

293 FIGAUX, GEORGE J. (15,320,121) PVT. INF. FRANCE (OHIO) '44hh

# CERTIFICATE

(AR 30-1830)

WORLD WAR II DECEASED

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

## PART A - CIVILIAN OR PRIVATE CEMETERY

A REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES <small>(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)</small>			
NAME OF DECEDENT <i>George J Sigaux</i>	GRADE <i>Pvt</i>	SERIAL NUMBER <i>15820121</i>	COMPONENT <i>Army</i>
I certify that the sum of \$ <u>75.00</u> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.			
INSERT NAME OF CEMETERY <i>East Lawn Memorial</i>	CITY OR COUNTY <i>Marietta</i>	STATE <i>Ohio</i>	
<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b> 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: (Return Original and 3 copies) to: AMERICAN GRAVES REGISTRATION DIVISION COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS 15, OHIO	SIGNATURE OF CLAIMANT <i>Mrs Emily B. Rigaux</i>		
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>309 Montgomery Marietta Ohio</i>		
	RELATIONSHIP TO DECEDENT <i>Mother</i>	DATE <i>5-8-48</i>	

## 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
I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED <i>71425</i>		
<b>INSTRUCTIONS TO PERSON SIGNING THIS FORM</b> 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 <i>6/2/48</i>		
	ADDRESS OF CLAIMANT (City, Street or RFD, and State)		
	RELATIONSHIP TO DECEDENT	DATE	

QMC FORM 1236  
23 OCT 47

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

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

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

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

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

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

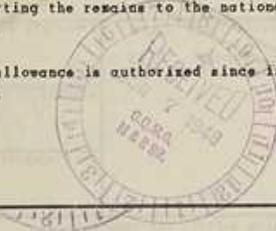
EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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

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

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

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



3308 ✓

# RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS 18 OHIO

ROUTINE 4 MAY 1948

REMAINS CONSIGNED TO: HAROLD HADLEY FUNERAL HOME  
500 FIFTH STREET  
MARIETTA OHIO

FROM QMDCG \_\_\_\_\_ BARIEN

REMAINS OF THE LATE PVT GEORGE J. RIGAUX ASN 16320121 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 56 BALTIMORE AND OHIO RAILROAD LEAVING COLUMBUS OHIO 12:36 AM FOURTH MAY AND DUE TO ARRIVE MARIETTA OHIO 10:52 AM RAILROAD TIME FOURTH MAY. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

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

THIS 4 DAY OF May 1948

*W. G. Shaffer*  
WITNESS (Exhibit)

*Harold B Hadley*  
CONSIGNEE

*File  
Not  
Completed  
at  
this  
time*

BHR 9

1

## DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER <b>3508 04155</b>		DATE 15   11   47 DAY   MONTH   YEAR		
NAME <b>RIGAUX GEORGE J</b>		SERIAL NUMBER <b>15320121</b>	RANK <b>PVT</b>	ARM <b>1</b>	DATE OF DEATH			
CEMETERY <b>BLOSVILLE - CARENTAN</b>					DISPOSITION OF REMAINS <b>1 5300 07</b> CODE   DIST. PT.			
PLOT <b>I</b>	ROW <b>2</b>	GRAVE <b>39</b>	COUNTRY <b>FRANCE</b>		CAUSE OF DEATH <b>1</b>			

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>HAROLD HADLEY FUNERAL HOME 500 FIFTH STREET MARIETTA, OHIO</b>	NAME AND ADDRESS OF NEXT OF KIN <b>EMILY B. RIGAUX (MOTHER) 309 MONTGOMERY MARIETTA, OHIO</b>
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## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME <b>Rigaux, George J</b>	SERIAL NUMBER <b>15320121</b>	RANK <b>Pvt</b>	DATE OF DEATH <b>Unk</b>	DATE DISINTERRED <b>16Dec47</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <b>USAGF</b>	RELIGION <b>P</b>	IDENTIFICATION VERIFIED BY <b>John H. Clark 2d Lt QMC</b> NAME AND TITLE	

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Uniform</b>	CONDITION OF REMAINS <b>Advanced Decomposition</b>
OTHER MEANS OF IDENTIFICATION <b>None</b>	
MINOR DISCREPANCIES <b>None</b>	
REMAINS PREPARED AND PLACED IN CASKET DATE <b>26Jan48</b> BY <b>H. A. Gentzel</b>	
CASKET SEALED BY <b>H. A. Gentzel</b>	EMBALMER (Signature) <i>H. A. Gentzel</i>
CASKET BOXED AND MARKED DATE <b>26Jan48</b> BY <b>R. Cook</b>	SHIPPING ADDRESS VERIFIED BY <b>John Palyok, 1st Lt FA</b>
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.	
SIGNATURE OF GRS INSPECTOR <i>John Palyok</i> <b>John Palyok, 1st Lt FA</b>	

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC Blceville	TO Casketing Point A Cherbourg		
KIND OF CONVEYANCE Truck	NAME OF CONVOYER Sgt Gregorio Augustino		
SIGNATURE OF SHIPPER W. T. Dailey, Capt QMC	DATE 24 Jan 48	SIGNATURE OF RECEIVER E. N. Ciampo, 1st Lt FA	DATE 24 Jan 48
2. SHIPPED			
FROM Casketing Point A Cherbourg	TO Port Unit Cherbourg		
KIND OF CONVEYANCE Truck	NAME OF CONVOYER		
SIGNATURE OF SHIPPER E. N. Ciampo, 1st Lt FA	DATE	SIGNATURE OF RECEIVER John E. Hendry Maj CAC	DATE
3. SHIPPED			
FROM Port Unit Cherbourg	TO NYPOE		
KIND OF CONVEYANCE USAT MC CARLEY	NAME OF CONVOYER ROBERT V. SCHNEIDER, 1 LT TC		
SIGNATURE OF SHIPPER JOHN E. HENDRY MAJ CAC	DATE 10 Mar 48	SIGNATURE OF RECEIVER	DATE 10 Mar 48
4. SHIPPED			
FROM	TO NYPOE		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER JAMES W. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE APR 5 1948
5. SHIPPED			
FROM NYPOE	TO Det 7		
KIND OF CONVEYANCE RAW	NAME OF CONVOYER		
SIGNATURE OF SHIPPER JAMES W. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE APR 10 1948	SIGNATURE OF RECEIVER	DATE APR 1 1948
6. SHIPPED			
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

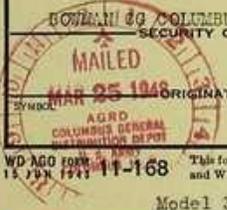
<b>MESSAGEFORM</b>		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	ITA, SOL No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR	
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator)			SECURITY CLASSIFICATION		
ACTION TO: <u>PRIORITY</u> EMILY B RIGAUX DLR AND REPORT ANY CHARGES 309 MONTGOMERY MARIETTA OHIO			GOUT PD PRECEDENCE FOR INFORMATION ACTION DAY LETTER <u>PRIORITY</u> <input type="checkbox"/> ORIGINAL MESSAGE REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
INFORMATION TO: FROM QMDCG <u>14628-C</u> BARDEN					
<p>THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE <u>PRIVATE</u> <u>GEORGE J RIGAUX</u></p> <p>ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO <u>HAROLD HADLEY FUNERAL HOME MARIETTA OHIO</u></p> <p>WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS OFFICE YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM DATE WHEN REMAINS WILL BE DELIVERED TO HIM. HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO COLUMBUS GENERAL DISTRIBUTION DEPOT ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS.</p>					
COLUMBUS AG COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY		DATE-TIME GROUP	SIGNATURE	OFFICIAL TITLE	
AGRD COLUMBUS GENERAL DISTRIBUTION DEPOT				FRANCIS PAPPIANO CAPT, QMC, Asst AGR Div	
PAGE		OF		1	

WD AGO Form 11-168  
15 JAN 1944

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

16-48801-1 U. S. GOVERNMENT PRINTING OFFICE

Model 3 Motor - Funeral Director Designated



WU12 24 GOVT COLLECT

MARIETTA OHIO MAR 30 121P BOWMAN CG

COLS GENL DIST DEP

DELIVER REMAINS OF PVT GEORGE J RIGAUX TO THE HAROLD HADLEY

FUNERAL HOME MARIETTA OHIO AMERICAN LEGION POST 64 WILL

FURNISH MILITARY HONORS

EMILY B RIGAUX

810A



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

NAME <b>Rigaux, George J</b>		RANK <b>Pvt</b>	SERIAL NUMBER <b>15320121</b>		
SOURCE		CONSIGNEE <b>Harold Hadley Funeral Home 500 Fifth Street Marietta, Ohio</b>			
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
<input checked="" type="checkbox"/>	FINISH (EXTERIOR)	REMARKS <b>Installed New Draw Bolt Repaired And Painted Strips</b>			
	FINISH (INTERIOR)				
	HANDLES				
	HANDLE BOLTS				
	STENCILING - NAMEPLATE				
	HEALTH PERMIT MARKER				
	HEALTH PERMIT NUMBER				
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF CASKET (CHECK ONE) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
	FINISH (EXTERIOR)	REMARKS			
	HANDLES AND FASTENINGS				
	STENCILING - NAMEPLATE				
	CAM LOCKS (SEALING)				
	ODOR OR MOISTURE				
Routed Through					
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> MORTUARY REPAIR SHOP			
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			
NECESSARY DISINFECTION (EXPLAIN)		CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO			
		SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			
		SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO			
		REMARKS			
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
			1215	7/29/48	<i>[Signature]</i>
REMARKS  <b>10/2/48</b>					
QMC FORM R - 5024 4 MAR 46    LOCAL REPRODUCTION AUTHORIZED					

**REQUEST FOR DISPOSITION OF REMAINS**

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

DATE

**Pvt. George J. Rigaux, 15 320 121**  
**Plot I, Row 2, Grave 39,**  
**United States Military Cemetery**  
**Hogsville, France**

**15 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. MRS. EMILY B. RIGAUX** (Please indicate relationship to the deceased by placing an "X" in the proper box.)  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- 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  
EAST LAWN MARIETTA OHIO  
(NAME AND LOCATION OF CEMETERY)
  - 3. BE RETURNED TO \_\_\_\_\_, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_  
(FOREIGN COUNTRY) (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

AD Proceeded 21 Nov 47 Death

Emiled  
27 Oct 47  
J. Baker

DDMG FORM 345 MILITARY  
 14 NOV 1946

16-50411-1

PAGE 1

OCT 28

*mylon*

*[Signature]*

**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	TELEPHONE NO.	
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	

**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 <b>HAROLD HADLEY</b>			
NUMBER AND STREET <b>500 FIFTH ST.</b>	CITY OR TOWN <b>MARIETTA</b>	COUNTY OR PROVINCE <b>WASHINGTON</b>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <b>OHIO</b>
EXPRESS OFFICE (Nearest railroad passenger station) <b>MARIETTA, OHIO</b>	TELEGRAPH ADDRESS <b>MARIETTA, OHIO</b>	TELEPHONE NO. <b>244</b>	

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 <b>RIGAUX</b>	FIRST NAME <b>GEORGE</b>	MIDDLE INITIAL <b>J.</b>	RELATIONSHIP TO DECEASED <b>FATHER</b>
NUMBER AND STREET <b>209 MONTGOMERY ST.</b>	CITY OR TOWN <b>MARIETTA</b>	COUNTY OR PROVINCE <b>WASHINGTON</b>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <b>OHIO</b>

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.

*Emily B. Rigaux* (SIGNATURE OF NEXT OF KIN)      *309 Montgomery* (STREET AND NUMBER)  
 Mrs. Emily B. Rigaux (NAME PRINTED OR TYPED)      *Marietta Ohio* (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this *26* day of *Sept.*  
 19*47* at city (or town) of *Marietta*, county of *Washington*, and State (or Territory) of *Ohio*

*E. W. Stephan*  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

**E. W. STEPHAN** Notary Public  
 My commission expires *April 17, 1958*  
 (OFFICIAL TITLE)

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

If you are the next of kin and you desire to...

I, THE \_\_\_\_\_ (PRINT NAME)  
 NAMED IN PART I OF THIS FORM, DO HEREBY  
 THE NEXT EXISTING PERSON IN THE ORDER

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE THE RIGHT

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

If you are NOT the next of kin authorized to...

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN  
 NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON  
 SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE)

(NAME PRINTED OR TYPED)

**PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

I, THE \_\_\_\_\_, AS THE NEXT OF KIN OF THE DECEASED

(PLEASE INSERT RELATIONSHIP)

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

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

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

\_\_\_\_\_ (DATE)

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

\_\_\_\_\_ (NAME PRINTED OR TYPED) \_\_\_\_\_ (CITY AND STATE)

**PART III**

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

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

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

\_\_\_\_\_ (DATE)

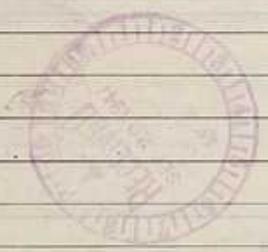
\_\_\_\_\_ (SIGNATURE) \_\_\_\_\_ (STREET AND NUMBER)

\_\_\_\_\_ (NAME PRINTED OR TYPED) \_\_\_\_\_ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

Lined area for additional remarks and instructions.



MEMORIAL DIVISION  
SEP 30 5 36 PM '47  
RECORDS BRANCH

Pvt. George J. Rigaux, 15 320 121  
 Plot I, Row 2, Grave 39,  
 United States Military Cemetery  
 Eloville, France

15 September 1947

Mr. George J. Rigaux  
 925 Fren Street  
 Marietta, Ohio

Dear Mr. Rigaux:

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

Incls.

at

SEP 18 12 58 PM '47  
 OQMG M&C

QTR# 293  
Rigaux, George J.  
A.S.N. 15 320 123

23 June 1947

Address Reply To  
THE QUARTERMASTER GENERAL  
Attention: Memorial Division

Mrs. George Rigaux  
909 Montgomery Street  
Marietta, Ohio

Dear Mrs. Rigaux:

I have received your recent letter concerning the late Private George J. Rigaux.

I am sure you understand that while the program to return the remains of our World War II Dead is already in effect, it is necessary to thoroughly verify our records. Upon completion of this verification, the "Letter of Inquiry -- Return of World War II Dead", will be mailed to the next of kin of those deceased Americans for whom verified burial information is of record in this office. In accordance with the present schedule, the remains are to be returned by cemeteries, and prior to the evacuation date of each cemetery, these Letters of Inquiry will be mailed to the next of kin giving them the opportunity to express their final and detailed desires concerning the late resting place of the remains of their loved ones.

May I assure you that everything is being done to speed the return, reverently and in a dignified manner, of those who made the supreme sacrifice.

Sincerely yours,

RICHARD B. COOPER  
Major, QM  
Memorial Division

tjh

47  
3  
3  
D. G. M. G.  
RECORDS BRANCH

JUN 23 2 55 PM '47  
RECORDS BRANCH

X

Marion Ohio  
6-7-47

Quartermaster General  
Washington D.C.

Dear Sir

Please give me information  
as to when they will bring  
the remains of my son  
Pvt <sup>213</sup> George J. Rigaux 15320121  
Headquarters Division  
506 Parachute Infantry.  
Any information you may  
give me will be greatly  
appreciated.

Yours Truly  
Mrs George Rigaux  
309 Montgomery St  
Marion Ohio.

0004136

REGISTRATION AND  
RECORDS BRANCH  
AUG 11 4 38 PM '47  
MEMORIAL DIVISION

2 October 1946

Mr. George J. Rigaux, Sr.  
925 Front Street  
Marietta, Ohio

Dear Mr. Rigaux:

293 The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private George J. Rigaux, Jr., A.S.N. 15 321 121.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Bloisville, plot I, row 2, grave 39. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located twenty-five miles southeast of Cherbourg, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARSEN  
Major General  
The Quartermaster General

SPQYG 203  
 Rigaux, George J.  
 SN 15 320 121

7 March 1946

Address Reply To  
 THE QUARTERMASTER GENERAL

Mrs. Emily B. Rigaux  
 309 Montgomery Street  
 Marietta, Ohio

Dear Mrs. Rigaux:

Your letter concerning your son, the late Private George J. Rigaux, has been received in this office.

The War Department anticipates that, in the near future, authority will be granted to return at Government expense, the remains of those who died overseas to a final resting place as selected by the next of kin.

When the necessary legislation authorizing this Repatriation Program receives Congressional approval and other required arrangements have been made, a poll letter, with a return form and an information pamphlet attached, will be sent to the next of kin of each deceased serviceman whose remains lie overseas and for whom verified burial information has been received.

Since the problem itself, and the planning and arrangements therefore, are world-wide in scope, the date when the poll letter can be mailed and the date when the answers will be received and can be acted upon is necessarily uncertain. It should be realized, however, that the next of kin will be notified without action on their part as soon as the necessary preliminaries have been completed. You may rest assured that this office fully appreciates your desires in this matter and will do everything in its power to fulfill them at the earliest possible date.

This office sincerely regrets the delay in answering your letter.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WILLIAM B. CHRISTENSEN  
 1st Lieut., QMC  
 Assistant

WBC

JLP

25  
 A

Marionetta Ohio

2-17-46

Office of the Quartermaster General  
Washington D.C.

Dear Sir:

Kindly give me information  
as when I may expect to get  
the body of my ~~brother~~ returned to  
U.S.A. ~~S.O.G. 4th Div. George J. Rigaux~~  
H.Q. Co. 1st Bn. 506 Para. Inf. S. N. 15320121

Hoping to hear soon

Sincerely yours  
Mrs Emily B. Rigaux  
309 Montgomery St  
Marionetta Ohio



RECEIVED  
FEB 20 9 07 AM '46  
MAIL ROOM DIVISION

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	EFFECTS QUARTERMASTER	ARMY EFFECTS BUREAU		DATE
2	KANSAS CITY 1, MISSOURI			
3	<i>293 Rigaux, George J</i>			

*15,320,721*

For necessary action, *MBR*  
*MBR*  
**PIERCE**

Incl.

Cpy of ltr dtd 4/1/45  
 Cpy of ltr dtd 4/10/45

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
<i>mbr</i>		MEMORIAL DIVISION, PLANNING & REGISTRATION		4/10/45
		BRANCH, TEMPO "C" WASHINGTON 25, D. C.		TELEPHONE

W. D., A. G. O. Form 6115  
 1 October 1944

This Form supersedes W. D., A. G. O. Form 6115, 23 March 1944,  
 which may be used until existing stocks are exhausted.

16-31040-2 GPO

HEADQUARTERS, ARMY SERVICE FORCES

**MEMO ROUTING SLIP**

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
				DATE
1				
2				
3				

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
				TELEPHONE

W. D., A. G. O. Form 0115  
1 October 1944

This form supersedes W. D., A. G. O. Form 0115, 23 March 1944,  
which may be used until existing stocks are exhausted.

16-21840-2 GPO

SPQYG 203  
Rigaux, George J.  
S.N. 15 320 121

10 April 1945

Mrs. Emily B. Rigaux  
309 Montgomery Street  
Marietta, Ohio

Dear Mrs. Rigaux:

Acknowledgment is made of your letter of 1 April 1945, requesting information concerning your son, the late Private George J. Rigaux.

The official report of interment received in this office reveals that the remains of your son were interred in the Blosville Cemetery, Blosville, France, Plot 1, Row 2, Grave 39.

In view of the fact that the Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri, has been designated to receive and ship the personal effects of our deceased military personnel outside the United States, I am forwarding a copy of your letter to that office for a direct reply.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

MAYO A. DARLING  
Lt Colonel, QMC  
Assistant

CCP

APR 10 4 45 PM '45  
O. S. M. C.  
MAIL & RECORDS BRANCH

APR 11 2 11 PM '45  
RECORDS DIVISION

mbr

Marietta, Ohio  
4-1-45

Quartermaster General, A.S.F.  
Washington, D. C.

Dear Sir:

Would it be possible for you to tell me as where my son, Pvt. George J. Rigaux, 15320121, Hq. Co. 1st Bn. 506 Para. Inf. who was reported killed on June 6th 44 is buried, would appreciate any information concerning his burial and the place. So far I failed to get any of his personal things back.

My intentions are of bringing him back after things are all settled.

Hoping to hear from you.

Sincerely yours,

Mrs. Emily B. Rigaux  
309 Montgomery St.  
Marietta, Ohio

Manetta Ohio  
4-1-45

Quartermaster General A.S.F.  
Washington D.C.

Dear Sir.

Would it be possible  
for you to tell me as  
where my son.

~~Port George~~ Piquaux 15320121  
Hq. Co 1st Bn. 500 Para. Inf.

who was reported killed on  
June 6th 44. is buried  
I would appreciate any  
information concerning  
his burial and the place  
So far I failed to get any  
of his personal things  
back.

My intentions are of bringing  
him back after things are  
all settled

Hoping to hear from you

Sincerely yours  
Mrs Emily P. Piquaux  
309 Montgomery St  
Manetta  
Ohio.

GRAVE REGISTRATION DIVISION

Apr 4 3 24 PM '45

MEMORIAL DIVISION

Apr 4 11 26 AM '45  
MEMORIAL DIVISION



**RESTRICTED**  
**REPORT OF BURIAL**  
 TM 10-630 AND AR 30-1B15

7597 133  
 SEP 20 1946  
 Date

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

Rigaux George J. Pvt 15320121  
Last Name First Initial Rank Serial No.  
Hqs 1st Bn 506th Parachute Infantry Regiment 101st Airborne Division  
Unit Organization  
France 6 JUN 44 KIA  
Place of Death Date of Death Cause of Death  
2100 B June 1944 Hiesville 388928  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location  
9 1 A CROSS  
Grave Number Row Number Plot Number Type of Marker

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

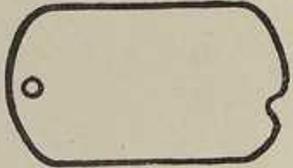
If No Identification Tags  
 How were remains identified?

What means of identification were buried with the body?

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

Who is buried on: McCrory, William E. 10  
Name Serial No. Rank Organization Grave No.  
 Deceased's Right:  
Hagen, Bernard H. 8  
Name Serial No. Rank Organization Grave No.  
 Deceased's Left:

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



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

Emergency Addressee \_\_\_\_\_ Name \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
 Religion Protestant

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

No personal Effects

*770544*  
*[Signature]*  
 \_\_\_\_\_  
 Signature of Officer or other person reporting burial  
 R. O. LINKER, Capt., QIC, DGRSO  
 Verified by G.R.S. Officer:

*Int #66*

### 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.:

Quadrant

1 2 3 4

5 6 7 8

9 10 11 12

Right Hand

1 2 3 4

5 6 7 8

9 10 11 12

Thumb

#### TOOTH CHART

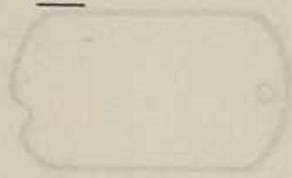
Decayed's Right		Decayed's Left	
Upper	Lower	Upper	Lower
8	7	6	5
4	3	2	1
8	7	6	5
4	3	2	1

Indicate missing natural teeth by X; crowns by C; fillings by D; Bridges by B; missing and/or teeth, replacement by artificial teeth X

Characteristics:

Other Data:

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



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

**RESTRICTED** 7597 DM  
**REPORT OF BURIAL 208** 3 July 1944

**Reburial** ~~Reburial~~ TM 10-630 AND AR 30-1815  
**Rigaux, George** X-15320121 **Unknown** 15320121  
Last Name First Initial Rank Serial No.  
**Unknown** **506 Para Inf Regt** **101st Airborne**  
Unit Organization  
**France** **Unknown** **6 Jun 44** **KIA**  
Place of Death Date of Death Cause of Death  
**Reburial 1930** **3 July 1944** **Blossville** **France**  
Time and Date of Burial Name of Cemetery Name of Coordinates of Location  
**39** **2** **I** **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?

Reinterred from Hiesville Cemetery.

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: Norvell, Robert O.** 3412128 **101st Airborne** 40  
Name Serial No. Rank Organization Grave No.  
**Deceased's Left: Schmidt, George E** 0-1303955 **101st Airborne** 38  
Name Serial No. Rank Organization Grave No.

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



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

Emergency Address **Unknown**  
Name  
Address  
Religion **P**

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

None

**REBURIAL**  
Previously buried in Hiesville Cemetery  
Plot A Row 1 Grave 9

Signature of Officer or other person reporting burial  
Verified by G.R.S. Officer  
**H.A. Chandler 2nd Lt. QMC.**

me #48



No. \_\_\_\_\_

MAIL AND RECORD BRANCH

DAILY RECORD OF REQUESTS RECEIVED

Date \_\_\_\_\_ 194\_\_

Desk \_\_\_\_\_ Name of Clerk \_\_\_\_\_

Kind of Service	Number of Requests Received
Suspends	
Complaints: Justified	
: Unjustified	
File Numbers	
Files: Telephone	
: Personal	
: Form	
Infor. Preparation Mail	
Personnel Information	
Special Messenger Service	
Tracers Incoming Official Mail	
Misfiling	
Wrong Routings: Ours	
: Theirs	
Telegrams Serviced	
Miscellaneous	

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

REPORT OF DEATH

DATE 4 July 1944  
Irvine/jca

FULL NAME <b>Rigaux, George J.</b>		ARMY SERIAL NUMBER <b>15 320 121</b>	GRADE <b>Pvt.</b>						
HOME ADDRESS <b>Marietta, Ohio</b>		ARMY OR SERVICE <b>Infantry</b>	DATE OF BIRTH <b>31 Dec 1921</b>						
PLACE OF DEATH <b>France</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>6 June 1944</b>						
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>7 Aug 1942</b>	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td><b>1</b></td> <td><b>10</b></td> <td><b>0</b></td> </tr> </table>	YEARS	MONTHS	DAYS	<b>1</b>	<b>10</b>	<b>0</b>
YEARS	MONTHS	DAYS							
<b>1</b>	<b>10</b>	<b>0</b>							
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Emily B. Rigaux, mother, 925 Front St., Marietta, Ohio</b>									
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Emily B. Rigaux, mother, 925 Front St., Marietta, Ohio</b> <b>Mr. George J. Rigaux, father, 925 Front St., Marietta, Ohio</b>									
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS						
YES NO	YES NO	YES NO	YES NO						
	<b>X</b>	<b>X</b>	<b>X</b>						
AUTHORIZED ABSENCE		IN FLYING PAY STATUS							
YES NO	YES NO	YES NO							
OTHER PAY STATUS (SPECIFY BELOW)		YES NO							
<b>X</b>									

ADDITIONAL DATA AND/OR STATEMENT

**On Parachute Pay**

**Battle**

COPIES FURNISHED			
S. G. O.	F. B. I.	F. O. U. S. A. WASH. D. C.	
G. A. O.	VEY. ADMIN.	ARMY EFFECTS BUREAU	
G. M. G.	OFF. FIS. DIR.		

BY ORDER OF THE SECRETARY OF WAR:

**H. E. Robinette**

ADJUTANT GENERAL

1 1 100-7004 FILE  
 NWA

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

- BATTLE CASUALTY REPORT

NAME <b>RIGAUX GEORGE J</b>		SERIAL NUMBER <b>15320124</b>	GRADE <b>PVT</b>	ARM OR SERVICE <b>INF</b>	REPORTING THEATRE <b>ETO</b>
PLACE OF CASUALTY <b>FRANCE</b>	DATE OF CASUALTY DAY: <b>06</b> MONTH: <b>JUN</b> YEAR: <b>44</b>	PLACED ON DUTY <b>J</b>	TYPE OF CASUALTY <b>KIA</b>	SHIPMENT NUMBER <b>101</b>	

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 30 MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME	RELATIONSHIP
<b>MR</b>	<b>GEORGE</b>	<b>J</b>	<b>RIGAUX</b>	<b>FATHER</b>
NO. AND NAME OF STREET <b>309 MONTGOMERY</b>		CITY <b>MARIETTA</b>	COUNTY <b>OHIO</b>	STATE <b>OHIO</b>

REMARKS:  CORRECTED COPY 22 JUNE WMM

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED  FORM 43  AG 201 REG *21 June 44*

CASUALTY BRANCH FILE ATTACHED  OR CHARGED TO  DATE

PREVIOUSLY REPORTED: NO  YES  (AS INDICATED BELOW)

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

REPORT NOT VERIFIED  NO FORM 43  NO CAS. BR. FILE  CHECKED BY *Selen Hatif* REVIEWED BY *[Signature]*

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	SER. FILE	RESIDENCE			COMP	RACE										
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY	CITY												
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

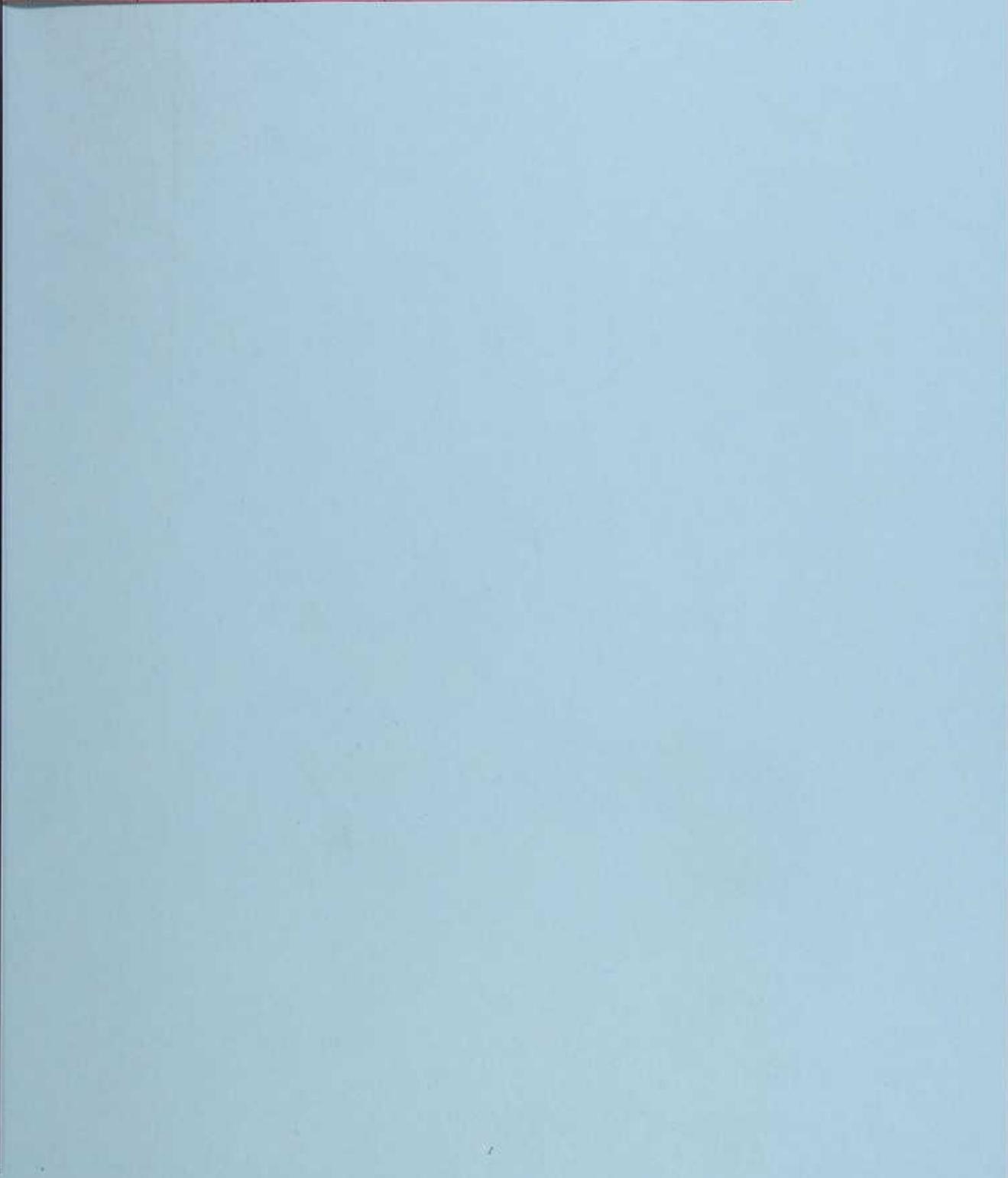
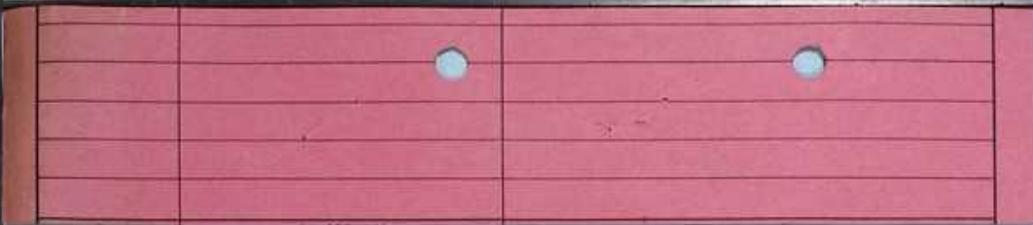
DISTRIBUTION *AS*

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| <input type="checkbox"/> AMERICAN RED CROSS                  | <input type="checkbox"/> CHIEF, WAR BOND OFFICE                  | <input type="checkbox"/> P.O.W. INFO. BUREAU, D.P.M.G.            |
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| <input type="checkbox"/> BUREAU OF PUBLIC RELATIONS          | <input type="checkbox"/> DIR. OF SPECIAL SERVICES DIV            | <input type="checkbox"/> SURGEON GENERAL                          |
| <input type="checkbox"/> CASUALTY PAY RECORDS BR., O.F.D.    | <input type="checkbox"/> DIRECTOR, W.A.C.                        | <input type="checkbox"/> THE ADJUTANT GENERAL                     |
| <input type="checkbox"/> CHIEF OF ARM OR SERV. CONCERNED     | <input type="checkbox"/> ENLISTED BRANCH, A.G.O.                 | <input type="checkbox"/> U. S. EMPLOYEE'S COMPENS. COMM.          |
| <input type="checkbox"/> CHIEF OF STAFF                      | <input type="checkbox"/> FINANCE OFFICER, U. S. ARMY, WASH. D.C. | <input type="checkbox"/> WAR SHIPPING ADMINISTRATION              |
| <input type="checkbox"/> CHRONOLOGICAL UNIT, CAS. BR.        | <input type="checkbox"/> MACHINE RECORDS BRANCH, A.G.O.          | <input type="checkbox"/> WILLS UNIT, CASUALTY BRANCH              |
| <input type="checkbox"/> CHIEF, P.O.W. BR., M.I.S., W.D.G.S. | <input type="checkbox"/> OFFICE OF DEPENDENCY BENEFITS           |   |

*Mar*





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

138570

- BATTLE CASUALTY REPORT

NAME <b>RIGAUX GEORGE J</b>		SERIAL NUMBER <b>1532018</b>	GRADE <b>PVT</b>	ARM OR SERVICE <b>INF</b>	REPORTING THEATRE <b>ETO</b>
PLACE OF CASUALTY <b>FRANCE</b>	DATE OF CASUALTY DAY: <b>06</b> MONTH: <b>JUN</b> YEAR: <b>44</b>		FLYING OR JUMPING STAT. <b>J</b>	TYPE OF CASUALTY <b>KIA</b>	SHIPMENT NUMBER <b>101</b>

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
<b>MR</b>	<b>GEORGE</b>	<b>J</b>	<b>RIGAUX</b>	<b>FATHER</b>
NO. AND NAME OF STREET <b>309 MONTGOMERY</b>		CITY <b>MARIBTA</b>	COUNTY <b>ORTO</b>	STATE

REMARKS:

CORRECTED COPY.

22 JUNE WMM



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED  FORM 43  AG 201 REQ 21 June 44

CASUALTY BRANCH FILE ATTACHED \_\_\_\_\_ OR CHARGED TO \_\_\_\_\_ DATE \_\_\_\_\_

PREVIOUSLY REPORTED NO  YES \_\_\_\_\_ (AS INDICATED BELOW)

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

REPORT NOT VERIFIED \_\_\_\_\_ NO FORM 43 \_\_\_\_\_ NO CAS. BR. FILE \_\_\_\_\_ CHECKED BY Del. Notif PREVIEWED BY \_\_\_\_\_

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE	RESIDENCE			SERIAL	REL.											
		DAY	MO.	YR.		DAY	MO.	YR.		STATE	COUNTY	ZIP													
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

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| <input type="checkbox"/> AMERICAN RED CROSS                  | <input type="checkbox"/> CHIEF, WAR BOND OFFICE                   | <input type="checkbox"/> P.O.W. INFO. BUREAU, O.P.M.G.            |
| <input type="checkbox"/> ARMY EFFECTS BUREAU                 | <input type="checkbox"/> C.G., ARMY GROUND FORCES                 | <input type="checkbox"/> SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G. |
| <input type="checkbox"/> ASST. CHIEF OF STAFF, G-1           | <input type="checkbox"/> C.G. <u>45</u> SERVICE COMMAND           | <input type="checkbox"/> SOCIAL SECURITY BOARD                    |
| <input type="checkbox"/> BUREAU OF PUBLIC RELATIONS          | <input type="checkbox"/> DIR. OF SPECIAL SERVICES DIV.            | <input type="checkbox"/> SURGEON GENERAL                          |
| <input type="checkbox"/> CASUALTY PAY RECORDS BR., O.F.D.    | <input type="checkbox"/> DIRECTOR, W.A.C.                         | <input type="checkbox"/> THE ADJUTANT GENERAL                     |
| <input type="checkbox"/> CHIEF OF ARM OR SERV. CONCERNED     | <input type="checkbox"/> ENLISTED BRANCH, A.G.O.                  | <input type="checkbox"/> U. S. EMPLOYEE'S COMPENS. COMM.          |
| <input type="checkbox"/> CHIEF OF STAFF                      | <input type="checkbox"/> FINANCE OFFICER, U. S. ARMY, WASH., D.C. | <input type="checkbox"/> WAR SHIPPING ADMINISTRATION              |
| <input type="checkbox"/> CHRONOLOGICAL UNIT, CAS. BR.        | <input type="checkbox"/> MACHINE RECORDS BRANCH, A.G.O.           | <input type="checkbox"/> WILLS UNIT, CASUALTY BRANCH              |
| <input type="checkbox"/> CHIEF, P.O.W. BR., M.I.S., W.D.O.S. | <input type="checkbox"/> OFFICE OF DEPENDENCY BENEFITS            |   |

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

JEM:RW:il  
 Case No. 138579  
 Date 4 August 1945

SUBJECT: Report of transaction in disposing of the effects of

George J. Rigaux, 1532012 late a  
 (Name of decedent) (Army Serial Number)  
Private, Infantry who died  
 (Grade) (Organization, Army or Service)  
 on the 6 day of June, 1944 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 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 25 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of \_\_\_\_\_

Mrs. Emily B. Rigaux 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, George J. Rigaux of \_\_\_\_\_ (Name of person found entitled) 309 Montgomery, Marietta State of \_\_\_\_\_ (Number, Street or Avenue) (City, Town or Village) Ohio, is the father of the \_\_\_\_\_ (Relationship or Capacity)

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

\_\_\_\_\_  
 (Signature of Summary Court Officer)  
 JOHN R. MURPHY, Colonel, Q.M.C.  
 (Name, Rank, Organization)  
 SUMMARY COURT MARTIAL

138579

RTB:RW:11  
August 4, 1945

Mr. and Mrs. George J. Rigaux  
309 Montgomery  
Marietta, Ohio

Dear Mr. and Mrs. Rigaux:

The Army Effects Bureau has received from overseas some personal effects of your son, Private George J. Rigaux.

These effects are being forwarded to you in one carton.

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,

P. L. KOOB  
1st Lt., GAC  
Officer-in-Charge  
S1 Unit

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. George J. Rigaux

Effects of:  
Name

302 Montgomery

ASN

Pvt. George J. Rigaux

Marietta, Ohio

Case No.

1532012

Wt.

138879 D

DATE 4 August 1945

W. W. [unclear]

FOR: Effects Quartermaster

REMARKS: RTB:HW:11

Inclose Bureau Check  
 Acct. No. \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

Remove G.I.  
 Note discrepancy in A.S.W.  
 Files removed  
 Diary removed  
 Laundry removed

ROUTING:

Accounting Branch  
 Warehouse Division  
 Files Branch, Adm. Div.

REMARKS:

Franked **FRANKED**  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Prt. Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

**AUG 9 1945**

*[Handwritten initials]*

Shipping Clerk

PACKAGE DESCRIPTION <b>#1 ctm</b>	ARMY EFFECTS BUREAU INVENTORY	DECEASED MISSING P.O.W. ABANDONED
	<b>138,579 rd</b>	TALLY NO. <b>8680</b>
NAME <b>George Rigau</b>		INV. DATE <b>18 July 45</b>
A.S.N. <b>15320121</b>	BANK	ORIG. NO. OF PKGS.
		BOX NO. SHEET OF SHEETS
		ORGANIZATION <b>506 grdt</b>

Belt	<input checked="" type="checkbox"/>	<b>TOYS &amp; MASQUELES</b>	<input type="checkbox"/>	<b>WINGS</b>
<b>BELT MONEY (NO MONEY)</b>		<b>CLOTHING</b>		<b>BAGS, CLOTH OR TRAVEL</b>
Cloth, wash		<b>TRAVELER IDEYS</b>		<b>BILLBOARD (NO MONEY)</b>
Coats		Brushes		Case
Footwear, Pr.		<b>CAMERAS</b>		Footlocker
Gloves, Pr.		Glasses		<b>KIT, SW, TLT, OR WRITING</b>
Handkerchiefs		Knives		<b>BOOKS</b>
Headwear		Lighters		Books, address
Jackets		<b>MISC.</b>		Books Pilot Log
Overcoats		Pen, Fountain		<b>RECEIVED FOR DER</b>
Scarfs		Pencil, Mechanical		<b>LETTERS</b>
Shirts		Pipes		Letters, Personal
Socks, Pr.		<b>RELIGIOUS ARTICLES</b>		Photos
Ties		<b>RIBBONS, DECORATION</b>		Shoe Shine Articles
Towels		Rings		<b>SHOT, SHOOTER</b>
Trousers, Pr.		Tobacco		<b>SCOTCHERS</b>
Trunks, Pr.		Toilet articles		<b>SCOTCHER MONEY</b>
Underwear		<b>WASH</b>		Stationery
			<input checked="" type="checkbox"/>	<b>STATIONERY</b>
				<b>U.S. MONEY (AMOUNT)</b>

*7/10/45*

*reshipped*

REMARKS <i>no tag</i>	ATTACHMENTS <input checked="" type="checkbox"/> FORM 854 <input checked="" type="checkbox"/> FORM #100
C.A.T. <i>none</i>	WEIGHT
WAREHOUSE SPACE <b>1960</b>	G.I. REMOVED
INVENTORIED BY <i>Wille</i>	SHORTAGE ON REVERSE
PACKED BY <i>Meschum</i>	IDENT. TAGS REMOVED
CHECKED BY <i>S</i>	DIARY REMOVED
	LOCKED STORAGE
	LAUNDRY REMOVED
	FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.J. BEMWELD

NAME RIGAUX, GEORGE --- 121

BAY	PALLET	BOX	TALLY
41	33		8680

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

Est. QM Form 42

**INVENTORY OF EFFECTS**

(See AR 600-102)

Rindox George 15320121  
 (Last name) (First name) (Middle initial) (Army serial number)

late a 506 Pchrt Int  
 (Ordnance) (Organization or arm or service)

who died on the 6 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	Testament ✓	
1	Picture ✓	
	A.M. Envelopes ✓	
1	Sewing kit ✓	

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

**CLASS II**—Other effects

NUMBER	ARTICLES
1	Cap ✓
1	Hood ✓
1	Swimming Suit ✓





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

IN REPLY REFER TO 138579

JRM:KD:wb  
April 26, 1945

Mrs. Emily B. Rigaux  
309 Montgomery Street  
Marietta, Ohio

Dear Mrs. Rigaux:

Your inquiry directed to Washington has been forwarded to the Army Effects Bureau for reply in connection with personal effects belonging to your son, Private George J. Rigaux.

I regret to report that the Army Effects Bureau has not yet received any property of Private Rigaux. However, because of transportation delays and other difficulties, the time of arrival here is most uncertain.

You may be assured that upon receipt of any property belonging to your son, prompt disposal will be made.

Yours very truly,

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

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	EFFECTS QUARTERMASTER			DATE
	ARMY EFFECTS BUREAU			
2	KANSAS CITY 1, MISSOURI			
3				

IMMEDIATE ACTION

For necessary action.

*Pierce*  
PIERCE

Incl.

Copy of ltr dtd 4/1/45  
Copy of ltr dtd 4/10/45

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
	mbr			4/10/45
	MEMORIAL DIVISION, PLANNING & REGISTRATION			TELEPHONE
	BRANCH, TEMPO "C" WASHINGTON 25, D. C.			

W. D., A. G. O. Form 0115  
1 October 1944

This Form supersedes W. D., A. G. O. Form 0115, 23 March 1944,  
which may be used until existing stocks are exhausted.

16-21045-2 GPO

HEADQUARTERS, ARMY SERVICE FORCES

**MEMO ROUTING SLIP**

TO THE FOLLOWING IN ORDER INDICATED:

1	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
				DATE
2				
3				

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
				TELEPHONE

W. D., A. G. O. Form 8115  
1 October 1944

This Form supersedes W. D., A. G. O. Form 8115, 23 March 1944,  
which may be used until existing stocks are exhausted.

16-31945-3 GPO

IMMEDIATE ACTION

138,529

PHS

Marietta, Ohio  
4-1-45

Quartermaster General, A.S.F.  
Washington, D. C.

Dear Sir:

Would it be possible for you to tell me as where my son, Pvt. George J. Rigaux, 15380121, Hq. Co. 1st Bn. 506 Para. Inf. who was reported killed on June 6th 44 is buried, would appreciate any information concerning his burial and the place. So far I failed to get any of his personal things back.

My intentions are of bringing him back after things are all settled.

Hoping to hear from you.

Sincerely yours,

*Emil  
Rigaux*

Mrs. Emily B. Rigaux  
309 Montgomery St.  
Marietta, Ohio

*Jul and*

*Jul #1*

SPQYG 203  
Rigaux, George J.  
S.N. 15 320 121

10 April 1945

Mrs. Emily B. Rigaux  
309 Montgomery Street  
Marietta, Ohio

Dear Mrs. Rigaux:

Acknowledgment is made of your letter of 1 April 1945, requesting information concerning your son, the late Private George J. Rigaux.

The official report of interment received in this office reveals that the remains of your son were interred in the Blosville Cemetery, Blosville, France, Plot I, Row 2, Grave 39.

In view of the fact that the Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri, has been designated to receive and ship the personal effects of our deceased military personnel outside the United States, I am forwarding a copy of your letter to that office for a direct reply.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

MAYO A. DARLING  
Lt Colonel, QMC  
Assistant

*Incl # 2*

100-100000

CONFIDENTIAL

HEADQUARTERS, 506TH PARACHUTE INFANTRY  
APO 472, United States Army

131579  
B

11 Aug 44

SUBJECT: Disposition of Effects.

TO : Effects Quartermaster, Warehouse Division, Stanley Warehouse,  
U. S. Forces, Liverpool.

## 1. Disposal of effects made on the following individual:

Name: Rigau, George  
 Grade: Priv  
 ASN: 15 57 0121  
 Organization: 506 Parachute Inf  
 Status: KIA Date: 6 June 44



2. Personal effects of the above individual transported via truck to Quartermaster, 101st Airborne Division, for forwarding to Effects Quartermaster, ETOUSA, Warehouse Division, Stanley Warehouse, U. S. Forces, Liverpool.

## 3. Following items transmitted herewith:

----- Money orders  
 ----- Will  
 ----- Deeds  
 ----- Travelers Checks  
 ----- 3 Copies of A.C.O. Form No. 54

4. Private debtors known:

5. Private Creditors known:

6. Bank in the United Kingdom:

WILLIAM D. CANN  
1st Lieut., 506th Parachute Infantry  
Personal Effects Officer

  
KANSAS CITY, MO.  
OCT 19 1944

**INVENTORY OF EFFECTS**

(See AR 800-100)

**RIGAUX, GEORGE** 15320121  
(Last name) (First name) (Middle initial) (Army serial number)  
 late a **PVT.** **506th PRCHT. INF**  
(Grade) (Organization or unit or service)  
 who died on the **6th** day of **June**, 19**44**

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

NUMBER	ARTICLE	*PACKAGE NUMBER
1	testament	
1	PICTURE	
	AIRMAIL ENVELOPES	
1	SEWING KIT	

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

**CLASS II**—Other effects

NUMBER	ARTICLE
1	CAP
1	HOOD
1	SWIM SUIT





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

COPY  
KQMD  
ALB-wdt

HGL/jg

15th October, 1944.

SUBJECT: Transmittal of Inventories of Effects.

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

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

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

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

Incls: Inventories and  
List in duplicate.

W. W. W. C. C. C. C.  
A. B. C. D. E.  
F. G. H. I. J. K. L.

