

10573

RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DISTRIBUTION DEPOT

COLUMBUS 15 OHIO

ROUTINE ⁵ 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

Cpl. Everett J. Fletcher
WITNESS (Escort)

W L Case and Co.
CONSIGNEE
J. W. Case

1

DISINTERMENT DIRECTIVE

4

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

CEMETERY
MARIGNY - ST LO

DISPOSITION OF REMAINS
1

DATE OF DEATH
6200 07
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
K 1 10 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)
115 1/2 JONES 115 NORTH 13th St.
SAGINAW, MICHIGAN**

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
KOLHAGEN JACK J

SERIAL NUMBER
36883236

RANK
PFC

DATE OF DEATH
23 June 1948

DATE DISTINTERRED
23 June 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
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
H.F. PERGANDE

EMBALMER (Signature)
W.G. Straube

CASKET BOXED AND MARKED
DATE **July 48** BY **R. COOK**

SHIPPING ADDRESS VERIFIED BY
JOHN PALYOK, 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 L. Boyd
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		TO CASKETING POINT A, CHERBOURG	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER PFC. A. E. MCGARY	
SIGNATURE OF SHIPPER <i>[Signature]</i> JOHN J. ANDREWS, 1 LT. INF.	DATE 28 June 48	SIGNATURE OF RECEIVER <i>[Signature]</i> E. N. CIAMPO, 1 LT. FA.	DATE 28 June 48

2. SHIPPED

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

3. SHIPPED

FROM PORT UNIT, CHERBOURG		TO NYPGE	
KIND OF CONVEYANCE USAT LAWRENCE VICTORY		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>[Signature]</i>	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE
		JAMES L. MCKINNON COLONEL, T. C.	

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE WICHITA		NAME OF CONVOYER D. W. MURPHY	
SIGNATURE OF SHIPPER <i>[Signature]</i> JAMES L. MCKINNON COLONEL, T. C.	DATE AUG 21 1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE
		PORT TRANSPORTATION OFFICER	

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

7. SHIPPED

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

Change address

MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS NY-014R	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION WESTERN UNION		EXEMPT	OPERATING SIGNALS	GROUP COUNT 88

FROM: (Originator)

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

INFORMATION TO: FROM QMDCG 27480-H BARDEN

SECURITY CLASSIFICATION GOVT PD	
ACTION DAY LETTER	PRECEDENCE FOR INFORMATION
<input type="checkbox"/> ORIGINAL MESSAGE	
IDENTIFICATION	REFERS TO ANOTHER MESSAGE CLASSIFICATION

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 418 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		AUTHORIZATION	
ORIGINATING AGENCY		SIGNATURE	OFFICIAL TITLE
SYMBOL	DATE-TIME GROUP	FRANCIS FAPPIANO	PAGE OF
		CAPT, QMC, Asst AGR Div	

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.

U

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

185P

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NY 014B

NAME Kolhagen, Jack J.	RANK Pfc.	SERIAL NUMBER 36863236
SOURCE	CONSIGNEE W.L. Case & Son, Funeral Director 411 Adams St., Saginaw, Michigan	
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 ups in tray</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 ups in tray</i>	
HANDLES AND FASTENINGS		
STENCILING - NAMEPLATE		
CAM LOCKS (SEALING)		
ODOR OR MOISTURE		
(Empty)		

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>1210</i>	<i>9/1/48</i>	<i>Boatman</i> <i>WDM</i>

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

A. INTERMENT EXPENSES
(Civilian or Private Cemetery)

RANK OR GRADE

SERIAL NO.

Pfc

36883236

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

FILL IN THIS STATEMENT IF BOX "B" 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:

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)

NAME of cemetery, Forest Lawn

CITY OR COUNTY: Soginaw,

STATE: Michigan

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

John Kalliger

RETURN FOUR COPIES TO

SIGNATURE OF CLAIMANT

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

115 No. 13th St.
ADDRESS (Street number or RFD, City and State)

Soginaw, Mich

RELATIONSHIP TO DECEDENT

Father

REMARKS

PAID ON VOUCHER 50751

11/10/8 ACCOUNTS OF
W. KNOBELOCH, Lt. Col. F. D.

SYMBOL NO. 211-943

PART A

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.

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.

all
JL
CW

RECORDED
O. M. G.
OCT 31 11 59 AM '47

3 October 1946

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

Dear Mr. Kollhagen:

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. Kollhagen, A.S.N. 36 883 236.

293
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,

F. B. LARKIN
Major General
The Quartermaster General

OCT 3 11 43 AM '46

OCT 30 11 43 AM '46
MAIL & RECORDS BRANCH

O.C.H. 7.
MAIL & RECORDS BRANCH

[Handwritten signature]

REQUEST FOR DISPOSITION OF REMAINS

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

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

27 October 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

1. John Kollhagen
(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 -

105 proc APR 5 1948

Called 23 Mar 48
Wedley

DD FORM 1345 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 & Co. 413 Adams</i>			
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.	

413 Adams St. Saginaw Michigan Michigan Saginaw Michigan 3-5441

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

William Kalhagen William Saginaw Michigan Michigan Route 1 Saginaw Michigan

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space see 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.

John Kalhogen (SIGNATURE OF NEXT OF KIN) *1115 1/2 Jones* (STREET AND NUMBER)
John Kalhogen (NAME PRINTED OR TYPED) *Saginaw, Mich.* (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.

_____ (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)

RESTRICTED

31858

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

August 1944 Date

277

Kolhagen, Jack J. Last Name First Initial
 Rank: **Unknown**
 Serial No. **36883236**
 Unit: **116**
 Organization: **29th Div.**
 Place of Death: **Normandy, France**
 Date of Death: **Est. 3 August 1944**
 Cause of Death: **KTA, Shrapnel Mult.**
 Time and Date of Burial: **1600 6 August 1944**
 Name of Cemetery: **Marigny Cem # 1**
 Name or Coordinates of Location: **393633**
 Grave Number: **10** Row Number: **1** Plot Number: **K**
 Type of Marker: **Cross**

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** Name **35279275** Serial No. **Pfc.** Rank **28th Div.** Organization **11** Grave No.
 Deceased's Left: **Macias** Name **38161180** Serial No. **Pvt.** Rank **28th Div.** Organization **9** 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
Ribbon (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

Inc #70

RESTRICTED

FORM NO. 1
Revised 1 page, 1943

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.

Date of Burial: August 1944

Serial No. 388233

Serial No. 388233

Date August 1944

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

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



List only Personal Effects found on Body and disposition of same:
 Ribbon (Red to Effects Quartermaster)
 Pencil

Religion: Protestant

Address:

Emergency Address:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

TOOTH CHART

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

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

Characteristics:

Other Data:

Signature of Officer or Agent: HARRY DUBROV, 1st Lt. U.S. Army

AG P BR MO SOS

122550

Left Hand

Right Hand

Thumb

Thumb

STT

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

Serial No. 388233

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
	DAY	MONTH	YEAR			
FRANCE	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 TW		

REMARKS:

CORRECTED COPY



11 Decided 11

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED _____ FORM 48 _____ AG 201 REC _____

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: SPEC. IDSH. TELEGRAM WOUNDED LETTER CORRES. F. R. & D. CERTIF. N. & M. NON-DEL.

REPORT NOT VERIFIED _____ NO FORM 48 _____ 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 NO.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "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 36 883 236 185896-D</p> <p>Mr. John Kolhagen 214 North Harrison Street Saginaw, Michigan</p>			<input checked="" type="checkbox"/> LETTER
			NO. & TYPE OF CONTAINER
			ENVELOPE
			<input checked="" type="checkbox"/> 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
			MAIL REVIEWER (initials)
			ee
REMARKS			<input checked="" type="checkbox"/> SHIPPED
			FRANKED <input checked="" type="checkbox"/>
			EXPRESS
			FREIGHT
			DATE SHIPPED
		SHIPPING CLERK	
		0799-1 - <i>MARK</i>	
		ROUTING	
		ACCOUNTING, BRANCH	
		<input checked="" type="checkbox"/> 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 Kolhagen, Jack J.		ARMY SERIAL NUMBER 36,883,236	GRADE PTC	
HOME ADDRESS Saginaw, Michigan		ARM OR SERVICE Infantry	DATE OF BIRTH 10 Aug 1925	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 3 Aug 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 27 Sept 1943	LENGTH OF SERVICE FOR PAY PURPOSES	
			YEARS	MONTHS
				DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. John Kolhagen (Father) Rt. #5 State St., Saginaw, Mich.				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mr. John Kolhagen (Father) Rt. #5 State St., Saginaw, Mich. Etta Kolhagen (Step-Mother) Same address as above.				
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT
YES	NO	YES	NO	YES
				NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS
YES	NO	YES	NO	YES
				NO
OTHER PAY STATUS (SPECIFY BELOW)				
YES	NO			
				X

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.

11 SEP 1944 FILE
WJ

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
2. O. O. M. G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. O.	VET. ADMIN.	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 Kolhagen, Jack J.			ARMY SERIAL NUMBER 36,883,236		GRADE PTC								
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					YEARS	MONTHS							
					DAYS								
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. John Kolhagen (Father) Rt. #5 State St., Saginaw, Mich.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mr. John Kolhagen (Father) Rt. #5 State St., Saginaw, Mich. Etta Kolhagen (Step-Mother) Same address as above.													
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
											<input checked="" type="checkbox"/>		

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.



COPIES FURNISHED:		
S. G. O.	F. S. I.	F. O. U. S. A.
2. O. 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:

John T. Winn
John T. Winn

ADJUTANT GENERAL

105,896

ATTACHMENTS		EFFECTS INVENTORY <i>BH</i> ARMY EFFECTS BUREAU	STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY <i>V</i>		DECEASED	
	G. R. OR SUB GR LABEL		MISSING	
	WILL OR POWER OF ATTY.		P. O. W.	
<i>1</i>	TALLY IN FORM 43 <i>V</i>	ABANDONED		
		UNKNOWN		

<input type="checkbox"/>	BAGS, CLOTH OR TRAVEL	<input type="checkbox"/>	BELT	<input type="checkbox"/>	OVERCOATS
<input type="checkbox"/>	BELT, MONEY (NO MONEY)	<input type="checkbox"/>	BOOKS, ADDRESS	<input type="checkbox"/>	PAPERS, PERSONAL
<input type="checkbox"/>	BILLFOLD (NO MONEY)	<input type="checkbox"/>	BOOKS, PILOT LOG	<input type="checkbox"/>	PENCIL, MECHANICAL
<input type="checkbox"/>	BOOKS	<input type="checkbox"/>	BRUSHES	<input type="checkbox"/>	PEN, FOUNTAIN
<input type="checkbox"/>	BRACELET, IDENT.	<input type="checkbox"/>	CASE	<input type="checkbox"/>	PHOTOS
<input type="checkbox"/>	CAMERAS	<input type="checkbox"/>	CLOTH, WASH	<input type="checkbox"/>	PIPES
<input type="checkbox"/>	CLOTHING	<input type="checkbox"/>	COATS	<input type="checkbox"/>	RINGS
<input checked="" type="checkbox"/>	MISC. ARTICLES <i>V</i>	<input type="checkbox"/>	FOOTLOCKER	<input type="checkbox"/>	SCARFS
<input type="checkbox"/>	RELIGIOUS ARTICLES	<input type="checkbox"/>	FOOTWEAR, PR.	<input type="checkbox"/>	SHIRTS
<input type="checkbox"/>	RIBBONS, DECORATION	<input type="checkbox"/>	GLASSES	<input type="checkbox"/>	SOCKS, PR.
<input type="checkbox"/>	SHORT SNORTER	<input type="checkbox"/>	GLOVES, PR.	<input type="checkbox"/>	STATIONERY
<input type="checkbox"/>	SOUVENIR MONEY	<input type="checkbox"/>	HANDKERCHIEFS	<input type="checkbox"/>	TIES
<input type="checkbox"/>	SOUVENIRS	<input type="checkbox"/>	HEADWEAR	<input type="checkbox"/>	TOBACCO
<input type="checkbox"/>	TESTAMENTS	<input type="checkbox"/>	JACKETS	<input type="checkbox"/>	TOILET ARTICLES
<input type="checkbox"/>	TOWELS & WASHCLOTHS	<input type="checkbox"/>	KITS	<input type="checkbox"/>	TOWELS
<input type="checkbox"/>	U. S. MONEY (AMOUNT)	<input type="checkbox"/>	KNIVES	<input type="checkbox"/>	TROUSERS, PR.
<input type="checkbox"/>	WATCH	<input type="checkbox"/>	LETTERS	<input type="checkbox"/>	TRUNKS, PR.
<input type="checkbox"/>	WINGS	<input type="checkbox"/>	LIGHTERS	<input type="checkbox"/>	UNDERWEAR

CONTAINERS ADDRESSED TO
none

NAME AND STATUS VARIATIONS
*43 shows name
Jack J. Kalnagen*

INFORMATION
*Don Kalnagen
P. O. # 5 -
Layman,
Mich*

CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL
BOND		AMOUNT	ORIG. REG. MAIL
TRAV. CHECK		DATE	TO G. A. O.
FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	MUTILATED
U. S. CURRENCY		PAYEE	TO ISSUING AGENCY
		REMITTER OR DRAWER	

TALLY NO. <i>6021</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>19 Dec 1945</i>	BOX NO.	SHEET
NAME <i>JACK J. KOLHAGEN</i>			A. S. N. <i>36883236</i>	OF SHEETS
ORGANIZATION			RANK	CASE NO.
WAREHOUSE SPACE <i>1438</i>	EXAMINED BY <i>Gunn</i>	DIARY REMOVED		
PACKAGE DESCRIPTION <i>1000</i>	PACKED BY	PHOTO FILM REMOVED		
	INSPECTED BY <i>H</i>	MOTION PICTURE FILM REMOVED		
	STORED BY <i>JSE</i>	DATE <i>JAN 15 1946</i>	BY WHOM <i>DMK</i>	

KOLNAGEN, JACK J

-- 3236

RAY

PALLET

BOX

TALLY

6021

TYPE PKG.

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

9 ✓

57 ✓

67 ✓

69 ✓

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. John Kolhagen
214 North Harrison Street
Saginaw, Michigan

SHIP TO:
Pfc Jack J. Kolhagen

Effects of:
Name 36 883 236
ASN 185,896 D
Case No.
Wt.

DATE 12 April 1945

B 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. Prt. Chgs.
No. of packages 1

m APR 19 1945
Shipping Clerk

178

SHEET 1 OF 1 SHEETS ARMY EFFECTS BUREAU INVENTORY DECEASED MISSING X
 BOX NUMBER ORIGINAL NUMBER OF PACKAGES
 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	POP, MOUNTAIN	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 SNORTER
		SOUVENIRS
		SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

REMARKS: no information
 1 - Inventory
 1 - Dr. Label
 * Damaged
 File

C.A.T. none mk

WAREHOUSE SPACE 73X1 STORED BY dk

INVENTORIED BY Knudson

PACKED BY CHECKED BY

WEIGHT

GI REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LAUNDRY REMOVED

DATE SHIPPED 19 MAR 45

#43 OR ADDITIONAL X

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 VOLMAREN, 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 _____

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, 36 883 236 late a
(Name of deceased) (Army Serial Number)

Private First Class, Infantry who died
(Grade) (Organization, Army or Service)

on the 3 day of August, 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., KQJM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 10 April 1945; pursuant to Special Orders 228, Headquarters KQJM 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, Saginaw State of _____
(Number, Street or Avenue) (City, Town or Village)

Michigan is the father of the _____
(Relationship or Capacity)

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

JOHN R. MURPHY
(Signature of Summary Court Officer)

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



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

hb

JH1:HA:vbc
 December 21, 1944

IN REPLY REFER TO: 185896 A

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. FIMMS
 Administrative Assistant
 Army Effects Bureau

1 Incl—
 Letter

[Handwritten signature]

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
for use*



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

JRM

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. THOMAS
 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

*Fried
Rosen*

185, 896?

6159 11/25/44 R

Mr. Jack Kolhagen

R. F. D. #8 West Side

Saginaw, Mich

Pvt. Jack Kolhagen



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
801 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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