY DISINFECTION (EXPLAIN)	CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO
	REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
			<i>1000</i>	<i>4/23/78</i>	<i>[Signature]</i>

REMARKS

[Handwritten notes and signatures]

Identification Section
Memorial Division

Identification Data

Last Name	First	Initial	ACN		Grade
BROWN	WILLIAM	C	35333922		TEC 4
Height	Weight	Color Eyes	Color Hair	Shoe Size	Date of Death
5' 6"	187	BROWN	BROWN	8 E	JUNE 12, '44
Last Organization to which attached or assigned (Give complete designation)					
377th PRCHT. FA. BN. HQ, HQ SERV. BTRY					
Place of Death or place last seen if MIA					
NEWBURY, BERKSHIRE, FRANCE					
List all camps in which stationed in U.S. prior to service overseas, including inclusive dates at each.					

STATION	DATES
ABERDEEN, M.D.	SEPT. 1, '42 - DEC. 8, '42
FT. DENNING, GA.	DEC. 14, '42 - FEB. 8, '43
FT. BRAGG, N.C.	FEB. 10, '43 -

Fractures and/or Breaks	Tattoos and/or Birth marks

DENTAL CHART July 31, 1942

XXX	6	5	4	3	2	1	1	2	3	4	/	/	0	8	
	Upper Right						Upper Left								
15	X	0	/	12	11	10	9	9	10	11	12	13	/	/	0
	Lower Right						Lower Left								

X - Extracted 0 - Carious / - Carious non-restorable

Indicate dentures, bridgework, etc., if shown

RRE Form #39
13 Jul 48

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

Em

<u>BROWN</u>	<u>WILLIAM</u>	<u>C</u>	<u>TEC/4</u>	<u>35333922</u>
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Repatriated to the United States: 18 March 1948

STATION FILE

Incl # 35

RESTRICTED
ARMY SERVICE FORCES -
Office of The Quartermaster General
Washington 25, D.C.

SPQYG 293
Brown, William C.
S.N. 35 333 922

7 February 1945.

SUBJECT: Report of Interment.

TO : Headquarters,
A.P.O. 887, c/o Postmaster,
New York, New York.

ATTENTION: Chief Quartermaster.

1. Information is requested as to whether or not the remains of the late Technician Fourth Grade William C. Brown, S.N. 35333922, who was killed in action on 12 June 1944 in the European Area, have been recovered and interred, as to date no report of interment has been received.

For The Quartermaster General:

s/ H. A. Barnes,

t/ H. A. BARNES
Brig. General, Q.M.C.
Deputy The Quartermaster General

Blossville

AA - 8 - 141

RESTRICTED

RESTRICTED

Q-ONE (9Mar45)

1st Ind.

/met.

OCQM, HQ COM Z., ETOUSA, APO 687, U.S. Army.

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

1. GRS Form #1, Report of Burial for I/4 William C. Brown, 35333922, has not been forwarded to your office because the remains of subject deceased were never recovered. Therefore, no report of Burial was ever submitted to this office and cannot be furnished.

For the Chief Quartermaster

met

THM

jt

JOHN B. FRANKS
Brigadier General, USA
Deputy, Chief Quartermaster

DJW DISTRIBUTION:

Orig. & Dup. - Addressee
1 copy - M & R 887 File - 29361
1 copy - GR&E 887 File (7084)

EXEC-RHM

RESTRICTED

2673

TGRS TSFET
Form No. 10
27-8-45

REPORT OF INVESTIGATION-AREA SEARCHING

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

1. Was investigation preceded by Advance Publicity: No
(if Special Investigation, so indicate) Special Investigation
2. William C. Ryan Inf. 543222 Inf.
(Full name of deceased) (Rank) (ASN) (Organization)
3. State: Means of identification, i.e., identification tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc., and Source of Information, i.e., identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks etc. One original identification tag
4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town: Colonne Nord Yvelines, France. 46 Series (Colonne used as Sup. by Germans)
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
5. Full name of cemetery (include plot, row and grave if organized cemetery) See attached sketch
6. Approximate or established date of death (state which and give basis for date selected) d/s 8 June 1944
7. Approximate or established date of burial (give basis for date established) d/s 8 June 1944
8. Manner in which grave was marked, show information contained on the marker No markings - area had been used as a actor park by an American Army Ordnance unit.
9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned None
10. Furnish information obtained concerning place, and particulars surrounding death and burial; give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information) The mayor and the son who buried deceased (under supervision of German) were contacted and the area searched. No one from area could give the exact date that area searched and which individual disinterred or is known to have disinterred.
11. Give name and address of persons who can guide disinterring team to burial location: Mr. Ernest Ryan, 1200 1st St., New York, N.Y. who buried deceased - Mr. Villietre
See to report.

12. Is this an atrocity case: no Is there evidence that it may be: no
If answer is yes, has responsible War Crimes representative been notified.

13. Names and addresses of persons committing the atrocity or the military unit of which these persons were members:

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor:

15. If unidentified, supply any of the following information determinable:

a. Crew position in plane or vehicle: _____
b. Plane or vehicle serial number: _____ Type: _____

c. Installed weapons:		Serial Number	Calibre & Mfr.
Serial Number	Calibre & Mfr.	Serial Number	Calibre & Mfr.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Engine serial number: _____ Type: _____

Thomas J. Priddy

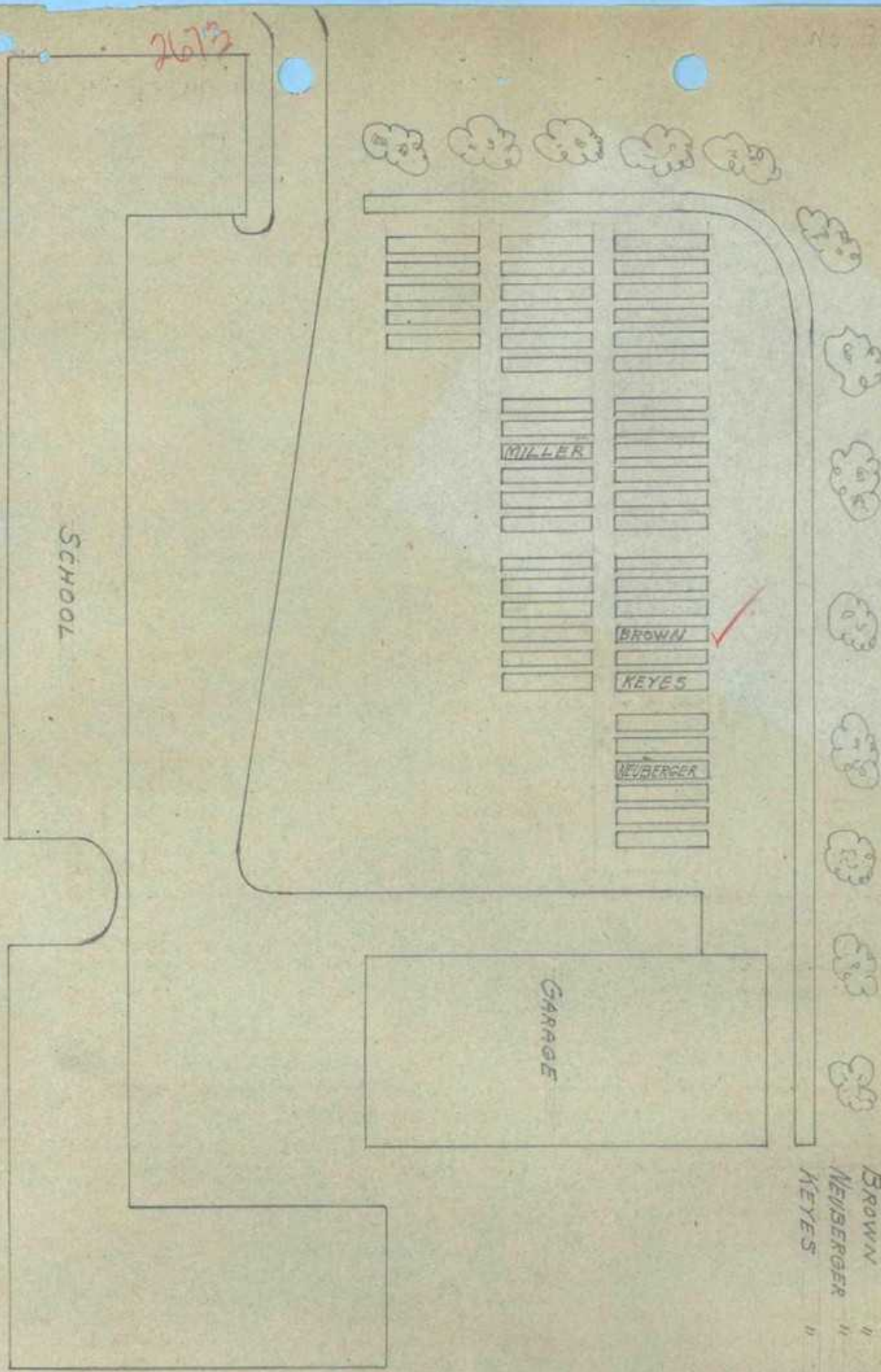
Signature of Investigating Officer
And Lt. C-131816

Rank _____ ASN _____
Disinterment approved by, (Hq Authorizing Exhumation) _____
Disinterment and *reburial/burial made by: _____
Date of *burial/reburial: _____
Place of *burial/reburial U.S. Military Cemetery: _____
Plot _____ Row _____ Grave _____

NOTE: Additional particulars regarding investigations will be placed on additional sheet.

*Cross out words not applicable.

2673



VALOGNES
 3058 QM. GR. REG. CO. 4TH PLT.

REBURIED IN
 BLOSVILLE CEM.

NAME	ROW	GR.
MILLER	AA	5 100
BROWN	"	8 141
NEUBERGER	"	8 142
KEYES	"	8 143

2673

121 Main Street
Oak Harbor, Ohio
March 27, 1945

The Quartermaster General
Army Service Forces
Washington 25, D. C.

With reference to letter your headquarters, dated 24 March 1945,
I am inclosing signed flag application.

Your letter stated official records of your office show that the
remains of my husband, Technician Fourth Grade William C. Brown, were
not recovered. However, I have received from the Quartermaster Effects
Depot in Kansas City a wedding ring which I have identified as being
my husbands. This ring was forwarded to me with a letter stating it
had been received from overseas, and it did not come with the box of
personal belongings I received several weeks later which leads me to
believe that the remains of my husband had been recovered.

Request an effort be made to clarify this condition, and any
further information will be deeply appreciated.

Very truly yours

(Mrs.) Carol L. Brown

COPY



121 Main Street
Oak Harbor, Ohio
March 27, 1945

The Quartermaster General
Army Service Forces
Washington 25, D. C.

With reference to letter from headquarters, dated 22 March 1945,
I am inclosing signed flag application.

Your letter stated official records of your office show that the
remains of my husband, Technician Fourth Grade William C. Brown, were
not recovered. However, I have received from the Quartermaster Effects
Depot in Kansas City a wedding ring which I have identified as being
my husband's. This ring was forwarded to me with a letter stating it
had been received from overseas, and it did not come with the box of
personal belongings I received several weeks later which leads me to
believe that the remains of my husband had been recovered.

Request an effort be made to clarify this condition, and any
further information will be deeply appreciated.

Very truly yours

(Mrs.) Carol L. Brown



COPY



WAR DEPARTMENT
MESSAGEFORM

March 2673
Date 31 May 1945

File No. SPQYG 293 Brown, William C.
S.N. 35 333 922

Telephone No. 3802

Office of origin Memorial Planning and Registration Graves Registration SPQYG 293
(Arm or service) (Division) (Branch) (Section) (Symbol)

Address 2nd and "T" Streets, S.W., Washington 25, D. C.

To: The Effects Quartermaster
Kansas City Quartermaster
601 Hardesty Avenue
Kansas City 1, Missouri

PRECEDENCE	
WIRE OR RADIO	ESSENTIAL MILITARY MAIL
Urgent	Air mail
Priority	Special delivery
Routine	Ordinary <input checked="" type="checkbox"/>
Deferred	Registered
Week end	
Any message not X'd for precedence will be sent "Deferred."	
Initial of officer assigning precedence	

MESSAGE:

- Your attention is invited to 2nd Paragraph of the inclosed copy of letter from Mrs. Carol Brown, wife of the late Technician Fourth Grade William C. Brown, 35 333 922.
- It is requested that any information in your records regarding the above mentioned deceased's personal effects be forwarded this office so that further action may be taken to investigate the recovery of remains.

FOR THE QUARTERMASTER GENERAL:

Mayo A. Darling
MAYO A. DARLING
Lt Colonel, QMG
Assistant

1 Incl
Ltr from Mrs. Brown.

INVENTORY OF EFFECTS

(See AR 600-500)

Brown William C. 35333322
(Last name) (First name) (Middle initial) (Army serial number)

late a T/4 Pfcpt. P/A
(Grade) (Organization or arm or service)

who died on ~~the~~ KIA 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	belt money	
1	flash light	
2	testament	
5	holders pictures	
1	eye glasses	
1	billfold	
	book adress	
	pouch tobacco	
1	kit sewing	
2	insignia batt.	
1	letter with 2 watches	
1	book aircraft <i>P 24</i>	
2	pipes smoking	
2	pen fountain	
1	radio	

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

CLASS II—Other effects

NUMBER	ARTICLES



W.D., A.G.O. Form No. 54
July 1, 1943

encl 2

IMMEDIATE ACTION

PC 2673

1 c/s

WFH:LH:am

SPQDK 220.87 (127563)

1st Ind.

ARMY EFFECTS BUREAU, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri, 8 June 1945

TO: The Quartermaster General, Memorial Division, Washington 25, D. C.

1. The ring referred to by Mrs. Brown and the personal effects of decedent listed on inclosed copy W.D., A.G.O. Form No. 54, dated 11 August 1944, APO 472, and signed by Everett E. Andrews, 2nd Lt., were received at this Bureau in the same shipment.

2. No information is available here regarding the source of the ring. Apparently it was forwarded from decedent's former organization, although it was not packed in the container with the other effects, nor listed on applicable Form No. 54. No overseas inventory accompanied the ring.

3. The two packages were not inventoried simultaneously here, and it so happened that the ring was sent to Mrs. Brown prior to the other effects.

For the Commanding Officer:

W. F. Hehman
W. F. HEHMAN
Major Q.M.C.
Asst. Effects Quartermaster

KIA - 1200 #4
EA-24 Jul 45

2 Incls--
Added--Incl 2--a/s

SPQYG 293 Brown, William C.
35 333 922

2nd Ind.

ASF, OCMG, Washington 25, D. C.

10 July 45

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

MEMORIAL DIVISION
JUL 3 11 12 AM '45

It is requested that this office be furnished all available information surrounding the death of the late Technician Fourth Grade William C. Brown, so that a further investigation may be made in an effort to recover the remains.

FOR THE QUARTERMASTER GENERAL:

Arthur L. Warren
ARTHUR L. WARREN
Colonel, QMC
Assistant

Incls n/c

2673

AGRD-C 201 Brown, William C. 3d Ind
(10 Jul 45)
WD, AGO, Demobilized Personnel Records Branch, High Point, N. C.
30 July 1945

TO: The Quartermaster General, Washington 25, D C

The official casualty message received from the Commanding General of the European Theater of Operations stated only that Technician Fourth Grade William C. Brown, 35 333 922, Field Artillery, was killed in action 12 June 1944 in France. Additional records have now been received which confirm this report and show that he was killed at Newbury, Berkshire, France. No further details regarding his death were received.

BY ORDER OF THE SECRETARY OF WAR:

Leopold W. ...
Adjutant General

Incls n/c

SPQYG 293 Brown, William C. 4th Ind.
35 333 922

ASF, OQMG, Washington 25, D. C. 8 Aug 45

TO: Commanding General, Comzone, ETO, APO 887, c/o PM, New York, N.Y.
FOR: The Chief Quartermaster

1. Attention is invited to basic communication and previous indorsements.
2. It is requested that a thorough check be made of Theater Records and if no definite record is on file regarding burial or failure to recover the remains, a search for conclusive evidence regarding the recovery of the remains should be conducted in the vicinity of Newbury, Berkshire, France, and a report furnished this office upon its completion.

FOR THE QUARTERMASTER GENERAL:

Arthur L. Warren

ARTHUR L. WARREN
Colonel, QMC
Assistant

Incls n/c IN
20 AUG. 1945
G.R.S.
APO 887
C-3996

MEH
NOV 3 4 23 5W 42
UNIVERSITY MICROFILMS SECTION

2673
Mauche

HEADQUARTERS 101st AIRBORNE DIVISION ARTILLERY
Office of the Chaplain
APO 472, U. S. Army

17 July 1945

SUBJECT: Location of Soldier's Grave.

TO : G-I, Headquarters 101st Airborne Division.

1. Letter received from Mrs. William C. Brown stating that communication from the Quartermaster General in Washington revealed that as late as 10 April 1945 no graves location was available for T/4 William C. Brown, 35333922, Hq. and Hq. and Service Battery, 377th Precht. F. A. Bn. KIA in France 12 June 1944.

2. According to records of 377th Bn. T/4 Brown was buried by the Germans in a hospital yard at Valognes, Normandie and same was registered by the Germans.

3. It is not known if this information has ever reached the Commanding General, Communications Zone, ETOUSA, APO 887, "Attention: AG Casualty Division".



Robert L. Costner
ROBERT L. COSTNER
Chaplain (Capt.)
U. S. Army

201 - Brown, William C. (Enl) 1st Ind. JER/eag
(17 Jul 45)
HEADQUARTERS 101ST AIRBORNE DIVISION, APO 472, U. S. ARMY, 20 July 1945

TO: Commanding General, Third United States Army, APO 403, U. S. Army.

1. Request correspondence be forwarded to the proper authority to insure appropriate burial of soldier mentioned.
2. If a Graves Registration Form No. 1 is on file, request a copy be forwarded to this Headquarters so that the parents can be notified accordingly.

FOR THE COMMANDING GENERAL:

Recd
AG Cas. Div.
22 JULY 1945

Jack E. Robbins
JACK E. ROBBINS,
Captain, AGD,
Asst. Adj. Gen.

2573

R E S T R I C T E D

B/L Hq 101st Airborne Div Artillery dtd 17 July 45 G-I, Hq 101st A/B Div
Subj: Location of Soldier's Grave.

AG 295.9 - GNMCQ-2 2nd Ind. FCK/dl

(17 July 45)
HEADQUARTERS THIRD US ARMY, OQM, APO 403, US Army, 25 July 1945.

TO: CG, Gr Reg Serv Comd., USFET, APO 887, US Army.

1. Forwarded for your information and necessary action.
2. No additional information is available at this headquarters concerning the remains of T/4 William C. Brown, 35333922.

For the Quartermaster:



Charles E. Hoy

CHARLES E. HOY,
Major, QMC,
Army GRO.

(Manche)
2673

GRS

RGD/CEB/bed

3rd Ind.

HQ US THEATER GRS. TSFET. APO 887, U.S. ARMY. (S: 10 Sept 45) 11 Aug 45.

TO: Graves Registration Officer, Chanor Base Section, APO 562, US Army.

1. With reference to basic communication - request investigation, disinterment and reburial be accomplished in conformance with existing procedure. GR Forms #1 and/or report of investigation will be attached to this correspondence and returned to this office by indorsement.

2. Further request, if reburial is made, a copy of GR Form #1 be forwarded to Hqs 101st Airborne Division, APO 472, and this office notified to that effect.

For the Director General:

F. C. Moore

F. C. MOORE
Capt. QMC
Adjutant.



R E S T R I C T E D

Manche 2673

(Manche 2673)
QM-GR 293.9
4th Ind. JAS/α
OQM, HEADQUARTERS, CHANOR BASE SECTION, APO 562, U. S. ARMY, 15 Aug 1945.

TO: Commanding Officer, 306th QM Battalion, APO 562, U. S. Army.

- 1. Forwarded for compliance with 3rd Indorsement.

For the Base Section Quartermaster:

James A. Seuss
 JAMES A. SEUSS
 Captain,
 Assistant



(Manche 2673)
QM-GR 293.9
5th Ind. WLF/jfh
HEADQUARTERS, 306th QM BN, APO 562, US ARMY, 20 August 1945

TO: Commanding Officer, 3058th QM GR Co., APO 562, US Army.

For compliance with 3rd Indorsement.

By order of Lt Colonel HUNT:

W. L. Ferson
 W. L. FERSON
 1st Lt., QMC
 Adjutant

(Manche 2673)
QM-GR 293.9
6th Ind. TWP/ajb
HEADQUARTERS, 3058 QM GRAVES REGISTRATION CO., APO 562, US ARMY, 25 October 1945.

TO: Commanding Officer, 544th QM Bn., APO 562, U S Army.

- 1. In compliance with requests of basic communication and 3rd Indorsement Investigation, disinterment, and reburial was accomplished.
- 2. GRS Form #1, Report of Investigation, and Sketch are attached to this correspondence.
- 3. In compliance with par 2, 3rd Indorsement a copy of GRS Form #1 together with Report of Investigation, and Sketch have been forwarded to Hqs 101st Airborne Division.

Thomas W. Parsons
 THOMAS W. PARSONS
 2nd Lt. INF
 Commanding

- 3 Incl: 1-GRS Form #1
 2-Report of Investigation
 3-Sketch

Manche 2673

(Manche 2673)
QM-GR 293.9

7th Ind.

CHD/ik

HEADQUARTERS, 544TH QM BATTALION, APO 562, U S ARMY, 29 October 1945.

TO: Commanding Officer, American Graves Registration Command, Hq, Western Zone, APO 562, US Army.

Attention is invited to 6th Ind. and attached inclosures.

For the Commanding Officer:

Charles H. Dickey
CHARLES H. DICKEY,
1st Lt, CMC
Adjutant

3 Incl: n/c



(Manche 2673)
QM-GR 293.9

8th Ind.

JGG/WGS/e

AMERICAN GRAVES REGISTRATION COMMAND, HQ. WESTERN ZONE, 531ST QM GROUP, APO 562, U.S.ARMY, 5 NOVEMBER 1945.

TO: Commanding General, American Graves Registration Command, Theater Service Forces European Theater, APO 887, US Army.

3 Incl: n/c



JGG
J. G.

CERTIFICATE

(AR 30-1830)

WORLD WAR II DECEASED

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

PART A - CIVILIAN OR PRIVATE CEMETERY

A

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT <i>William C. Brown</i>	GRADE <i>Teo 4</i>	SERIAL NUMBER <i>56333922</i>	COMPONENT <i>Army</i>
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I certify that the sum of \$ 225.⁰⁰ 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 <i>Riverview</i>	CITY OR COUNTY <i>Port Clinton</i>	STATE <i>Ohio</i>
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: (Return original and three copies) To: AMERICAN GRAVES REGISTRATION DIVISION COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS 15 OHIO		SIGNATURE OF CLAIMANT <i>Leslie Brown</i>
ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>Port Clinton 317 Harrison Ohio</i>		RELATIONSHIP TO DECEDENT <i>Father</i>
		DATE <i>4-29-48</i>

PART B - NATIONAL OR POST CEMETERY

B

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
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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 <i>6/2/48</i>
	ADDRESS OF CLAIMANT (City, Street or RFD, and State)
	RELATIONSHIP TO DECEDENT
	DATE

QMC FORM 1236
23 OCT 47

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

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

T/4 William C. Brown, IS 333 922
Plot AA, Row 8, Grave 101,
United States Military Cemetery
Blesville, France

15 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, Leslie Brown (Please indicate relationship to the deceased by placing an "X" in the proper box.)
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- 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
Riverview Cemetery, Port Clinton, Ohio
(NAME AND LOCATION OF CEMETERY)
- 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)
- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

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

*no processed
in Nov. 47 RBS*

*checked 27 Oct 47
Sallagher*

OCT 16

at

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 Gerner & Wolf Funeral Directors			
NUMBER AND STREET 119 Madison St.	CITY OR TOWN Port Clinton	COUNTY OR PROVINCE Ottawa	STATE OR TERRITORY OF U. S. A., OR COUNTRY Ohio
EXPRESS OFFICE (Nearest railroad passenger station) Port Clinton, O.	TELEGRAPH ADDRESS Port Clinton, O.		TELEPHONE No. 9511

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 Brown	FIRST NAME Edna	MIDDLE INITIAL M.	RELATIONSHIP TO DECEASED Mother
NUMBER AND STREET 317 Harrison Street	CITY OR TOWN Port Clinton	COUNTY OR PROVINCE Ottawa	STATE OR TERRITORY OF U. S. A., OR COUNTRY Ohio

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.

Leslie Brown (SIGNATURE OF NEXT OF KIN) 317 Harrison Street (STREET AND NUMBER)
 Leslie Brown (NAME PRINTED OR TYPED) Port Clinton, Ohio (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 22nd day of Sept.,
 1947, at city (or town) of Port Clinton, county of Ottawa, and State (or Territory or
 District) of Ohio

Ezra E. Hiss
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 EZRA E. HISS, Notary Public
 My commission expires Jan. 5, 1950
 (OFFICIAL TITLE)

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

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)