293 BITTERMAN, EDWARD 39 406 229 PFC. EUROPEAN AREA

M/Sgt. Eric E. Murray

RECEIPT OF REMAINS

JR

Distribution Center #13 SFPE OAKLAND ARMY BASE OAKLAND 14 CALIFORNIA (GRAVES) **Routine** 6 APRIL 1949

Remains Consigned To:

NORTH SACRAMENTO FUNERAL HOME

110 WEST EL CAMINO AVENUE

NORTH SACRAMENTO, CALIFORNIA

243

REMAINS OF THE LATE PRIVATE FIRST CLASS EDWARD BITTERMAN USAGE SN 39406229 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER TWO HUNDRED FORTY SIX SOUTHERN PACIFIC RAILROAD DUE TO ARRIVE SACRAMENTO STATION SIX FIFTEEN PM RAILROAD TIME THIRTEEN APRIL. REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN. REQUEST FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT SACRAMENTO STATION UPON ARRIVAL AND TRANSPORT REMAINS AND ESCORT TO NORTH SACRAMENTO FUNERAL HOME AT NORTH SACRAMENTO CALIFORNIA. YOU SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DISTRIBUTION CENTER FOR PAYMENT OF TRANSPORTATION CHARGES FROM SACRAMENTO TO NORTH SACRAMENTO CALIFORNIA.

F. E. Hyll
F E HYLL
MAJOR QMC
ACTG CHIEF AGR DIV

NAT FILE RECORDS ANNOTATED
DATE 24 May 49
NAME M Bell
R & R BR.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased this 13th (Day) day of April (Month), 1949

Eric E. Murray MSgt (Witness (Escort))

John R. Summerill (Consignee)

QMC FORM REV 5 MAR 48 1193

U. S. GOVERNMENT PRINTING OFFICE 16—84737-1

Incl. 10

NY-027-R

JEW

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
3584 00136	15 / 10 / 48

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
BITTERMAN EDWARD	39406229	PFC	1	1	1

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	(DIST. CTR.)
ST MERE EGLISE 1 FRANCE	B	7	133	9100	13

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
NORTH SACRAMENTO FUNERAL HOME 110 WEST EL CAMINO AVENUE NORTH SACRAMENTO, CALIFORNIA (F/B DEL PASO HEIGHTS, CALIF.)	ROSE BITTERMAN (MOTHER) ROUTE 1, BOX 148 WILLOWS, CALIFORNIA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
BITTERMAN, Edward	39406229	UTD		23 March 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[X] REMAINS [X] MARKER	USAGF	UNK.	GARRETT J. BURKE Emb.

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: O.D. UNIFORM

CONDITION OF REMAINS: Advanced decomposition - Complete remains

OTHER MEANS OF IDENTIFICATION:
"EDWARD BITTERMAN" on waistband of pants
Full name and ASN found on collar of jacket

MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 31 March 1948 BY GARRETT J. BURKE

CASKET SEALED BY: JOHN FURR

EMBALMER (*Signature*)

CASKET BOXED AND MARKED

DATE 31/3/48 BY JOHN FURR

SHIPPING ADDRESS VERIFIED BY: A.P. KING 1st Lt CAV.

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

T.C. MURRAY CAPT QMC
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy No. 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

QMC FORM REV 11 FEB 48 1194

115

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO
USMC STE MERE EGLISE N.1	Casketing Point B. St Laurent
KIND OF CONVEYANCE: TRUCK	NAME OF CONVOYER: PFC GIBBS
SIGNATURE OF SHIPPER: A.P. KINGS 1st Lt CAV. — DATE: 13/4/48	SIGNATURE OF RECEIVER: D.A. MAC KENZIE CAPT INF. — DATE: 13/4/48

2. SHIPPED

FROM	TO
Casketing Point B. St Laurent	Port Unit Cherbourg
KIND OF CONVEYANCE: TRUCK	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: D.A. MAC KENZIE CAPT INF. — DATE:	SIGNATURE OF RECEIVER: JOHN PALYOK JR 1st Lt F.A. — DATE:

3. SHIPPED

FROM	TO
Port Unit Cherbourg	NYPOE
KIND OF CONVEYANCE:	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: JOHN PALYOK JR 1st Lt F.A. — DATE:	SIGNATURE OF RECEIVER: — DATE:

4. SHIPPED

FROM	TO
CHERBOURG PORT UNIT	NYPOE
KIND OF CONVEYANCE: USAT BARNEY KIRSCHBAUM	NAME OF CONVOYER: JAMES S. JEFFERIES, MAJ. CE.
SIGNATURE OF SHIPPER: JOHN PALYOK JR. 1st Lt. FA — DATE:	SIGNATURE OF RECEIVER: J S Jefferies — DATE: 22/2/49

5. SHIPPED

FROM	TO
KIND OF CONVEYANCE:	NAME OF CONVOYER:
SIGNATURE OF SHIPPER: — DATE:	SIGNATURE OF RECEIVER: for C Drogatto LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER — DATE: MAR 10 1949

6. SHIPPED

FROM	TO
NYPE TRAIN	DCM/3
KIND OF CONVEYANCE:	NAME OF CONVOYER: Sgt 1/c Frank D Marchillo
SIGNATURE OF SHIPPER: LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER — DATE: 3/17/49	SIGNATURE OF RECEIVER: J J McBroom Capt. DMC — DATE: MAR 23 1949

7. SHIPPED

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

JR

6 APRIL 1949

NORTH SACRAMENTO FUNERAL HOME

110 WEST EL CAMINO AVENUE

NORTH SACRAMENTO, CALIFORNIA

REMAINS OF THE LATE PRIVATE FIRST CLASS EDWARD BITTERMAN USAGF SN 39406229 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER TWO HUNDRED FORTY SIX SOUTHERN PACIFIC RAILROAD DUE TO ARRIVE SACRAMENTO STATION SIX FIFTEEN PM RAILROAD TIME THIRTEEN APRIL. REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN. REQUEST FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT SACRAMENTO STATION UPON ARRIVAL AND TRANSPORT REMAINS AND ESCORT TO NORTH SACRAMENTO FUNERAL HOME AT NORTH SACRAMENTO CALIFORNIA. YOU SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DISTRIBUTION CENTER FOR PAYMENT OF TRANSPORTATION CHARGES FROM SACRAMENTO TO NORTH SACRAMENTO CALIFORNIA.

F E HYLL
MAJOR QMC
ACTG CHIEF AGR DIV

HY-027-R

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTERN UNION

1201

JOSEPH L. EGAN
PRESIDENT

SYMBOLS

DL = Day Letter
NL = Night Letter
LC = Deferred Cable
NLT = Cable Night Letter
Ship Radiogram

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

OB605 =D

1949 MAR 3 PM 6 37

O.SXA655 18 COLLECT=IDSX WILLOWS CALIF 3 622P=

CHIEF AMERICAN GRAVES REGISTRATION=

111 :DIV 255M OAKLAND CALIF=

NO CHANGE IN ORIGINAL ARRANGEMENT. FULL NAME EDWARD BITTERMAN.

MAILING ADDRESS ROUTE 1 BOX 148 WILLOWS CALIF=

:ROSE BITTERMAN=

:1 148=

THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE

ROUTING

JOINT MESSAGE FORM

COMMUNICATIONS CENTER NO.

~~DELIVER AND REPORT~~
ANY CHARGES

SPACE ABOVE FOR COMMUNICATION CENTER

FROM: (Originator)
CHIEF AGR DIV SFPE OAB

DATE-TIME GROUP: 3 March 49

SECURITY CLASSIFICATION

PRECEDENCE FOR

ACTION: DAY LETTER

INFORMATION

☐ BOOK MESSAGE ☐ ORIGINAL MESSAGE

☐ MULTIPLE ADDRESS

CRYPTOPRECAUTION ☐ YES ☐ NO

REFERS TO MESSAGE BELOW

IDENTIFICATION: GRAVES

CLASSIFICATION: UNCL

ACTION TO: ROSE BITTERMAN

ROUTE 1, BOX 148

WILLOWS, CALIFORNIA

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE PRIVATE FIRST CLASS EDWARD BITTERMAN

ARE ENROUTE TO THE UNITED STATES ABOARD

OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO NORTH SACRAMENTO FUNERAL HOME 110 WEST EL CAMINO AVENUE NORTH SACRAMENTO CALIFORNIA PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO CHIEF AMERICAN GRAVES REGISTRATION DIVISION OAKLAND ARMY BASE OAKLAND 14 CALIFORNIA. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

CHIEF AMERICAN GRAVES REGISTRATION DIVISION

SECURITY CLASSIFICATION: UNCL

PAGE 1 OF 1

DRAFTER'S NAME (and signature when required)

RELEASING OFFICER'S SIGNATURE

SYMBOL

TELEPHONE

OFFICIAL TITLE

235-SFPE
26 OCTOBER 1948

882 H

714

INSPECTION CHECKLIST

(FOR USE AT OVERSEAS PORT, U.S. PORT, AND DISTRIBUTION CENTER) 027 R

NAME	RANK	SERIAL NUMBER
BITTERMAN, EDWARD	PFC	39406229

SOURCE	CONSIGNEE
ST MERE EGLISE 1 FRANCE	NORTH SACRAMENTO FUNERAL HOME 110 WEST EL CAMINO AVE., NORTH SACRAMENTO, CALIFORNIA

SHIPPING CASE – General Appearance (Check ONLY Discrepancies)

FINISH (Exterior)	Touched up
FINISH (Interior)	OK
HANDLES	OK
HANDLE BOLTS	OK
STENCILING – NAMEPLATE	Correct
HEALTH PERMIT MARKER	Reset
HEALTH PERMIT NUMBER	

CONDITION OF SHIPPING CASE (Check one): ☐ SATISFACTORY ☐ UNSATISFACTORY

REMARKS USAGF APR 13 1949

CASKET – General Appearance (Check ONLY Discrepancies)

FINISH (Exterior)	
HANDLES AND FASTENINGS	
STENCILING – NAMEPLATE	
CAM LOCKS (Sealing)	
ODOR OR MOISTURE	OK

CONDITION OF CASKET (Check one): ☐ SATISFACTORY ☐ UNSATISFACTORY

REMARKS

ROUTED THROUGH

☐ MORTUARY OPERATING ROOM

CONDITION OF REMAINS: ☐ SATISFACTORY ☐ UNSATISFACTORY

NECESSARY DISINFECTION (Explain)

☐ REPAIR SHOP

CASKET REPAIRED: ☐ YES ☐ NO

CASKET EXCHANGED: ☐ YES ☐ NO

SHIPPING CASE REPAIRED: ☐ YES ☐ NO

SHIPPING CASE EXCHANGED: ☐ YES ☐ NO

REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
	4/6/49	Sgt Potter			

REMARKS

J. W. Woodwell
for Capt J. M. Brown

QMC FORM REV 1 JAN 47 R-5054

Amy

156153

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

WWII

DATE 13 MAY 1949

NAME OF DECEDENT (*Last, First, Middle Initial*)	BRANCH OF SERVICE	TO BE FILLED IN BY CLAIMANT
BITTERMAN, EDWARD	USAGF	A. ☒ INTERMENT EXPENSES (*Civilian or Private Cemetery*)
RANK OR GRADE: PFC	SERIAL NO.: 39406229	B. ☐ TRANSPORTATION EXPENSES (*National or Post Cemetery*)

C. A. FRANK
COL FD 210-006
MAY 20 1949
OAKLAND, CALIF.
STA. NO. 800

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

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

NAME: Grant Memorial Park

CITY OR COUNTY: No. Sacramento

STATE: Calif.

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of $ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (*City, town, or place from which remains were shipped*)

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

RETURN FOUR COPIES TO

COMMANDING OFFICER
DISTRIBUTION CENTER #13
OAKLAND ARMY BASE
OAKLAND 14, CALIFORNIA

SIGNATURE OF CLAIMANT: Rose Bitterman

ADDRESS (*Street number or RFD, City and State*): Rt. 1, Box 148 Willows, California

RELATIONSHIP TO DECEDENT: Mother

REMARKS

COPY

Dr ck #13

QMC FORM REV 5 MAR 48 1236 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

16—54739-1

PART A

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

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

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

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

PART B

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

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

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—54738-1

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

...Y SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE: 17 Sept. 1947

...Edward Bitterman, 39 406 229
Plot B, Row 7, Grave 133,
United States Military Cemetery
Ste. Mere Eglise #1, France

17 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, _____ (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

Grant Union Memorial Cemetery
(NAME AND LOCATION OF CEMETERY)

☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT Del Paso Heights California (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

OCT 26 1948

10/15/48

16—60411-1

QQMG FORM 14 NOV 1946 345 MILITARY

PAGE 1

SEP 15 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
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.

OR

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

FULL NAME OF FUNERAL DIRECTOR			
NORTH SACRAMENTO FUNERAL HOME			
NUMBER AND STREET 110 W. El Camino ave	CITY OR TOWN North Sacramento	COUNTY OR ~~PROVINCE~~ Sacramento	STATE OR TERRITORY OF U. S. A., OR COUNTRY California
EXPRESS OFFICE (*Nearest railroad passenger station*) Sacramento, Calif	TELEGRAPH ADDRESS Sacramento, Calif		TELEPHONE No. 9-2860

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
Bitterman	Theodore	A	Brother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Rt 1 Box 148	Willows	Glenn County	California

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.

Rose Bitterman
(SIGNATURE OF NEXT OF KIN)

ROSE BITTERMAN
(NAME PRINTED OR TYPED)

Route 1 Box 148
(STREET AND NUMBER)

Willows California
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 26th day of April, 1948, at city (or town) of Willows, county of Glenn, and State (or Territory or District) of California

N. C. Bell
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public.
(OFFICIAL TITLE)

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

16—50411-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(DATE)

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

(NAME PRINTED OR TYPED) (CITY AND STATE)

PART III

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

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

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

(DATE)

(SIGNATURE) (STREET AND NUMBER)

(NAME PRINTED OR TYPED) (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

District No. 3401 Registrar's No. 1250

1. Full Name: DANIEL BITTERMAN
2. Place of Death (a) County: Sacramento
(b) City or Town: Sacramento
(c) Name of Hospital or Institution: Sacramento County Hospital
(d) Length of Stay: In Hospital or Institution: 2 hr 40min. In this community: 2 hrs In California: 2hrs
(e) If foreign born, how long in the U. S. A.: Years
3. Usual Residence of Deceased (a) State: California
(b) County: Sacramento
(c) City or Town: Del Paso Heights
(d) Street No. Rt. 2, Box 2112
20. Date of Death: Month: August Day: 22 Year: 1946 Hour: 11: Minute: 40 P.M.
2. (a) If Veteran, Name of War: No
3. (b) Social Security No.
4. Sex: Male
5. Color or Race: White
6. (a) Single, Married, Widowed or Divorced: Married
6. (b) Name of Husband or Wife: Rose Bitterman
6. (c) Age of Husband or Wife if Alive: 54 Years
7. Birthdate of Deceased: Jan. 20, 1891
8. Age: 56 Yrs. 8 Mos. 2 Days. If less than one day old: Hrs. Min.
9. Birthplace: Russia
10. Usual Occupation: Cattle Buyer
11. Industry or Business:
12. Name: Em. Bitterman
13. Birthplace: Russia
14. Maiden Name: Miller
15. Birthplace: Russia
16. (a) Informant: Theodore Bitterman
(b) Address: Rt. 2, Box 2112, Del Paso Heights
17. (a) Burial (b) Date: 8/27/46
(c) Place: Grant Memorial
18. (a) Embalmer's Signature: S.S. Lombard License No. 1328
(b) Funeral Director: No. Sacto. Funeral Home
Address: No. Sacramento
By: S.S. Lombard
19. Date Filed: Aug. 26, 1946 Albert F. [illegible] Registrar's Signature: IB

21. Medical Certificate: I hereby certify, that I attended the deceased from August 22 1946 to August 22 1946 that I last saw him alive on August 22 1946 and that death occurred on the date and hour stated above.
Immediate cause of death: Cardiac decompensation — Duration
Due to: Hypertensive cardio vascular disease
Due to:
Other conditions (include pregnancy within three months of death):
Major findings of operation: Date of operation:
Of autopsy:
Physician: Underline the cause to which death should be charged statistically

22. Coroner's Certificate: I hereby certify, that I held an autopsy, inquest or investigation in the remains of the deceased and find from such action that deceased came to death on the date and hour stated above.

23. If death was due to external causes, fill in the following
(a) Accident, Suicide, or Homicide?
(b) Date of Injury:
(c) Where did injury occur? City or Town County State
(d) Did injury occur in or about home, on farm, in industrial place, or in public place? While at work?
(e) Means of injury:

24. Coroner's or Physician's Signature: George J. Ferris, M.D.
Address: Sacto. Co. Hosp. Date: 8-23-46

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

Form 17. Recorder 1M 6-47

STATE OF CALIFORNIA,
County of Sacramento. } ss.

I, **H. G. Krebs**, County Recorder in and for the County of Sacramento, State of California, hereby certify that I have compared the foregoing copy with the record of Death recorded in book 95 of Death Certificates page 1250 Records of the County of Sacramento, and hereby certify the same to be a full, true and correct copy of such record thereof.

ATTEST my hand and the seal of the County Recorder, this 3rd day of June A.D. 19 48

County Recorder

By _____ Deputy.

No Fee Charged
Per Government Request

Name Check
Action Mat 9 Sep 48
Acceptance Section
Family Corres. Branch

Mat 9 Sep 48

Bitterman Edward
394062 7

Form 5

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

District No. 3401 Registrar's No.

1. Full Name: DANIEL BITTERMAN

2. Place of Death: (A) County: Sacramento
(B) City or town: Sacramento
If outside city or town limits, write RURAL
(C) Name of hospital or institution: Sacramento County Hospital
If not in hospital or institution, give street number or location
(D) Length of stay: (Specify whether years, months or days)
In hospital or institution: 2 hrs. 40 mins
In this community: 2 hrs In California: 24 yrs
(E) If foreign born, how long in the U. S. A.? ____ years

3. Usual Residence of Deceased:
(A) State: California
(B) County: Sacramento
(C) City or town: Del Paso Heights
If outside city or town limits, write RURAL
(D) Street No. Rt. 2, Box 2112

20. Date of Death: Month: August Day: 22
Year: 1946 Hour: 11: Minute: 40 P.M.

3. (E) If Veteran, Name of War: No

3. (F) Social Security No.:

4. Sex: Male

5. Color or Race: White

6. (A) Single, Married, Widowed or Divorced: Married

6. (B) Name of Husband or Wife: Rose Bitterman

6. (C) Age of Husband or Wife if Alive: 54 years

7. Birthdate of Deceased: January 20, 1891 (Month Day Year)

8. Age: 56 Yrs. 8 Mos. 2 Days
If less than one day old: Hrs. ____ Min. ____

9. Birthplace: Russia

10. Usual Occupation: Cattle Buyer

11. Industry or Business:

Father
12. Name: Wm. Bitterman
13. Birthplace: Russia

Mother
14. Maiden Name: Miller
15. Birthplace: Russia

16. (A) Informant: Theodore Bitterman
(B) Address: Rt 2, Box 2112, Del Paso Heights

17. (A) Burial (Burial, cremation or removal) (B) Date: 8-27-46
(C) Place: Grant Memorial

18. (A) Embalmer's Signature: S.S. Lombard License No. 1328
(B) Funeral Director: No. Sacto. Funeral Home
Address: No. Sacramento
By: S. S. Lombard

19. (A) Aug. 26, 1946 (Date filed) (B) Albert F. Zipf, M.D. (Registrar's Signature)
IB

21. Medical Certificate
I hereby certify, that I attended the deceased
From: August 22 1946
To: August 22 1946
That I last saw him alive on: August 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation
Due to: Hypertensive cardio vascular disease
Due to:
Other conditions (include pregnancy within three months of death):
Major findings of operations: Date of operation:
Of autopsy:

Duration

Physician: Underline the cause to which death should be charged statistically

22. Coroner's Certificate
I hereby certify, that I held an autopsy, inquest or investigation on the remains of the deceased and find from such action that deceased came to his death on the date and hour stated above.

23. If death was due to external causes, fill in the following:
(A) Accident, suicide, or homicide?
(B) Date of injury
(C) Where did injury occur? City or town County State
(D) Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place) While at work?
(E) Means of injury

24. Coroner's or Physician's Signature (Specify which): George J. Ferris, M.D.
Address: Sacto. Co. Hosp. Date: 8-23-46

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

QMCMF 293
Bitterman, Edward 39 406 229
Plot B, Row 7, Grave 133
USMC St. Mere Eglise, France

16 July 1948

Mrs. Rose Bitterman
Route 1, Box 148
Willows, California

Dear Mrs. Bitterman:

The "Request for Disposition of Remains" form dispatched to your husband and completed by you pertaining to the final interment of the remains of your son, the late Private First Class Edward Bitterman, has been received, and is being returned for completion.

I regret that this form cannot be accepted without further information. The Disposition Form was specifically addressed to your husband because the Department of the Army records indicate that he is the only authorized next of kin having the right to sign the form and thereby legally determine the final resting place of your son. If he prefers to record his own wishes, a new "Request for Disposition of Remains" form is inclosed.

However, if Mr. Bitterman is in complete agreement on the disposition of remains as now indicated on the form, he may make your present signature legally acceptable by completing all lines of Part 2, on the upper half of page 3. Part II does not require notarial certification. The right being relinquished by him passes to you.

If, however, your husband is deceased, your instructions will be honored if you indicate under remarks on page 4, the date and place of his death.

Your cooperation in having one of the inclosed disposition forms returned at an early date, will be greatly appreciated.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

RBC

3 Incls.
1. Disposition Form, signed
2. Disposition Form, blank
3. Envelope

erm

Quartr 223
Bitterman, Edward 39 406 229
Plot B, Row 7, Grave 133
USMC St. Louis Region, France

16 July 1948

Mrs. Rose Bitterman
Route 1, Box 148
Willows, California

Dear Mrs. Bitterman:

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Your cooperation in having one of the inclosed disposition forms returned at an early date, will be greatly appreciated.

Sincerely yours,

RICHARD [illegible]
Major, QMC
Memorial Division

Inclos.
1. Disposition Form, signed
2. Disposition Form, blank
3. Envelope

RBC

OUT
JUL 16 1948
PRIVATE CORRESPONDENCE
NEW YORK

JUL 16 3 30 PM
C.O.M.C.

ere

CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle)	GRADE	SERIAL NUMBER	
Bitterman, Edward	pfc	39-406-229	
PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
Ste Mere Eglise Fr.	B	7	133
ADDRESSEE MR. MISS MRS. Rose Bitterman	ADDRESS (Street, City, State). R 1 - Box 148 Willows, Calif		
RELATIONSHIP mother			

PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS

The "RDR" form dispatched to your husband and completed by you pertaining to the final interment of the remains of your son, the late_____has been received, and is being returned for completion.

I regret that this form cannot be accepted without further information. The Disposition form was specifically addressed to your husband because the Department of the Army records indicate that he is the only authorized nok having the right to sign the form and thereby legally determine the final resting place of your son. If he prefers to record his own wishes, a new "RDR" form is inclosed.

new par.

However, if Mr. Bitterman is in complete agreement on the disposition of remains as now indicated on the form, he may make your present signature legally acceptable by completing all lines of Part 2, on the upper half of page 3. Part II does not require notarial certification. The right being relinquished by him passes to you.

If, however, your husband is deceased, your instructions will be honored if you indicate under remarks on page 4, the date and place of his death.

Your cooperation in having one of the inclosed disposition forms returned at an early date, will be greatly appreciated.

3 Incls.
345 - completed
345 - blank
envelope

B. 7/15

ANALYST INITIALS AND DATE	TYPIST INITIALS	REVIEWER INITIALS AND DATE

OQMG FORM 1902
23 APR 48

48 6410

QUARTERMASTER GENERAL DIVISION
MEMORIAL DIVISION
FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON

Litterman Edward PFC 39406229 Mother 2
NAME RANK ASN 345 Signed By the Option Selected

St Mere Eglise B 7 133 North Sacramento Calif.
CEMETERY PLOT ROW GRAVE CONSIGNEE

110 W El Camino Ave
Address Sacramento, Calif

Write NOK Mr. Mrs. Miss Daniel Litterman Father
relationship

Route 1 Box 148 (Address)

Willows, Calif (City and State)

A. Action to Family Letters Section

1. ( ) Indicate RELATIONSHIP

2. ( ) Indicate OPTION desired

3. ( ) Indicate CEMETERY in which interment desired

4. ( ) Indicate Country (HOMELAND) of deceased or NOK.

5. ( ) Indicate CONSIGNEE Name and / or address

6. ✓ ( ) Obtain SIGNATURE of NOK

7. ( ) Obtain NOTARIZATION.

8. ( ) Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made.

B. Action to Case Resolution Unit, FCA:

9. (Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other___)

10. ( ) Reply to REMARKS on IRF

11. ✓ ( ) SPECIAL INSTRUCTIONS: ~~Send to father RF~~ Completed by mother new RF to father, if he declines the mother, to have charge he should complete Part 2 or he must sign the RF Part 1.

12. ( ) Inform Part listed Below of Action taken by this Office.

NAME _____ _____
Relationship

_____ (address)

_____ (City and State)

Orig with 345
Dup M&R for 293 file.

Lanham 13 July 48
Acceptance Clerks Name Date

QQMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED	RANK	SERIAL NUMBER
Edward Bitterman	Pfc.	39 406 229

NAME OF NEXT OF KIN	RELATIONSHIP
Mrs Rose Bitterman	Mother

OLD ADDRESS
Route #2, Box 2112
Del Paso Heights, California

NEW ADDRESS
Route 1 Box 148
Willows, California

REMARKS

U. S. GOVERNMENT PRINTING OFFICE 16—51932-1

VIA AIR MAIL

THE AMERICAN NATIONAL RED CROSS
Pacific Area

VIA REGISTERED AIR MAIL

Repatriation Records Branch
Disinterment locator Section
Office of the Quartermaster General
Department of the Army
Washington 25, D.C.

DATE: June 15, 1948

Your Reference: QMGMR 293
BITTERMAN, Edward, Pfc. 39 406 229
Re: Plot B, Row 7, Grave 133
U.S. Military Cemetery
Ste.Mere Eglise #1, France

FROM: (Miss) Cathryn Henna

Next of Kin: Mr. Daniel Bitterman (deceased father); Mrs. Rose Bitterman - mother
Old Address: Route #2, Box 2112
Del Paso Heights, Calif.
New Address: Route #2, Box 148
Willows, California

VIA

In compliance with your request of April 5, 1948 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

1. OQMG Form 345 has been submitted by _____ (Name), _____ (Relationship)

on _____ (Date).

2. OQMG Form 345 will be submitted by _____ (Name), _____ (Relationship)

on or about _____ (Date).

3. Remarks:

Attached you will find the death certificate for Mr. Daniel Bitterman, father of the deceased serviceman, whose name had been given as next of kin in the serviceman's record. You have doubtless by now received completed Form 345, furnished by Mrs. Rose Bitterman, the deceased serviceman's mother, in order to try to substantiate her claim to be named as legal next of kin to the serviceman for the purpose of planning the disposition of her son's remains. At the time of our letter to you of May 21, our informant did not know whether or not Mrs. Bitterman had enclosed a copy of her husband's death certificate. Since that time our Chapter Worker has secured the document, which we hope you will find satisfactory for you to designate Mrs. Bitterman as next of kin.

Enclosure

Mary Randolph Hughes
(Miss) Mary Randolph Hughes
Home Service Correspondent

(Miss) Cathryn Henna
Director, Home Service
Pacific Area

293 Bitterman Enclosed 39406229

VIA AIR MAIL

THE AMERICAN NATIONAL RED CROSS
Pacific Area

Repatriation Records Branch
Disinterment locator Section
Office of the Quartermaster General
Department of the Army
Washington 25, D.C.

DATE: May 21, 1948

Your Reference: QMGMR 293
Re: BITTERMAN, Edward, Pfc.
39 406 229
Plot B, Row 7, Grave 133
U. S. Military Cemetery
Ste. Mere Eglise #1, France
Next of Kin: Mr. Daniel Bitterman (deceased father;) Mrs. Rose Bitterman - mother
Old Address: Route #2, Box 2112
Del Paso Heights, Calif.
New Address: Route #2, Box 148
Willows, California

FROM: (Miss) Cathryn Henna

In compliance with your request of 5 April 1948 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

1. OQMG Form 345 has been submitted by Mrs. Rose Bitterman, Mother
(Name) (Relationship)

on (about 5 weeks ago.)
(Date)

2. OQMG Form 345 will be submitted by _____, _____
(Name) (Relationship)

on or about _____.
(Date)

3. Remarks:

We have learned that Mr. Daniel Bitterman, father of the deceased serviceman, who was listed in your records as next of kin, died recently and that Mrs. Rose Bitterman, the mother, mailed Form 345 to the O QMG about 5 weeks ago. This report was given by a relative who also furnished Mrs. Bitterman's present address as given above. Informant did not know whether Mrs. Bitterman inclosed a certified copy of the father's death certificate. We are, therefore, contacting the chapter covering her present address to determine whether this was done and to assist her with it if it was not done.

FILE
JUL 13 1948

Anthony W. Mitchell
Home Service Correspondent

(Miss) Cathryn Henna
Director, Home Service
Pacific Area

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

In Reply Refer To RR Br: QMGMR 293 Bitterman, Edward, Pfc, 39 406 229
Plot B, Row 7, Grave 133
United States Military Cemetery
Ste Mere Eglise #1, France

5 April 1948

PRIORITY

Miss Cathryn Henna, Home Service Director
Pacific Area, American Red Cross
Larkin and Grove Streets
San Francisco 1, California

Dear Miss Henna:

The Next of Kin of the above captioned deceased father (relationship) Mr. Daniel Bitterman (name), Route #2, Box 2112, Del Paso Heights, California (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,

Incls.

JOHN O. HYATT
Colonel, QMC
Memorial Division

HJ

Pfc. Edward Bitterman, 39 406 229
Plot B, Row 7, Grave 133,
United States Military Cemetery
Ste. Mere Eglise #1, France

17 September 1947

Mr. Daniel Bitterman
Route 2, Box 2112
Del Paso Heights, California

Dear Mr. Bitterman:

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,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

der

SPQYG 293
Bitterman, Edward

21 February 1946

Mr. Daniel Bitterman
Route #2, Box 21[illegible]
Del Paso Heights, California

Dear Mr. Bitterman:

The War Department is most desirous that you be furnished the burial location of your son, the late Private First Class Edward Bitterman, A.S.N. 39 406 229.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, St. Mere Eglise #1, France, plot B, row 7, grave 133.

This cemetery is located approximately six miles north and east of Carentan and twenty-one miles southeast of Cherbourg, both in France, and is under the constant care and supervision of United States military personnel.

Please accept my sincere sympathy in the loss of your son.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

as

DS

RESTRICTED

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

8211

June 15, 1944

Date

SEP 29 1944

293

Last Name	First	Initial	Rank	Serial No.
Bitterman	Edward	NMI	Pfc	39406229

Unit	Organization
508 PARA. Inf Regt	82 Airborne Infantry

804

Place of Death	Date of Death	Cause of Death
France	10 June 44	KIA

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
June 14, 1944	VII Corps	St Mere Eglise #1

Grave Number	Row Number	Plot Number	Type of Marker
133	7	B	Temporary

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

If No Identification Tags
How were remains identified?

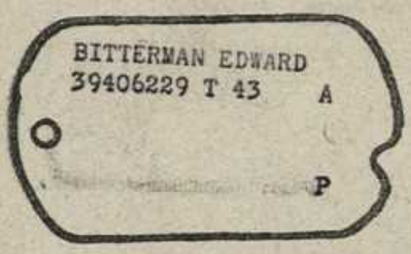
What means of identification were buried with the body?

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Butts EC	7080432	Pfc		134
Deceased's Left:	Tindall LF	39532124	Pfc	101 AB	132

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 _____

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

Watch (Crawford
14 S
200 Francs (Exchanged for Treasurer's Check)
Wallet
Snapshots

Signature of Officer or other person reporting burial

JOE P FALIS 1st Lt QMC

Verified by G.R.S. Officer

Lot #13

File

21 NOV 1944

HQ. SOS. 22/9/43. 380M/8/15219

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:
Weight:
Color of Eyes:
Color of Hair:
Race:

Laundry Marks:
Number of Rifle:
Wear Glasses?
Is Tooth Chart Attached?

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

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

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

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.

REPORT OF DEATH

DATE 21 July 1944
EB/msr/4627

FULL NAME	ARMY SERIAL NUMBER	GRADE
293 Bitterman, Edward	39,406,229	Pfc.
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Del Paso Heights, California	Infantry	14 Apr 23

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
France	Killed in action	14 June 44

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	30 Dec 42	1	5	15

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Rose Bitterman, mother, Rt. 2, Box 2112, Del Paso Heights, California.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Rose Bitterman, mother, Rt. 2, Box 2112, Del Paso Heights, California.
Mr. Daniel Bitterman, father, same address.

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	X						*X	

ADDITIONAL DATE AND/OR STATEMENT

*Jump Status

Final audit

27 JUL 1944 FILE

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

[X] BATTLE

[ ] NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

James W. Reinhart

James W. Reinhart

ADJUTANT GENERAL

WD. AGO. FORM NO. 52-1, 29 MAY 1944

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

JRM:KB:crw

Case No. 106494

Date 19 April 1945

SUBJECT: Report of transaction in disposing of the effects of

Edward Bitterman (Name of Deceased), 39406229 (Army Serial Number) late a

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

on the 14 day of June, 19 44, at France

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 decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 18 November 1944, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Daniel Bitterman 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, Daniel Bitterman (Name of person found entitled) of Route 2 Box 2112 (Number, Street or Avenue), Del Paso Heights (City, Town or Village) State of California, is the Father (Relationship or Capacity) of the above-named decedent and appears to be entitled to receive his or her effects.

_____
(Signature of Summary Court Officer)

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

Eff. QM Form 75

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

IN REPLY REFER TO 106,494

JRM:SP:dt
March 30, 1945

Mr. Daniel Bitterman
Route #2, Box 2112
Del Paso Heights, California

Dear Mr. Bitterman:

The Army Effects Bureau has received some additional property of your son, Private First Class Edward Bitterman.

This property, consisting of a billfold, some photographs, and a wrist watch, are being forwarded to you in two packages. If, by any chance, they do not reach you within thirty days from this date, please notify me and tracer will be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the soldier's legal residence.

Extending every sympathy, I am

Sincerely yours,

HARRY NIEMIEC
2nd Lt. Q.M.C.
Chief, Correspondence Branch

mj

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mr. Daniel Bitterman
Route #2, Box 2112
Del Paso Heights, California

Effects of:
Name Pfc. Edward Bitterman

ASN 39406229

Case No. 106,494 D

Wt.

JRM:SP:dt
DATE 30 March 1945

FOR: Effects Quartermaster

REMARKS:

_____ Inclose Bureau Check
Acct. No._____
Amount_____
_____ Inclose "Valuables" item
_X_ Ship "Valuables" item(s)

_____ Remove G.I.
_____ Note discrepancey in_____
_____ Films removed
_____ Diary removed
_____ Laundry removed

ROUTING:

_X_ Accounting Branch
_X_ Warehouse Division
_X_ Files Branch, Adm. Div.

VALUABLES SHIPPED
DATE 4/9
BY

REGISTERED
867-554

1 pkg

REMARKS:

Franked_____
Est.Exp. Chgs._____
Est. Frt. Chgs. APR 4 1945
No. of packages 1

Shipping Clerk

APR 16 1945

Eff. QM Form 14 (26 Dec 44)

LB:rg

ROUTING

1. Cashier
2. Accounting
3. Capt. Eckhardt
4.

Attach following item(s) from Office Safe: -

Case No. 106,494 B

Attach Bureau Check:

Account No. 43002 Amount $10.90

Account No. Amount

Payable to

Mr. Daniel Bitterman
Route 2, Box 2112
Del Paso Heights, California

Muchmore
(Correspondent)

Pfc. Edward Bitterman
Son

Check No. 35072

Initials fs

43002

106494

November 24 44

Daniel Bitterman 10.90

Ten and 90/100

Major Q.M.C.
Asst.

Eff. QM Form 49 (2 Oct 44)

Bitterman, Edward

SHEET 1 OF 1 SHEETS

ARMY EFFECTS BUREAU INVENTORY

DECEASED ✓
MISSING
P O W
ABANDONED

BOX NUMBER 244 Pal 59

ORIGINAL NUMBER OF PACKAGES 1

TALLY NUMBER 5486

INVENTORY DATE 12-23-44

CASE NUMBER 106494

EFFECTS OF Edward Bitterman

RANK Pfc

A.S.N. 39406229

ORGANIZATION 82nd A/B. Div

PACKAGE DESCRIPTION

1 pkg.

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

file mjr

VALUABLES SHIPPED

DATE 4-4

BY

To Lock Storage
1 wrist watch w/strap
Crawford, waterproof
non magnetic

Receipt attached

REMARKS: Rechecked
No Information

No Correspondence

ATTACHMENTS: X FORM #54 ✓ | FORM #100
1 gl Label ✓

C.A.T. None

JAN 2 1945

WEIGHT		#43 OR ADDITIONAL
		GI REMOVED
	X	SHORTAGE ON REVERSE ✓
		IDENT. TAGS REMOVED
		DIARY REMOVED
	X	LOCKED STORAGE ✓
DATE SHIPPED APR 4 1945		LAUNDRY REMOVED
		FILM REMOVED

WAREHOUSE SPACE 1698

STORED BY

INVENTORIED BY Ford

PACKED BY

CHECKED BY

Eff. QM Form 11 (7 Nov 14)

ADDITIONAL REMARKS

SHORTAGES

34 Shillings
200 Francs

U S GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

Ford
INVENTORY CLERK

W B Bauchen
SUPERVISOR

G. I. REMOVED

Eff. QM Form 11 (7 Nov 44)

53

VALUABLES RECEIPT

TALLY NO. 5486

NAME Edward Bitterman

RANK Pfc

A.S.N. 39406229

DATE 12-23-44

Eff. QM Form 56

To Lock Storage
1 wrist watch w/straps
1 (Crawford, waterproof
non magnetic)

Ford

12/29/gms

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

IN REPLY REFER TO 106,494 B

JRM:LB:elb
November 23, 1944

Mr. Daniel Bitterman
Route #2, Box 2112
Del Paso Heights, California

fc

Dear Mr. Bitterman:

The Army Effects Bureau has received from overseas some personal effects of your son, Private First Class Edward Bitterman.

I am inclosing a check for $10.90, 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 son.

Yours very truly,

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

1 Incl—
Check

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Ship To:

Effects of

Name Pfc. Edward Bitterman

ASN 39406229

Case No. 106,494 D

Wt.

Mr. Daniel Bitterman
Route 2, Box 2112
Del Paso Heights, California

FRANKED

Ship Via _____ G B/L No. _____

JRM:LB:rg
Date 20 Nov 44

Duckmore
For Effects Quartermaster

file mjm

PACKAGES SHIPPED

1 pkg

TOTAL 1 WT. _____

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____

Date Shipped NOV 25 1944

REMARKS:

NOV 24 1944 3

NOV 27 1944

AJ
Shipping Clerk

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

Sheet 1 of 1 Sheets
Box No. _____

ARMY EFFECTS BUREAU
INVENTORY

0 l 3 3
Box 306

Deceased ✓
Missing ____
P.O.W. ____
Abandoned ____

SHOWN ON TALLY-IN AS ~~Bitterman, Edward~~ ORIGINAL NO. OF PKGS. 1

TALLY-IN NO. 5310 INVENTORY DATE 11-7-44 CASE NO. 10649 ϕ

EFFECTS OF Edward Bitterman RANK Pfc.

A.S.N. 39406229 ORG. Co I, 508th Prcht. Inf.

PACKAGE DESCRIPTION: #1 package

file 87

ARTICLE DESCRIPTION	
1 lot books	
3 pr. glasses w/cases	
1 billfold (no money)	
1 souvenir coin	
1 spoon	
1 tooth brush holder	
1 pr. wings	
1 service ribbon	
1 insignia	
1 cloth bag	

REMARKS: no correspondence

ATTACHMENTS: #54

Mrs. Rose Bitterman
Del Paso Heights, California
Rt # 2, Box 2112

NO CORRESPONDENCE
SHORTAGE ON REVERSE
G. I. ON REVERSE

C.a.J. not available

NOV 17 1944

AJ

STORAGE SPACE 1182

SAFE STORAGE ____
VAULT STORAGE ____

WEIGHT
SHIPPED NOV 25 1944

FCM

Inventoried by G. Jordan Packed by Hanet

Eff. QM Form 11 (Rev. 6-10-44)

Deceased X
Missing
A.W.O.L.
P.O.W.
Abandoned

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

INVENTORY

Sheet 1 of 1 Sheets
Flat Box

file

Shown on Tally In as

TALLY IN NO. INVENTORY DATE 8-6-44 CASE NO. 106494

EFFECTS OF EDWARD BITTERMAN RANK PFC

ARMY SERIAL NO. 39506229 ORG. 82nd Airborne

CONSIGNOR G 14 UK

DELIVERING CARRIER Mail G B/L NO. G B/L DATE

Package No.	Article Description	Remarks
1	$10.90 cf #43002 enc	Included in one
ENVELOPE	ck # 35072	U. S. Treasurer's Check
		# 3863
		dated 8-17-44
		Symbol 211-640
		Amount 4029.87 Payable to
		EQM
		Indorsed to Effects QM
		List 205 to section file

Warehouse Space Inventoried By V. Longley

Locked Storage Space Office Safe Packed By

ML:mem
Eff QM Form 11a

RESTRICTED

No Casualty report 8/10/44 al

106494

HEADQUARTERS BASE CAMP
508th Parachute Infantry
A.P.O. 230, U. S. Army

8.10.

SUBJECT : Disposition of Effects

TO : Effects Quartermaster, ETOUSA, A.P.O. 887, U. S. Army
THRU: C. G., 82d A/B Division, A.P.O. 469, U. S. Army

1. EDWARD BITTERMAN, PFC, 39406229 Company I, 508th Parachute Infantry, Killed in action, 14 June, 1944.

2. Effects were packaged and forwarded to 82d A/B Division Quartermaster on 25 June, 1944.

3. Deceased is believed not to have an account with any bank in the United Kingdom.

4. Deceased is known not to have any private debtors or creditors.

5. Name and address of next of kin is Mrs Rose Bitterman Route #2, Box #2112, Del Pa so Heights, Calif

For the Commanding Officer:

Joseph E. Hartsough
JOSEPH E. HARTSOUGH
2d Lieut., Infantry
Personnel Officer.

INCLS.: 1
WD AGO Form 54

RESTRICTED

Form 3811
Rev. 1-4-49

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 Dora Bottum 4n
(Signature or name of addressee)

2 _____
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery 2-7, 194 5

U. S. GOVERNMENT PRINTING OFFICE 16—12421

Post Office Department
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

POSTMARK OF DELIVERING OFFICE

APR 1 4 1945

106494

Return to Army Effects Bureau
(NAME OF SENDER)
Kansas City Quartermaster Depot
Street and Number, Post Office Box, 601 Hardesty Avenue
Kansas City 1, Missouri

REGISTERED ARTICLE
No. 667-554

INSURED PARCEL
No.

KANSAS CITY,
MISSOURI

INVENTORY OF EFFECTS

(See AR 600-550)

BITTERMAN EDWARD 39406729
(Last name) (First name) (Middle initial) (Army serial number)

late a PFC 83 A/B DIV.
(Grade) (Organization or arm or service)

who died on the 10 day of JUNE, 1944

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

NUMBER	ARTICLES	*PACKAGE NUMBER*
1	WATCH	
1	WALLET	
9	SNAPSHOTS	
	file myr	

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

CLASS II—Other effects

NUMBER	ARTICLES
	34 SHILLINGS
	200 FRANCS

W.D., A.G.O. Form No. 54
July 1, 1923

CLASS II—Continued

NUMBER	ARTICLES
	Money { Specie ___ $ ___
	Money { Notes ___ $ ___

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 EFFECTS Q.M.
(Give name and degree of relationship, if legal representative or beneficiary named by the deceased, so state)

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

Channing B Kennedy
Capt. QMC

ST MERE EGLISE
(Station)

24 JUNE, 1944
(Date)

*Strike out words not applicable.

Hq SOS 2677

Serial No. 39496229 Name BITTERMAN Edward W M
Grade PFC Rank
Organization 83rd a/c
Address
Nearest Relative
Address
Killed in Action ✓ Died of Disease
Date 10-June 1944 Hospital
Battle Area NORMANDY, FR. Information

Place of Burial St Jean Eglise France
Point of Coordination
Description of Body

Members Missing

Signed O B Ramsi
Capt QMC

DECEASED

BITTERMAN, Edward. Pfc. 39406229.

1 S. Ctn - D. 1086. Boxed in case No. 306.

Recd: 4th. July 1944.

SHIPPED TO PORT QM. APO 507
LIST EF 106 CHECK No. 17684.
13 JUL 1944 TALLY OUT No. 414.

106,494

NAME	RANK	ARMY SERIAL No.	CONTROL No.
BITTERMAN, Edward.			

FUNDS AND DISPOSITION

ORGANISATION	DATE	PARTICULARS	AMOUNT REC'D	CLAIMS Amount	CLAIMS Voucher	CLAIMS Date Paid	BALANCE

DATE OF REPORT

CLOSED

DECEASED OR MISSING

REMARKS

BITTERMAN, Edward Pfc. ASN 39406229 [redacted] 26770-35

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 21 July 1944
EB/msr/4027

FULL NAME	ARMY SERIAL NUMBER	GRADE
Bitterman, Edward	39,406,229	Pfc.

HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Del Paso Heights, California	Infantry	14 Apr 25

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
France	Killed in action	14 June 44

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	30 Dec 42	1	5	15

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Rose Bitterman, mother, Rt. 2, Box 2112, Del Paso Heights, California.

ARMY EFFECTS BRANCH RECEIVED JUL 25 1944 KCMO

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Rose Bitterman, mother, Rt. 2, Box 2112, Del Paso Heights, California.
Mr. Daniel Bitterman, father, same address.

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	X						*X	

ADDITIONAL DATE AND/OR STATEMENT

*Jump Status

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

BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
BITTERMAN EDWARD	39406229	PFC	INF	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE	14	JUN	44	J	KIA	115

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
Mrs.	Rose		Bitterman	Mother

NO. AND NAME OF STREET	CITY	COUNTY	STATE
Route Two Box 2112	Delpaso Heights		California

REMARKS:

☐ CORRECTED COPY

Evidence of death received in W.D.
6 July 1944 MJD

ARMY EFFECTS BUREAU RECEIVED JUL 14 1944

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ✓ AG 201 REQ 5 Jul 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

File - Notify

REPORT NOT VERIFIED ___ NO FORM 43 ___ NO CAS. BR. FILE ✓ CHECKED BY Tooks 5 Jul 44 REVIEWED BY _____

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
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 37

COPIES FURNISHED:

☐ AIR ADJUTANT GENERAL
☐ AMERICAN RED CROSS
☐ ARMY EFFECTS BUREAU
☐ CHIEF, WAR BOND DIVISION
☐ CHIEF, WAR BOND OFFICE
☐ C.G., ARMY GROUND FORCES
☐ OFFICERS BRANCH, A.G.O.
☐ P.O.W. INFO. BUREAU, O.P.M.G.
☐ SEAMEN'S RECORDS SECTION