

10573

# RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DISTRIBUTION DEPOT

COLUMBUS 15 OHIO

ROUTINE

5  
8 SEPTEMBER 1948

REMAINS CONSIGNED TO:

W L CASE & COMPANY FUNERAL DIRECTOR

413 ADAMS STREET

SAGINAW MICHIGAN

FROM QMDCG BAIDEN

REMAINS OF THE LATE PFC JACK J KOLHAGEN ASN 36863236, BEING SHIPPED TO YOU

ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER 333 NEW YORK CENTRAL RAILROAD

LEAVING COLUMBUS OHIO 11:20 PM NINTH SEPTEMBER AND DUE TO ARRIVE SAGINAW MICHIGAN

11:21 AM RAILROAD TIME TENTH SEPTEMBER. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT

REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION

ON TO NEXT OF KIN

HAT  
FILE  
RECORDS ANNOTATED  
DATE OCT 6 1948  
NAME Cureton  
R & R BR.

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

THIS 10th DAY OF Sept, 1948

DAY MONTH

Cpl. Everett V. Fletcher  
WITNESS (Escort)

W L Case and Co  
CONSIGNEE  
W. W. Case

# DISINTERMENT DIRECTIVE

## SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3555 01598

DATE

15 03 48  
DAY MONTH YEAR

NAME

KOLHAGEN JACK J

SERIAL NUMBER

36883236

RANK

PFC

ARM

1

DATE OF DEATH

DAY MONTH YEAR  
15 03 48

CEMETERY

MARIGNY - ST LO

DISPOSITION OF REMAINS

1 6200 07  
CODE DIST. PT.

PLOT

K

ROW

1

GRAVE

10

COUNTRY

FRANCE

CAUSE OF DEATH

1

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

W. L. CASE AND COMPANY  
413 ADAMS STREET  
SAGINAW, MICHIGAN

NAME AND ADDRESS OF NEXT OF KIN

JOHN KOLHAGEN (FATHER)  
1115 JONES 115 NORTH 13<sup>th</sup> ST.  
SAGINAW, MICHIGAN

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

KOLHAGEN JACK J

SERIAL NUMBER

36883236

RANK

PFC

DATE OF DEATH

DATE DISTINTERRED

23 June 1948

IDENTIFICATION TAG ON

ORGANIZATION

☒ REMAINS  
☒ MARKER

USAGF

RELIGION

P

IDENTIFICATION VERIFIED BY

W.G. STRAUBE, EMB.

NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

OD UNIFORM

CONDITION OF REMAINS

ADV. DECOMPOSITION. CRUSHED SKULL.  
MULTIPLE FRACTURES & FRACT. MANDIBLE.

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN transfer case

DATE 23 June 1948

BY

W.G. STRAUBE

CASKET SEALED BY

EMBALMER (Signature)

H.F. PERGANDE

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY  
plates verified by: John Palyok  
(except casketing) JOHN PALYOK, 1 LT. FA.

DATE July 48 BY R. COOK

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

JOHN L. BOYD, 2 LT. FA.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CASUALTY INVESTIGATION

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM USMC MARIGNY KIND OF CONVEYANCE TRUCK		TO CASKETING POINT A, CHERBOURG NAME OF CONVOYER PFC. A.E. MC GARY	
SIGNATURE OF SHIPPER <i>John J. Andrews</i> JOHN J. ANDREWS, 1 LT. INF.	DATE 48 28 June	SIGNATURE OF RECEIVER <i>E.N. Ciampo</i> E.N. CIAMPO, 1 LT. FA.	DATE 48 28 June

## 2. SHIPPED

FROM CASKETING POINT A, CHERBOURG KIND OF CONVEYANCE TRUCK		TO PORT UNIT, CHERBOURG NAME OF CONVOYER T/SG J.G. FULLER	
SIGNATURE OF SHIPPER <i>E.N. Ciampo</i> E.N. CIAMPO, 1 LT. FA.	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> JOHN E. HENDRY JR., MAJ., CAC.	DATE

## 3. SHIPPED

FROM PORT UNIT, CHERBOURG KIND OF CONVEYANCE USAT LAWRENCE VICTORY		TO NYPOE NAME OF CONVOYER JOSEPH J CARROLL, 1ST LT. TC	
SIGNATURE OF SHIPPER JOHN E HENDRY JR., MAJ., CAC	DATE 3 Aug 1948	SIGNATURE OF RECEIVER <i>Joseph J Carroll</i>	DATE

## 4. SHIPPED

FROM KIND OF CONVEYANCE <input checked="" type="checkbox"/> WORKER		TO NAME OF CONVOYER <i>James L. McKinnon</i>	
SIGNATURE OF SHIPPER <i>James L. McKinnon</i>	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i>	DATE AUG 19 1948

## 5. SHIPPED PORT TRANSPORTATION OFFICER

FROM KIND OF CONVEYANCE SACINAM NICHIOAN		TO NAME OF CONVOYER <i>James L. McKinnon</i>	
SIGNATURE OF SHIPPER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T.C.	DATE AUG 21 1948	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i>	DATE

## 6. SHIPPED

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

## 7. SHIPPED

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



# MESSAGEFORM

MESSAGE CENTER NO. TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

NY-014K

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

WESTERN UNION

GR

FROM: (Originator)

SPACE ABOVE FOR SIGNAL CENTER ONLY

SECURITY CLASSIFICATION

GOVT PD

ACTION TO:

JOHN KOLHAGEN  
DLR AND REPORT ANY CHARGES  
1115 1/2 JONES  
SAGINAW MICHIGAN

ACTION

PRECEDENCE FOR

INFORMATION

DAY LETTER

☐ ORIGINAL MESSAGE

IDENTIFICATION

REFERS TO ANOTHER MESSAGE

CLASSIFICATION

INFORMATION TO: FROM QMDCG 27480-H BARDEN

WE HAVE BEEN ADVISED REMAINS OF THE LATE PRIVATE FIRST CLASS

JACK J KOLHAGEN

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO W L CASE AND COMPANY FUNERAL DIRECTORS 413 ADAMS STREET

SAGINAW MICHIGAN

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL

INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS.

BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

OFFICIAL TITLE

FRANCIS FAPPIANO  
CAPT, QMC, Asst AGR Div

PAGE OF

WD AGO FORM 11-168  
18 JUN 1945

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

16-45801-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

Model 1

Rail - Funeral Director Designated

WUB023 SVC GD

YOUR NUMBER 27480A JOHN KOLHAGEN QQT QXW SAGINAW MICH THERD WAS  
NO ONE AT HOME AND WE WILL KEEP TRYING

SVC BUR COLUMBUS OHIO AUG 16.

813A AUG 17.

WU A218 47 GOVT COLLECT SAGINAW MICH AUG 17 1046A  
BOWMAN CO COLS GENL DISTR DEPOT

SHIPPING INSTRUCTIONS RECEIVED CONCERNING LATE PFC JACK J.  
KOLHAGEN ARE CORRECT VFW WILL HAVE CHARGE OF SERVICES  
MY CORRECT MAILING ADDRESS IS JOHN KOLHAGEN 115 NORTH  
13TH ST SAGINAW MICHIGAN ARRANGEMENTS HAVE BEEN MADE WITH  
W L CASE AND CO FUNERAL DIRECTORS TO ACCEPT THE REMAINS  
JOHN KOLHAGEN

VFW 115 13

125P

**INSPECTION CHECKLIST**  
(FOR USE AT DISTRIBUTION CENTER)

*NY 014B*

NAME  <b>Kolhagen, Jack J.</b>			RANK  <b>Pfc.</b>		SERIAL NUMBER  <b>36883236</b>		
SOURCE			CONSIGNEE  <b>W.L. Case &amp; Son, Funeral Director</b> <b>413 Adams St., Saginaw, Michigan</b>				
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)			CONDITION OF SHIPPING CASE (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (EXTERIOR)			REMARKS <i>touch up in grey</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 checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (EXTERIOR)			REMARKS <i>touch up in grey</i>				
HANDLES AND FASTENINGS							
STENCILING - NAMEPLATE							
CAM LOCKS (SEALING)							
ODOR OR MOISTURE							
(Empty row)							
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		<input type="checkbox"/> NO		
NECESSARY DISINFECTION (EXPLAIN)			CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO		
			SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO		
			SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO		
			REMARKS				
			(Empty row)				
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR		
			<i>1210</i>	<i>9/1/48</i>	<i>Boothby</i> <i>DDM</i>		
REMARKS							
(Empty space for remarks)							

# REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

NAME OF DECEDENT (Last, First, Middle Initial)

BRANCH OF SERVICE

TO BE FILLED IN BY CLAIMANT

Kollagen, Jack J.

Army

RANK OR GRADE

SERIAL NO.

Pfc

36883236

A. ☒ INTERMENT EXPENSES  
(Civilian or Private Cemetery)B. ☐ TRANSPORTATION EXPENSES  
(National or Post Cemetery)

## INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME

of cemetery, Forest Lawn

CITY OR COUNTY:

Saginaw,

STATE:

Michigan

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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: (City, town, or place from which remains were shipped)

TO: (Name and Location of National or Post Cemetery)

SIGNATURE OF CLAIMANT

ADDRESS (Street number or RFD, City and State)

RELATIONSHIP TO DECEDENT

RETURN FOUR COPIES TO

AMERICAN GRAVES REGISTRATION DIVISION  
COLUMBUS GENERAL DISTRIBUTION DEPOT  
COLUMBUS 15, OHIO

REMARKS

PAID ON VOUCHER 50751

11/16/8 ACCOUNTS OF  
W. KNOBELOCH, Lt. Col. F. D.

SYMBOL NO. 211-943



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PART A

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

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

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

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

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PART B

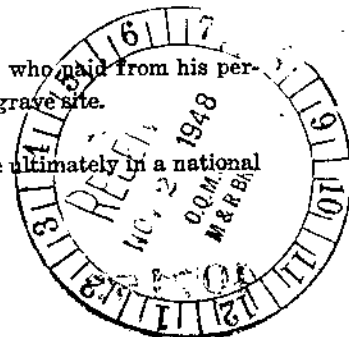
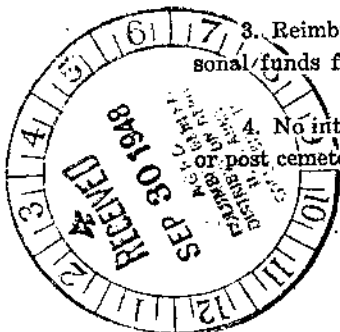
---

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

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

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

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



Pfc Jack J. Kolhagen, 36 883 236  
Plot K, Row 1, Grave 10,  
United States Military Cemetery  
Marigny, France

27 October 1947

Mr. John Kolhagen  
Route #5, State Street  
Saginaw, Michigan

Dear Mr. Kolhagen:

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

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

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

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

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

8  
Incls.  
js  
cu

OCT 31 11 59 AM '47  
O D M C  
RECORDS BRANCH

3 October 1946

Mr. John Kolhagen  
Route #5, State Street  
Saginaw, Michigan

Dear Mr. Kolhagen:

293  
The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Jack J. Kolhagen, A.S.N. 36 883 236.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Marigny, plot K, row 1, grave 10. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located nine miles west of St. Lo, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

Oct 3 11 43 AM '46  
OCT 3 11 43 AM '46  
MAIL & RECORDS BRANCH  
O.C.H.G.  
MAIL & RECORDS BRANCH

100

## REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc Jack J. Kolhagen, 36 883 236  
 Plot K, Row 1, Grave 10,  
 United States Military Cemetery  
 Marigny, France

27 October 1947

DO NOT WRITE ABOVE THIS LINE

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

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

## PART I

I, John Kolhagen  
 (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) Father

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

Forest Lawn Cemetery, Saginaw, Mich.  
 (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.)

all OK —

100 proc APR 5 1948

Called 23 Mar. 48

Madley

OQMG FORM 345 MILITARY  
 14 NOV 1946

16-50411-1

PAGE 1

FEB 24



**PART I (Continued)**

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your 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
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		TELEPHONE No.

OR

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

FULL NAME OF FUNERAL DIRECTOR <i>W. L. Case &amp; Co.</i>			
<i>413 Adams</i>			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<i>413 Adams St.</i>	<i>Saginaw</i>	<i>Saginaw</i>	<i>Mich</i>
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
<i>Saginaw, Mich</i>	<i>Saginaw, Mich</i>	<i>3-5441</i>	

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
<i>William Kalhagen</i>	<i>William</i>		<i>uncle</i>
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<i>Route 1</i>	<i>Saginaw</i>	<i>Saginaw</i>	<i>Mich</i>

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

*Please notify me or undertaker as soon as remains reach the United States.*

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.

<i>John Kalhagen</i> (SIGNATURE OF NEXT OF KIN)	<i>8115 1/2 Jones</i> (STREET AND NUMBER)
<i>John Kalhagen</i> (NAME PRINTED OR TYPED)	<i>Saginaw, Mich</i> (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 19 day of Nov. 1947, at city (or town) of Saginaw, county of Saginaw, and State (or Territory or District) of Michigan

*C. E. Dana*  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
*Notary Public*  
(OFFICIAL TITLE)

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

PAGE 2 My Comm. expires - apr. 23, 1950

## PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____ (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)

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

August 1944

Date

277

Kolhagen,

Last Name

Jack J.

First

Initial

Unknown

Rank

36883236

Serial No.

Unit

29th Div.

Organization

Normandy, France

Place of Death

Est. 3 August 1944

Date of Death

KTA, Shrapnel Mult.

Cause of Death

1600 6 August 1944

Time and Date of Burial

Marigny Cem # 1

Name of Cemetery

393633

Name or Coordinates of Location

10

Grave Number

1

Row Number

Plot Number

Cross

Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right: Kittle 35279275 Pfc. 28th Div. 11

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left: Macias 38161180 Pvt. 28th Div. 9

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 Protestant.

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

Pencil  
Ribbons (Fwd to Effects Quartermaster)

Signature of Officer or other person reporting burial  
HARRY DUBROV, 1st Lt., QMC

Verified by G.R.S. Officer

NOV 22 1944

Enc #70

# 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.

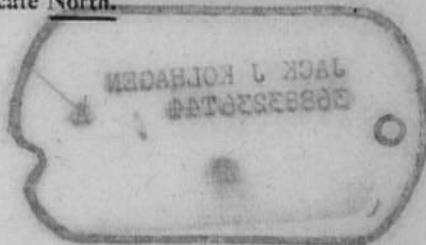
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

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

Who is buried on:  
 Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

## TOOTH CHART

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.



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

Pencil  
 Ribbon (Fwd to Effects Quartermaster)

AG P BR HQ SOS

/22560

Deceased's Left

Deceased's Right

Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

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

Characteristics:

Other Data:

Name

Address

Emergency Address

Religion Protestant

Signature of Officer or other person reporting

HARRY DUBROV, 1st Lt. OMC

Verified by O.S. Officer

Left Hand

Right Hand

Disposition of Identification Tags: Buried with body Yes ☒ No ☐  
 How were remains identified? \_\_\_\_\_

What means of identification were buried with the body? \_\_\_\_\_

Who is buried on:  
 Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_



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

185896

**—BATTLE CASUALTY REPORT**

NAME			SERIAL NUMBER			GRADE	ARM OR SERVICE	REPORTING THEATRE
KOLHAGEN JACK J			36883236			PFC	INF	ETO
PLACE OF CASUALTY		DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER		
FRANCE		DAY	MONTH	YEAR				
		03	AUG	44		MIA	165	

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
MR JOHN KOLHAGEN			FATHER	25 AUG 44
NO. AND NAME OF STREET—CITY—STATE				
ROUTE NUMBER FIVE STATE STREET SAGINAW MICHIGAN 48605				

REMARKS:

☒ CORRECTED COPY



*11 Dec 44*

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	R. A. NOTIFIED					
FORWARDED TO: <input type="checkbox"/> SPEC. IDEN. <input checked="" type="checkbox"/> TELEGRAM <input type="checkbox"/> WOUNDED <input type="checkbox"/> LETTER <input type="checkbox"/> CORRES. <input type="checkbox"/> F. 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 _____									

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" ☐ 28 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.

AMOUNT OF CHECK	NOTE DISCREPANCY IN		INCLOSE VALUABLES	RECIPIENT FROM
	NAME		SHIP VALUABLES	CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER		VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK			FORM 20
<p>Pfc. Jack J. Kolhagen ✓</p> <p>36 883 236 ✓</p> <p>185896-D ✓</p> <p>Mr. John Kolhagen ✓</p> <p>214 North Harrison Street ✓</p> <p>Saginaw, Michigan ✓</p>				<input checked="" type="checkbox"/> LETTER
				NO. & TYPE OF CONTAINER
				ENVELOPE
				/ CARTONS
				PACKAGE
				FOOT LOCKER
				SPECIAL INSTRUCTIONS
				REMOVE GI
				SHIP BLOODSTAINED
				SHIP DAMAGED
REMOVE BL'OSTAINED				
REMOVE DAMAGED				
FILMS REMOVED				
DIARY REMOVED				
RTB:DM:dmb		SUMMARY COURT DATA		DATE ACTION TAKEN
DATE OF FINDING	APPLICANT			10 Jan 46
REMARKS				MAIL REVIEWER (initials)
				ee
				/SHIPPED
				FRANKED ✓
				EXPRESS
				FREIGHT
				DATE SHIPPED
				SHIPPING CLERK
				0000-1 - <i>MARK</i>
				ROUTING
ACCOUNTING BRANCH				
/ WAREHOUSE				
FILE				
ORDER FOR ACTION				

EFF OM FORM 14  
10 OCT 1945

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

REPORT OF DEATH

DATE 9 Sept 1944  
Wells 4629

FULL NAME <u>Kolhagen, Jack J.</u>		ARMY SERIAL NUMBER <u>36,883,236</u>	GRADE <u>PTC</u>
HOME ADDRESS <u>Saginaw, Michigan</u>		ARM OR SERVICE <u>Infantry</u>	DATE OF BIRTH <u>10 Aug 1925</u>
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>3 Aug 1944</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>27 Sept 1943</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  <u>Mr. John Kolhagen (Father) Rt. #5 State St., Saginaw, Mich.</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mr. John Kolhagen ( Father ) Rt. #5 State St., Saginaw, Mich.</u> <u>Etta Kolhagen (Step-Mother) Same address as above.</u>			
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECREASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES NO		YES NO	
		<b>X</b>	
OTHER PAY STATUS (SPECIFY BELOW) YES NO			

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is ~~listed~~ held by the War Department to have been in a missing in action status ~~from~~ from 3 August 1944 until such absence was terminated on 3 September 1944 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

14 SEP 1944 FILE  
*WJ*

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

☒ BATTLE  
☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

*John T. Winn*  
John T. Winn

ADJUTANT GENERAL

185896  
TW

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

**REPORT OF DEATH**

DATE **9 Sept 1944**  
**Wells 4629**

FULL NAME <b>Kolhagen, Jack J.</b>				ARMY SERIAL NUMBER <b>36,883,236</b>		GRADE <b>PTC</b>	
HOME ADDRESS <b>Saginaw, Michigan</b>				ARM OR SERVICE <b>Infantry</b>		DATE OF BIRTH <b>10 Aug 1925</b>	
PLACE OF DEATH <b>European Area</b>			CAUSE OF DEATH <b>Killed in action</b>			DATE OF DEATH <b>3 Aug 1944</b>	
STATION OF DECEASED <b>European Area</b>				DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>27 Sept 1943</b>		LENGTH OF SERVICE FOR PAY PURPOSES	
						YEARS	MONTHS
						DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  <b>Mr. John Kolhagen (Father) Rt. #5 State St., Saginaw, Mich.</b>							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)  <b>Mr. John Kolhagen ( Father ) Rt. #5 State St., Saginaw, Mich.</b> <b>Etta Kolhagen (Step-Mother) Same address as above.</b>							
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS	
YES	NO	YES	NO	YES	NO	YES	NO
						AUTHORIZED ABSENCE	
						YES	NO
						IN FLYING PAY STATUS	
						YES	NO
						OTHER PAY STATUS (SPECIFY BELOW)	
						<b>X</b>	

**ADDITIONAL DATA AND/OR STATEMENT**

The individual named in this report of death is ~~not~~ held by the War Department to have been in a missing in action status ~~from~~ from 3 August 1944 until such absence was terminated on 3 September 1944 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:		
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G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

☒ **BATTLE**  
☐ **NON-BATTLE**

BY ORDER OF THE SECRETARY OF WAR:

*John T. Winn*  
**John T. Winn**

ADJUTANT GENERAL



105,896

ATTACHMENTS		EFFECTS INVENTORY		STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY <input checked="" type="checkbox"/>	<b>ARMY EFFECTS BUREAU</b>		<input type="checkbox"/>	DECEASED
<input type="checkbox"/>	G. R. OR SUB GR LABEL			<input type="checkbox"/>	MISSING
<input type="checkbox"/>	WILL OR POWER OF ATTY.			<input type="checkbox"/>	P. O. W.
<input type="checkbox"/>	TALLY IN FORM 43 <input checked="" type="checkbox"/>			<input type="checkbox"/>	ABANDONED
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>	BAGS, CLOTH OR TRAVEL	<input type="checkbox"/>	BELT	<input type="checkbox"/>	
<input type="checkbox"/>	BELT, MONEY (NO MONEY)	<input type="checkbox"/>	BOOKS, ADDRESS	<input type="checkbox"/>	
<input type="checkbox"/>	BILLFOLD (NO MONEY)	<input type="checkbox"/>	BOOKS, PILOT LOG	<input type="checkbox"/>	
<input type="checkbox"/>	BOOKS	<input type="checkbox"/>	BRUSHES	<input type="checkbox"/>	
<input type="checkbox"/>	BRACELET, IDENT.	<input type="checkbox"/>	CASE	<input type="checkbox"/>	
<input type="checkbox"/>	CAMERAS	<input type="checkbox"/>	CLOTH, WASH	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	CLOTHING	<input type="checkbox"/>	COATS	<input type="checkbox"/>	
<input type="checkbox"/>	MISC. ARTICLES	<input type="checkbox"/>	FOOTLOCKER	<input type="checkbox"/>	
<input type="checkbox"/>	RELIGIOUS ARTICLES	<input type="checkbox"/>	FOOTWEAR, PR.	<input type="checkbox"/>	
<input type="checkbox"/>	RIBBONS, DECORATION	<input type="checkbox"/>	GLASSES	<input type="checkbox"/>	
<input type="checkbox"/>	SHORT SNORTER	<input type="checkbox"/>	GLOVES, PR.	<input type="checkbox"/>	
<input type="checkbox"/>	SOUVENIR MONEY	<input type="checkbox"/>	HANDKERCHIEFS	<input type="checkbox"/>	
<input type="checkbox"/>	SOUVENIRS	<input type="checkbox"/>	HEADWEAR	<input type="checkbox"/>	
<input type="checkbox"/>	TESTAMENTS	<input type="checkbox"/>	JACKETS	<input type="checkbox"/>	
<input type="checkbox"/>	TOWELS & WASHCLOTHS	<input type="checkbox"/>	KITS	<input type="checkbox"/>	
<input type="checkbox"/>	U. S. MONEY (AMOUNT)	<input type="checkbox"/>	KNIVES	<input type="checkbox"/>	
<input type="checkbox"/>	WATCH	<input type="checkbox"/>	LETTERS	<input type="checkbox"/>	
<input type="checkbox"/>	WINGS	<input type="checkbox"/>	LIGHTERS	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	OVERCOATS	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	PAPERS, PERSONAL	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	PENCIL, MECHANICAL	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	PEN, FOUNTAIN	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	PHOTOS	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	PIPES	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	RINGS	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	SCARFS	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	SHIRTS	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	SOCKS, PR.	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	STATIONERY	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	TIES	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	TOBACCO	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	TOILET ARTICLES	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	TOWELS	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	TROUSERS, PR.	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	TRUNKS, PR.	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	UNDERWEAR	<input type="checkbox"/>	

CONTAINERS ADDRESSED TO	INFORMATION
<i>none</i>	<i>Don Kalhagen</i> <i>P. F. D. # 3 -</i> <i>Lagunaw,</i> <i>Mich</i>
NAME AND STATUS VARIATIONS <i>43 shows name</i> <i>Jack J. Kalhagen</i>	CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL
BOND			ORIG. REG. MAIL
TRAV. CHECK			TO G. A. O.
FOREIGN CURRENCY		MUTILATED	
U. S. CURRENCY		TO ISSUING AGENCY	
DATE			
BANK OR PLACE OF ISSUE			
PAYEE			
REMITTER OR DRAWER			
TALLY NO. <i>6021</i> ORIG. NO. OF PKGS. EXAMINING DATE <i>19 Dec 1945</i> BOX NO. SHEET OF SHEETS			
NAME <i>JACK J. KOLHAGEN</i>		A. S. N. <i>36883236</i>	
ORGANIZATION		RANK CASE NO.	
WAREHOUSE SPACE <i>1438</i>	EXAMINED BY <i>Gunn</i>	DIARY REMOVED	
PACKAGE DESCRIPTION <i>111011</i>	PACKED BY	PHOTO FILM REMOVED	
	INSPECTED BY	MOTION PICTURE FILM REMOVED	
	STORED BY <i>150</i>	DATE <i>JAN 15 1946</i>	BY WHOM <i>DMK</i>

KOLNAGEN, JACK J

-- 3236

DAY

PALLET

BOX

TALLY

TYPE PKG.

6021

CTN

KOLHAGEN, JACK J.

27228

36883236

13,12,44.

E,27228

✓   ✓   ✓   ✓   ✓  
photographs, mail, belt, brush, wallet,  
shaving brush, ✓ soap box, ✓ pencil, razor, ✓  
prayer book, comb

185896

RTB:DM:cms  
January 10, 1946

Dear Mr. Kolhagen:

The Army Effects Bureau has received some additional property of your son, Private First Class Jack J. Kolhagen.

These effects are being forwarded to you in one carton.

If, for some reason, the property has not reached you at the expiration of thirty days from the date of this letter, please notify me so tracer can 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 decedent's legal residence.

Yours very truly,

HARRY NIEMIEC  
2nd Lt., QMC  
Chief, Correspondence Branch

ll  
1/10

ARMY SERVICES FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. John Kolhagen

SHIP TO:

214 North Harrison Street

Pfc Jack J. Kolhagen

Saginaw, Michigan

Effects of:

Name

36 883 236

ASN

185,896 D

Case No.

Wt.

DATE 12 April 1945

B. C. Cawant  
FOR: Effects Quartermaster

JRM:VB:ao  
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.

1 encl  
REMARKS:

Franked           
Est. Exp. Chgs.           
Est. Frt. Chgs.           
No. of packages   1  

m APR 19 1945  
Shipping Clerk



178

SHEET 1 OF 1 SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER 6		ORIGINAL NUMBER OF PACKAGES 1		MISSING <input checked="" type="checkbox"/>
TALLY NUMBER 6140	INVENTORY DATE 17 MAR 45	CASE NUMBER 185896		
EFFECTS OF James J. Kolhagen				RANK —
A.S.N. 36883236		ORGANIZATION 29th Div.		
PACKAGE DESCRIPTION H 1				

CLOTHING	PERSONAL ITEMS	CONTAINERS
BELT	BRACELET, IDENTIFICATION	BAGS, CLOTH
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL
CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY)
COATS	GLASSES	CASE
FOOTWEAR, PR.	KNIVES	FOOTLOCKER
GLOVES, PR.	LIGHTERS	KIT, SEWING
HANDKERCHIEFS	MISC. INSIGNIA	KIT, TOILET
HEADWEAR	MISC. ITEMS	KIT, WRITING
JACKETS	PEN, FOUNTAIN	PAPERS AND MISC.
OVERCOATS	PENCIL, MECHANICAL	BOOKS
SCARFS	PIPES	BOOKS, ADDRESS
SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE
SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG
TIES	RINGS	DIARY (REMOVED FOR DURATION)
TOWELS	TOBACCO	FILMS
TROUSERS, PR.	TOILET ARTICLES	LETTERS
TRUNKS, PR.	WATCH	PAPERS, PERSONAL
UNDERWEAR	WINGS	PHOTOS
		SHOE SHINE ARTICLES
		SHORT SHORTER
		SOUVENIRS
		SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

REMARKS:	ATTACHMENTS:	FORM #54	FORM #100
----------	--------------	----------	-----------

no information  
 12 of 12  
 \* Damaged  
 1 Inventory  
 1 Dr. Label

C.A.T. none	WEIGHT	GI REMOVED
WAREHOUSE SPACE 13X1	DATE SHIPPED 19 MAR 45	SHORTAGE ON REVERSE
INVENTORIED BY Knudson	STORED BY	IDENT. TAGS REMOVED
PACKED BY	CHECKED BY	DIARY REMOVED
		LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

NAME

KOCHAGEN, JACK

BAY	PALLET	BOX	TALLY
68 row 1		#6	6140
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
G/B			

Eff. QM Form 48

Serial No. 36883236 Name KOLHAGEN, JACK

Grade \_\_\_\_\_ Rank \_\_\_\_\_

Organization \_\_\_\_\_

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 \_\_\_\_\_

INVENTORY OF EFFECTS

The following listed effects  
were found on Unk.

(Rank)

Kolhagen, James J 36883236

(Name)

(ASN)

29th Div Est 3 Aug. 1944

(Orgn)

(Date Died)

Buried at Marigny #1

and effects forwarded to Effects M.

Pend 1 ✓

Ribbon ✓

Ray Decker  
9/10/44

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

JRM:VB:ao

Case No. 185,896

Date 12 April 1945

SUBJECT: Report of transaction in disposing of the effects of

Jack J. Kolhagen

(Name of deceased)

36 883 236

(Army Serial Number)

late a

Private First Class

(Grade)

Infantry

(Organization, Army or Service)

who died

on the 3 day of August, 19 44, 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 decedents camp or quarters; effects of decedent were forwarded to this Summary Court-Martial.

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 10 April 1945, pursuant to Special Orders 228, Headquarters KQCM Depot, dated 25 September 1943, the application or affidavit of

John Kolhagen 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, John Kolhagen of (Name of person found entitled)

814 North Harrison Street  
(Number, Street or Avenue)

Saginaw

(City, Town or Village)

State of

Michigan

is the

father

(Relationship or Capacity)

of the

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.

(Name, Rank, Organization)

SUMMARY COURT MARTIAL





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

IN REPLY REFER TO: 185896 A

*hb*  
JRM:EA:vbc  
December 21, 1944

Mr. John Kolhagen  
214 N. Harrison Street  
Saginaw, Michigan

Dear Mr. Kolhagen:

Thank you for the information furnished in connection with the disposal of personal effects of your son, Private First Class/ Jack J. Kolhagen. I am returning the letter which you submitted.

Although some time may elapse before Private Kolhagen's effects are received at the Army Effects Bureau, you may be sure that any of his property will be forwarded to you promptly upon arrival here.

Your cooperation in supplying the information needed by this Bureau is very much appreciated.

Yours very truly,

A. F. TIMMS  
Administrative Assistant  
Army Effects Bureau

1 Incl—  
Letter

*File*

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

INFORMATION CIRCULAR CONCERNING THE PERSONAL EFFECTS OF  
DECEASED MILITARY PERSONNEL (185896 D)

1. The Army Effects Bureau, Kansas City, Missouri, has been established by the War Department to receive and dispose of the personal effects of military personnel who die outside the continental limits of the United States.

2. Due to hazards of the sea and the many difficulties in transportation of property from overseas, it is impossible to determine accurately when effects will arrive here. However, this circular has been prepared to furnish approximate information regarding the time which may elapse. The following will serve as a guide as to the time that normally is required for effects to reach this Bureau from the various theaters of operations:

EUROPEAN THEATER

Six months.

NORTH AFRICAN THEATER (INCLUDING ITALY)

Six months.

ASIATIC AND SOUTHWEST PACIFIC THEATERS

From ten to twelve months.

3. It is necessary that this Bureau have the following information to enable disposition of the soldier's personal effects, according to existing regulations:

- (a) The name and address of his widow, if he was married. *None*
- (b) The names and addresses of his parents. *Father 214 N Harrison*
- (c) In the event an executor or administrator of the soldier's *Sag. Mich.* estate has been appointed by the probate court, the original or a certified copy of the Letters Testamentary or Letters of Administration should be forwarded to the Army Effects Bureau, for inspection. If original papers are submitted, they will be returned promptly. *None*

4. It is advisable that the next-of-kin inform this Bureau of any change in address.

ARMY EFFECTS BUREAU

*file  
rds*



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

IN REPLY REFER TO 185,896 A

JRM:HA:cly  
October 14, 1944

Mr. John Kolhagen  
214 N. Harrison Street  
Saginaw, Michigan

Dear Mr. Kolhagen:

This refers to your recent letter inquiring about the personal effects of your son, Private First Class Jack J. Kolhagen.

I am sorry to report that the Army Effects Bureau has not yet received any of your son's property. There is inclosed an information circular which will give you some idea of the time which may elapse before personal effects arrive here from overseas.

You will note from Paragraph 3 of the circular that this Bureau needs certain information in order to make disposition of property. You may furnish the necessary information at this time, if you wish, so that your son's effects may be forwarded promptly upon receipt here.

For your convenience, there is inclosed a self-addressed return envelope which requires no postage.

I wish to express my sincere regret of the circumstances prompting this correspondence.

Yours very truly,

A. F. TIMMS  
Administrative Assistant  
Army Effects Bureau

2 Incls--  
Form 76  
Envelope

185896CR

KW

ds 9-2d

September 25, 1944

Army Service Forces  
Kansas City Quartermaster Depot  
601 Hardesty Avenue  
Kansas City 1, Missouri

Re: KOLHAGEN, Jack J. Pfc.  
Killed in action: 8-3-44

Formerly: Pfc. 36883236  
Co. G. 116 Inf.  
APO 29, Postmaster  
New York, N.Y.

Gentlemen:

I recently received official notification from the War Department advising me my son, the above-named serviceman, had been killed in action.

I wish to make application for the serviceman's personal effects at this time.

May I ask that you kindly check this matter and advise me when I may expect to receive the effects and if there is any further information you may require.

Thank you for your prompt attention to this matter.

Yours very truly,

*John Kolhagen*  
Mr. John Kolhagen  
214 N. Harrison Street  
Saginaw, Michigan

*File  
Rosen*

185, 896?

6159 11/25/44 R

Mr. Jack Kolhagen

R. F. D. #5 West Side

Saginaw, Mich

Pvt. Jack Kolhagen





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

IN REPLY REFER TO 185,896

JRM:VB:ao  
April 12, 1945

Mr. John Kolhagen  
214 North Harrison Street  
Saginaw, Michigan

Dear Mr. Kolhagen:

The Army Effects Bureau has received from overseas some property of your son, Private First Class Jack J. Kolhagen.

This property, consisting of one mechanical pencil and decoration ribbons, is being sent you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

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  
SJ Unit

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