

293 MENTZ, ARTHUR G.

PVT. 37,667,722 EUR.AREA (IOWA) INF.

144mp

gwm

RECEIPT OF REMAINS

DISTRIBUTION CENTER AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILLINOIS

HODGSON FUNERAL HOME

ROUTINE

515 17TH STREET

ROCK ISLAND, ILLINOIS

REMAINS CONSIGNED TO:

REMAINS OF THE LATE PVT. ARTHUR G. MENTZ, 37667722

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 9

CRI&P RR

~~DELETED~~

~~XX~~ DUE TO ARRIVE ROCK ISLAND, 28 SEPTEMBER, 6:25 AM

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS

TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER NC-10332

R. W. BENNETT
LT. COLONEL, QMC

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

THIS 28 DAY OF Sept, 1948

Cpl. Henry Van Severen
WITNESS (Escort)

Hodgson Funeral Home
A. J. Lindinger Partner.

REV. 18B

NOT FILE
RECORDS ANNOTATED
DATE 29-Nov-48
NAME J.A. mrcb

SEP 22 1948

QMC FORM 1193
15 NOV 48

RECEIPT OF REMAINS

THIS RECEIPT IS TO BE FILLED OUT BY THE PERSON RECEIVING THE REMAINS AND RETURNED TO THE OFFICE OF THE ADJUTANT GENERAL, WASHINGTON, D. C. 20315.

NAME OF DECEASED: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

NAME OF NEXT OF KIN: _____

ADDRESS OF NEXT OF KIN: _____

NAME OF PERSON RECEIVING REMAINS: _____

ADDRESS OF PERSON RECEIVING REMAINS: _____

DATE OF RECEIPT: _____

PLACE OF RECEIPT: _____

NAME OF OFFICER IN CHARGE: _____

ADDRESS OF OFFICER IN CHARGE: _____

NAME OF OFFICER RECEIVING REMAINS: _____

ADDRESS OF OFFICER RECEIVING REMAINS: _____

REPAIRS
RECORDS BRANCH

Nov 19 12 45 PM '48

MEMORIAL DIVISION

[Faint handwritten signatures and text]

GWA

| | | | | | | |
|---|--|--|--|---|---|--|
| 1 | DISINTERMENT DIRECTIVE | | | | NAT. CEM. | |
| | SECTION A - NAME AND BURIAL LOCATION OF DECEASED | | | DIRECTIVE NUMBER 3582 02148 | DATE - 10 04 48 DAY MONTH YEAR | |
| NAME MENTZ ARTHUR G | | SERIAL NUMBER 37667722 | RANK PVT | ARM 1 | DATE OF DEATH DAY MONTH YEAR 10 04 48 | |
| CEMETERY ST LAURENT | | | | 1 | DISPOSITION OF REMAINS 6123 08 CODE DIST. PT. | |
| PLOT D | ROW 7 | GRAVE 129 | COUNTRY FRANCE | | CAUSE OF DEATH 1 | |
| SECTION B - CONSIGNEE AND NEXT OF KIN | | | | | | |
| NAME AND ADDRESS OF CONSIGNEE HODGSON FUNERAL HOME 515 17TH STREET ROCK ISLAND, ILLINOIS | | | NAME AND ADDRESS OF NEXT OF KIN ROSEMARY J. MENTZ (WIFE) 940 ALTHAUSER AVENUE DUBUQUE, IOWA | | | |
| SECTION C - DISINTERMENT AND IDENTIFICATION | | | | | | |
| NAME Mentz, Arthur G. | | SERIAL NUMBER 37667722 | RANK 1st Lt | DATE OF DEATH 6 Jun 1944 | DATE DISINTERRED 9 Oct 1947 | |
| IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER | | ORGANIZATION USAGF | RELIGION P | IDENTIFICATION VERIFIED BY Wm. J. Smith, 1st Lt, NAME AND TITLE CE. | | |
| SECTION D - PREPARATION OF REMAINS FOR SHIPMENT | | | | | | |
| NATURE OF BURIAL OD uniform | | | CONDITION OF REMAINS Advanced decomposition | | | |
| OTHER MEANS OF IDENTIFICATION None | | | | | | |
| MINOR DISCREPANCIES None | | | | | | |
| CHANGE | | | | | | |
| REMAINS PREPARED AND PLACED IN CASKET | | | | | | |
| DATE 13 Oct 1947 | | BY C.R. Tompkins | | | | |
| CASKET SEALED BY C.R. Tompkins | | EMBALMER (Signature) <i>C.R. Tompkins</i> | | | | |
| CASKET BOXED AND MARKED | | SHIPPING ADDRESS VERIFIED BY | | | | |
| DATE 13/10/47 | | H.B. Albert | | John W. Sharp, 1st Lt., Inf. | | |
| I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. | | | | | | |
| | | <i>John W. Sharp</i> John W. Sharp, 1st Lt., Inf. SIGNATURE OF GRS INSPECTOR | | | | |
| 1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. | | | | | | |

QMC FORM REV 15 MAR 46 1194

Encl 1

O.S. TO U.S.

MC 10332

RECORD OF CUSTODIAL TRANSFER

| 1. SHIPPED | | | |
|----------------------|---|-----------------------|--|
| FROM | USMC St Laurent | TO | Casketing Point A, Cherbourg |
| KIND OF CONVEYANCE | Truck | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | <i>D.A. Mackenzie</i> D.A. Mackenzie, Capt., Inf. | SIGNATURE OF RECEIVER | <i>E.N. Ciampo</i> E.N. Ciampo, 1st Lt., P.A. |
| DATE | | DATE | |
| 2. SHIPPED | | | |
| FROM | Casketing Point A, Cherbourg | TO | Port Unit, Cherbourg |
| KIND OF CONVEYANCE | Truck | NAME OF CONVOYER | T/Sgt Fuller |
| SIGNATURE OF SHIPPER | <i>E.N. Ciampo</i> E.N. Ciampo, 1st Lt., P.A. | SIGNATURE OF RECEIVER | <i>John E. Hendry Jr.</i> John E. Hendry Jr., Maj., CAC. |
| DATE | | DATE | |
| 3. SHIPPED | | | |
| FROM | PORT UNIT, CHERBOURG | TO | NYPOE |
| KIND OF CONVEYANCE | USAT LAWRENCE VICTORY | NAME OF CONVOYER | JOSEPH J. CARROLL, 1st Lt., TC |
| SIGNATURE OF SHIPPER | JOHN E. HENDRY, Jr., Major, CAC | SIGNATURE OF RECEIVER | <i>Joseph J. Carroll</i> |
| DATE | 3 Aug 48 | DATE | |
| 4. SHIPPED | | | |
| FROM | | TO | NY P.E. |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T.C. |
| DATE | | DATE | AUG 1948 |
| 5. SHIPPED | | | |
| FROM | NY P.E. | TO | DE 08 |
| KIND OF CONVEYANCE | train | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T.C. PORT TRANSPORTATION OFFICER | SIGNATURE OF RECEIVER | <i>McMinnon</i> |
| DATE | 23 AUG 1948 | DATE | |
| 6. SHIPPED | | | |
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | | DATE | |
| 7. SHIPPED | | | |
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | | DATE | |

CHV 101

NY 101

51

| INSPECTION CHECKLIST | | | | | |
|---|---------|--|----------------------------------|---------------------------------|----------|
| NAME Mentz, Arthur G. | | RANK Pvt. | SERIAL NUMBER 37667722 | | |
| NEXT OF KIN | | ADDRESS | | | |
| SHIPPING CASE - General Appearance <i>(Check ONLY Discrepancies)</i> | | CONDITION OF SHIPPING CASE <i>(Check One)</i> <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY | | | |
| FINISH <i>(Exterior)</i> | | REMARKS | | | |
| FINISH <i>(Interior)</i> | | | | | |
| HANDLES | | | | | |
| HANDLE BOLTS | | | | | |
| STENCILING - NAMEPLATE | | | | | |
| | | INSPECTED BY: <i>J. W. Mahnowski</i> | | | |
| CASKET - General Appearance <i>(Check ONLY Discrepancies)</i> | | CONDITION OF CASKET <i>(Check One)</i> <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY | | | |
| FINISH <i>(Exterior)</i> | | REMARKS <i>scratched rim</i> | | | |
| HANDLES AND FASTENINGS | | | | | |
| STENCILING - NAMEPLATE | | | | | |
| CAM LOCKS <i>(Sealing)</i> | | | | | |
| ODOR OR MOISTURE | | | | | |
| | | INSPECTED BY: | | | |
| ROUTED THROUGH | | | | | |
| <input type="checkbox"/> MORTUARY OPERATING ROOM | | <input checked="" type="checkbox"/> MORTUARY REPAIR SHOP | | | |
| CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY | | CASKET REPAIRED <input checked="" type="checkbox"/> <i>Planes mounted</i> | | | |
| NECESSARY DISINFECTION <i>(Explain)</i> | | CASKET EXCHANGED <input type="checkbox"/> | | | |
| | | SHIPPING CASE REPAIRED <input type="checkbox"/> | | | |
| | | SHIPPING CASE EXCHANGED <input type="checkbox"/> | | | |
| | | REMARKS | | | |
| TIME | DATE | SIGNATURE OF MORTICIAN | | TIME | DATE |
| | | | | 1500 | 11/24/48 |
| REMARKS | | SIGNATURE OF INSPECTING OFFICER <i>J. W. Mahnowski</i> | | | |
| | | | | | |
| STORAGE LOCATION | | | | PASS. LIST NUMBER 014 | |
| FLOOR | SECTION | BAY | STORAGE NUMBER | | |
| | | | 512 | CONTROL NUMBER 10332 | |
| STAMP INCOMING OR OUTGOING | | | | CONTROL NUMBER 10332 | |
| OUTGOING | | | | | |

HEADQUARTERS
CHICAGO QUARTERMASTER DEPOT
OFFICE OF THE COMMANDING OFFICER
1819 WEST PERSHING ROAD
CHICAGO 9, ILLINOIS

IN REPLY REFER TO:
QMDIG-CE 203

Ments, Arthur G., Pvt.
(Control No. WC-10332)

TOC/eth
12 October 1948

Mrs. Rosemary J. Ments
940 Althausen Avenue
Dubuque, Iowa

Dear Mrs. Ments:

Enclosed herewith is a copy of Certificate, covering the interim expense you incurred, to be retained for your records.

Please return the ORIGINAL of the above mentioned form in the enclosed self-addressed envelope requiring no postage. The original is needed to process payment of your claim.

Your cooperation in this matter will be appreciated.

Very truly yours,

THOS. O. CALL
Major, QMC
Chief, Administrative Br.
AGR Division

2 Incls.
* No. 1-QMC Form 1236 (Copy)
* No. 2-Envelope

WJ A072 16/15 NL COLLECT 3 EXTRA

DUBUQUE IOWA AUG 16 1948

CARROLL J GRINNELL LT COL QMC

CHIEF AGRD

CONTROL NUMBER NC-10332 PVT ARTHUR G MENTZ INSTRUCTIONS CORRECT

ROSEMARY MENTZ 940 ALTHAUSER AVE DUBUQUE IOWA

802A AUG 17

NC-10332 940

RECEIVED
MAIL ROOM
AUG 17 9 40 AM '48

FILE

REC'D OF QMD
AGR DISTR CTR 8

1968 AUG 17 AM 10:35

7/1/68

Mc-10346 4774

10/10/68 14

Business letters and memoranda will originate from

Chicago (except 10-10-68) and will be filed in Chicago. Chicago

Chicago office

Memoranda to Belmont will be filed

in Chicago. See Chicago file

in Chicago. See Chicago file

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 WHERE HE WILL BE REQUESTED TO ACCEPT REMAINS ACCOMPANIED BY MILITARY ESCORT AND TO INFORM YOU SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER.

| | | | | | |
|---|-----------------|--|---------------------------|---|-----------------|
| MESSAGEFORM | | MESSAGE CENTER NO. | TRANSMITTING MEANS | CRYPTOGRAPH OR CLEAR TEXT | |
| CALLS | STA. SER. NO. | PRECEDENCE | TRANSMISSION INSTRUCTIONS | ORIGINATOR | DATE TIME GROUP |
| ACTION | | INFORMATION | EXEMPT | OPERATING SIGNALS | GROUP COUNT |
| <small>SPACE ABOVE FOR SIGNAL CENTER ONLY</small> | | | | | |
| FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL. | | | SECURITY CLASSIFICATION | | |
| ACTION TO: | | PRECEDENCE FOR | | INFORMATION | |
| ·ROSEMARY J. MENTZ ·940 ALTHAUSER AVENUE ·DUBUQUE, IOWA | | DEL. R. & REPORT ANT CHARGES | | <input type="checkbox"/> ORIGINAL MESSAGE REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION | |
| INFORMATION TO: | | | | | |
| THIS HEADQUARTERS ADVISED REMAINS OF LATE PVT. ARTHUR G. MENTZ ARE ENROUTE TO UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO HODGSON FUNERAL HOME, 515 17TH STREET, ROCK ISLAND, ILLINOIS WITH BURIAL AT ROCK ISLAND NATIONAL CEMETERY, ROCK ISLAND, ILLINOIS PLEASE CONFIRM WITHIN 48 HOURS ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT CHICAGO ILLINOIS. THIS IS YOUR FINAL OPPORTUNITY TO CHANGE DELIVERY INSTRUCTIONS AT GOVERNMENT EXPENSE. IMPOSSIBLE TO GIVE YOU DEFINITE DELIVERY DATE. THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME OF ARRIVAL AT RAILROAD STATION WHERE HE WILL BE REQUESTED TO ACCEPT REMAINS ACCOMPANIED BY MILITARY ESCORT AND TO INFORM YOU. NATIONAL CEMETERY SUPERINTENDENT SHOULD BE CONTACTED BY YOU OR FUNERAL DIRECTOR TO SET DATE FOR BURIAL. YOU ARE RESPONSIBLE FOR DELIVERY OF REMAINS TO GRAVESIDE IN THE NATIONAL CEMETERY. PAYMENT OF SEVENTY FIVE DOLLARS INTERMENT EXPENSE ALLOWANCE NOT REPEAT NOT AUTHORIZED IN ANY CASE WHERE BURIAL IS IN A NATIONAL CEMETERY. APPROPRIATE JOINT MILITARY HONORS AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS ORGANIZATIONS OR MILITARY OR NAVAL PERSONNEL. IN REPLY REFER TO CONTROL NUMBER NC-10332 AND NAME OF DECEASED. | | | | | |
| REV. 4H | | SECURITY CLASSIFICATION | | AUTHORIZATION | |
| ORIGINATING AGENCY | | SIGNATURE | | CARROLL J. GRINNELL LT. COLONEL, QMC, CHIEF, AGR DIV. | |
| SYMBOL | DATE-TIME GROUP | OFFICIAL TITLE | | PAGE OF | |
| | AUG 18 1948 | | | | |

FILE

RECEIVED
DIRECTOR

AUG 16 2 08 PM '48

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

TO : SAC, NEW YORK
FROM : SAC, PHOENIX
SUBJECT: [Illegible]

68-11000

FILE

HEADQUARTERS
CHICAGO QUARTERMASTER DEPOT
OFFICE OF THE COMMANDING OFFICER
1819 WEST PERSHING ROAD
CHICAGO 9, ILLINOIS

Date APR 30 1948

IN REPLY REFER TO

QMDIG-NC

SUBJECT: Final Burial of

Mentz, Arthur G.
(Name)Pvt.
(Rank)37867722
(Serial)Army
(Arm of Service)White
(Race)Protestant
(Religious)Male
(Sex)

TO: Superintendent

Rock Island National Cemetery
Rock Island, Illinois

1. The Quartermaster General has informed this Distribution Center that the next-of-kin desires to have final burial of subject deceased in your National Cemetery. This Distribution Center will deliver the remains to the consignee.

2. The consignee and the next-of-kin in this case are:

Hodgson Funeral HomeRosemary J. Mentz

(Consignee)

(Next-of-kin)

515 17th Street940 Althausen Avenue

(Address)

(Address)

Rock Island, IllinoisDubuque, Iowa

(City)

(State)

(City)

(State)

3. At a later date, the next-of-kin or consignee will be advised to communicate with you to arrange a time for the funeral.

4. You will be furnished a copy of any communications to the next-of-kin originating in this Distribution Center.

5. Refer to CONTROL NO. NC-10332 and name of deceased.

FOR THE COMMANDING OFFICER:

R.W.BENNETT
Lt. Col., QMC
Assistant, AGR Div.

Jan

Q18:MH 3313
Georgia Marble Company
(Cecil H. Jones)

14 June 1949

SUBJECT: Adjustment

TO: Mr. Cecil H. Jones
Headstone Inspector
Georgia Marble Company
Tate, Georgia

1. The inclosed letter, from W. W. Gotsch, Acting Superintendent, Rock Island National Cemetery, Rock Island Arsenal, Rock Island, Illinois, regarding the inscription appearing on an upright marble headstone furnished to mark the grave of the late Arthur G. Mentz, is forwarded in order that the necessary action may be taken to make an adjustment.

2. The stone was ordered from Georgia Marble Company, under date of 9 November 1948, Order No. 82, and was shipped to the Transportation Officer, Rock Island Arsenal, Rock Island, Illinois, on Bill of Lading No. WT 3791102.

3. The organization inscribed on the stone should have been 327 GILDER INF 101 ABN DIV instead of 327 GILDER INF 101 ABN DIV, and it is requested that you bring this matter to the attention of the Georgia Marble Company, so that a satisfactory adjustment may be made direct with the consignee.

4. Advise this office of the action taken.

1 Incl
ltr dtd 1 Jun 49

NORMAN S. WIGGS
Lt Col, QMC
Memorial Division

mvl

X 293 Mentz, Arthur G.

970

CERTIFICATE

(AR 30-1830) CONTROL NO. **HC 10332 WW 11**

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.

210-587
ST. LOUIS
E. G. COWEL
LT. COL. U.S. ARMY
CHICAGO, ILL.

PART A - CIVILIAN OR PRIVATE CEMETERY

NOV 1948

| | | | |
|---|---|--|-----------|
| A | REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES <small>(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)</small> | | |
| 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 interment of the remains of the above named decedent in the below named cemetery.</p> | | | |
| INSERT NAME OF CEMETERY | | CITY OR COUNTY | STATE |
| 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 |

PART B - NATIONAL OR POST CEMETERY

| | | | |
|---|--|---|-----------------|
| B | REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES <small>(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)</small> | | |
| NAME OF DECEDENT | GRADE | SERIAL NUMBER | COMPONENT |
| MEHTZ, Arthur G. | Pvt | 37667722 | U S Army |
| <p>I certify that the sum of \$ <u>25.00</u> 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> | | | |
| CLAIM VALID-REPATRIATION NOV-4 1948 <i>ek</i> INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED ROCK ISLAND, ILLINOIS | | INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED ROCK ISLAND NATIONAL CEMETERY ROCK ISLAND, ILLINOIS | |
| 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: AMERICAN GRAVES REGISTRATION DIVISION 1819 WEST PERSHING ROAD CHICAGO 9, ILLINOIS | | SIGNATURE OF CLAIMANT <i>Rosemary J. Mehtz</i> ROSEMARY J. MEHTZ | |
| | | ADDRESS OF CLAIMANT (City, Street or RFD, and State) 940 ALTHAUSER AVENUE DUBUQUE, IOWA | |
| | | RELATIONSHIP TO DECEDENT WIFE | DATE 9/29/48 |

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.

RECEIVED
NOV 15 1948
U.S. AIR FORCE
WASHINGTON, D.C.

Headquarters
CHICAGO QUARTERMASTER DEPOT
Office of The Commanding Officer
1819 West Pershing Road
Chicago 9, Illinois

HC-10552 W 11

NOV 23 1944

CERTIFICATE

FORWARDED COPY
TO OFFICE OF
QUARTERMASTER GENERAL, WASHINGTON 25, D.C.
ATTN: DECSG, A. G. R. S.

The amount shown below is not in excess of the amount it would have cost the Government to deliver the remains to the ROCK ISLAND National Cemetery at ROCK ISLAND.

AMT. GUARANTEED BY THE GOVERNMENT: \$29.54

AMT. INCURRED BY THE GOVERNMENT: \$19.54

BERNARD J. O'DONNELL
Capt., T.C.

Date 29 September 1948

adj

Mrs. Rosemary J. Mentz
TO: 940 Althausen Ave.,
Dubuque, Iowa.

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

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

SUPERINTENDENT, ROCK ISLAND NATIONAL CEMETERY, ROCK ISLAND ARSENAL
Superintendent of Cemetery or Commanding Officer of Post ILLINOIS

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

To be filled in by Superintendent or Commanding Officer

Name of Veteran ²⁹³ ARTHUR G MENTZ

Rank, etc. Pvt 37667722 NC-10332

Grave or lot No. D-58

Date of death _____

Date buried 28 September 1948

To be filled in by Next of Kin

State desired Iowa

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

Date of birth December 4 1922

Address of kin 719 Hill St, Dubuque, Ia.

Signature Mrs Rosemary J. Mentz Date Oct. 2, 1948
Relationship

DDMS FORM 315
29 March 1946

OCT 11 1948

47 202 08

REQUEST FOR DISPOSITION OF REMAINS

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

DATE

Pvt Arthur G. Mentz, 37 667 722 (ARC)
Plot D, Row 7, Grave 129
United States Military Cemetery
St. Laurent, France

5 February 1948

Table with 4 columns (A, B, C, D) and 2 rows.

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, Rosemary J. Mentz (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

3. BE RETURNED TO THE HOMETOWN OF THE DECEASED OR NEXT OF KIN FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT Rock Island, Illinois

(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.)
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.)

Change from previous Administrative Order

DD Form 4/12/42

MAR 19 1948

Handwritten notes and stamps including 'CHANGE', 'NAT. CEM.', '1010-02196', and 'MAR 19 1948'.

PART I (Continued)

If on Page 1 of this form you have selected option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.
I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

| | | |
|---|-------------------|--------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
| NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE |
| STATE OR TERRITORY OF U. S. A. OR COUNTRY | TELEGRAPH ADDRESS | TELEPHONE No. |

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

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

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

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

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

I wish to designate: Hodgson Funeral Home

515 - 17th Street

Rock Island, Illinois.

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.

Rosemary J. Mentz (SIGNATURE OF NEXT OF KIN)
 Rosemary J. Mentz (NAME PRINTED OR TYPED)
940 Althausser Avenue (STREET AND NUMBER)
Dubuque Iowa (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 24th day of February, 1948 at city (or town) of Dubuque, county of Dubuque, and State (or Territory or District) of Iowa

*NOTE - Page 4 is part of the notarial attestation. My commission expires July 4, 1948

Rosalyn R. Muehl (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public in and for Dubuque (OFFICIAL TITLE)
County, Iowa

If you are the next of kin...

I, THE NAMED IN PART I OF THIS THE NEXT EXISTING PERSON...

| |
|------------------------------|
| LAST NAME |
| RELATIONSHIP TO THE DECEASED |
| NUMBER AND STREET |

WHOM I UNDERSTAND...

If you are NOT the next of kin...

THIS IS TO NOTIFY YOU THAT THE DISPOSITION OF THE SAID REMAINS SHOULD BE DIRECTED TO...

| |
|------------------------------|
| LAST NAME |
| RELATIONSHIP TO THE DECEASED |
| NUMBER AND STREET |

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.
I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

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

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

| | | | |
|-------------------|----------------|--------------------|--|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | RELATIONSHIP TO DECEASED |
| NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| Mentz | Antonio (Mrs.) | | Mother |
| 1645 Elm | Dubuque | Dubuque | Iowa |

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

I wish to designate: Hodgson Funeral Home

515 - 17th Street

Rock Island, Illinois.

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.

Rosemary J. Mentz 940 Althausser Avenue
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
Rosemary J. Mentz Dubuque Iowa
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 24th day of February, 1948, at city (or town) of Dubuque, county of Dubuque, and State (or Territory or District) of Iowa

*NOTE - Page 4 is part of the notarial attestation. My commission expires July 4, 1948

Rosalyn R. Muehl
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public in and for Dubuque
(OFFICIAL TITLE)
County, Iowa

If you are the next of kin

I, THE _____ NAMED IN PART I OF THIS THE NEXT EXISTING PERSON

| |
|------------------------------|
| LAST NAME |
| RELATIONSHIP TO THE DECEASED |
| NUMBER AND STREET |

WHOM I UNDERSTAND SHOULD BE THE NEXT OF KIN

If you are NOT the next of kin

THIS IS TO NOTIFY YOU THAT THE PERSON NAMED ON PAGE 1 OF THIS FORM SHOULD BE DIRECTED.

| |
|------------------------------|
| LAST NAME |
| RELATIONSHIP TO THE DECEASED |
| NUMBER AND STREET |

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.

| | |
|---|------------------------------------|
| _____ | _____ |
| <small>(SIGNATURE OF NEXT OF KIN)</small> | <small>(DATE)</small> |
| _____ | _____ |
| <small>(NAME PRINTED OR TYPED)</small> | <small>(STREET AND NUMBER)</small> |
| _____ | _____ |
| | <small>(CITY AND STATE)</small> |

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 |

| | |
|--|------------------------------------|
| _____ | _____ |
| <small>(SIGNATURE)</small> | <small>(DATE)</small> |
| _____ | _____ |
| <small>(NAME PRINTED OR TYPED)</small> | <small>(STREET AND NUMBER)</small> |
| _____ | _____ |
| | <small>(CITY AND STATE)</small> |

ADDITIONAL REMARKS AND INSTRUCTIONS

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





THE AMERICAN NATIONAL RED CROSS

MIDWESTERN AREA

1709 WASHINGTON AVE., ST. LOUIS 3, MO.

February 27, 1948

Memorial Division
Department of the Army
Office of the Quartermaster General
Washington 25, D. C.

Re: RR Br: Q1291 293
MWTE, Pvt Arthur G.
37662722
Plot D, Row 7, Grave 129
United States Military Cemetery
St. Laurent, France

Dear Sir:

The chapter has advised that the wife of the deceased veteran has signed a 545, signifying her desire to have her husband's remains brought to the national cemetery, Rock Island, Illinois, for final burial. The form has been mailed to you and we hope you have received it.

Sincerely yours,

Dora Burner
(Mrs.) Dora E. Burner
Correspondent, Home Service

Dictated 2/25

IT'S RED CROSS TIME

March 1-31, 1948

File

| March | | | | | | |
|-------|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

100 new with R.C. Br.
5 new with 40257
8000000



THE AMERICAN NATIONAL RED CROSS

1515 WASHINGTON AVENUE, WASHINGTON, D. C. 20005

[Faint, mostly illegible typed text, likely a letter or memorandum]

RECORDS BRANCH

Mar 1 3 43 PM '48

MEMORIA DIVISION



DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

In Reply Refer To RR Br: OMCMM 293 Mentz, Arthur G., Pvt., 37 667 722
Plot D, Row 7, Grave 129
United States Military Cemetery
St. Laurent, France

5 February 1948

P R I O R I T Y

Miss Janet Neal, Home Service Director
Midwestern Area, American Red Cross
1709 Washington Avenue
Saint Louis 3, Missouri

Dear Miss Neal:

The Next of Kin of the above captioned deceased wife
(relationship)
Mrs. Rosemary J. Mentz, 940 Althausser Avenue, Dubuque, Iowa
(name) (address)
has failed to return a Form 345 indicating disposition instructions for the remains.

It is respectfully requested that the attached OQMG Form 345 be properly accomplished by the Next of Kin and legal documents obtained through assistance of your representative if appropriate, be furnished this office. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request.

Sincerely yours,

JOHN O. HYATT
Colonel, OMC
Memorial Division

Incl. *[Handwritten mark]*

FEB 13 12 23 PM '48
O. O. M. G.
RECORDS & COMM. BRANCH

hov

Pvt. Arthur G. Mentz, 37 667 722
Plot D, Row 7, Grave 129,
United States Military Cemetery
St. Laurent, France

21 May 1947

Mrs. Rosemary J. Mentz
940 Althausen Avenue
Dubuque, Iowa

Dear Mrs. Mentz:

Reference is made to the "Letter of Inquiry - Disposition of Remains" sent to you about 45 days ago, requesting you to complete and mail the "Request for Disposition of Remains" form.

Since no reply has been received, you are again respectfully urged to return this completed form at the earliest possible date in order to avoid any unnecessary delay in the final disposition of the remains of your loved one.

Due to the tremendous amount of work involved in carrying out final burial arrangements for all of the deceased Americans of World War II, this program must proceed cemetery by cemetery in each area of the world.

The cemetery in which the remains of your loved one are buried is expected to be evacuated in the near future. In the absence of any reply from you by that time, the Government will assume that you have no objection to the final burial of the deceased in a permanent American Military Cemetery Overseas.

Sincerely,

G. A. BORKAN
Brigadier General, OMC
Chief, Memorial Division

MAY 27 1 34 PM '47
MAIL & RECORDS DIVISION

REGISTERED
1354610

RETURN RECEIPT DEMANDED

Post Office Department
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO FOUR FOLDMENT OF POSTAGE, TWO
CENTS

CHICAGO
JUN 2
4 PM
1954

POSTMAN OF DISTRICT
OFFICE

Return to 2nd & R St. S. W.
Street and Number,
(or Post Office Box)

REGISTERED ARTICLE

No. **1354610**

INSURED PARCEL

WASHINGTON,

D. C.

1
 Pvt. Arthur G. Montz, 37 667 722
 Plot D, Row 7, Grave 129,
 United States Military Cemetery
 St. Laurent, France

5 March 1947

Mrs. Rosemary J. Montz
 940 Althausen Avenue
 Dubuque, Iowa

Dear Mrs. Montz:

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

164
 Enclosures

1. Pamphlet (Options)
2. Disposition Form
3. Envelope
4. Pamphlet (Cemeteries)

78

100000
 MAR 5 5 00 PM '47
 MAIL & RECORDS

1000

QMR 293
Mentz, Arthur G.
A.S.N. 37 667 722

29 January 1947

Mrs. Rosemary J. Mentz
940 Althausen Avenue
Dubuque, Iowa

Dear Mrs. Mentz:

Inclosed herewith is a picture of the United States Military Cemetery St. Laurent, France, in which your husband; the late Private Arthur G. Mentz, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

1 Incl
Photograph

G. A. HORKAN
Brigadier General, QMC
Assistant

cas
EB

Q4283 293
Mentz, Arthur G.

P-081
at last

10 July 1946

Mrs. Rosemary J. Mentz
940 Althausen Avenue
Dubuque, Iowa

Dear Mrs. Mentz:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Arthur G. Mentz, A.S.N. 37 667 722.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery St. Laurent, plot D, row 7, grave 129.

This cemetery is located twenty miles northeast 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 your feasible wishes 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 you with full information and solicit your detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

10 JUL 1946
MAJ. LARKIN
16

LC
IX

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

6-17-44 118
Date 19 1944

MENTZ ARTHUR F. Pvt. 37867782 J.J.
Last Name First Initial Rank Serial No.
327 Gldr Inf Regt 14 m.B.R. 101 ST A/B DIV
Unit Organization
France 6-8-44 K.I.A.
Place of Death Cause of Death
1200 8 June 1944 St. Laurent Cemetery 68.7 - 89.0
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
129 7 D Temp.
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags
How were remains identified?

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: Buckingham, N. D. 20366794 130
Name Serial No. Rank Organization Grave No.
Deceased's Left: Marks, Thomas J. Pfc 33476976 128
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:

Arthur G Mentz
37867722 T43
Rosemary Mentz
940 Althausen Av
Dubuque Ia

Emergency Address Name

Address

Religion Prot.

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

- 1 Pocket Watch with Leather Strap 480 Francs
- 1 Ring
- 1 Souvenir Spoon Effects QM
- 1 Knife Communication Zone
- 1 Picture Case (Gold)
- Campaign Ribbons
- 1 Soldiers Paybook
- 1 Picture Folder
- 1 Wallet

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

ROBERT E. BERRY
1st Lt. OMC
Graves Registration Officer

Incl. # 41

Handwritten note: TO NEW DATA FILE

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 |
| 2 | | 2 | |
| 1 | | 1 | |
| Thumb | | Thumb | |

TOOTH CHART

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Deceased's Right | | | | | | | | | | | | | | | | Deceased's Left | | | | | | | | | | | | | | | |
| 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 | |
| Upper | | | | | | | | | | | | | | | | Lower | | | | | | | | | | | | | | | |

Indicate: missing natural teeth by X; crowns by C; fillings by D; Bridges by O; missing anchor teeth; replacements by artificial teeth by N

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.

AG P BR HQ 105 2-44/100N/22560

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

REPORT OF DEATH

DATE 15 July 1944
whc/eg 4632

| | | | |
|--|--|--|--|
| FULL NAME <u>Mentz, Arthur G.</u> | | ARMY SERIAL NUMBER <u>37 667 722</u> | GRADE <u>Pvt.</u> |
| HOME ADDRESS <u>Dubuque, Iowa</u> | | ARM OR SERVICE <u>Infantry</u> | DATE OF BIRTH <u>4 Dec 1922</u> |
| PLACE OF DEATH <u>England</u> | CAUSE OF DEATH <u>Wounds received in action</u> | | DATE OF DEATH <u>14 Jun 1944</u> |
| STATION OF DECEASED <u>European Area</u> | | DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>3 Apr 1943</u> | LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>1 2 12</u> |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Rosemary J. Mentz, wife, 940 Althausser Avenue, Dubuque, Iowa</u> | | | |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Rosemary J. Mentz, wife, 940 Althausser Avenue, Dubuque, Iowa</u> <u>Antonia Mentz, mother, 1645 Elm Street, Dubuque, Iowa</u> <u>Walter Mentz, brother, 1645 Elm Street, Dubuque, Iowa</u> | | | |
| INVESTIGATION MADE | | IN LINE OF DUTY | OWN MISCONDUCT |
| YES | NO | YES | NO |
| | X | X | |
| WAS DECEASED ON DUTY STATUS | | AUTHORIZED ABSENCE | |
| YES | NO | YES | NO |
| X | | | |
| IN FLYING PAY STATUS | | OTHER PAY STATUS (SPECIFY BELOW) | |
| YES | NO | YES | NO |
| | X | | |

ADDITIONAL DATA AND/OR STATEMENT

| COPIES FURNISHED: | | |
|-------------------|-------------|----------------------|
| S. G. O. | F. B. I. | F. O. U. S. A. |
| Z. O. O. M. O. | O. P. D. | ARMY EFFECTS BUREAU |
| G. A. O. | VET. ADMIN. | CASUALTY BRANCH FILE |
| | | A. G. 201 FILE |

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall
J. A. Marshall
ADJUTANT GENERAL

JUL 1944 FILE

W3M



112065

SPQOK 201

JRM:DW:het
14 March 1945

SUBJECT: Disposal of Pay Records

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

Transmitted herewith for disposal by personnel officers concerned, in accordance with par. 41d(2), AR 345-125 019, W.D., A.G.O. Form No. 28, (Soldier's Individual Pay Record) of:

| | | | |
|-------------------------|-----------------|-------------|-----------------|
| Lake, George L. | 32015706 | Sgt. | Infantry |
| Laws, Jack | 33381062 | Pvt. | Unknown |
| Mason, Henry B. | 33040540 | Pfc. | Unknown |
| Matlock, William H. | 37533925 | Pvt. | Unknown |
| Moldan, Robert E. | 36382719 | A/C | Air Corp |
| McDaniel, John W. | 6256262 | Pvt. | Unknown |
| <u>Montg, Arthur G.</u> | <u>37657722</u> | <u>Pvt.</u> | <u>Infantry</u> |
| Merk, Lester L. | 3938322 | Pvt. | Unknown |
| Miller, William H. | 20341077 | A/Sgt. | Unknown |
| Moodman, Walter B. | 33397307 | Sgt. | Unknown |

For the Effects Quartermasters:

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

10 Incls--W.D., A.G.O. Form No. 28

file
het

Summary Court-Martial
 ARMY SERVICE FORCES
 KANSAS CITY QUARTERMASTER DEPOT Case No. 112065
 601 Hardesty Avenue
 Kansas City 1, Missouri Date 10 March 1945

JRM:MH:na

SUBJECT: Report of transactions in disposing of the effects of

Arthur G. Wentz late a
 (Name of deceased) 37667722 (Army Serial Number)
Private (Grade) Infantry (Organization, Army or Service) who died
 on the 11 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. _____.)
- 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 7 March 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Rosemary J. Wentz 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, Mrs. Rosemary J. Wentz of 910 Althausen Avenue, Dubuque State of Iowa, is the widow of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court-Member)

W. R. DUFFY, Colonel, U.S.A.
 SUMMARY COURT-MARTIAL



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

JRM:VC:oms
March 8, 1945

IN REPLY REFER TO 112065

Dear Mrs. Ments: ✓

The Army Effects Bureau has received from overseas some personal effects of your husband, Private Arthur G. Ments. ✓

I am inclosing a check for \$9.68, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package. ✓

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

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

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

Yours very truly,

A. G. SCHUMACHER ✓
1st Lt. Q.M.C.
Asst. Chief, Adm. Division

I Inclose
Check

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

REPORT OF DEATH

DATE 15 July 1944
whc/eg 4632

| FULL NAME Mentz, Arthur G. | | ARMY SERIAL NUMBER 37 667 722 | GRADE Pvt. | | | | | | |
|--|--|--|---|-------|--------|------|----------|----------|-----------|
| HOME ADDRESS Dubuque, Iowa | | ARM OR SERVICE Infantry | DATE OF BIRTH 4 Dec 1922 | | | | | | |
| PLACE OF DEATH England | CAUSE OF DEATH Wounds received in action | | DATE OF DEATH 14 Jun 1944 | | | | | | |
| STATION OF DECEASED European Area | | DATE OF ENTRY ON CURRENT ACTIVE SERVICE 3 Apr 1943 | LENGTH OF SERVICE FOR PAY PURPOSES <table border="1"> <tr> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> <tr> <td>1</td> <td>2</td> <td>12</td> </tr> </table> | YEARS | MONTHS | DAYS | 1 | 2 | 12 |
| YEARS | MONTHS | DAYS | | | | | | | |
| 1 | 2 | 12 | | | | | | | |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Rosemary J. Mentz, wife, 940 Althausser Avenue, Dubuque, Iowa | | | | | | | | | |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Rosemary J. Mentz, wife, 940 Althausser Avenue, Dubuque, Iowa Antonia Mentz, mother, 1645 Elm Street, Dubuque, Iowa Walter Mentz, brother, 1645 Elm Street, Dubuque, Iowa | | | | | | | | | |
| INVESTIGATION MADE | | IN LINE OF DUTY | OWN MISCONDUCT | | | | | | |
| YES | NO | YES | NO | | | | | | |
| | X | X | | | | | | | |
| WAS DECEASED ON DUTY STATUS | | AUTHORIZED ABSENCE | | | | | | | |
| YES | NO | YES | NO | | | | | | |
| X | | | | | | | | | |
| IN FLYING PAY STATUS | | OTHER PAY STATUS (SPECIFY BELOW) | | | | | | | |
| YES | NO | YES | NO | | | | | | |
| | X | | | | | | | | |

ARMY EFFECTS BUREAU
RECEIVED
JUL 21 1944

ADDITIONAL DATA AND/OR STATEMENT

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall
J. A. Marshall
ADJUTANT GENERAL

INVENTORY OF EFFECTS

(See AR 600-50)

MENTZ ARTHUR J 57867722
 (Last name) (First name) (Middle Initial) (Army serial number)

late a Pvt
 (Grade) (Organization or arm or service)

who died on the 6 day of June, 19 44

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

| NUMBER | ARTICLES | *PACKAGE NUMBER |
|--------|-------------------------------------|-----------------|
| 1 | 1 Pocket Watch with Leather Strap ✓ | |
| 1 | 1 Ring ✓ | |
| 1 | 1 Souvenir Spoon ✓ | |
| 1 | 1 Knife ✓ | |
| 1 | 1 Picture Case (Gold) ✓ | |
| | Campaign Ribbons ✓ | |
| 1 | 1 Soldiers Paybook ✓ | |
| 1 | 1 Picture Folder ✓ | |
| 1 | 1 Wallet ✓ | |
| | | |
| | | |
| | | |
| | | |

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

CLASS II—Other effects

| NUMBER | ARTICLES |
|--------|----------|
| | |
| | |
| | |
| | |
| | |

CLASS II—Continued

| NUMBER | ARTICLE |
|----------|--|
| | Money in the amount of \$9.68 turned over to R. G. Davis, Lt. Col., FD, symbol No. 211-549 on 24 June 1966 |
| | 480 francs |
| H80 F | Money { Specie... \$ _____ Notes... \$ 9.68 |

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that *the effects were delivered

to _____
(Give name and degree of relationship, if legal representative)

or beneficiary named by the deceased, as stated

*the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.

 ROBERT E. CLARK
 1st Lt. OMC
 Graves Registration Officer

 (Station)
 _____, 19____
 (Date)

*Strike out words not applicable.

Serial No. 3166722 Name MENTZ ARTHUR G
 Grade _____ Rank _____
 Organization _____
 Address _____
 Nearest Relative ROSEMARY MENTZ
 Address 910 ALTHAUSER DUBUQUE, IA.
 Killed in Action YES Died of Disease _____
 Date 6 JUNE 1944 Hospital _____
 Battle Area FRANCE Information _____
 Place of Burial 1st AMERICAN CEM
 Point of Coordination _____
 Description of Body _____
 Members Missing _____

Signed _____

129-7-D

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of: **Mrs. Rosemary J. Mentz**
 Name **Pvt. Arthur G. Mentz**
940 Althausen Avenue
Dubuque, Iowa
 Case No. **113,065-D**
 Wt.

DATE March 7, 1945
Campbell:dmb

L. M. null
FOR: Effects Quartermaster

REMARKS:

| | |
|--|---------------------------|
| <input checked="" type="checkbox"/> Inclose Bureau Check | Remove G.I. |
| Acct. No. 36606 | Note discrepancy in _____ |
| Amount \$9.68 | Films removed _____ |
| Inclose "Valuables" item | Diary removed _____ |
| Ship "Valuables" item(s) | Laundry removed _____ |

ROUTING: 1 Accounting Branch **MAR 9** A.M. 53225 fy
2 Warehouse Division 36606
3 Files Branch, Adm. Div. 112065

March 10 45

Rosemary J. Mentz 9.68

Nine and 68/100

Col. Q.M.C.

REMARKS:

1 pkg

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

MAR 13 1945

MAR 15 1945

mk
Shipping Clerk

| | | | | | |
|----------------------------|----|-------------------------------|---|------------------------------|-------------------------------------|
| SHEET 1 OF 1 SHEETS | | ARMY EFFECTS BUREAU INVENTORY | | DECEASED | <input checked="" type="checkbox"/> |
| BOX NUMBER 8 | | ORIGINAL NUMBER OF PACKAGES 1 | | MISSING | <input type="checkbox"/> |
| TALLY NUMBER 5897 | | INVENTORY DATE 28 - Dec 44 | | P.O.N. | <input type="checkbox"/> |
| EFFECTS OF Arthur G. Mentz | | CASE NUMBER 112065 | | ABANDONED | <input type="checkbox"/> |
| A.S.N. 37667723 | | ORGANIZATION | | RANK Pvt. | |
| PACKAGE DESCRIPTION EXPN | | | | | |
| CLOTHING | | PERSONAL ITEMS | | CONTAINERS | |
| BELT | | BRACELET, IDENTIFICATION | | BAGS, CLOTH | |
| BELT, MONEY (NO MONEY) | | BRUSHES | | BAGS, TRAVEL | |
| CLOTH, WASH | | CAMERAS | | BILLFOLD (NO MONEY) | 4/2 |
| COATS | | GLASSES | | CASE | |
| FOOTWEAR, PR. | XI | KNIVES | | FOOTLOCKER | |
| GLOVES, PR. | | LIGHTERS | | KIT, SEWING | |
| HANDKERCHIEFS | | MISC. INSIGNIA | | KIT, TOILET | |
| HEADWEAR | | MISC. ITEMS | X | KIT, WRITING | |
| JACKETS | | PEN, FOUNTAIN | | PAPERS AND MISC. | |
| OVERCOATS | | PENCIL, MECHANICAL | | BOOKS | |
| SCARFS | | PIPES | | BOOKS, ADDRESS | |
| SHIRTS | | RELIGIOUS ARTICLES | | BOOKS, NOTE | |
| SOCKS, PR. | | RIBBONS, DECORATION | | BOOKS, PILOT LOG | |
| TIES | X | RINGS | | DIARY (REMOVED FOR DURATION) | |
| TOWELS | | TOBACCO | | FILMS | |
| TROUSERS, PR. | | TOILET ARTICLES | | LETTERS | |
| TRUNKS, PR. | | WATCH pocket | | PAPERS, PERSONAL | |
| UNDERWEAR | | WINGS | | PHOTOS | X |
| | | | | SHOE SHINE ARTICLES | |
| | | | | SHORT SHORTER | X |
| | | | | SOUVENIRS | X |
| | | | | SOUVENIR MONEY | X |
| | | | | STATIONERY | |
| | | | | TESTAMENTS | |
| | | | | U.S. MONEY (AMOUNT) | |

REMARKS: *Wife: Rosemary Mentz, 940 Althausen Ave., Dubuque, Iowa. * Badly Rusted.*

ATTACHMENTS: Form #54 Form #100
1 Y.L.C. 1 Form #258

file 3-7

| | | | |
|--|--------------------------|--------|-----------------------|
| MAR 2 1945 | | WEIGHT | GI REMOVED |
| C.A.T. Rosemary Mentz, 940 Althausen Ave., Dubuque, Iowa | | | X SHORTAGE ON REVERSE |
| WAREHOUSE SPACE 1209 | STORED BY <i>Jay</i> | | IDENT. TAGS REMOVED |
| INVENTORIED BY <i>Hall</i> | DATE SHIPPED MAR 19 1945 | | DIARY REMOVED |
| PACKED BY | | | LOCKED STORAGE |
| | | | LAUNDRY REMOVED |
| | | | FIRM REMOVED |

ADDITIONAL REMARKS

SHORTAGES

9.68 Turned over
to R.C. Davis Lt. Col.

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

486 Francs.
Note # 9.68

I certify that the above listed items were
not in the containers inventoried by me:

Wall

INVENTORY CLERK

R. Blantenburg

SUPERVISOR

G.I. FORM D

