

9/19: 54-3
(092) 70A 1
4605

631

RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DISTRIBUTION DEPOT, COLUMBUS 15, OHIO

ROUTINE

9 JULY 1948

REMAINS CONSIGNED TO:

J ORVILLE SCOTT FUNERAL HOME

1326 - 8TH AVENUE

BEAVER FALLS PENNSYLVANIA

FROM QMDCG _____ BARDEN

REMAINS OF THE LATE SGT REXFORD L JOHNSON ASN 33674862 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 44 PENNSYLVANIA RAILROAD LEAVING COLUMBUS 3:05 AM NINE JULY AND DUE TO ARRIVE BEAVER FALLS PENNSYLVANIA 12:33 PM RAILROAD TIME NINE JULY. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN .

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

THIS 9 DAY OF July MONTH, 19 48.

Walter P. ...
WITNESS (Escort)

J. Orville Scott
CONSIGNEE

NAT FILE RECORDS ANNOTATED
DATE 30 July 48
NAME Alaska
R & R BR.

IRR

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3586 02158

DATE

15 12 47
DAY MONTH YEAR

NAME

JOHNSON REXFORD L.

SERIAL NUMBER

33674862

RANK

SGT

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST MERE EGLISE NO 2 - CARENTAN

1

DISPOSITION OF REMAINS

3200 07

CODE DIST. PT.

PLOT

V

ROW

5

GRAVE

100

COUNTRY

FRANCE

CAUSE OF DEATH

1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

J. ORVILLE SCOTT FUNERAL HOME
1326 8TH AVENUE
BEAVER FALLS, PENNSYLVANIA

NAME AND ADDRESS OF NEXT OF KIN

WILLIAM H. JOHNSON (FATHER)
312 19TH STREET
BEAVER FALLS, PENNSYLVANIA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

REXFORD L JOHNSON

SERIAL NUMBER

33674862

RANK

UTD

DATE OF DEATH

unk

DATE DISTINTERRED

11 May 1948

IDENTIFICATION TAG ON

ORGANIZATION

USAGF

 REMAINS MARKER

RELIGION

P

IDENTIFICATION VERIFIED BY

C.R. Tompkins, Embl.

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

OD Uniform

CONDITION OF REMAINS

Advanced decomposition, fracture;
cranium and multiple fractures

OTHER MEANS OF IDENTIFICATION

GRS tag on marker

MINOR DISCREPANCIES

ID tag has NMI

REMAINS PREPARED AND PLACED IN CASKET transfer case

DATE 12 May 1948

CASKET SEALED BY

H.F. Pergande

BY

C.R. Tompkins, Embl.

EMBALMER (Signature)

H. F. Pergande

CASKET BOXED AND MARKED

DATE 18/5/48

BY R. Cook, Clk. Rec.

SHIPPING ADDRESS VERIFIED BY ~~XXX~~ All markings, tags, and
plates verified by:

John Palyok Jr., 1st Lt. FA

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

John Palyok Jr.

for R.B. Howard, 2nd Lt. Inf.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC St. Mere Eglise No. 2	TO Casketing Point A Cherbourg
KIND OF CONVEYANCE Truck	NAME OF CONVOYER Pfc Gibbs
SIGNATURE OF SHIPPER W.T. Dailey, Capt. OMC	DATE 13/5/48
SIGNATURE OF RECEIVER E.N. Ciampo, 1st Lt. FA	DATE 17/5/48

2. SHIPPED

FROM Casketing Point A Cherbourg	TO Port Unit Cherbourg
KIND OF CONVEYANCE Truck	NAME OF CONVOYER Fuller
SIGNATURE OF SHIPPER E.N. Ciampo, 1st Lt. FA	DATE 17/5/48
SIGNATURE OF RECEIVER John E. Hendry Jr., Major CAC	DATE 17/5/48

3. SHIPPED

FROM CHERBOURG PORT UNIT	TO NYPOE
KIND OF CONVEYANCE USAT GREENVILLE VICTORY	NAME OF CONVOYER RAYMOND MC MANUS, CAPT., T.C.
SIGNATURE OF SHIPPER JOHN E. HENDRY JR., MAJ., CAC	DATE 17/6/48
SIGNATURE OF RECEIVER Raymond E. McManus	DATE 17/6/48

4. SHIPPED

FROM USAT GREENVILLE VICTORY	TO WYRE
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER RAYMOND E. McMANUS Captain, TC Transport Command	DATE 35/6/48
SIGNATURE OF RECEIVER L. McKinnon COLONEL, T.C. PORT TRANSPORTATION OFFICER	DATE 26 1948

5. SHIPPED

FROM WYRE	TO PCT
KIND OF CONVEYANCE BEVERLY EATTS' TRANSPORT	NAME OF CONVOYER
SIGNATURE OF SHIPPER L. McKinnon COLONEL, T.C. PORT TRANSPORTATION OFFICER	DATE JUN 27 1948
SIGNATURE OF RECEIVER A.A. Smith	DATE JUN 28 1948

6. SHIPPED

FROM A 2 100 EVANCE	TO 1
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER EGTISE NO	DATE
SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM JOHNSON BEXLOD T	TO 05128
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF RECEIVER	DATE

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT BR	
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator)			SECURITY CLASSIFICATION GOVT PD		
ACTION TO: PRIORITY WILLIAM H JOHNSON DLR AND REPORT ANY CHARGES 312 19TH STREET BEAVER FALLS PENNSYLVANIA			PRECEDENCE FOR ACTION INFORMATION DAY LETTER PRIORITY <input type="checkbox"/> ORIGINAL MESSAGE		
INFORMATION TO: FROM QMDCG 18329-0 BARDEN			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p>THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE <u>SERGEANT REXFORD L JOHNSON</u> ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO <u>J ORVILLE SCOTT FUNERAL HOME</u> <u>1326 8TH AVENUE BEAVER FALLS PENNSYLVANIA</u></p> <p>PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT.</p> <p>WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IF YOU SHOULD DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS.</p> <p>BOWMAN CG COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO</p>					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE 1 OF 1	
		FRANCIS FAPPIANO CAPT. QMDCG Asst AGR Div			

WD AGO FORM 11-168
15 JUN 1945This 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

WU143 48 3 EXTRA COLLECT DL

BEAVERFALLS PENN JUN 23 922A

BOWMN CO COLUMBUS GENERAL DISTRIBUTION DEPOT

PLEASE BE ADVISED THAT J ORVILLE SCOTT FUNERAL HOME

14TH STRET 8TH AVENUE BEAVER FALLS PENNA WIL

RECEIVE THE REMAINS OF THE LATE SGT REXFORD

J JOHNSON BEAVER FALLS COMMUNITY SERVICE

CENTER FOR VETERANS WILL MAKE ARRANGEMENT FOR

FULL MILITARY RITES AT THE FUNERAL

WM H JOHNSON 312 19TH ST

14 8 312 19

1121A JUN 23.

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

W/O/R
 NAME **Johnson, Rexford L.** RANK **SGT** SERIAL NUMBER **33674862**

SOURCE _____ CONSIGNEE **J. Orville Scott Funeral Home
1326 8th Ave.
Beaver Falls, Penna.**

SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES) CONDITION OF SHIPPING CASE (CHECK ONE)
 SATISFACTORY UNSATISFACTORY

FINISH (EXTERIOR)	REMARKS <i>pushed up w/</i> <i>bag</i>
FINISH (INTERIOR)	
HANDLES	
HANDLE BOLTS	
STENCILING - NAMEPLATE	
HEALTH PERMIT MARKER	
HEALTH PERMIT NUMBER	

CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES) CONDITION OF CASKET (CHECK ONE)
 SATISFACTORY UNSATISFACTORY

FINISH (EXTERIOR)	REMARKS <i>Painted lid new</i> <i>and base of casket</i>
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
CAM LOCKS (SEALING)	
ODOR OR MOISTURE	

Routed Through

MORTUARY OPERATING ROOM 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>1808</i>	<i>6/9/48</i>	<i>[Signature]</i>

REMARKS
Casket Repinished
[Signature]

RRE Form #39
13 Jul 48

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

Jm
JOHNSON Rexford L SGT 33674862

(Last Name) (First Name) (Initial) (Rank) (ASN)

Repatriated to the United States: 17 June 1948

Incl # 91

STATION FILE

RESTRICTED

1767
Qm Capt 2 (main)
SEP 5 1944

HEADQUARTERS
COMMUNICATION ZONE (FORWARD)
EUROPEAN THEATER OF OPERATIONS
UNITED STATES ARMY
Office of the Chief Quartermaster
APO 887

WJC/wjc

(S: 19 September 1944)
4 September 1944.

Q-GRE 293

SUBJECT: Report of Burial
JOHNSON, Rexford L., Sgt., ASN 33674862.

TO : Commanding Officer, 56th QM Base Depot, APO 562,
U. S. Army.

1. Report of burial for subject deceased enlisted man fails to indicate place of death.
2. Request that this headquarters be furnished with the necessary information.
3. Deceased was a member of the 299th Engr C Bn. He is buried in grave 60, row 3, plot B, St. Martin's Cemetery.

F. C. Moore
Capt, QMC
for E. F. SECHREST
Lt. Colonel, QMC
GR & E Division.

RESTRICTED

293. 1st Ind. MW/TCS/mhk
GRD, Hq., 56th QM Base Depot, APO 562, U. S. Army, 7 September 1944

To: Chief, GR and E Division, OCGM, Hq., Com 2, (Fwd), APO 887, U. S. Army.

1. Information requested cannot be obtained by this office for reasons enumerated.

a. Records left at cemetery by Army Graves Registration personnel do not show place of death.

b. Graves Registration personnel who performed burial, were army units over whom this Headquarters had no control and are no longer available in this sector.

2. All current reports of burials clearing this office are being thoroughly checked against errors of this nature and corrections made prior to submission to your office.

For the Commanding Officer:

Maurice Whitney
MAURICE WHITNEY
Lt. Col., QMC
Chief, GR Division

RECEIVED

CERTIFICATE

(AR 30-1830)

WORLD WAR II DECEASED

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

PART A - CIVILIAN OR PRIVATE CEMETERY

A REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES. (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
257 Rexford L. Johnson	SGT	55674862	Army
I certify that the sum of \$ <u>75.00</u> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.			
INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE	
Memorial Circle, Beaver Falls Cemetery	Beaver Falls	Pennsylvania	
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: (Return Original and 3 copies) to: AMERICAN GRAVES REGISTRATION DIVISION COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS 15, OHIO	SIGNATURE OF CLAIMANT		
	<i>William H. Johnson</i>		
	ADDRESS OF CLAIMANT (City, Street or RFD, and State)		
	312 19th Street, Beaver Falls, Pa.		
RELATIONSHIP TO DECEDENT	DATE		
Father	12 July 1948		

PART B - NATIONAL OR POST CEMETERY

B REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED		
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:	SIGNATURE OF CLAIMANT		
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>8/10/48</i>		
	RELATIONSHIP TO DECEDENT		
	DATE		

QMC FORM 1236
23 OCT 47

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

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

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.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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.

CERTIFICATE

(AR 30-1830)

WORLD WAR II DECEASED

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

PART A - CIVILIAN OR PRIVATE CEMETERY

A REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
Rexford L. Johnson	SGT	33674862	Army
<p>I certify that the sum of \$ <u>75.00</u> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.</p>			
INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE	
Memorial Circle, Beaver Falls, Cemetery	Beaver Falls,	Pennsylvania.	
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: (Return Original and 3 copies) to: AMERICAN GRAVES REGISTRATION DIVISION COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS 15, OHIO	SIGNATURE OF CLAIMANT		
	<i>William H. Johnson</i>		
	ADDRESS OF CLAIMANT (City, Street or RFD, and State)		
	312 19th Street, Beaver Falls, Pa.		
RELATIONSHIP TO DECEDENT		DATE	
Father		12 July 1948	

PART B - NATIONAL OR POST CEMETERY

B REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
<p>I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:</p>			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED		
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:			
SIGNATURE OF CLAIMANT			
ADDRESS OF CLAIMANT (City, Street or RFD, and State)			
RELATIONSHIP TO DECEDENT		DATE	

QMC FORM 1236
23 OCT 47

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

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

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.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Sgt. Rowford L. Johnson, 33 674 862
Plot V, Row 5, Grave 100,
United States Military Cemetery
St. Marc Eglise #2, France

25 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, WILLIAM H JOHNSON
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) _____

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
BEAVER FALLS CEMETERY BEAVER FALLS PA.
(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO _____ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

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

WD proc 12-12-47

Coated 13 Nov 47
Hallagher

OQMG FORM 345 MILITARY
14 NOV 1946

16-50411-1

PAGE 1

100 OCT 28

JK

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections:

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

LAST NAME <u>JOHNSON</u>	FIRST NAME <u>WILLIAM</u>	MIDDLE INITIAL <u>H.</u>
NUMBER AND STREET <u>312-19TH STREET</u>	CITY OR TOWN <u>BEAVER FALLS</u>	COUNTY OR PROVINCE <u>BEAVER</u>
EXPRESS OFFICE (Nearest railroad passenger station) <u>BEAVER FALLS PA</u>	TELEGRAPH ADDRESS <u>BEAVER FALLS PA</u>	STATE OR TERRITORY OF U.S.A. OR COUNTRY <u>PENNA</u>
		TELEPHONE No. <u>BF. 2209.</u>

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 <u>J ORVILLE SCOTT FUNERAL HOME.</u>			
NUMBER AND STREET <u>1326-8TH AVE.</u>	CITY OR TOWN <u>BEAVER FALLS</u>	COUNTY OR PROVINCE <u>BEAVER</u>	STATE OR TERRITORY OF U.S.A. OR COUNTRY <u>PENNA</u>
EXPRESS OFFICE (Nearest railroad passenger station) <u>BEAVER FALLS PA</u>	TELEGRAPH ADDRESS <u>BEAVER FALLS PA</u>		TELEPHONE No. <u>B.A. 909</u>

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 <u>JOHNSON</u>	FIRST NAME <u>WILLIAM</u>	MIDDLE INITIAL <u>H. JR</u>	RELATIONSHIP TO DECEASED <u>BROTHER</u>
NUMBER AND STREET <u>1 W PALISADES BLVD</u>	CITY OR TOWN <u>PALISADES PARK</u>	COUNTY OR PROVINCE <u>UNKNOWN.</u>	STATE OR TERRITORY OF U.S.A. OR COUNTRY <u>N.Y</u>

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

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

William H. Johnson
(SIGNATURE OF NEXT OF KIN)

312-19TH STREET.
(STREET AND NUMBER)

WILLIAM H. JOHNSON
(NAME PRINTED OR TYPED)

BEAVER FALLS PA.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this SIXTH day of OCTOBER, 1947, at city (or town) of BEAVER FALLS, county of BEAVER, and State (or Territory or District) of PENNA.

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

AUTHORIZED JURAT OFFICER
CERTIFICATE No. 832
COMMONWEALTH OF PENNSYLVANIA
ACT No. 173 OF 1945

Edward L. Jewell
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Jurat Officer
(OFFICIAL TITLE)

PART II RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(DATE)

(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)

(NAME PRINTED OR TYPED) (CITY AND STATE)

PART III

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

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

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

(DATE)

(SIGNATURE) (STREET AND NUMBER)

(NAME PRINTED OR TYPED) (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

All remarks and information entered here will be considered as part of the Notarial Attestation.

REPATRIATION
RECORDS BRANCH
OCT 8 5 09 PM '47
MEMORIAL DIVISION



Jm
Sgt. Rexford L. Johnson, 33 674 862
Plot V, Row 5, Grave 100,
United States Military Cemetery
St. Marc Eglise #2, France

26 September 1947

Mr. William H. Johnson
312 19th Street
Beaver Falls, Pennsylvania

Dear Mr. Johnson:

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

2
100
100
8 Incls.
fat

15 August 1946

Mr. William H. Johnson
312 19th Street
Beaver Falls, Pennsylvania

Dear Mr. Johnson:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Sergeant Rexford L. Johnson, A.S.N. 33 674 862.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Ste. Mere Eglise #2, plot V, row 5, grave 100. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located twenty miles southeast of Cherbourg, 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

bbw

AUG 15 2 13 PM '46

MAIL & RECORDS BRANCH

EWZ

CMR-10 REGISTRATION
Form No. 1
(Revised 1 Sept. 1942)

REPORT OF BURIAL

TM 10-430 AND AR 30-1815

15 June 44
Date

Jonsson		Rexford		L		Sgt		33674862	
Last Name		First		Middle		Rank		Serial No.	
Unknown		257		Lt Col		Bn		253	
Place of Death		Date of Death		Cause of Death		Organization		Type of Mission	
141900 June 44		10 June 44		St Martin		St Martin, France		KIA	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location		Type of Mission		Type of Mission	
60		3		B		B		B	
Grave Number		Row Number		Plot Number		Type of Mission		Type of Mission	

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

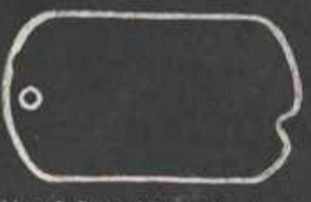
If No Identification Tags
How were remains identified?

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:	Name	Serial No.	Rank	Organization
Deceased's Left:	Name	Serial No.	Rank	Organization
	Makacoyne	31224900	Pvt	90th Div

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 attached fill in below:

Emergency Address: _____
Name: _____
Address: _____
Religion: P

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

1 knife

[Signature]
Signature of Officer or other person reporting burial

[Signature]
Verified by G-3/J3 Officer

Form 10-630 AND AK 30-1815

REPORT OF BURIAL

15 June 44
Date

Johnson
Last Name

Rexford
First

L
Initial

Sgt
Rank

33674862
Serial No.

199
DOB

10 Jun 44
Date of Death

Organization

KIA
Cause of Death

141900 June 44
Time and Date of Burial

St Martin
Name of Cemetery

St Martin, France
Name of Location of Location

60
Coffin Number

3
Row Number

B
Plot Number

Type of Marker

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

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:

Name	Serial No.	Rank	Organization	Graves No.
Makaczyne	3124900	Pvt	90th Div	59

Deceased's Left:

Name	Serial No.	Rank	Organization	Graves No.

Signature of Person, 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 Address: _____

Address: _____

Religion: P

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

1 knife

[Signature]
Signature of Officer or other person reporting burial

[Signature]
Verified by G.R.S. Officer

[Handwritten notes]
file
10-10-44

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

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815 **REBURIAL**

7272
26 AUGUST 1944

JOHNSON	REXFORD	L.	<i>Sgt</i>	33674862	Date
JA	Last Name	First	Initial	Rank	Serial No. 253
	Unit	299 Long CTBn		Organization	KIA
	Place of Death	1300 26 AUG. 1944		Date of Death	10 Jun 44
	Time and Date of Burial	100 5		Name of Cemetery	STB. M.E. #2
	Grave Number	Row Number	Plot Number	Name or Coordinates of Location	
100	5	V		STB. MERE EGLISE, FRANCE	
				GROSS	

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

If No Identification Tags
How were remains identified?

ONLY ONE TAG
TAG EMBOSSED AT ST. MARTIN CEMETERY, FRANCE

What means of identification were buried with the body?

TAG

REBURIAL

DISINTERRED FROM ST. MARTIN CEMETERY, FRANCE

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

Who is buried on:

Deceased's Right:

NO GRAVE END OF ROW

Name	Serial No.	Rank	Organization	Grave No.
MAKACZYNE	3224900	PVT.	90th DIV.	99

Deceased's Left:

Name	Serial No.	Rank	Organization	Grave No.
------	------------	------	--------------	-----------

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

If print of identification tag is not affixed fill in below:

Emergency Addressee UNKNOWN Name

UNKNOWN Address

Religion PROTESTANT

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

NONE

REBURIAL

10 FEB 1945

Previously buried in St Martin Cemetery

Plot B Row 3 Grave 60

Signature of Officer or other person reporting burial

LEO M. DUFFY 1st Lt. GRC
GRAVES REGISTRATION OFFICER

Verified by G.R.S. Officer

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.:

Left Hand

4	3	2	1
Thumb			

Right Hand

4	3	2	1
Thumb			

TOOTH CHART

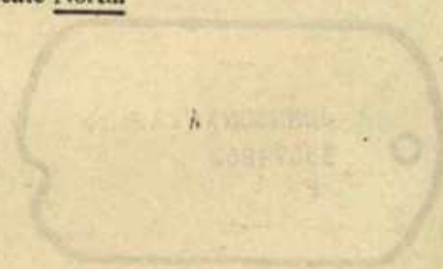
		Deceased's Left								Deceased's Right							
Upper	Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

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

Characteristics: _____

Other Data: _____

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.



GRAVE REGISTRATION
Form No. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

7572
15 June 44
Date

Johnson		Rexford		L	Sgt	33674862
Last Name		First		Initial	Rank	Serial No.
UNKNOWN		299		Eng C Bn		253
Unit		10 Jun 44				
Place of Death		Date of Death		Organization		
141900 June 44		St Martin		KIA		
Time and Date of Burial		Name of Cemetery		Cause of Death		
60		3		St Martin, France		
Grave Number		Row Number		Plot Number		Type of Marker
60		3		B		

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

If No Identification Tags
How were remains identified?

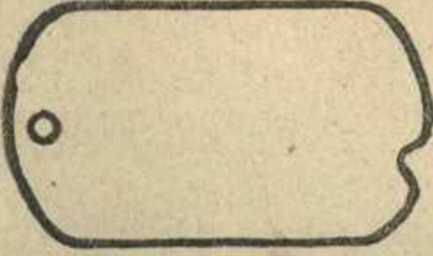
What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	Makaczyn	31224900	Pvt	90th Div	59
Deceased's Left:					

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 _____ P

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

1 knife

Henry Decker 19 FEB 1945
Signature of Officer or other person reporting burial

Henry Decker
Verified by G.R.S. Officer

Unit # 39

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.

Left Hand	4	Right Hand	4
	3		3
Thumb	2	Thumb	2
	1		1

TOOTH CHART

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

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.



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

—BATTLE CASUALTY REPORT

NAME JOHNSON REXFORD L			SERIAL NUMBER 10 33674862			GRADE SGT	ARM OR SERVICE CE	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE			DATE OF CASUALTY DAY MONTH YEAR 10 JUN 44		FLYING OR JUMPING STAT	TYPE OF CASUALTY KIA		SHIPMENT NUMBER 108

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 MR	FIRST NAME WILLIAM	MIDDLE INITIAL H	LAST NAME JOHNSON	RELATIONSHIP FATHER
NO. AND NAME OF STREET 312 19 STREET		CITY BEAVER FALLS	COUNTY	STATE PENNSYLVANIA

REMARKS:

 CORRECTED COPY

28 June 1944 ESW

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 43 AG 201 REG. **28 June 44**

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
Tel Notif 28 June 44				

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE CHECKED BY Whitaker REVIEWED BY Sturdevant

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	OICR POS.	RESIDENCE		CONF	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 **A95 A-37**

COPIES FURNISHED:

<input type="checkbox"/> AIR ADJUTANT GENERAL	<input type="checkbox"/> CHIEF, WAR BOND DIVISION	<input type="checkbox"/> OFFICERS' BRANCH, A.G.O.
<input type="checkbox"/> AMERICAN RED CROSS	<input type="checkbox"/> CHIEF, WAR BOND OFFICE	<input type="checkbox"/> P.O.W. INFO. BUREAU, O.P.M.G.
<input type="checkbox"/> ARMY EFFECTS BUREAU	<input type="checkbox"/> C.G., ARMY GROUND FORCES	<input type="checkbox"/> SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G.
<input type="checkbox"/> ASST. CHIEF OF STAFF, G-1	<input type="checkbox"/> C.G. SERVICE COMMAND	<input type="checkbox"/> SOCIAL SECURITY BOARD
<input type="checkbox"/> BUREAU OF PUBLIC RELATIONS	<input type="checkbox"/> DIR. OF SPECIAL SERVICES DIV.	<input type="checkbox"/> SURGEON GENERAL
<input type="checkbox"/> CASUALTY PAY RECORDS BR., O.F.D.	<input type="checkbox"/> DIRECTOR, W.A.C.	<input type="checkbox"/> THE ADJUTANT GENERAL
<input type="checkbox"/> CHIEF OF ARM OR SERV. CONCERNED	<input type="checkbox"/> ENLISTED BRANCH, A.G.O.	<input type="checkbox"/> U.S. EMPLOYEE'S COMPENS. COMM.
<input type="checkbox"/> CHIEF OF STAFF	<input type="checkbox"/> FINANCE OFFICER, U. S. ARMY, WASH., D.C.	<input type="checkbox"/> WAR SHIPPING ADMINISTRATION
<input type="checkbox"/> CHRONOLOGICAL UNIT, CAS. BR.	<input type="checkbox"/> MACHINE RECORDS BRANCH, A.G.O.	<input type="checkbox"/> WILLS UNIT, CASUALTY BRANCH
<input type="checkbox"/> CHIEF, P.O.W. BR., M.I.S., W.D.G.S.	<input type="checkbox"/> OFFICE OF DEPENDENCY BENEFITS	

5 JUL 1944 FILE

DAB

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE **CH/pr1 4635**
WASHINGTON 25, D. C.

REPORT OF DEATH

DATE **5 July 1944**

FULL NAME 293 Johnson, Rexford L. <i>ek</i>		ARMY SERIAL NUMBER 33 674 862	GRADE SGT										
HOME ADDRESS Beaver Falls, Pennsylvania		ARM OR SERVICE Corps of Engineers	DATE OF BIRTH 30 Jan 1925										
PLACE OF DEATH France	CAUSE OF DEATH Killed in action		DATE OF DEATH 10 Jun 1944										
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 25 Mar 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 2 16										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr William H Johnson (father) 312 19th St., Beaver Falls, Pa.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) William H Johnson (brother) U. S. Navy Mr William H Johnson (father) 312 19th St., Beaver Falls, Pa.													
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"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		

ADDITIONAL DATA AND/OR STATEMENT

Battle

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O. U. S. A., WASH., D. C.
G. A. O.	VET. ADMIN.	ARMY EFFECTS BUREAU
<input checked="" type="checkbox"/> Q. M. G.	OFF. FIS. DIR.	

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn

ADJUTANT GENERAL

11 JUL 1944 FILE

WJR

42
37
9

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

Alc 7

ORDER FOR SHIPMENT

Ship To:

Effects of
Name *293* Sgt. Rexford L. Johnson
33674862

Mr. William H. Johnson
312 19th Street
Beaver Falls, Pennsylvania

Case No. 158199 D

Wt. *B*

Ship Via *FRANKED*

G B/L NO. _____

Date December 5, 1944
JRM:NM:dmw

M. Peterson
For Effects Quartermaster

PACKAGES SHIPPED

1 pkg

TOTAL _____ WT. _____

file

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
Date Shipped *DEC 6 1944*

REMARKS:
2nd Inventory

DEC 5 1944

Eff. QM Form 14 (Rev. 8-19-44)

AS
Shipping Clerk

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

JRM:NM:dmw

Case No. 158199MDate 5 December 1944

SUBJECT: Report of transactions in disposing of the effects of

Rexford L. Johnson, 33674862 late a
 (Name of deceased) (Army Serial Number)
Sergeant, Corps of Engineers who died
 (Grade) (Organization, Army or Service)
 on the 9 day of June, 1944, at European Area

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

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

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

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

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 None, Incl. None.)

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 26 October 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of William H. Johnson 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, William H. Johnson of 312 19th Street, Beaver Falls State of Pennsylvania, is the Father of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

W. F. HEHMAN, Major, 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: 158199M

JRM:NM:dmw
December 5, 1944

dmw

✓
✓
Mr. William H. Johnson
312 19th Street
Beaver Falls, Pennsylvania

Dear Mr. Johnson:

The Army Effects Bureau has now received a knife belonging to your son, Sergeant Rexford L. Johnson.

This knife contained in one package is being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted. ✓

Extending every sympathy, I am

Sincerely yours,

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

158199

(3 copies to Effects Q. M., ETOUSA, 1 copy in box with effects, 1 copy retained)

19 June 1944
Date

HEADQUARTERS, 299TH ENGINEER COMBAT BATTALION, APO #230

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-14, APO 507 U. S. Army

Transmitted herewith in accordance with Adm. Cir. #80, dated 25 Oct. 1943, Hq. SOS, ETOUSA, is Inventory of Effects concerning subject named below.

Johnson	Rexford	L.	Sgt	33674862	
(Last Name)	(First Name)	(MI)	(Rank)	(A.S.N.)	(Control No.)
					(For use of Effects QM ETOUSA)

Organization Company "B" 299th Engineer Combat Battalion
(UNIT - - - - Not Branch of Service)

*Status. (Deceased, ~~Missing in Action, Prisoner of War~~) on the 9th day
of June 19 44

Designated Beneficiary (with address)

~~None~~ Mr William Johnson
312 19th Street
Beaver Falls, Penna.

Cl. II Assets: Cash found in effects, less cost of money order inclosed herewith

U.S.M.O. # None Amt \$ U.S.M.O. # None Amt \$ U.S.M.O. # None Amt \$ U.S.M.O. # None Amt \$ U.S. Official Check # None Amt. Bank
(Name and Branch)#Bank Accounts None#Debtors None#Creditors None#Inclosed is None
(Will, Power of Attorney, War Bond, Travelers Checks, Describe Fully)

REMARKS (if any)

*Strike out words not applicable.
#Negative report where applicable.

(OVER)

INVENTORY OF EFFECTS
(Attach extra sheets if necessary)

- 1 Tie Pin
- 1 Letter
- 1 Pair Sun Glasses
- 2 Sets of Sgt's Stripes
- 1 Whistle
- 1 Engrs Insignia
- 1 US Insignia

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects QM. ETOUSA, U. S. Army by delivering to _____ on _____ 1944.

77021130
Colonel C. Nickles
Signature - (In Ink)

COLONEL C. NICKLES

Name

(Block letters)

2nd Lt Co "B" 299th Engrs

Rank and Organization

C O P Y
KCQMD
ALB-wdt

EFFECTS QUARTERMASTER U.K.
DEPOT G-14
United States Army

HGL/jg

15th October, 1944.

SUBJECT: Transmittal of Inventories of Effects.

TO : The Effects quartermaster, Kansas City QM Depot,
601 Hardesty Avenue, Kansas City, Missouri.

1. The attached Inventories have been on hand at this office for 30 days or more; the effects to which they refer have never been received by this office. It is believed the effects may have been erroneously forwarded direct to your office, to the beneficiary; or to the Effects quartermaster in France. In view of the fact that we are unable to contact the Units to ascertain disposition of the effects, and that ultimately all effects will be received by your office, we are forwarding these forms for your records.

2. The method of handling Form 54's at this office is that all Form 54's are checked against effects on hand. Where effects have been received, such forms will be forwarded by letter of transmittal to your office giving information as to the disposition of the effects, and at the expiration of one month, if no effects are received, the forms will be transmitted to your office in accordance with paragraph 1.

R. J. MOULTON.
Lt. Col. QMC.
Effects Q M U.K.

Incls: Inventories and
List in duplicate.

Serial No. 3367456 Name JOHNSON, REXFORD
 Grade _____ Rank _____
 Organization _____
 Address _____
 Nearest Relative _____
 Address _____
 Killed in Action Yes Died of Disease _____
 Date July 14 Hospital _____
 Battle Area France Information _____
 Place of Burial St. Martin
 Point of Coordination _____
 Description of Body _____
 Members Missing _____

ACE
NY

Signed Hampden
Boone

~~Sgt. Rexford L. Johnson~~ ✓

~~33674862~~ ✓

~~158199-D~~ ✓

~~Mr. William H. Johnson~~ ✓
~~312 19th Street~~
~~Beaver Falls, Pennsylvania~~

mp

~~December 5, 1944~~ ✓

~~JMK:NM:dmr~~

14

~~2nd Inventory~~



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

(S-11-27-44)

JFM:NM:ds

October 27, 1944

IN REPLY REFER TO 158199 M

Mr. William H. Johnson
312 19th Street
Beaver Falls, Pennsylvania

Dear Mr. Johnson:

The Army Effects Bureau has received from overseas some personal effects of your son, Sergeant Rexford L. Johnson.

These effects, contained in one package, are being forwarded and should reach you in the near future.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

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

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

Yours very truly,

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

1 Incl--
Envelope

Receipt acknowledged:

William H. Johnson
(Signature of Claimant)

11-7-44
(Date)



ARMY SERVICE CENTER
KANSAS CITY QUARTERMASTER DEPT.
ARMY EFFECTS BUREAU
507 HICKORY STREET
KANSAS CITY, MISSOURI

IN REPLY REFER TO [illegible]

[illegible text]

[illegible text]



KANSAS CITY, MO.

NOV - 9 1944

[Faint, mostly illegible typed text, likely the main body of the letter or report.]

[Faint, mostly illegible text at the bottom of the main body.]

[Faint, mostly illegible text, possibly a signature block or additional notes.]

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Ship to:

Mr. William H. Johnson
312 19th Street
Beaver Falls, Pennsylvania

Effects Of

Name Sgt. Rexford L. Johnson

ASN 33674862

Case No. 158199 D

Wt.

F R A N K E D

Ship Via _____ G B/L No. _____

Date October 26, 1944
JRM:NM:slb

W. McMillan
For the Effects Quartermaster

PACKAGES SHIPPED

1 pkg

TOTAL 1 WT. _____

Fracked _____
Est. Exp. Chgs. _____
Est. Prt. Chgs. _____

Date Shipped NOV 1 1944

REMARKS NOV 2 1944 OCT 30 1944 2

[Signature]
(Shipping Clerk)



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

(S-11-27-44)
JRM:IM:ds
October 27, 1944

158199 H

IN REPLY REFER TO _____

Mr. William H. Johnson
312 19th Street
Beaver Falls, Pennsylvania

Dear Mr. Johnson:

The Army Effects Bureau has received from overseas some personal effects of your son, Sergeant Rexford L. Johnson.

These effects, contained in one package, are being forwarded and should reach you in the near future.

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

Yours very truly,

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

1 Incl—
Envelope

Receipt acknowledged:

(Signature of Claimant)

(Date)

(3 copies to Effects Q. M. ETOUSA, 1 copy in box with effects, 1 copy retained)

19 June 1944
Date

HEADQUARTERS, 299TH ENGINEER COMBAT BATTALION, APO #230

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-14, APO 507 U. S. Army

Transmitted herewith in accordance with Adm. Cir. #80, dated 25 Oct. 1943, Hq. SOS, ETOUSA, is Inventory of Effects concerning subject named below.

Johnson	Reeford	I.	Sgt	33674862	
(Last Name)	(First Name)	(MI)	(Rank)	(A.S.N.)	(Control No.) (For use of Effects QM ETOUSA)

Organization Company "B" 299th Engineer Combat Battalion
(UNIT - - - - Not Branch of Service)

*Status. (Deceased, ~~Missing in Action, Prisoner of War~~) on the 9 th day
of June 19 44

Designated Beneficiary (with address)

~~None~~ Mr William Johnson
312 19th Street
Beaver Falls, Penna.

Cl. II Assets: Cash found in effects, less cost of money order inclosed herewith

U.S.M.O. # None Amt \$ U.S.M.O. # None Amt \$

U.S.M.O. # None Amt \$ U.S.M.O. # None Amt \$

U.S. Official Check # None Amt. Bank
(Name and Branch)

#Bank Accounts None

#Debtors None

#Creditors None

#Inclosed is None
(Will, Power of Attorney, War Bond, Travelers Checks, Describe Fully)

REMARKS (if any)

*Strike out words not applicable.
#Negative report where applicable.

(OVER)

OCT 24 1944

INVENTORY OF EFFECTS

(Attach extra sheets if necessary)

- ✓ 1 Tie Pin
- ✓ 1 Letter
- ✓ 1 Pair Sun Glasses
- ✓ 2 Sets of Sgt's Stripes
- ✓ 1 Whistle
- ✓ 1 Engrs Insignia
- ✓ 1 US Insignia

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects QM. ETOUSA, U. S. Army by delivering to _____ on _____ 1944.

Colonel C. Nickles
Signature - (In Ink)

COLONEL C. NICKLES

2nd Lt Co "B" 299th Engrs

Rank and Organization

(Block
Letters)

158199

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

*Corrected Report
Original Forwarded
5 July 1944

REPORT OF DEATH

DATE 31 July 1944
CH/1vo 4633

FULL NAME <u>Johnson, Rexford L.</u>		ARMY SERIAL NUMBER <u>33 674 862</u>	GRADE <u>Sgt</u>			
HOME ADDRESS <u>Beaver Falls, Pennsylvania</u>		ARM OR SERVICE <u>Corps of Engineers</u>	DATE OF BIRTH <u>30 Jan 25</u>			
PLACE OF DEATH <u>France</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>19 Jun 1944</u>			
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>25 Mar 1943</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>1 2 15</u>			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mr. William H. Johnson (father) 312 19th St., Beaver Falls, Pa.</u>						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>William H. Johnson, Jr. (brother) U. S. Navy</u> <u>Mr. William H. Johnson (father) 312 19th St., Beaver Falls, Pa.</u>						
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
	X		X		X	

ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:

S. G. O.	F. B. I.	F. O., U. S. A.
S. O. C. M. G.	O. F. D.	ARMY EFFECTS BUREAU
	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. SOL. FILE

 BATTLE NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John M. Williams
John M. Williams
ADJUTANT GENERAL