

245 LITTLE, JAMES D, 35-290-437, GWT, INT, EUROP. AREA (W. VA.) 4521 ✓

21 June 1950

293
Sgt James D. Kittle, ASN 35 290 437
Plot C, Row 10, Grave 23
Headstone: Cross
Neuville-en-Condroz, Belgium
United States Military Cemetery

Mrs. Edith M. Kittle
2034 Eastern Avenue
Baltimore, Maryland

Dear Mrs. Kittle:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN
Major General, USA
The Quartermaster General



JUN 21 5 00 PM '50
COMMUNICATIONS SECTION

1	USMC Neuville en Condroz Plot: C Row: 10 Grave: 23 Date of Burial: 24 Apr 50 Verified by GRS Officer M. R. Swart, Capt QMC		DISINTERMENT DIRECTIVE				
	SECTION A NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1260 21252		DATE 15 12 49 DAY MONTH YEAR		
NAME KITTLE JAMES D		SERIAL NUMBER 35290437		GRADE SGT	ARM 1	RACE 1	RELIGION 1
CEMETERY NEUVILLE BELGIUM		PLOT JJ	ROW 10	GRAVE 239	DISPOSITION OF REMAINS 1202 80 CODE DIST. CTR.		
SECTION B — CONSIGNEE AND NEXT OF KIN FLAG SENT 24 Apr 50							
NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM				NAME AND ADDRESS OF NEXT OF KIN EDITH M. KITTLE (WIFE) 2034 EASTERN AVENUE BALTIMORE, MARYLAND			
SECTION C — DISINTERMENT AND IDENTIFICATION							
NAME		SERIAL NUMBER		GRADE	DATE OF DEATH		DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAGF		RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE		
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL				CONDITION OF REMAINS			
OTHER MEANS OF IDENTIFICATION							
SEE ATTACHED SHEET							
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)							
REMAINS PREPARED AND PLACED IN CASKET							
DATE CASKET SEALED BY				BY EMBALMER (Signature)			
CASKET BOXED AND MARKED				SHIPPING ADDRESS VERIFIED BY			
DATE BY							
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 AGRS INSPECTOR							
REMARKS AND SPECIAL INSTRUCTIONS PREV. UNK X-8073							
MAT FILE RECORDS ANNOTATED DATE 21 June 50 NAME BR. MEM. DIV.							

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

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

1
DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER		DATE 25 May 1949	
NAME X-8073- KITTLE, James D.	SERIAL NUMBER 35290437	GRADE Sgt	ARM	DAY RACE	MONTH RELIGION
CEMETERY Neuville	PLOT JJ	ROW 10	GRAVE 239	DISPOSITION OF REMAINS CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN 8073	SERIAL NUMBER UNK	GRADE UNK	DATE OF DEATH	DATE DISTINTERRED 25 MAY 1949
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS EMB, R.O.B. <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION UNK	IDENTIFICATION VERIFIED BY CLYDE B SPINKS, CAPT FA NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL REMNANTS OF UNIFORM	CONDITION OF REMAINS REMAINS COMPLETE, SKELETAL STAGE
OTHER MEANS OF IDENTIFICATION NONE	

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

NONE

REMAINS PREPARED AND PLACED IN CASKET

27 JUNE 1949

VEACHEL M VIBBERT

DATE BY

CASKET SEALED BY

VEACHEL M VIBBERT

EMBALMER (Signature)

VEACHEL M VIBBERT, EMBALMER

CASKET BOXED AND MARKED VEACHEL M VIBBERT

27 JUNE 1949 EMBALMER

DATE

BY

IDENTIFICATION TAGS, MARKINGS, PLATES
VERIFIED BY: CLYDE B SPINKS, CAPT FA

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

CLYDE B SPINKS, CAPT FA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

* Ltr Hq AGRC dtd 11 Aug 49 - Ident. of Unknowns
Evac under IZ-1470; processed 13 May 1949 at CIP.

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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

2034 Eastern Ave
 Baltimore 31, Md.
 Dec. 15, 1949

To Whom It May Concern

Dear Sir,

I am writing in regards
 of my husband James H. Kittle. R.S.N.
 352 90437. I wish for him to be buried
 over seas. As I am not able to have
 him brought back here. Thanks alot
 for calling me today and getting me
 straight on this. It was very kind.

I thank you

Mrs. Edith M. Kittle
 2034 Eastern Ave.
 Baltimore 31, Md.

DEC 22 1949

21 Dec 49
 Ltr 12-21-49
 Per Ltr 7 Dec, 49

Coded 28 Dec 49

DEC 22 1949

DD Dec 18 '50

Deaneham
 Boudreau

QUINT 293
Kittle, James D.
SN 35 290 437

28 November 1949

Mrs. Edith M. Kittle
2034 Eastern Avenue
Baltimore, Maryland

Dear Mrs. Kittle:

I am writing to you with reference to your husband, the late Sergeant James D. Kittle.

The remains were recovered by personnel of the American Graves Registration Service from an isolated grave at Schaapsweide, Hook-Middelaer, Holland. As identification could not be established at that time, an Unknown designation was assigned pending further investigation, and interment was made in Plot JJ, Row 10, Grave 239, in the United States Military Cemetery Neuville-en-Condroz, located nine miles southwest of Liege, Belgium.

The investigation which has been conducted in an effort to identify his remains is now complete and the identification has been established. I regret that it was not possible to furnish you with this information sooner, however, I feel sure that you realize the necessity of first completing the investigation. With the identification established, the remains have been casketed and are being held in above-ground storage pending instructions from the next of kin regarding final interment, either in a permanent United States Military Cemetery overseas or for return to the United States.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your desires in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your instructions as indicated thereon.

In order that this office may take immediate action toward the final disposition of the remains of your husband, it is urged that you complete the inclosed form, "Request for Disposition of Remains" and mail it to this office, without delay, in the inclosed self-addressed envelope which requires no postage.

QMMP 293
Kittle, James D.
SN 35 290 437

28 November 1949

May I extend my sincere sympathy in your great loss.

Sincerely yours,

W. E. CAMPBELL
Lt. Colonel, QMC
Memorial Division

Incls

MSW

337 PR

May 20 1 12 PM '49
U.S. Q. C. M. C.
RECORDS SECTION

WEC



CORRESPONDENCE ACTION SHEET

PREVIOUS BURIAL LOCATION (Cemetery and Country)

PLOT

ROW

GRAVE

PRESENT BURIAL LOCATION (Cemetery and Country)

PLOT

ROW

GRAVE

ADDRESSEE

MR.

MISS

MRS.

RELATIONSHIP

ADDRESS (Street, City, State)

PARAGRAPHS
(Sequence)

ADDITIONAL DATA — MODIFICATIONS

NAME OF DECEDENT (Last, First, Middle)

GRADE

SERIAL NUMBER

ANALYST INITIALS AND DATE

TYPIST INITIALS

REVIEWER INITIALS AND DATE

att

QMHM DEPT OF ARMY WASH DC ABRONSMITH E-5057

UNCLASSIFIED

VA DISTRICT OFFICE #4
900 NORTH LOMBARDY STREET
RICHMOND VIRGINIA

PRIORITY

CHANGE GRAVES HW II

XC 4167606 PLEASE ADVISE THIS OFFICE CURRENT ADDRESS AND MARITAL
STATUS WIDOW SGT JAMES D KITTLE COMMA 35290437. ALSO NAMES COMMA AGES
AND ADDRESSES CLOSE SURVIVING BLOOD RELATIVES. REPLY BY TELEGRAM.
URGENT END

CAPT VOGL
Memorial Division
OGM

A
JTV

NOV 21 3 36 PM '49

TEL & CAB
SECTION

vhp

IA

K

UNCLASSIFIED

QMHM 293

Kittle, James D., 35290437 21 Nov 49

Captain, QM, E. VOGL Memorial Division

44

QMCMP 293

Kittle, James D.

SN 35 290 437

2 November 1949

Mrs. Edith M. Kittle

Ashley, West Virginia

Dear Mrs. Kittle:

I am writing to you with reference to your husband, the late Sergeant James D. Kittle.

The remains were recovered by personnel of the American Graves Registration Service from an isolated grave at Schaapsweide, Mook-Middelaar, Holland. As identification could not be established at that time, an Unknown designation was assigned pending further investigation, and interment was made in Plot JJ, Row 10, Grave 239, in the United States Military Cemetery Neuville-en-Condroz, located nine miles southwest of Liege, Belgium.

The investigation which has been conducted in an effort to identify his remains is now complete and the identification has been established. I regret that it was not possible to furnish you with this information sooner, however, I feel sure that you realize the necessity of first completing the investigation. With the identification established, the remains have been casketed and are being held in above ground storage pending instructions from the next of kin regarding final interment, either in a permanent United States Military Cemetery overseas or for return to the United States.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your desires in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your instructions as indicated thereon.

In order that this office may take immediate action toward the final disposition of the remains of your husband, it is urged that you complete the inclosed form, "Request for Disposition of Remains" and mail it to this office, without delay, in the inclosed self-addressed envelope which requires no postage.

May I extend my sincere sympathy in your great loss.

Sincerely yours,

Incls. ma
INITIAL LOI

W. E. CAMPBELL
Lt. Colonel, OMC
Memorial Division

WEC

Nov 2 5 25 PM '49
MAIL & RECORDS BRANCH
O. O. H. G.



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

THE ARMY

1949 OCT 24

BATTLE CASUALTY REPORT

AG 201	NAME KITTLE JAMES D ASN 35290437	GRADE SGT HUS	DATE CAS. REPORT RECEIVED 10 51
NAME AND ADDRESS OF E.A.	MRS EDITH M KITTLE ASHLEY WEST VIRGINIA		DATE TELEGRAM SENT 24 Oct 49

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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, BE 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.

THE SECRETARY OF ~~WAR~~ HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR

HUSBAND

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER	
SGT	KITTLE, JAMES D.	35290437	INF			297004-11-1X	
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY			CASUALTY CODE
KILLED IN ACTION		IN HOLLAND		DAY	MONTH	YEAR	
				30	SEP	44	

REMARKS: AG 201 /21 OCT 49/

☐ CORRECTED COPY

MOOK.

MEMO DET UNIT APPROVED OIC CAS SEC PAB. PL MUM SOURCE OF INFO. RPT OF BURIAL DTD 25 JUL 48, APPROVED BY CH, IDENTIF. BR., OQMG 10 OCT 49. SEE MSG FOR DETAILS. STA AND PL OF DEATH ETO. FOD ISSUED PREV UNDER SEC 5, MPA, SHOWING PRESUMED DATE OF DEATH 1 OCT 45. RPT OF DEATH BASED ON INFO RECD SINCE THAT DATE ISSUED IN ACCORD WITH SEC 9 OF SAID ACT AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS IS AS PRESCRIBED IN SEC 9. FIGHT PER S.O. 73 HQ 325TH GLIDER INF DTD 7 AUG 44.

HOME ADDRESS AT TIME OF ENTRY: MILL CREEK RANDOLPH COUNTY WEST VIRGINIA. PROCESS IN ACCORD WITH OPER BUL 35, 1945. ROUTE TO OPER UNIT FOR NOTIF. COPY OF NOTIF LTR TO BE FWD TO DET UNIT /FOR QMG/.

Report of Death issued 27 Oct 49 pmt

ACTION BY COMPOSITE SECTION: REPORT VERIFIED <input checked="" type="checkbox"/>		FORM 43		AG 201 REQ	
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/>		OR CHARGED TO		DATE	
PREVIOUSLY REPORTED	NO	YES	(AS INDICATED BELOW)		
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA		E.A. NOTIFIED
	490	DD	1 Oct 45		<input checked="" type="checkbox"/>
FORWARDED TO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEC. IDEN.	C. & P.	TELEGRAM	LETTER	CERTIF.	F. REL.
REPORT NOT VERIFIED	NO FORM 43	NO CAS. BR. FILE	CHECKED BY	REVIEWED BY	
			known	all	

DISTRIBUTION "A" ☐ 31 COPIES

DISTRIBUTION "B" ☐

COPIES

WD AGO FORM 0365
1 MAY 48

EDITION OF 1 JAN. 1948 MAY BE USED.

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

In Reply refer to QWGMF 293

Kittle, James D.
SN 35 290 437

2 November 1949

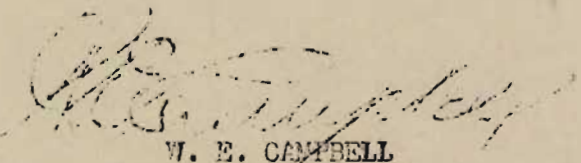
SUBJECT: Identification of former UNKNOWN deceased.

TO: Commanding Officer
Quartermaster Activity
Kansas City Records Center
Kansas City 1, Missouri
Attn: Effects Quartermaster

1. The remains which were previously interred as UNKNOWN X ~~8073~~,
Plot JJ, Row 10, Grave 239, USMC ~~Neuville-en-Cendres, Belgium~~
have been identified by a GRS Field Board of Review as those of
Sgt James D. Kittle, 35 290 437,
whose Next of Kin, according to the records of this Office, is
NOK - Mrs. Edith M. Kittle - widow - Ashley, West Virginia

2. The identification has been approved by this Office.

BY COMMAND OF MAJOR GENERAL FELDMAN:


W. E. CAMPBELL
Lt. Colonel, QMC
Memorial Division


WEC

ma 2 5 19 PM '49
WILLIAMSON BRANCH
GREEN COPY

AIRMAIL

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

IN REPLY REFER TO **QMGT 293**

KENTLE, James D.
Sgt. 35 290 437

22 October 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

1. The identification of Sgt. James D. Kentle, 35 290 437,
(formerly X 8073, Plot 31, Row 10 and
Grave 239, USMC Neuville-en-Condroz, Belgium)

as established by your Headquarters has been approved by this office.

2. Request all records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel, QMC
Memorial Division

L. Marks; jlj
Rowinski
Berry

cc: Adm. Sect.

B
REB

TEC

293 - unk. Belgium X-8073 (Neuville) Pos. Ident

AIRMAIL

293 Kittle, James D. 35290437

2034 Eastern Ave

Baltimore, Md

Dec 2 - 49

Ltr R. 12-7-49

no apt -

Dear Sir

I Received your Letter and
 Papers. I have decided not
 to fill them out at this
 time as I do not feel able
 to go in to it at this time
 so I am sending them
 back. I wrote you a letter
 about two week ago asking
 about the Bonus of my
 husband. Sgt James D. Kittle
 with war Drafted in
 W.D. and was killed over
 sea. am I Edith May Kittle
 his wife. Entitled to
 his State Bonus. Sir

ASN. No 35290437

Thanking Very Much
 Mrs. Edith M. Kittle

OQMG FORM 638
REV 1 APR 48

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Unit 2 Res. Sec. Repat.Br. Mem. Div.	Capt. Vogl.	12 Dec. 1949	<p>Subject: Kittle, James D. Sgt. 35 290 437 JJ-10-239 Neuville-en-Condroz, Belgium</p> <p>1. Next of kin established as: Mrs. Edith May Kittle, widow, 2034 Eastern Avenue, Baltimore, Maryland.</p> <p>2. Form 345 was dispatched to widow 28 November 1949. together with attached letter dated 12 December 1949.</p> <p>3. Forwarded to your office for action deemed necessary.</p> <p>Slaughter 74173</p> <p>Clarke</p>
2	Repat Br Mem Div	Res Sec Unit II Repat Br Mem Div	16 Dec 49	<p>293 Kittle, James D., ASN 35 290 437 Neuville, JJ-10-239</p> <p>Placed telephone call to widow on 15 December 1949, by having a message sent to her residence through a nearby drugstore.</p> <p>She called in later in the day and spoke to Captain Vogl as undersigned was out of the office. She desires overseas burial of remains and will send letter to confirm these instructions.</p> <p>ACTION: Suspend until 27 December 1949</p>
<p>Incl Ltr fr Widow dtd 2 Dec 49 OQMG Form 345 Cy ltr to Widow dtd 28 Nov 49 OQMG Form 1910 Ltr to Widow dtd 2 Nov 49 Cy tel fr VADO Richmond Va. dtd 23 Nov 49 OQMG Form 399 M Liaison Request Form dtd 14 Nov 49 293 file</p> <p><i>Letter acc Apt 1 21 Dec 49 HBC</i></p> <p><i>21 Dec 49</i></p> <p>CRAIG 4652</p> <p><i>21 Dec 49</i></p> <p>NAME _____ Action _____ Acceptance Section _____ Family Comm. Branch _____</p>				

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

293
Sgt James D. Kittle, 35 290 437

28 November 1949

Plot JJ, Row 10, Grave 239

United States Military Cemetery

Neuville-en-Condroz, Belgium

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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

(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.)

PART I (Continued)

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

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

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

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

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

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

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

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.

(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this _____ day of _____,

19____, at city (or town) of _____, county of _____, and State (or Territory or

District) of _____

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

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)

PAGE 4

REPLY FORM ACTION REQUEST

TO: <i>Corp. Sec</i>		FROM: <i>Res. Sec. Unit 2</i>	
NAME (Last, First, Middle) <i>Kittle, James D.</i>		RANK <i>Sgt.</i>	SERIAL NUMBER <i>35-290 437</i>
CEMETERY <i>Newville - ev. - Congoz Belgium</i>	PLOT <i>J.J.</i>	ROW <i>10</i>	GRAVE <i>239</i>
NEXT OF KIN <i>MRS. Edith May Kittle</i>	ADDRESS (Street, City, State) <i>2034 Eastern Ave. - Baltimore, Md.</i>		
RELATIONSHIP TO DECEASED <i>Widow</i>	OPTION SELECTED <i>X X</i>	OQMG FORM 343 EXECUTED BY <i>X X</i>	

WRITE NOK FOR CORRECTION OR COMPLETION OF REPLY FORM ON ITEMS CHECKED BELOW

- | | |
|---|---|
| <input type="checkbox"/> RELATIONSHIP TO DECEASED | <input type="checkbox"/> SIGNATURE OF NOK |
| <input type="checkbox"/> OPTION DESIRED | <input type="checkbox"/> NOTARIZATION |
| <input type="checkbox"/> NATIONAL OR PRIVATE CEMETERY INTERMENT DESIRED | <input type="checkbox"/> NATIONAL CEMETERY SELECTED IS CLOSED |
| <input type="checkbox"/> COUNTRY (Homeland) OF DECEASED OR NOK | <input type="checkbox"/> REPLY TO "REMARKS" ON FORM 343 |
| <input type="checkbox"/> NAME AND/OR <input type="checkbox"/> ADDRESS OF CONSIGNEE | <input type="checkbox"/> SPECIAL INSTRUCTIONS |
| <input type="checkbox"/> SECURE DOCUMENTS: <input type="checkbox"/> REMARRIAGE <input type="checkbox"/> BIRTH | <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER |

SPECIAL INSTRUCTIONS

Send 345 and relating papers to widow at the above address as given in telegram from V.A.

When action completed please return 293 to Res. Sec. Unit 2

Charles - Unit 2

23 Nov 1949

21 Dec 49

Acceptance Section

Name Action Acceptance Section

21 Dec 49

CU 1319Z

CUAO13

RR UEPOG

DE UEPRH 3/3E

R 231300Z

FM CRRSS MGR VADO RICHMOND VIR

TO MEMORAIL DIV OFFICE OF QUARTERMASTER GEN WASH D C

VETS GRNC

VOGL/ REURTX NOV 21 INRE XC 4167606 CMA SGT JAMES D KITTLE CMA35290437 PD CURRENT ADDRESS OF WIDOW CMA EDITH MAY KITTLE CMA
IS 2034 EASTERN AVENUE CMA BALTIMORE MARYLAND PD

OTHER RELATIVES OF RECORD ARE JOHNNIE KITTLE CMA BROTHER CMA

BELLINGTON CMA WEST VIRGINIA CMA AND REBECCA ELLEN

STARKEY CMA STEP-MOTHER CMA ASHLEY WEST VIRGINIA

RV8

CFN 21 XC 4167606 35290437 2034

23/1310Z

Clarke
 11-23-49
Newville
 2-10-239

C25383

 EL & LAB
 SECTION

NOV 23 8 20 AM '49

Rep Res.

Clarke
 Name _____
 Action _____
 Acceptance _____
 Family _____
 21 Dec 49

REQUEST FOR ~~NEW LETTER OF INQUIRY~~ *Telegram*

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM <i>Rio Sec. Unit 2</i>	
NAME OF DECEDENT (First, Middle, Last) <i>James D. Little</i>		GRADE <i>Sgt</i>	SERIAL NUMBER <i>35 290 437</i>
GRAVE LOCATION			
CEMETERY <i>Newville in Congo Belgium</i>	PLOT <i>88</i>	ROW <i>10</i>	GRAVE <i>239</i>
LETTER OF INQUIRY TO BE SENT TO: <i>Veterans Administration</i>		RELATIONSHIP	
ADDRESS			
STREET <i>Dist. Office #</i>		CITY AND STATE <i>4 -</i>	
AUTHORITY FOR LETTER OF INQUIRY AND REMARKS <i>X-C 4 167 606</i> <i>Request marital status of widow</i> <i>name, address, and relationship</i> <i>of son.</i> <i>X C 4167606 Please advise this Office current</i> <i>address and marital status widow Sgt James</i> <i>D. Little, 35290437. Also names, ages and</i> <i>addresses close surviving blood relatives.</i> <i>Reply by telegram. Urgent</i> <i>21 Nov 49</i>			
DATE <i>18 Nov 49</i>		CLERK'S SIGNATURE <i>Clarke Unit 2</i>	

QM
PENTAGON LIAISON
MEMORIAL DIVISION

DATE 14 Nov 1949

Requested By

<u>NAME</u>	<u>SECTION</u>	<u>ROOM NO.</u>	<u>TELEPHONE</u>
Clarke	Presob. Sec	2418 "B"	74173

Request:

297
Kittle, James S. Sgt. 35-290 437
~~88-10-239 - Newville -~~
marital status of widow.
Dist. Office #
X-C #

Information Received From:

No record of widow's remarriage
Edith May Kittle
15-17 E. Baltimore St.
Baltimore, Md.
X-C 4167 606
D.O. #4

For 293 File

R Jordan

W. J. Kittle
N. J. Kittle
Name
Action
Acceptance Section
Family Council Branch
21 Dec 49



ND 11-1-49 49
DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO

QMCGF 293
Kittle, James D.
SN 35 290 437

2 November 1949

Mrs. Edith M. Kittle

Ashley, West Virginia

Dear Mrs. Kittle:

I am writing to you with reference to your husband, the late Sergeant James D. Kittle.

The remains were recovered by personnel of the American Graves Registration Service from an isolated grave at Schaapsweide, Mook-Middelhaar, Holland. As identification could not be established at that time, an Unknown designation was assigned pending further investigation, and interment was made in Plot JJ, Row 10, Grave 239, in the United States Military Cemetery Neuville-en-Condroz, located nine miles southwest of Liege, Belgium.

The investigation which has been conducted in an effort to identify his remains is now complete and the identification has been established. I regret that it was not possible to furnish you with this information sooner, however, I feel sure that you realize the necessity of first completing the investigation. With the identification established, the remains have been casketed and are being held in above ground storage pending instructions from the next of kin regarding final interment, either in a permanent United States Military Cemetery overseas or for return to the United States.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your desires in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your instructions as indicated thereon.

In order that this office may take immediate action toward the final disposition of the remains of your husband, it is urged that you complete the inclosed form, "Request for Disposition of Remains" and mail it to this office, without delay, in the inclosed self-addressed envelope which requires no postage.

May I extend my sincere sympathy in your great loss.

Sincerely yours,

W. E. Campbell
W. E. CAMPBELL
Lt. Colonel, QMC
Memorial Division

Incls.

*Returned
widow does
not want
to sign
now.*

*W. E. Campbell
not
ready*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D. C.
OFFICIAL BUSINESS

Name *Blank*
Action *Blank*
Acceptance Section
Family Corres. Branch
in Dec 1949



*Removed, left
no address.*



PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300.
(PMGC)



OQMG FORM 638
REV 4 APR 48

OFFICE THE QUARTERMASTER GENERAL OF THE ARMY

4405

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
2	Rec Unit Resol Sec Repat Br Mem Div	Chief Repat Br Corr Sec	31 Oct 49	<p><i>293</i> Request dispatch of necessary letter to NOK of KITTLE, James D. and dispatch of notification to Effects QM.</p> <p>Return file to Miss Thomas.</p> <p>1 Incl 293 file</p> <p><i>ARROWSMITH</i> 5057</p> <p>Thomas 71672</p> <p><i>mlg</i></p>
3	Chief Repat Br Corr Sec Mem Div	Records Unit Resolution Section Repat Br Mem Div Attn: Miss Thomas	2 Nov 49	<p>1. Returned herewith is 293 file for KITTLE, James D.</p> <p>2. Combination grave location - LOI and letter to Effects QM have been dispatched.</p> <p>Incl n/c</p> <p><i>K</i> KERSCHER 5072</p> <p>Harris</p>
4	Rec Unit Resol Sec Repat Br Mem Div	Accep & Proc Unit Resol Sec Repat Br	3 Nov 49	<p>Records corrected in Records Unit. 293 file forwarded for continuation of action.</p> <p>1 Incl 293 file</p> <p><i>ARROWSMITH</i> 5057</p> <p>Thomas 71672</p> <p><i>mlg</i></p> <p><i>W. J. Clark</i> Name _____ Action _____ Acceptance Section _____ Family Correspondence Branch _____ 210 Dec 49</p>

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

U. S. GOVERNMENT PRINTING OFFICE 10-49820-5

OQMG FORM 638
1 SEP 1946

OFFICE THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

4405
NO AGO

DUE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Chief Id Br. Repat Br Mem Div	Chief Resol Sec Records Unit ATTN: Mr. McMorris IN TURN Corres Section	12 Oct. 1949	<p>1. Attached case file forwarded for necessary correction of records and deflagging.</p> <p>2. All records in Ident. Section have been amended and the Field notified.</p> <p>1. For necessary Grave Location Letter to NOK.</p> <p>2. For dispatch of notification to Effects Q.M.</p> <p>1 Incl 293 file for KITTLE, James D. Sgt. 35 290 437</p> <p>METZ 74059</p> <p>BARRY 2462</p> <p><i>Barry</i></p>
<p>NOTE: This 293 file contains no AG/Report of Death. Following action taken: B/R sent for Photostat: 18 Oct 49, Photostat sent to AGO: 19 Oct 49, Case released from AGO: 31 Oct 49.</p> <p>ARROWSMITH</p> <p><i>Algar</i></p> <p>16-49830-4 GPO</p>				

REPAIRIAL
RECORDS BRANCH

OCT 13 2 18 PM '49

MORIAL DIVISION

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

Leah Marks, Investigator *mm*

IDENTIFICATION CHECK LIST

DATE 6 Oct 1949

UNKNOWN X- NO. OR OTHER DESIGNATION X-8073	CEMETERY USMC, Neuville, Belgium	PLOT JJ	ROW 10	GRAVE 239
IDENTIFIED AS Kittle, James D Sgt 35 290 437				
ITEM	FAVORABLE	UNFAVORABLE	UNKNOWN	
DATE AND PLACE OF DEATH	X			
CAUSE OF DEATH	X			
DENTAL CHART	X (Excellent)			
COLOR HAIR	X			
ESTIMATED HEIGHT	X			
ESTIMATED WEIGHT				
SCARS, FRACTURES, ETC.				
LAUNDRY MARKS				
SHOE SIZE COMBAT BOOTS	X			
TYPE CLOTHING	X			
IDENTIFICATION TAG				
PERSONAL EFFECTS				
STATEMENT OF CIVILIANS	X			
ENEMY RECORDS				
EMERGENCY MEDICAL TAG				
PAY BOOK (EM/OFF.)				
SIGNED STATEMENT OF IDENTITY				

REMARKS Report of Burial for Subject Unknown X-8073 indicates that remains were previously buried at Schaapsweide (estate), Mook-Middelaar, Holland, (coordinates 51.43N - 5.55E).

Company G, 401 Glider Inf, 82nd A/B Div., to which Sgt Kittle was attached on date of death, was operating in this area o/a 30 Sept 1944.

AGO records indicate that Sgt Kittle was reported MIA in the vicinity of Breedeweg, Holland, (coord 51.45N - 5.57E).

There are no other Burial Reports for Unknowns of record in this office, which can be associated with this case.

List of names aboard the glider, or Serial Number of the aircraft to which glider was attached, is not available. (See attached exhibit)

*File 11 Oct 1949
Leah Marks
Ident See*

DENTAL CHART

Unknown X- 8073
Processed 12 May 1949

R-8 moA - o-cavity
R-7 doA
R-6 X
R-5
R-4 doA
R-3
R-2 broken
R-1 X posth

L-1 X posth
L-2 X posth
L-3
L-4 doA
L-5 moA
L-6 oA oA oA
L-7 oA - o-cavity
L-8 o-cavity

R-16 doLA fac.cavity
R-15 X
R-14 X
R-13 doA
R-12 X posth
R-11
R-10
R-9 X posth

L-9 X posth
L-10 ling.cavity
L-11 X
L-12
L-13
L-14 X
L-15 X
L-16 oA

NO SPACE *-

*L-11 permanent, growing in mandible
facial to the roots of R-9; L9,10.

Est: 5' 11-5/8". Hair: Blonde Age;25/30
Remn. of 1 pr of Jump Boots, size
9-1/2 D.
also remn. of USA clothing.

Kittle, James D
Name Sgt 35 290 437
MIA 30 Sept 1944- age 24

R-8 moA
R-7 doA oA
R-6 X
R-5
R-4 doA
R-3
R-2
R-1

L-1
L-2 mS
L-3
L-4 doA
L-5 moA
L-6 oA oA oA
L-7 oA
L-8

R-16 loA
R-15 X
R-14 X
R-13 doA
R-12
R-11
R-10
R-9

L-9
L-10
L-11 X
L-12
L-13
L-14 X
L-15 X
L-16 oA

Dental: 79's Feb & Sept 1943
& Exam 20 Mar 1942.

5' 9 1/2" 145 lbs. Hair: Blonde
Shoe Size: 9 1/2 D

Unk X-8073, Newville

4 Oct 1949

TO: QM LIAISON - Ex 73090

KITTLE, James D Sgt 36 290 437

List of passengers in glider and a/c Number to which glider was attached.

Date of Casualty: 30 Sept 1944

PLACE: Holland.

Major Sekowski states that manifests for gliders were not retained in the Field and Historial Records would not have such information.

Circumstances surrounding death in
question. T. H. H. that may
be possible. T. H. H. K. H. H.
H. H. companion & shoe size
possible.

No No companion.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <i>X-8073</i>			2. DATE OF REPORT <i>May 13 1949</i>	
3. NAME OF CEMETERY <i>Newville</i>	4. PLOT <i>11</i>	5. ROW <i>10</i>	6. GRAVE <i>239</i>	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <i>25/30</i>	AGE <i>AGE</i>	9. ESTIMATED HEIGHT <i>5' 11 5/8"</i>	10. COLOR OF HAIR <i>Blonde</i>	11. RACE <i>W.T.D.</i>
-------------------------------------	-------------------	--	------------------------------------	---------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None Found

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None Found

14. WAS BODY BURNED? TO WHAT EXTENT?

☐ YES ☒ NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

☒ YES ☐ NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

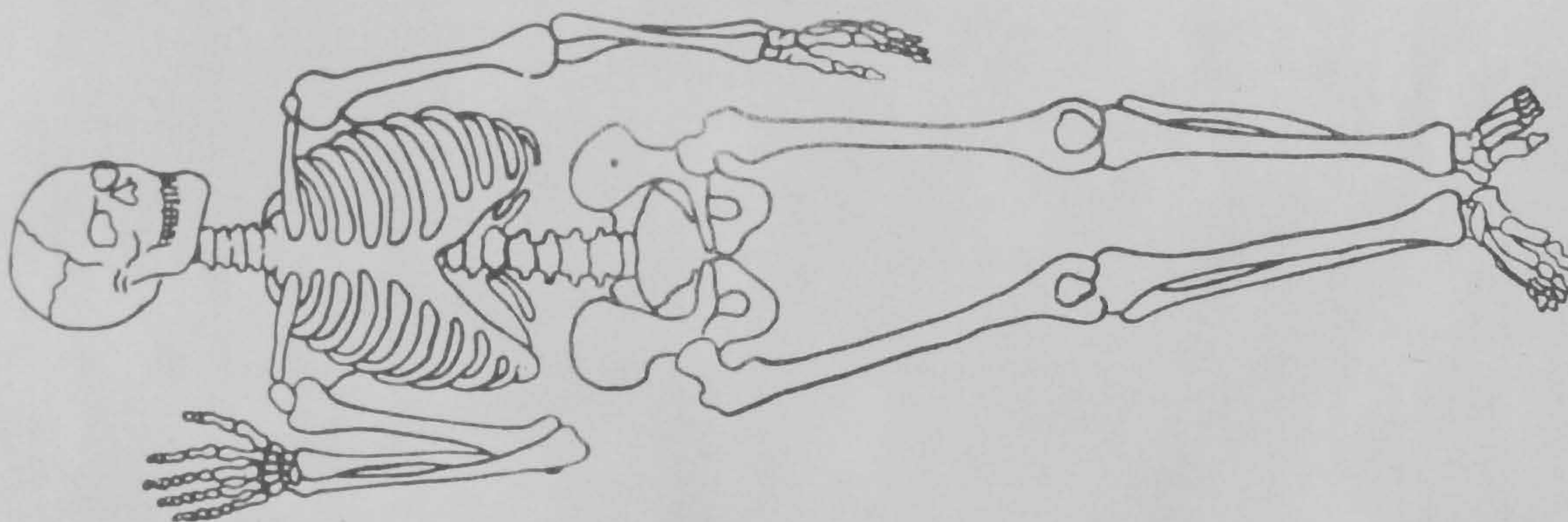
None Found

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

Remnants of 1 pair of Jump Boots size 9 1/2 D
" " O.D. Trousers also M. 4 3 Field Jacket
" " O.D. Sheet
" " Web Belt
" " Cotton Drawers
" " Under shirt
None no markings

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-8073



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains received in skeletal form.
Teeth found with the remains and charted.
Fluoroscope unavailable.
Estimated age - 25 - 30 years old.
Estimated height - 5' 11 5/8"
Clothing found with the remains.
Bone no markings.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN
RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

Processed By Gregory
and Metzger

John Gregory

SKELETAL CHART.

X-8073

N-10-239

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT.

LEFT.

SKULL 20 1/2 INCH.

SEE TOOTH CHART

HUMERUS

HUMERUS

ULNA

ULNA

RADIUS

RADIUS

FEMUR

FEMUR

TIBIA

TIBIA

FIBULA

FRACTURED

SHATTERED

MISSING

BURNED

IZ 1470

CHART "A-1"

ESTIMATED HEIGHT

5

Ft. 11 5/8 Inches.

signature BRICKLEY

(62)

Newville

J-10-23912-1470

TOOTH CHART

13 May 49
Date

X-8073

Last Name	First	Initial	Grade	Serial No.
unk	unk	unk	unk	unk
unk	unk	unk	unk	unk
unk	unk	unk	unk	unk

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	A	A			A		Broken	P	P	P		A	A	A	A	Caries
	mo	DO	X		DO							DO	mo	0-3	0	0
Side views																
TOP																
VIEWS																
Side Views																
	A			A				P	P	Carie						A
	DO	X	X	DO	P			P	P	L	X			X	X	0
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

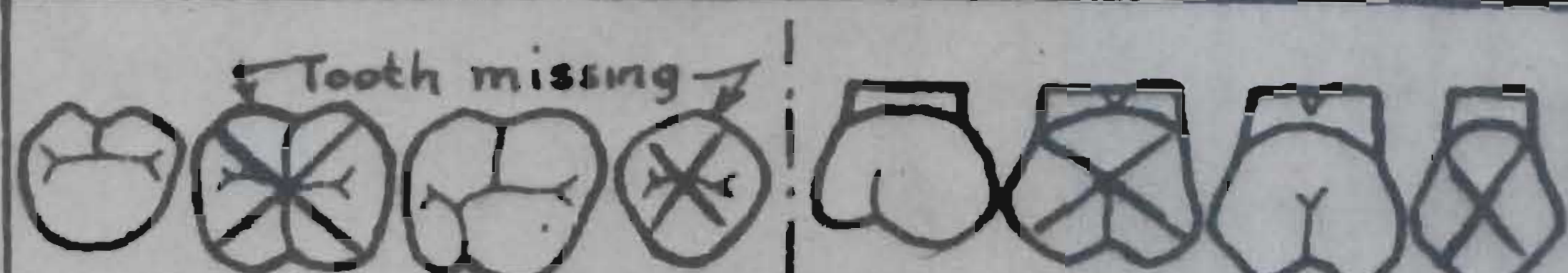
NOTE SEE REMARKS

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

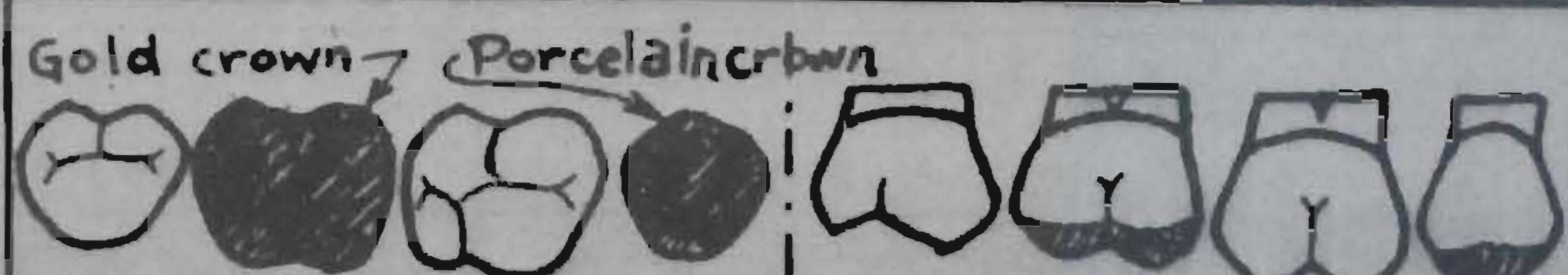
Signature of Officer or other person who prepared Tooth chart

Verified by G. R.C. Officer

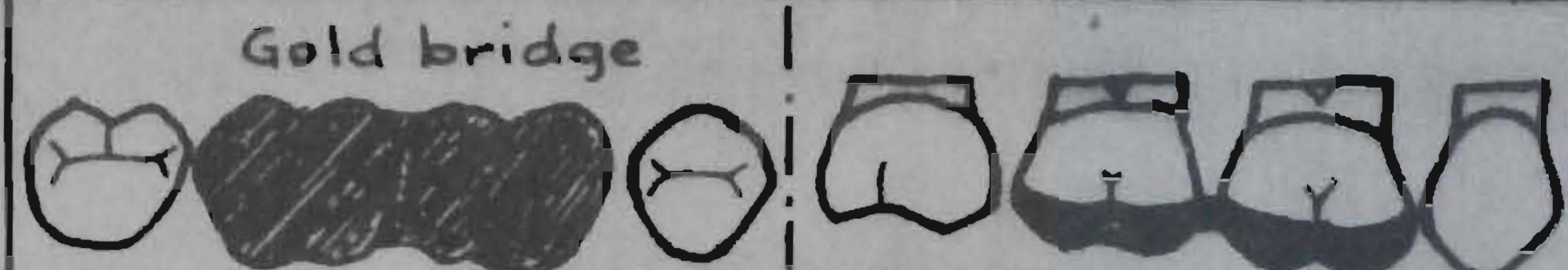
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



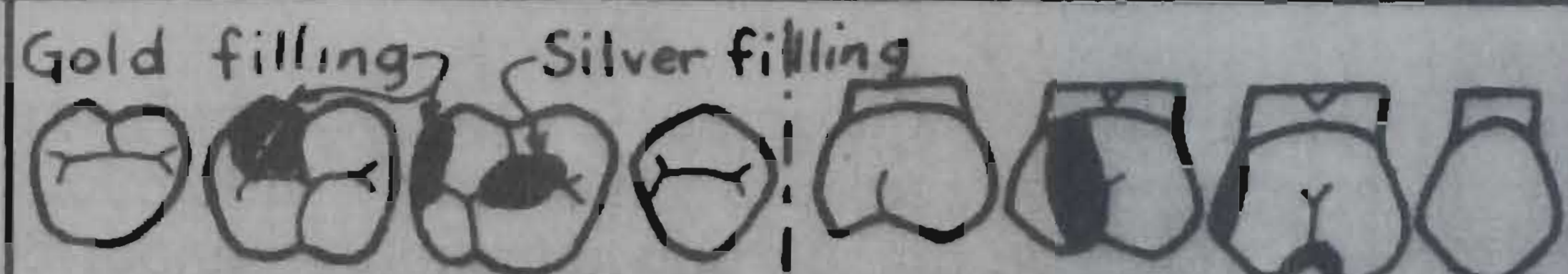
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



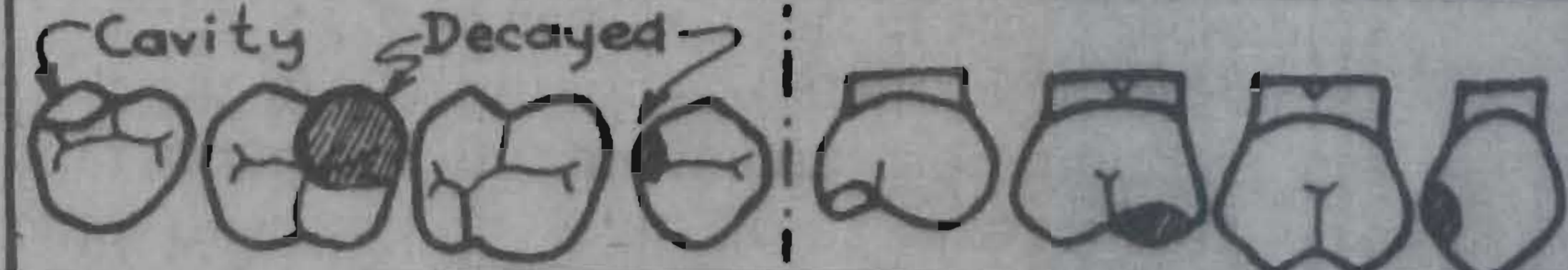
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

Size - average
Color - chalky white

Posthumously missing - R1, 9, 12; L1, 2, 9

Spaces - R7, 2mm; R4-3, 2mm; R16-13, 15mm; L11, Narrow;
L12-13, 2mm; L13-16, 15mm.

L6 dropped from occlusal line 2mm.

R11 rotated distally 10°

L10 rotated mesially 45°; inclined distally

Note: L11 permanent, growing in mandible facial to the roots of R9; L9, 10

L12 rotated mesially 45°; inclined mesially.

L16 heavily inclined mesially & lingually.

Calculus - medium.

HOLLAND Special Case 281

NOTICE OF DISINTERMENT

GRS-GZ Form No. 8

Date 14 April 1949

The below listed U.S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to U.S. Military Cemetery, NEUVILLE EN CONDROZ, BELGIUM for reburial.

<u>UNKNOWN</u> (NAME)	<u>UNKNOWN</u> (RANK)	<u>UNKNOWN</u> (ASN)	<u>"SCHAAPSWELDE", Comm. NOOK-MIDDELAAR</u> (PLACE OF DISINTERMENT) If communal cemetery show Plot, Row and Grave No., if available
IZ - 1470			

Hendrick L. Veigh

(Officer or NCO in charge of
Disinterment)

REMAINS CLASSIFIED

HENDRICK L. VEIGH, USDA Civ. D-150596

UNKNOWN X-8073

Hqs 7855 AGRC, Zone One, APO 58 US Army
(Organization)

REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

Date

NAME Unknown X-8073 RANK ASN ORGANIZATION AGFMEANS OF IDENTIFICATION none

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation?
If so, state the following information :

a. NAME UNKNOWN RANK UNK ASN UNKb. ORGANIZATION UNK

2. Was partial identification established? . If so, state the facts as to whom you believe the deceased to be :

a. NAME UNKNOWN RANK UNK ASN UNKb. ORGANIZATION UNKNOWN

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY NONE

(Use reverse side for listing of crew members from MACR)

a. Date of above burials DNA Common Graves? DNA

5. Name and Type of Cemetery DNA
(Military or Civilian)
6. Map Coordinates of the Cemetery DNA
a. Town DNA Country DNA
7. Give exact location in cemetery of the remains.
a. Section DNA Row DNA Grave DNA
b. Is Sketch attached? DNA
8. If remains are not located in a cemetery, give exact location.
a. Town MOOK-MIDDELAAR Coordinates HOLLAND 2A E/74
b. Is sketch attached? YES
c. Is area mined? NO
9. How is the grave marked? NOT MARKED
10. If grave is marked with cross, give exact markings thereon DNA
a. From what source was this information obtained? DNA
(Identification tags, personal effects)
b. By Whom DNA
11. Where are the cemetery records? TOWNHALL MOOK-MIDDELAAR
(Town Hall, cemetery, burgermeister's office)
a. What information was contained thereon? NONE
b. Where was the information obtained? DNA
c. By Whom? DNA
12. What is the date of death? Est. 17 Sept-30 Sept 44
a. Give basis SEE STATEMENT
13. What is the cause of death? UNK
b. Give basis DNA
14. What is the date of burial? UNKNOWN
a. Give basis DNA

15. Where was the place of death? SCHAAPSWEIDE, COMM. MOOK-middelelaar Coords HOLL 2A E/74
Give basis SEE ATTACHED STATEMENT
16. Where were the remains found? MOOK-MIDDELAAR Coords HOLL 2A/E/74
a. By Whom? WYNAND WYNHOVEN, B-140, MIDDELAAR
b. Is sketch attached? YES
17. Was a casket used? NO Who furnished the casket? DNA
Type of casket DNA How marked? DNA
18. Who made the burial UNKNOWN
(Civilian, American Mil. or German Mil).
a. What are the names and addresses? DNA
b. Are certificates and statements attached? DNA

SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage?
a. Give location in plane from which the bodies were removed
(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)
b. Near wreckage?
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom).
a. Type of Plane
b. Markings and/or name on plane
c. Give numbers on motors, machine guns, instruments, radios or other equipment:
21. How did crash occur? Anti-aircraft
Enemy Planes? Collision?

22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____
26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with date of death of above named deceased? _____
28. Number of planes in formation prior to crash _____
29. State precise time and date of plane crash _____
(Night? Day?)
30. Were parachutists seen? _____ How many? _____ Escaped? _____
Prisoners? _____

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? _____
- a. Give specific position in tank from which deceased was removed. _____

(Radio man, driver, assistant driver or . . . front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Markings and/or name of tank _____
- c. Numbers on motors, machine guns, ammunition, instruments, etc. _____
33. What was the type of enemy action that resulted in the tank's disablement? _____
34. Did tank explode? _____ Burn? _____

35. Number of tanks in immediate vicinity at time of disablement _____
36. Does specific time and date of disablement correspond with date of death of above named deceased? _____
37. Precise time and date of destruction of tank _____
(Night? Day?)
38. Did any of the crew members escape? _____ Prisoners? _____

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) _____
- It so, give, complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? _____
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team NO
- If not, state reason NONE
- a. Were identification tags found at the time of death? UNK
- Where? UNK By Whom? UNK
- Present disposition UNK
- If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.
- b. Were personal effects found at the time of death? UNK
- Where? UNK By Whom? UNK
- Present disposition UNK

c. Was deceased identified by living members of the crew at the time of death? _____

UNK

d. Did Cemetery register or cross indicate the immunization shot? DNA

42. Was Deceased given first aid? UNK If so, where? UNK

By whom? UNK Are statements from the medical people attached? DNA

43. Was deceased evacuated to a German civilian hospital? NO

WHERE? DNA Names of people concerned DNA

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? NO

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? NO

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? NO

a. If so, give basis for positive assumption DNA

b. If so, has higher headquarters been notified? DNA

47. Was case previously investigated? NO By Whom? DNA

When? DNA

48. Give full names, addresses, and information obtained from each person interviewed _____

WYNAND WYNHOVEN, B-140 HOOK-MIDDELAAR (See Attached Statement)

49. Are all positive statements regarding identification and particulars surrounding death attached?

YES

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?

no

51. Was investigation preceded by advanced publicity?

(If special investigation, give case number)

52. Give Brief Narrative NARRATIVE NO ACCOMPLISHED AS PRIOR INVESTIGATION WAS

NOT NECESSARY

(Use attached sheets, if necessary)

Hendrick L. Veigh

Signature of Interpreter

HENDRICK L. VEIGH

CAF 6 D-150596

Rank

ASN

HQS 7855 AGRC Zone One

Organization

Hendrick L. Veigh

Signature of Investigator

HENDRICK L. VEIGH

CAF 6 D-150596

Rank

ASN

HQS 7855 AGRC ZONE ONE

Organization

HOLLAND Special Case #281

MINISTERIE VAN OORLOG
(WAR DEPARTMENT)
Directie Administrative Diensten
Afdeling B 6 Bur. 1 Nr.

's-Gravenhage 5th April 1949

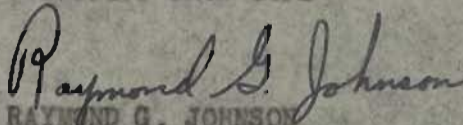
I beg to enclose translation of a report dated 25th March 1949, I received from the Service for Identification and Exhumation, unit Eindhoven II, and relating to a dispersed grave at Mook/Middelaar, presumably that of an American soldier.

I kindly request you to let me know when you will instruct your investigator to identify the body so that a member of the staff of the Service for Identification and Exhumation be present for assistance.

/s/ B.J. van Tuil
/t/ B.J. VAN TUIL
Head of Section B 6

TO: H.Q. American Graves Registration.

CERTIFIED TRUE COPY


RAYMOND G. JOHNSON
1st Lt. Inf

TRANSLATION

Service for Identification and Exhumation
Unit Eindhoven II
Report No. 30

REPORT

In accordance with the written order of the Head of the Service for Identification and Exhumation, No. A 4882, dated 18th March 1949, I went to Mook-Middelhaar with the Unit, on 24th March 1949, in order to identify -together with the "Hulpverleningsdienst"- a body presumably of an American.

The grave is situated in the estate "St. Jan's Berg", at a spot named "Schaapsweide".

The remains were discovered by the staff of the estate while planting new trees. In view of the fact that there were also hand-grenades in the grave, the Police of Mook was immediately notified who, in their turn, informed the "Hulpverleningsdienst".

Since the ammunition had been cleared away, I opened the grave once more in order to be able to identify the body.

I found in the grave:

1. a "Miles" hand-grenade;
2. Remnants of material among which that of a khaki pullover or sweater;
3. Pieces of a Webb belt;
4. Bone buttons;
5. Specific American Boots (lace-up boots with leather anklets connected to them).

I re-buried all these things, with the remains, in half a mattress-cover.

It has been established that these remains are not those of a German soldier but those of an allied soldier.

I have not been able to establish with absolute certainty the American nationality, but I suppose so in connection with the fact that the paratroopers of the 82nd Airborne Division were dropped at that place.

Eindhoven, 25th of March 1949
/s/ B. Boedt, Captain.

CERTIFIED TRUE COPY

Raymond G. Johnson
RAYMOND G. JOHNSON
1ST Lt. Inf

MIDDELAAR, .4 April 1949

The undersigned, WYNAND WYNHOVEN, forest-guard on the estate "St. Jansberg", community Mook-Middelbaar, declares that towards the end of November 1948, on the spot names "SCHAAPSWEIDE", he found the mortal remains of a soldier. Judging by the clothing and equipment it was an American.

The date of death is estimated between 17 and 30 September 1944. On the 21st of September 1944 violent fighting took place on the Schaapsweide, where the American was found.

I found no personal effects nor identity discs.

The Forest-Guard
/s/ W. Wynhoven

CERTIFIED TRUE COPY

Raymond G. Johnson
RAYMOND G. JOHNSON
1st Lt. Inf

CERTIFIED TRUE TRANSLATION

Hendrick L. Veigh
Hendrick L. Veigh
US DA Civilian



UNKNOWN NO. X-8073 U.S. MILITARY CEMETERY, Neuville, Belgium.
(Location)

CASE HISTORY.

Sgt. James D. Kittle was a member of Company "G", 401st Glider Infantry, 82d Airborne Division. He was reported as MIA near area of Breedeweg, Holland on 30 Sept. 1944 which is closeby to Mook-Middle-lear, Holland where Unknown X-8073 was recovered by American Disinterring Team on 27 May 1949 for transfer and reburial to USMC, Neuville, Belgium.

No information as to cause of death is available but date of death is estimated as end of Sept. 1944. This information was reported by Dutch civilians along with the fact that paratroopers of the 82d Airborne Division were dropped in this area and engaged in heavy fighting with the enemy (see statements in case papers).

J. D. Hudnor.

Newville *17-10-237* *12-1470*

TOOTH CHART

13 May 49
Date

X-8073

Last Name *unk* First *unk* Initial *unk* Grade *unk* Serial No. *unk*
 Unit *unk* Organization *unk*
 Place of Death *unk* Date of Death *unk* Cause of Death *unk*

Right

Left

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side views	A mo	A do	X		A do		Broken	P	P	P		A do	A mo	A 0-3	A 0	caries 0
TOP																
Side Views																
	A DOL	X	X	A do	P			P	P	Carie L	X			X	X	A 0
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

SEE REMARKS

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

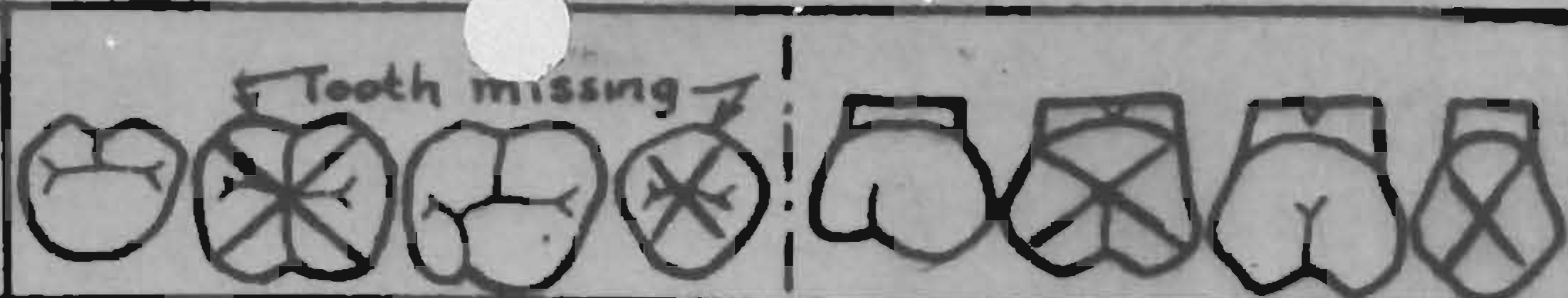
18F

Harold D. Schuler

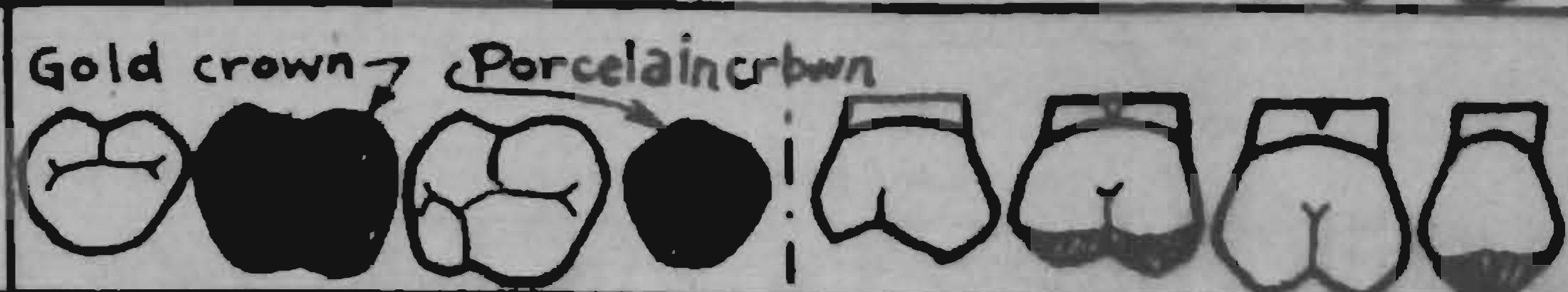
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

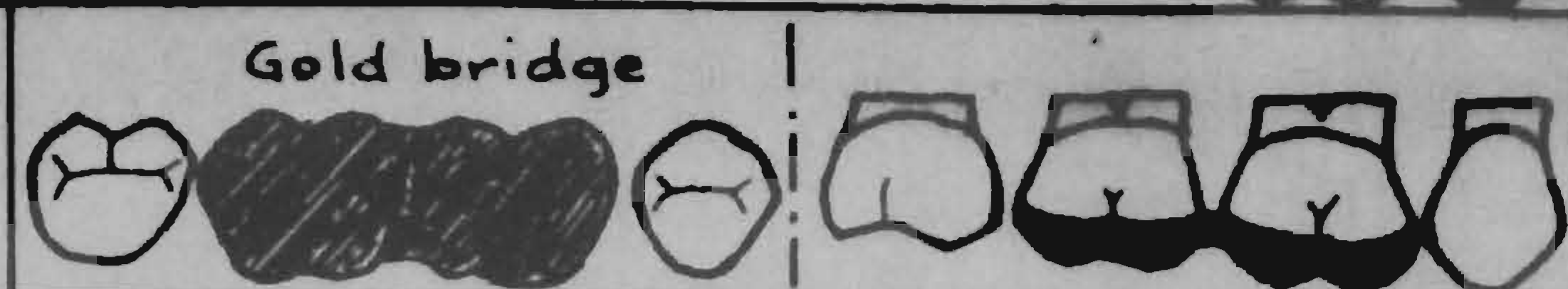
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed out and labeled, thus:



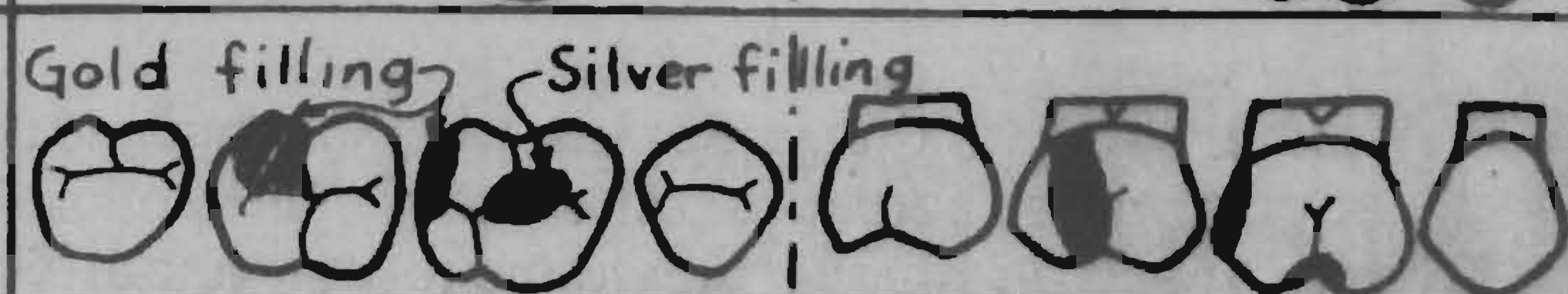
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



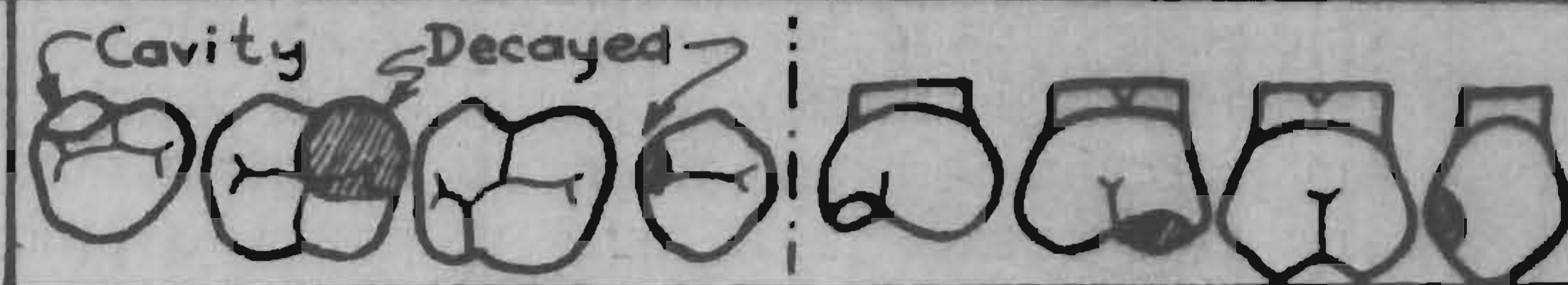
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES). Outline location and size of cavity, shade in thus:



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

Size - average

Color - chalky white

Posthumously missing - R1, 9, 12; L1, 2, 9

Spaces - R7, 2mm; R4-3, 2mm; R16-13, 15mm; L11, None;

L12-13, 2mm; L13-16, 15mm.

L6 dropped from occlusal line 2mm.

R11 rotated distally 10°

L10 rotated mesially 45°; inclined distally

Note: L11 permanent, growing in mandible facial to the roots of R9; L9, 10

L12 rotated mesially 45°; inclined mesially.

L16 heavily inclined mesially & lingually.

Calculus - medium.

19F

CAMP CLAIBORNE, LA.

(1) SURNAME

(2) CHRISTIAN NAME

Kittle, James D. 35290437

(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS

Pvt.	C	326th Inf.
------	---	------------

(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
21	W	U	0

22

A

W. Va.

(

4/72

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

Adm. - E
(9) Abs Peri R^L4

(9) Abs Peri R15

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

July 28, 1942

TE AnesCn

EE Anos

7/28

(12) RESULTS AND REMARKS

C1-I

HSK

22

Weldon J. Zyzanski
Dental Corps, U. S. A.

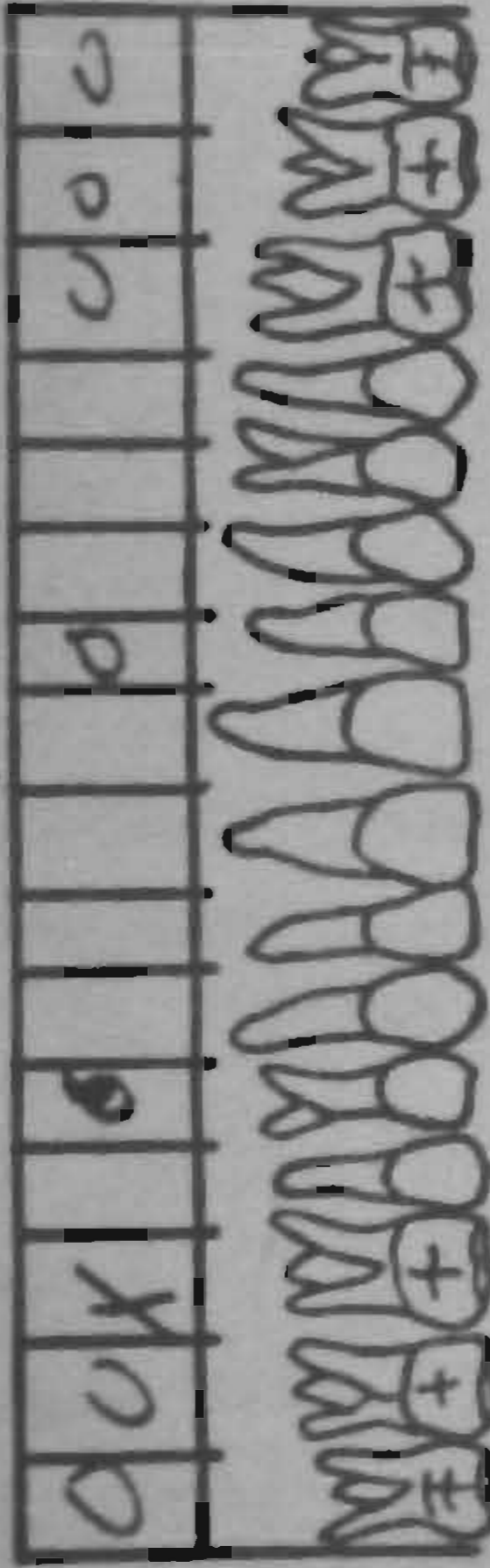
Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

16-20622

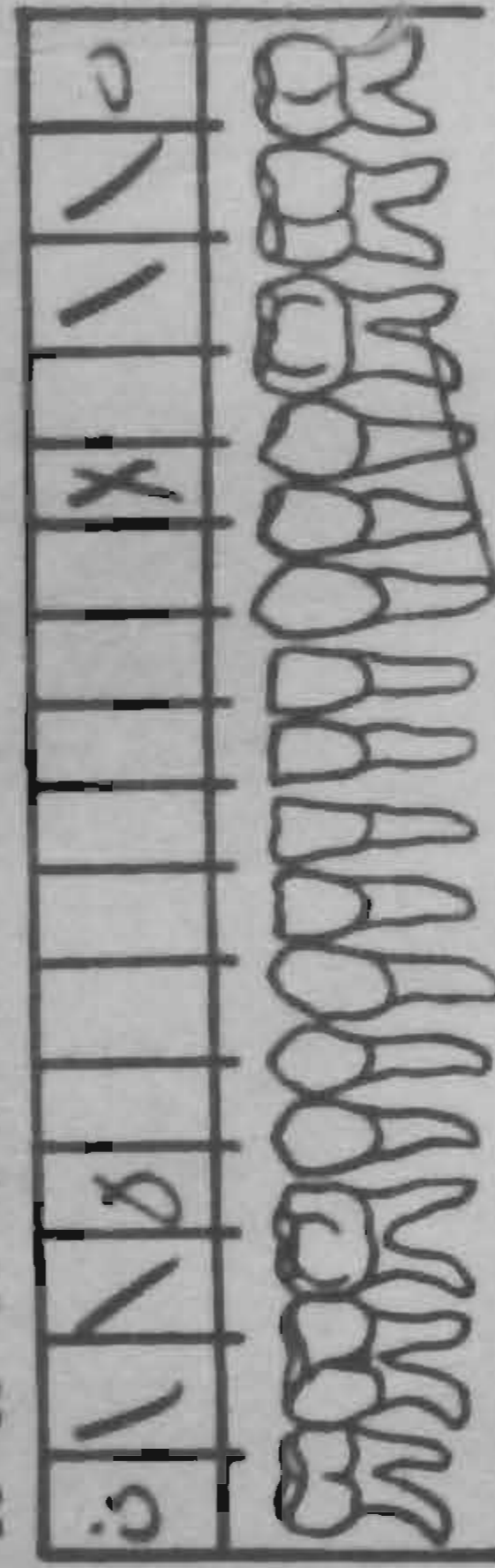
*REPORT OF DENTAL SURVEY

2A

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
o	u	x													
															

LOWER TEETH

Right								Left							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
o	\	\	\	\	\	\	\	\	\	\	x	\	\	\	
															

CLASS I

Occlusion: Normal; Calculus: Slight, Medium, Heavy

Periodontoclasia yes

Dental foci suspected: Yes No

Other conditions _____

*Surgeon
Scale Teeth in 9/11*

Date 11-2-8, 194[✓]

21 F

Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture
(horizontal line)

X	X	X	X

Teeth replaced by fixed bridge
(oval to include abutments)

⊕			

1Z-1410 IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-8073				2. DATE OF REPORT May. 13-49	
3. NAME OF CEMETERY Newville	4. PLOT JJ	5. ROW 10	6. GRAVE 239	7. DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 25/30	AGE AGE	9. ESTIMATED HEIGHT 5' 11 5/8"	10. COLOR OF HAIR Blonde	11. RACE W.T.D.
------------------------------	------------	-----------------------------------	-----------------------------	--------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None Found

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None Found

14. WAS BODY BURNED? TO WHAT EXTENT?

☐ YES ☒ NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

☒ YES ☐ NO

See Skeletal Chart.

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None Found.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

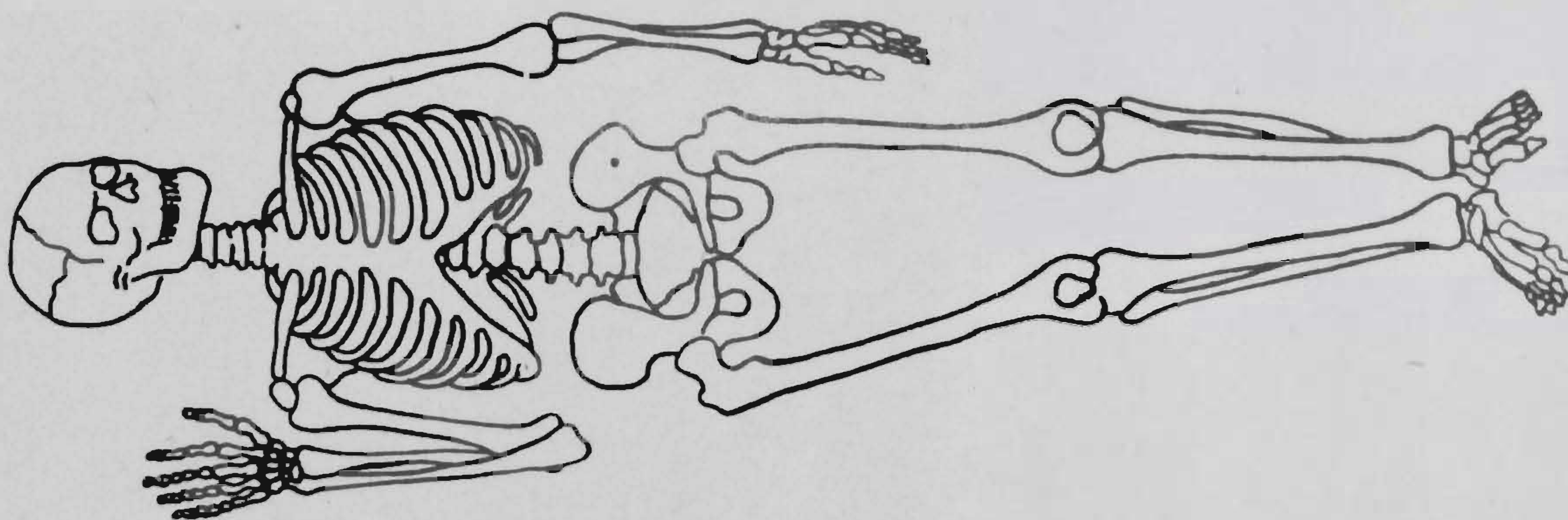
Remnants of 1 pair of Jump Boots size 9.5 D
 " O.D. Trousers also M. 43 Field Jacket.
 " O.D. Shirt
 " Web Belt
 " Cotton drawers
 " Under shirt
 None no markings

4068

22F
 1044

19. BLACK OUT PARTS OF BODY NOT COVERED

X-8073



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
 (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
 OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

*Remains received in skeletal form.
 Teeth found with the remains and charted.
 Fluoroscope unavailable
 Estimated age . 25- 30 years old.
 Estimated height. 5' 11 5/8
 Clothing found with the remains
 Bone no markings.*

923F

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN
 RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

*Processed By Gregory
 and Weber*

John Gregory

SKELETAL CHART.

X-8073

N-10-239

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT.

LEFT.

SKULL $20\frac{1}{2}$ INCH.

SEE TOOTH CHART

HUMERUS

36.4 HUMERUS

ULNA

29 ULNA

RADIUS

26.4 RADIUS

FEMUR

49.3 FEMUR

TIBIA

40.3 TIBIA

FIBULA

39.6 FRACTURED

SHATTERED

MISSING

BURNED

signature Brickley

CHART "A-1"

ESTIMATED HEIGHT 5 Ft. $11\frac{5}{8}$ Inches.248
IZ 1470

RRE Form #43
20 Sep 48

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

KITTLE	James	D.	Sgt	35290437
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery USMC Neuville

Incl #

STATION FILE

IZ 1470

Holland Special
Case #281

NAME AND ARMY SERIAL NUMBER

UNKNOWN

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
UNK	UNK	UNK	UNK	UNK	UNK

LOCATION WHERE TAGGED:	DATE	HOUR
MOOK-MIDDELAAR MAP 2A/E 74	14 Apr 1949	1300

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

KIA

LINE OF DUTY:

TREATMENT GIVEN:

DISINTERMENT

TETANUS TOXOID:	DOSE	TIME:
OR		
ANTITETANIC SERUM:	DOSE	TIME:
MORPHINE:	DOSE	TIME:

DISPOSITION:	DATE	HOUR
USMC NEUVILLE-EN-CONDROZ, BELGIUM	14 Apr 1949	1730

SIGNATURE, WITH RANK:

HENDRICK L. VEIGH USDA CI

HOLLAND Serial Case 281

NOTICE OF DISINTERMENT

GRS-GZ Form No. 8

Date 14 April 1949

The below listed U.S. deceased personnel have this date been disinterred from the location as shown and have been evacuated to U.S. Military Cemetery, USMC NEUVILLE EN COND OZ, BELGIUM for reburial.

<u>UNKNOWN</u> (NAME)	<u>UNKNOWN</u> (RANK)	<u>UNKNOWN</u> (ASN)	<u>"SCHAAPSNEIDE", Comm. MOOK-MIDDELAAR.</u> (PLACE OF DISINTERMENT) If communal cemetery show Plot, Row and Grave No., if available
IZ - 1470			

REMAINS CLASSIFIED

UNKNOWN X-8073

Henrick L. Veigh
(Officer or NCO in charge of
Disinterment)

HENRICK L. VEIGH, US DA Civ. D-150596

Hqs, 7855 AGRC, Zone One, APO 58 US Army
(Organization)

REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)

1 January 1946.

Date

NAME Unknown X-8073 RANK _____ ASN _____ORGANIZATION AGFMEANS OF IDENTIFICATION none

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation?

If so, state the following information:

a. NAME UNKNOWN RANK UNK ASN UNK

b. ORGANIZATION _____

2. Was partial identification established?
believe the deceased to be:

If so, state the facts as to whom you

a. NAME UNKNOWN RANK UNK ASN UNK

b. ORGANIZATION UNKNOWN NONE

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

(Use reverse side for listing of crew members from MACR)

DNA

a. Date of above burials _____ Common Graves? _____

- DNA
5. Name and Type of Cemetery _____
(Military or Civilian)
- DNA
6. Map Coordinates of the Cemetery _____
a. Town _____ Country _____
DNA DNA
7. Give exact location in cemetery of the remains.
a. Section _____ Row _____ Grave _____
DNA DNA DNA
b. Is Sketch attached? _____
DNA
8. If remains are not located in a cemetery, give exact location.
MOOK-MIDDELAAR HOLLAND 2A E/74
a. Town _____ Coordinates _____
YES
b. Is sketch attached? _____
NO
c. Is area mined? _____
NOT MARKED
9. How is the grave marked? _____
DNA
10. If grave is marked with cross, give exact markings thereon _____
DNA
a. From what source was this information obtained? _____
DNA (Identification tags, personal effects)
b. By Whom _____
TOWNHALL MOOK-MIDDELAAR
11. Where are the cemetery records? _____
(Town Hall, cemetery, burgermeister's office)
NONE
a. What information was contained thereon? _____
DNA
b. Where was the information obtained? _____
DNA
c. By Whom? _____
Est. 17 Sept-30 Sept 44
12. What is the date of death? _____
SEE STATEMENT
a. Give basis _____
UNK
13. What is the cause of death? _____
DNA
b. Give basis _____
UNKNOWN
14. What is the date of burial? _____
DNA
a. Give basis _____

15. Where was the place of death? SCHAAPSWEIDE, COMM. MOOK-middelbaar Coords HOLL 2A E/74
Give basis SEE ATTACHED STATEMENT
16. Where were the remains found? MOOK-MIDDELAAR Coords HOLL 2A E/74
a. By Whom? WYNAND WYNHOVEN, B-140, MIDDELAAR
b. Is sketch attached? YES
17. Was a casket used? NO Who furnished the casket? DNA
Type of casket DNA How marked? DNA
18. Who made the burial UNKNOWN
(Civilian, American Mil. or German Mil.)
a. What are the names and addresses? DNA
b. Are certificates and statements attached? DNA

SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage?
a. Give location in plane from which the bodies were removed
(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)
b. Near wreckage?
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom).
a. Type of Plane
b. Markings and/or name on plane
c. Give numbers on motors, machine guns, instruments, radios or other equipment:
21. How did crash occur? Anti-aircraft
Enemy Planes? Collision?

22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____

26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with date of death of above named deceased? _____

28. Number of planes in formation prior to crash _____
29. State precise time and date of plane crash _____
(Night? Day?)
30. Were parachutists seen? _____ How many? _____ Escaped? _____
Prisoners? _____

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? _____
- a. Give specific position in tank from which deceased was removed. _____

(Radio man, driver, assistant driver or... front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Markings and/or name of tank _____
- c. Numbers on motors, machine guns, ammunition, instruments, etc _____
33. What was the type of enemy action that resulted in the tank's disablement? _____

34. Did tank explode? _____ Burn? _____

35. Number of tanks in immediate vicinity at time of disablement _____
36. Does specific time and date of disablement correspond with date of death of above named deceased? _____
37. Precise time and date of destruction of tank _____
(Night? Day?)
38. Did any of the crew members escape? _____ Prisoners? _____

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) _____
- It so, give, complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? _____
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased _____

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team NO
- If not, state reason NONE
- a. Were identification tags found at the time of death? UNK
- Where? UNK By Whom? UNK
- Present disposition UNK
- If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.
- b. Were personal effects found at the time of death? UNK
- Where? UNK By Whom? UNK
- Present disposition UNK

c. Was deceased identified by living members of the crew at the time of death? _____

UNK

d. Did Cemetery register or cross indicate the immunization shot? DNA

42. Was Deceased given first aid? UNK If so, where? UNK

By whom? UNK Are statements from the medical people attached? DNA

43. Was deceased evacuated to a German civilian hospital? NO

WHERE? DNA Names of people concerned DNA

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? NO

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? NO

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? NO

a. If so, give basis for positive assumption DNA

b. If so, has higher headquarters been notified? DNA

47. Was case previously investigated? NO By Whom? DNA

When? DNA

48. Give full names, addresses, and information obtained from each person interviewed _____

WYNAND WYNHOVEN, B-140 MOOK-MIDDELAAR (See Attached Statement)

49. Are all positive statements regarding identification and particulars surrounding death attached? _____

YES

HOLLAND SPECIAL CASE 281

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?

no

51. Was investigation preceded by advanced publicity?

(If special investigation, give case number)

52. Give Brief Narrative NARRATIVE NO ACCOMPLISHED AS PRIOR INVESTIGATION WAS

NOT NECESSARY

(Use attached sheets, if necessary)

Hendrick L. Veigh

Signature of Interpreter

HENDRICK L. VEIGH

CAF 6 D-150596

Rank

ASN

HQS 7855 AGRC Zone One

Organization

Hendrick L. Veigh

Signature of Investigator

HENDRICK L. VEIGH

CAF 6 D-150596

Rank

ASN

HQS 7855 AGRC ZONE ONE

Organization

HOLLAND Serial Case #281

MINISTERIE VAN CORLOG
(WAR DEPARTMENT)
Directie Administrative Diensten
Afdeling B 6 Bur. 1 Nr.

's-Gravenhage 5th April 1949

I beg to enclose translation of a report dated 25th March 1949, I received from the Service for Identification and Exhumation, unit Eindhoven II, and relating to a dispersed grave at Mook/Middelhaar, presumably that of an American soldier.

I kindly request you to let me know when you will instruct your investigator to identify the body so that a member of the staff of the Service for Identification and Exhumation be present for assistance.

/s/ B.J. van Tuil
/t/ B.J. VAN TUIL
Head of Section B 6

TO: H.Q. American Graves Registration.

CERTIFIED TRUE COPY

Raymond G. Johnson
RAYMOND G. JOHNSON
1st Lt. Inf

TRANSLATION

Service for Identification and Exhumation
Unit Findhoven II
Report No. 30

R E P O R T

In accordance with the written order of the Head of the Service for Identification and Exhumation, No. A 4882, dated 18th March 1949, I went to Mook-Middelhaar with the Unit, on 24th March 1949, in order to identify -together with the "Hulpverleningsdienst"- a body presumably of an American.

The grave is situated in the estate "St. Jan's Berg", at a spot named "Schaapsweide".

The remains were discovered by the staff of the estate while planting new trees. In view of the fact that there were also hand-grenades in the grave, the Police of Mook was immediately notified who, in their turn, informed the "Hulpverleningsdienst".

Since the ammunition had been cleared away, I opened the grave once more in order to be able to identify the body.

I found in the grave:

1. a "Miles" hand-grenade;
2. Remnants of material among which that of a khaki pullover or sweater;
3. Pieces of a Webb belt;
4. Bone buttons;
5. Specific American Boots (lace-up boots with leather anklets connected to them).

I re-buried all these things, with the remains, in half a mattress-cover.

It has been established that these remains are not those of a German soldier but those of an allied soldier.

I have not been able to establish with absolute certainty the American nationality, but I suppose so in connection with the fact that the paratroopers of the 82nd Airborne Division were dropped at that place.

Eindhoven, 25th of March 1949
/s/ B. Boodt, Captain.

C RTIFIED TRUE COPY

Raymond G. Johnson
RAYMOND G. JOHNSON
LST Lt. Inf

MIDDELAAR, .4 April 1949

The undersigned, WYNAND WYNHOVEN, forest-guard on the estate "St. Jansberg", community Mook-Middelbaar, declares that towards the end of November 1948, on the spot named "SCHAAPSWEIDE", he found the mortal remains of a soldier. Judging by the clothing and equipment it was an American.

The date of death is estimated between 17 and 30 September 1944. On the 21st of September 1944 violent fighting took place on the Schaapsweide, where the American was found.

I found no personal effects nor identity discs.

The Forest-Guard
/s/ W. Wynhoven

CERTIFIED TRUE COPY

Raymond G. Johnson
RAYMOND G. JOHNSON
1st Lt. Inf

CERTIFIED TRUE TRANSLATION

Hendrick L. Veigh
Hendrick L. Veigh
US DA Civilian



HOLLAND S. C. 28)

MINISTERIE VAN OORLOG.

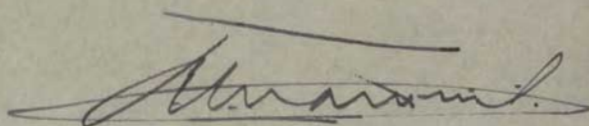
s.GRAVENHAGE, 5th April 1949

Directie Administratieve Diensten.

Afdeling B 6 Bur. 1 Nr.

I beg to enclose translation of a report dated 25th March 1949, I received from the Service for Identification and Exhumation, unit Eindhoven II, and relating to a dispersed grave at Mook/Middelaar, presumably that of an American soldier.

I kindly request you to let me know when you will instruct your investigator to identify the body so that a member of the staff of the Service for Identification and Exhumation be present for assistance.



B.J. van Tuil,
Head of Section B 6.

To: H.Q. American Graves Registration.

HOLLAND Special Case #281

MINISTERIE VAN OORLOG
(WAR DEPARTMENT)
Directie Administrative Diensten
Afdeling B 6 Bur. 1 Nr.

's-Gravenhage 5th April 1949

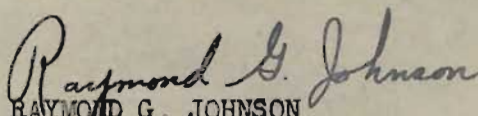
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I kindly request you to let me know when you will instruct your investigator to identify the body so that a member of the staff of the Service for Identification and Exhumation be present for assistance.

/s/ B.J. van Tuil
/t/ B.J. VAN TUIL
Head of Section B 6

TO: H.Q. American Graves Registration.

CERTIFIED TRUE COPY


RAYMOND G. JOHNSON
1st Lt. Inf

Vertaling.

Service for Identification and Exhumation,
Unit Eindhoven II
Report No. 30.

R e p o r t .

In accordance with the written order of the Head of the Service for Identification and Exhumation, No. A 4882, dated 18th March 1949, I went to Mook/Middelbaar with the Unit, on 24th March 1949, in order to identify -together with the "Hulpverleningsdienst"- a body presumably of an American.

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Eindhoven, 25th of March 1949.

(sd.) B. Boodt, Captain.

TRANSLATION

Service for Identification and Exhumation
Unit Findhoven II
Report No. 30

R E P O R T

In accordance with the written order of the Head of the Service for Identification and Exhumation, No. A 4882, dated 18th March 1949, I went to Mook-Middelaar with the Unit, on 24th March 1949, in order to identify -together with the "Hulpverleningsdienst"- a body presumably of an American.

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Eindhoven, 25th of March 1949
/s/ B. Boodt, Captain.

CERTIFIED TRUE COPY

Raymond G. Johnson
RAYMOND G. JOHNSON
1ST Lt. Inf

Middelkaar 1944-49.

Ondergetekende Wyand Wijnhoven
Boschwachter op het Landgoed de "St
Jans berg" gemeente Mook in Middelkaar
verklaart dat door hem eind Novem-
ber 1948 op genoemd Landgoed, ter-
plaats genaamd de Schaaps wei de
stoffelijke resten van een militair
zijn gevonden. Aan de belediging en intrus-
sing te oordelen een Amerikaan.
De datum van dood wordt geschat,
tussen 17 en 30 Sept 1944. Op een en
twintig ^{F. Sept. 1944.} is op de Schaaps wei waar
de Amerikaan gevonden is twee ge-
vochten. Ik heb geen persoonlijke eigen-
dommen, noch identiteitsplaatje van
hem gevonden.

De Boschwachter.

W. Wijnhoven

293 FILE <i>B</i>		DATE ON REMAINS NOT YET RECOVERED OR IDENTIFIED			
NAME (Last, First, Middle Initial) <i>243</i> KITTLE, JAMES D.			GRADE SGT		PRESENT SERIAL NUMBER 35 298 437
ORGANIZATION <i>Co. G. 401st GLIDER INF.</i>		RACE <i>White</i>	CREED <i>Methodist</i>	FORMER SERIAL NUMBER (If Applicable)	
DATE OF DEATH/MIA <i>30. SEPT. 44</i>	CAUSE OF DEATH <i>DED</i>		PLACE OF DEATH OR PLACE LAST SEEN IF MIA <i>IN HOLLAND</i>		
DATE OF FOD <i>1st Oct. 45</i>	HEIGHT <i>69 1/2 in</i>	WEIGHT <i>145</i>	COLOR EYES <i>Blue</i>	COLOR HAIR <i>Blonde</i>	SHOE SIZE <i>9 1/2 D</i>
INDUCTION DENTAL CHART <i>DATE 20 March 42</i>					
UPPER RIGHT <i>X 7 X 5 4 3 2 1</i>			UPPER LEFT <i>1 2 3 4 5 6 7 8</i>		
LOWER RIGHT <i>16 15 14 13 12 11 10 9</i>			LOWER LEFT <i>9 10 11 12 13 14 15 16</i>		
<p><i>X = Extracted O = Cavity 1 = Cavity Non-Restorable</i></p>					
FRACTURES AND/OR BREAKS <i>Fracture left leg - 1937</i> <i>Fracture-Carpal Capitate bone right wrist.</i>			TATTOOS AND/OR BIRTHMARK <i>None</i>		
ADDITIONAL INFORMATION <i>2 X-rays 79-attached</i>					

FILE

DEC 3 1948

G.W. Rogers Capt.

CERTIFICATION ORIGIN

*Peterson file 298
K. Hospital
10 Dec*

REGISTER OF DENTAL PATIENTS AT

35290437

Div. Dental Clinic

(1) SURNAME

(2) CHRISTIAN NAME

KITTLE, JAMES D.

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

PVT.

G

401GL. Inf. 101.

(6) AGE, YEARS

23

(7) RACE

wh.

(8) NATIVITY

Del.

(9) SERVICE, YEARS

7/12

(10) DISEASE OR INJURY WITH
LOCATION, COMPLICATIONS,
SEQUELAE, ETC.

Exam.

Pp. L-14

Cal.

Car L 7 0

Car L 6 0

Car L 6 0

Car L 2 M

Car R 7 0

Car R 7 do

Car R 8 MO

(11) DATES AND NATURE OF TREATMENTS
AND OPERATIONS

1943

Feb.

Routine

TE Anes Cn.

C.R.

A

A

A

S

A

A

A

11

11

12

17

17

22

22

(12) RESULTS AND REMARKS

FTN Ix H.J.Pollack

-Ix IIac H.J.P.

FTN IIac F.M.Shober

FTN IIac J.M.Donahue

FTN IIac J.th.D.

FTN IIac J.K.Eby

FTN IIac J.K.E.

*Case closed
J.H. Burns - Local Dr.*

Dental Corps, U. S. A.

 FORM 79—MEDICAL DEPARTMENT, U. S. A.
 (Revised Feb. 24, 1941)

16-20622

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8
Left

0	0	X	0													

LOWER TEETH

Right 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16
Left

0	X	X	0													X

CLASS IX

Occlusion low: Calculus: Slight, Medium, Heavy

Periodontoclasia Advanced

Dental foci suspected: Yes None No

Other conditions _____

Date 2/11, 1943

Capt J. S. Anderson
Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture
(horizontal line)

X	X	X	X
---	---	---	---

Teeth replaced by fixed bridge
(oval to include abutments)

--	--

REGISTER OF DENTAL PATIENTS AT
CAMP SHANKS, NEW YORK

DENTAL CLINIC NO.

35290437

BURNAME

CHRISTIAN NAME

KITTLE, James D

RANK

CO.

REGIMENT OR STAFF CORPS

Put-

C

P651-6

AGE

RACE

NATIVITY

SERVICE

23

W

Deh.

17/12

DIAGNOSIS

Canis R 16 L 0
" R 13 D 0
R 4 D 0
L 16 9
L 4 0 0
L 5 M 0
L 6 0

TREATMENT

Exam.

9/1/43

0 4

0 A

0 A

0 A

0 A

0 A

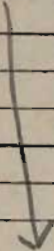
0 A

0 A

II - IV

REMARKS

Capt Ensign



RIGHT

8 7 ~~6~~ 5 4 3 2 1

16 15 14 13 12 11 10 9

X-RAY FOR OBSERVATION
PULPITIS
PERICORONITIS
ABS. PERI.

LEFT

1 2 3 4 5 6 7 8

9 10 11 12 13 14 15 16

CALCULUS

CLASS # 11

WAR DEPARTMENT
MEMO ROUTING SLIP

1	NAME OR TITLE <i>KITTLE JAMES O</i>	INITIALS	CIRCULATE
	ORGANIZATION AND LOCATION <i>35 290 437</i>	DATE	CONCURRENCE
2	<i>Co "G" 401 GLIDER INF</i>		FILE
			INFORMATION
3	<i>O/A 30 SEPT 44</i>		NECESSARY ACTION
			NOTE AND RETURN
4	<i>LOCATION ON ABOVE DATE</i>		SEE ME
	<i>A. STAINS 2477-B</i>		SIGNATURE

REMARKS

He became MIA on above date when he was engaged in combat with the enemy in the vic. of "BREDEWEG" (7753) coord, HOLLAND.

He has been declared dead as of 1 Oct. 45.

GSOS 4042

Map: N.W. EUROPE 1:250,000

Sheet # 2a&3a

FROM NAME OR TITLE	DATE
ORGANIZATION AND LOCATION	TELEPHONE

IDENTIFICATION SECTION MEMORIAL DIVISION

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL <i>Kittle, James D.</i>			ARMY SERIAL NUMBER <i>35290437</i>		GRADE <i>Sgt.</i>
HEIGHT <i>69 1/2 in</i>	WEIGHT <i>145</i>	COLOR EYES <i>Blue</i>	COLOR HAIR <i>Blonde</i>	SHOE SIZE <i>9 1/2 d</i>	DATE OF DEATH <i>1 Oct. 45</i>
LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation) <i>Co. G. 401st Glider INF.</i>					

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

MIA in Holland

LIST ALL CAMPS IN WHICH STATIONED IN U.S. PRIOR TO SERVICE OVERSEAS, WITH INCLUSIVE DATES AT EACH.

STATION	DATES
<i>Ft. Hayes, Ohio Recpn. Cen</i>	<i>26 MAR. 42</i>
<i>Cp. Claiborne La</i>	<i>28 MAR. 42 To 9-3-42</i>
<i>Ft. Benning GA</i>	<i>6 Sept. 42 To 16 JAN. 43</i>
<i>Ft. Bragg N.C.</i>	<i>19 JAN. 43 To Shipment</i>

FROM: HQ, AGO CLINICAL RECORDS SECTION
NO RECORDS ON FILE

FILE

NOV 15 1948

E. J. Sullivan, 1st Lt., QM
IDENTIFICATION BRANCH

FRACTURES AND/OR BREAKS

TATTOOS AND/OR BIRTH MARKS

DENTAL CHART

19 Feb. 42

X	7	X	5	4	3	2	1	1	2	3	4	5	6	7	8
UPPER RIGHT								UPPER LEFT							
16	X	X	13	12	11	10	9	9	10	X	12	13	X	X	16
LOWER RIGHT								LOWER LEFT							

X - EXTRACTED

O - CARIOUS

/ - CARIOUS NON-RESTORABLE

(2) CHRISTIAN NAME

Kittle, James D.

35290437

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

Pvt.

6

326th Inf.

 (0) AGE YEARS |

(7) RACE

(8) NATIVITY

(9) SERVICE. YEARS

22

孤

W. Va.

4/72

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

9) Abs Peri $R^{\perp}L_4$

(9) Abs Peri R15

(11) DATES AND NATURE OF TREATMENTS
AND OPERATIONS

July 28, 1942

TE AnesCn

TE *mes*

7/28

(12) RESULTS AND REMARKS

Cl-I

HSK

Walter T. Lynch

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

18-2022

***REPORT OF DENTAL SURVEY**

38A

UPPER TEETH

Right					Left										
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
0	0	X	0						0				0	0	0

LOWER TEETH

Right					Left										
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
0	1	1	0							X	1	1	0		

CLASS I

Occlusion: Normal; Calculus: Slight, ~~Medium~~, Heavy

Periodontoclasia yes

Dental foci suspected: Yes No

Other conditions _____

*Surgeon
Scale Teeth in all*

Date 11-2-58, 1958

Dental Corps, U. S. A.

- *Restorable carious teeth by 0
- Nonrestorable carious teeth by /
- Missing natural teeth by X

Teeth replaced by denture
(horizontal line)

X	X
X	X

Teeth replaced by fixed bridge
(oval to include abutments)



Kittle

Last Name

James D.

First Name

To Clinical Records Branch

For disposition

The records show medical treatment as follows:

Hospital

From

To

Register Number

H. Benning GA9 Oct. 426 Nov. 42 -E. Thomas20 Sept. 46DPRB

Clerk

Date

Branch

(Basic: Ltr WD OQMG, QMGMM 293 / Kittle, James D., 35 290 437, dated 18 July 1947)

RRE 293.9 (IB)

1st Ind

Hq American Graves Registration Command, European Area, APO 58 US Army
27 October 1947

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

1. Reference is made to First Indorsement, this headquarters, dated 27 October 1947, to letter WD OQMG, QMGMM 293, Lemeran, Jerald B., 36 774 705, dated 30 June 1947.

2. Report forwarded applies also to Sergeant James D. Kittle, 35 290 437.

FOR THE COMMANDING GENERAL:

Walter B. Morrow
WALTER B. MORROW
Major, Infantry
Actg Asst Adj Gen



File
21 Nov 47
JMP

A I R M A I L

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



In Reply Refer to
QMGM 293
Kittle, James D.
SN 35 290 437

18 JUL 1947

SUBJECT: Additional Information That May Lead to the Recovery and
Identification of Remains Not Yet Accounted For.

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

1. There is attached hereto, in duplicate, OQMG Form 371
(covering all available information in the Office of The Quartermaster
General and is in addition to any previous information forwarded by
this office to your headquarters) for the following deceased individual:

<u>NAME</u>	<u>GRADE</u>	<u>SERIAL NO</u>
Kittle, James D.	Sgt.	35 290 437

2. It is requested that information on the above deceased be
furnished this office in accordance with provisions of Letter, The
Adjutant General's Office, file AGAO 293.9 (27 Mar 47) D-M, subject
Establishment of Boards of Review for Identification of Unknown Dead
Overseas, dated 9 April 1947.

FOR THE QUARTERMASTER GENERAL:

2- Incl
Form 371 (5 cys)
Dental Chart

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
POOLE ROGERS
Captain, QMG
Memorial Division

POOLE ROGERS

A I R M A I L

A I R M A I L

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

In Reply Refer to
QMCGM 293

10 JUL 1947

Kittle, James D.
SN 35 290 437

SUBJECT: Additional Information That May Lead to the Recovery and
Identification of Remains Not Yet Accounted For

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

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<u>NAME</u>	<u>GRADE</u>	<u>SERIAL NO</u>
Kittle, James D.	Sgt.	35 290 437

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Establishment of Boards of Review for Identification of Unknown Dead
Overseas, dated 9 April 1947.

FOR THE QUARTERMASTER GENERAL:

2-Incl
Form 371
Detail Report

JUL 16 12 22 PM '47

O. Q. M. G.
MAIL & RECORDS BRANCH

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

POOLE ROGERS
Captain, OMC
Memorial Division

MEMORANDUM
SIDE

JUL 16 10 37 AM '47

DISPATCH AND
RECORDS BRANCH

A I R M A I L

293 FILE		DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED			
NAME (Last, First, Middle Initial) Kittle, James D.			GRADE Sgt		PRESENT SERIAL NUMBER 35 290 437
ORGANIZATION Co. "Q" 401st Glider Inf. 82nd Abn. Div.		RACE White	CREED Prot.		FORMER SERIAL NUMBER (If applicable)
DATE OF DEATH/MIA 30 Sept. 44	CAUSE OF DEATH POB		PLACE OF DEATH OR PLACE LAST SEEN IF MIA Failed to return from mission in Holland		
DATE OF FOD 1 Oct. 45					
HEIGHT 69½"	WEIGHT 145	COLOR EYES Blue	COLOR HAIR Blonde	SHOE SIZE 9½-D	
DENTAL CHART 19 Feb. 42					
UPPER RIGHT <div style="text-align: right;"> X O X 8 7 6 5 4 3 2 1 </div>			UPPER LEFT <div style="text-align: left;"> O 1 2 3 4 5 6 7 8 </div>		
LOWER RIGHT <div style="text-align: right;"> O X X O 16 15 14 13 12 11 10 9 </div>			LOWER LEFT <div style="text-align: left;"> X X X O 9 10 11 12 13 14 15 16 </div>		
X = Extracted O = Carious 1 = Carious Non-Restorable					
FRACTURES AND/OR BREAKS <div style="text-align: center;">- - - -</div>			TATTOOS AND/OR BIRTHMARK <div style="text-align: center;">- - - -</div>		
ADDITIONAL INFORMATION					
<p>Age: 25</p> <p>He became MIA on above date when he was engaged in combat with the enemy in the vicinity of Breedeweg (7753)Goord, Holland. He has been declared dead as of 10 Oct. 45.</p> <p>GSOS 4042 Map: N. W. Europe Sheet #2a & 3a</p>					

CASUALTY BRANCH
The Adjutant General's Office
Washington, D. C.

DEATH *293*

AGPC-G 201 **Kittle, James D.**
(9 Oct 45) **35290437**

14 December 1945

MEMORANDUM FOR RECORD

SUBJECT: Change of Addressee:

A communication has been received from _____

Mrs. Edith M. Kittle, wife

requesting that the records of this office be amended as follows:

FROM

Mrs. Edith M. Kittle
Mill Creek, West Virginia

TO

Mrs. Edith M. Kittle
Ashley, West Virginia

Adjutant General

Copies furnished:

Army Effects Bureau

CG **Fifth** Service Command

Decorations and Awards Branch

Director, Bureau of Public Relations

Director, Veterans Administration

General Accounting Office

Liaison Branch, Office of Special Settlement Accounts, Room 2535,
Tempo. T-7, Gravelly Point, Washington, D. C.

~~Memorial Branch, Overseas Section, OQMG~~

~~Notification Branch, Personnel Affairs Division, Assistant Chief of Air
Staff, Personnel, Room 4310, Munitions Building, (AAF personnel only)~~

~~Prisoner of War Information Bureau (POW personnel only)~~

~~Mr. E. A. Bloomquist, Claims Section, Division of Maritime~~

~~Insurance, Warshipping Administration, 99 John St., New York 7, New York
(Civilian ATS employees only)~~

~~Seaman's Record and Welfare Unit, U.S. Coast Guard (Civilian ATS employees
only)~~

~~United States Civil Service Commission (Civilian only)~~

~~United States Employees Compensation Commission (Civilian only)~~

~~AG 095 file (War Dept. contract employees and other civilians subject to
Military Law)~~

~~AG 201 file (Military and War Dept. civilian employees)~~

Inves & Corres Sec., 8 August 1945
(See Oper. Bul. and Changes, No. 34, 1945)



JmR

FILE
DEC 18 1945
CC

CORRECTED COPY

REPORT OF BURIAL

25 July 1949
Date

Graves Registration
Form No. 1
(Revised 1 Sept. 1945)

TM 10-630 AND AR 30-1815

35290437
Serial No.

KITTLE
Last Name

James
First

D.
Initial

Sgt
Rank

82 Airborne Division
Organization

Co G.
Unit

401 Glider Inf
Unit

Unknown
Cause of Death

Mook, Holland
Place of Death

30 September 1944
Date of Death

NEUVILLE EN CONDROZ, Belgium
Name or Coordinates of Location

27 May 1949

US Military Cemetery

IDENTIFICATION ACCEPTED

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

IDENTIFICATION
RECOMMENDED

KITTLE, James D.
(Name)

Sgt
(Rank)

35290437
(ASN)

previously buried as Unknown X - 8073, USMC NEUVILLE
Identification accepted in accordance with Letter, File AGAO-1 293.9 (27 Mar 47)
D-M, War Dept, TAGO, 9 April 47, subject: Establishment of Boards of Review for
Identification of Unknown Dead Overseas, by the following members of the Board
of Review, established by Par 5, SO# 16, Hq. A.G.R.C. dated 3 Feb 1949, amendment
par 2, SO# 32, dated 18 Mar 1949, Hq. A.G.R.C. and SO # 43, dated 19 April 1949,
Hq. A.G.R.C.

Col. H.P. HENRY, O-12542
Chief, Identification Br
Memorial Division, OMC

Lt. Col. E.D. MULVANEY, O-359998
OMC

Maj. Roger BERGER, O-251736
ORD

Capt. Jack C. HAYES, O-1577297
OMC

Capt. Edward F. PRICE Jr., O-1588236
OMC

1/Lt. Edward E. STOUT, O-1594512
CE

Signature of Officer or other person

Verified by G.R.S. Officer

1/LT

OMC

*1 Aug 49
17 Oct 49
10 Dec 49*

CORRECTED COPY

/vi

Graves Registration
Form No. 1
(Revised 1 Sept. 1945)

REPORT OF BURIAL

25 July 1949

Date

KITTLE

Last Name

James

First

D.

Initial

Sgt

Rank

35290437

Serial No.

Co G.

401 Glider Inf

Unit

82 Airborne Division

Organization

Mook, Holland

Place of Death

30 September 1944

Date of Death

Unknown

Cause of Death

1430 - 27 May 1949

Time and Date of Burial

US Military Cemetery NEUVILLE EN CONDROZ, Belgium

Name of Cemetery

Name or Coordinates of Location

239

Grave Number

10

Row Number

JJ

Plot Number

CROSS

Type of Marker

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

If No Identification Tags Previously buried as Unknown X-3073 (Neuville)

How were remains identified? Identified through: 1) Tooth chart for Unknown X-8073 is in agreement with dental information for Sgt Kittle 2) Est height, age & hair color reported for X-8073 are in agreement with height, age & hair color of Sgt Kittle 3) Clothing found with remains & report of Dutch civilians indicate that Unknown X-8073 was a member of a Paratroop unit which is in agreement with Army Organizational status of Sgt Kittle 4) Est date & place of death of Unknown X-8073 is in agreement with reported date & place of death of Sgt Kittle.

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

Who is buried on :

Deceased's Right :

ASH

Name

37245494

Serial No.

Pfc

Rank

AGF

Organization

238

Grave No.

Deceased's Left :

X-8073

Name

Serial No.

Rank

Organization

240

Grave No.

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

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

Emergency Addressee

Unknown

Name

Address

Religion

Protestant

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

REBURIAL

Previously buried in isolated grave located at: Schaapsweide, Mook-Middelaar, Holland. (2A E/74)

This corrected copy of Report of Burial prepared in the office of the American Graves Registration Command.

Signature of Officer or other person reporting burial

GEORGE L FREEMAN
1/LT

QMC

Verified by G.R.S. Officer

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Book, Holland

134 72 - 022100

888

Grave Number	Disposition of Remains
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Serial No.

20-37

Thw

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Я Е В У Н И А

Previously buried in isolation

Characteristics :

Other Data

Deceased: Right

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14

IZ-1470

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

REPORT OF BURIAL

25 May 1949

KITTLE, James B.

X-8073

Last Name

First

Initial

Rank

Serial No.

unk

Unit

unk

Place of Death

Date of Death

Cause of Death

1430 hrs 27 May 49

Newville-en-Condraz

390187

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

239

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?

One copy GRS Form #1 placed in burial bottle and buried with remains.

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

Who is buried on:

ASH

37245494

PFC

AGF

238

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

X-8074

Serial No.

Rank

Organization

Grave No.

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

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

Emergency Addressee

unknown

Name

Address

Religion Protestant

unknown

List only Personal Effects Found on Body and disposition of same: none

Previously isolated burial at Schaapsweide, Mook-Middelner, Holland. (2A E/74)

Signature of Officer or other person reporting burial

Verified by C.R.S. Officer

1st Lt-FA

Inc 1 #8

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: Laundry Marks:
 Weight: Number of Rifle:
 Color of Eyes: Wear Glasses?
 Color of Hair: Is Tooth Chart Attached?
 Race:

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

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

Left Hand

Right Hand

Thumb

Thumb

TOOTH CHART

Decceased's Left

Decceased's Right

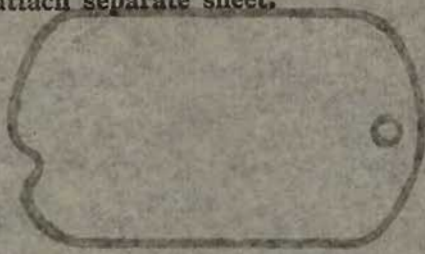
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8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Indicate: missing natural teeth by \times ; crowns by \square ; fillings by \square ; Bridges by \square ; linking anchor teeth; replacements by artificial teeth \times .

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.



Form prescribed by
Comptroller General, U.S.
7 October 1944

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

4180

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Sergeant James D. Kittle, Army Serial Number 35,290,437, Infantry, OK to be dead. He was officially reported as missing in action as of the 30th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 1st day of October, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Herbert

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS		DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)		
11 Feb 1920	Mill Creek, West Virginia		20 Mar 1942	YEARS	MONTH	DAYS
				Over	three	years

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mrs. Edith M. Kittle	Wife	Mill Creek, West Virginia

*BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Edith May Kittle	Wife	Mill Creek, West Virginia
Shirley Marie Kittle	Daughter	
NAME	RELATIONSHIP	ADDRESS
Johnie Kittle	Brother	Bellington, West Virginia

REMARKS

Distribution 56

*Second alternate beneficiary: Alice McCauley, Step-Mother
Mill Creek, West Virginia

Circumstances of disappearance: Soldier failed to return from a mission in Holland.

Entitled to additional pay for glider flights.

Awarded: Combat Infantryman Badge per S.O. #73, Hq 325th Gli. Inf., 7 Aug 44.

*File
10-8-45
HMP*

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATH

DATE 28 October 1949 pmr

FULL NAME Kittle, James D.				ARMY SERIAL NUMBER 35 290 437				GRADE SGT					
HOME ADDRESS Mill Creek, West Va.				ARM OR SERVICE INF				DATE OF BIRTH 11 Feb 1920					
PLACE OF DEATH Holland				CAUSE OF DEATH Killed in Action				DATE OF DEATH 30 Sep 1944					
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 20 Mar 1942				LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS					
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Edith M. Kittle, Ashley, West Va. (Wife)													
BENEFICIARY (Name, relationship, and address) Mrs. Edith M. Kittle, wife, same as above. Shirley M. Kittle, daughter, same. Mr. Johnie Kittle, brother, Bellington, West Virginia. *													
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 X	YES X**	NO
ADDITIONAL DATA AND/OR STATEMENT													



BATTLE



NON-BATTLE

*Alice McCauley, step-mother, Mill Creek, West Virginia.

Entitled to additional pay for glider flights.

Awarded Combat Infantryman Badge Per S. O. #73, Hq. 325th Gl. Inf., 7 Aug 44.

Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942, as amended showing presumed date of death as 1 October 1945. This Report of Death based on information received since that date is issued in accordance with Section 9, of said Act, and its effect on prior payments and settlements is as prescribed in Section 9.

BY ORDER OF THE SECRETARY OF THE ARMY

~~RESTRICTED~~

*File
4 Nov 49
Adjutant General's Office*

[Signature]
 ADJUTANT GENERAL

Form prescribed by
Comptroller General, U.S.
7 October 1944

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

4160.

281,709
ms**FINDING OF DEATH OF MISSING PERSON**

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Sergeant James D. Kittle, Army Serial Number 35,290,437, Infantry, to be dead. He was officially reported as missing in action as of the 30th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 1st day of October, 1945.

BY ORDER OF THE SECRETARY OF WAR

*George F. Hendrick*ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	European	STATUS	No	STATUS	No	LINE OF DUTY	Yes	OWN MIS-CONDUCT	No	ON DUTY STATUS	Yes	ABSENCE AUTH'D	
PREVIOUS REVIEWS	None												
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE		LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)									
11 Feb 1920	Mill Creek, West Virginia	20 Mar 1942		YEARS	MONTH		DAYS						
				Over	three		years						

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mrs. Edith M. Kittle	Wife	Mill Creek, West Virginia

*BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Edith May Kittle	Wife	Mill Creek, West Virginia
Shirley Marie Kittle	Daughter	
NAME	RELATIONSHIP	ADDRESS
Johnie Kittle	Brother	Bellington, West Virginia

REMARKS

Distribution 56

*Second alternate beneficiary: Alice McCauley, Step-Mother
Mill Creek, West Virginia

Circumstances of disappearance: Soldier failed to return from a mission in Holland.

Entitled to additional pay for glider flights.

Awarded: Combat Infantryman Badge per S.O. #73, Hq 325th Gli. Inf., 7 Aug 44.

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

281709

—BATTLE CASUALTY REPORT

NAME KITTLE JAMES D	SERIAL NUMBER 35290437	GRADE SGT	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY HOLLAND9	DATE OF CASUALTY DAY MONTH YEAR 30 SEP 44		FLYING OR JUMPING STAT W	TYPE OF CASUALTY MIA
			SHIPMENT NUMBER 227	

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 MRS EDITH M KITTLE	RELATIONSHIP WIFE	DATE NOTIFIED 30 Oct 44 amn
NO. AND NAME OF STREET—CITY—STATE <i>chry add.</i> MILL CREEK WEST VIRGINIA		

REMARKS:

☐

CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 43 <input checked="" type="checkbox"/> AG 201 REQ <input checked="" type="checkbox"/>									
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/> OR CHARGED TO <input type="checkbox"/> DATE <input type="checkbox"/>									
PREVIOUSLY REPORTED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (AS INDICATED BELOW):									
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED					
FORWARDED TO <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
SPEC. IDEN. TELEGRAM WOUNDED LETTER COMES. S. R. & D. CERTIF. M. & M. NON-DEL.									
REPORT NOT VERIFIED <input type="checkbox"/> NO FORM 43 <input type="checkbox"/> NO CAS. BR. FILE <input checked="" type="checkbox"/> CHECKED BY <i>Griffin 30 Oct 44</i> REVIEWED BY <i>...</i>									

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

THIS SPACE FOR USE OF MACHINE RECORDED BRANCH; AGENT																												
ACGT. AREA		CASUALTY STATUS			ORIGINAL CAS. DATE			MESSAGE NO.		LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	BACK										
					DAY	MO.	YR.			DAY	MO.	YR.			STATE	COUNTY												
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59			

DISTRIBUTION "A" ☐ COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" ☐ COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

281709

RTB:KD:je
September 9, 1945

Mrs. Edith M. Kittle
Ashley, West Virginia

Dear Mrs. Kittle:

This acknowledges your recent letter relative to your husband, Sergeant James D. Kittle.

The Army Effects Bureau is charged only with the proper disposal of personal effects of military personnel received at this Bureau. Since matters pertaining to the status of military personnel are under the jurisdiction of The Adjutant General, Washington 25, D. C., it is suggested that you contact that official for any available information.

I hope this information will be useful to you.

Yours very truly,

HARRY NIEMIEC
2nd Lt., QMC
Chief, Correspondence Branch

Shirley, West Va
August 19, 1945
M. K. 29

Dear Sir

I would like to know, if you
have find my husband, Sergeant,
James, D. Kittle yet. If you have will
you please let me know at once
I would like to know if he is
alright. If you have find him
and he not alright. I would like
^{you} to send me his clothes if you
please. But I hope and pray he is
alright and he will come back
to me. Please and this letter
real soon

Thanking You

Mrs. Edith M. Kittle

P.S. I would like to know some-
thing about my husband
his year is up next month

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPT
ARMY EFFECTS BUREAU
601 Hardesty Avenue
Kansas City 1, Missouri

(310-6-45)
RTB:AC:sm
August 9, 1945

In Reply Refer To: 281709

Mrs. Edith M. Kittle
Ashley, West Virginia

Dear Mrs. Kittle:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your husband, Sergeant James D. Kittle:

1 Package and contents

My action in transmitting the property does not vest title in you. The items are forwarded only in order that you may act as gratuitous bailee in caring for them, pending the return of the owner.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau.

For your convenience, there is inclosed an addressed envelope which needs no postage.

Yours very truly,

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Unit

Incl.--
Envelope

Receipt acknowledged:

Mrs. Edith M. Kittle
(Signature of Bailee)

Aug 18, 1945
(Date)

281709

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Edith M. Kittle

Ashley, West Virginia

Effects of:
Name Sgt. James D. Kittle

ASN 35290437

Case No. 281709 M

Wt.

DATE 9 August 1945

RTB: AC: sm

B. C. C. C.
EOM: Effects Quartermaster

REMARKS:

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

 Remove G.I.
 Note discrepancy in
 Films removed
 Diary removed
 Laundry removed

ROUTING:

 Accounting Branch
1 Warehouse Division
2 Files Branch, Adm. Div.

REMARKS:

Franked
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages

14 AUG 1945

Shipping Clerk

PACKAGE DESCRIPTION		ARMY EFFECTS BUREAU INVENTORY		DECEASED MISSING P.O.W. ABANDONED VALLEY NO. 8891	
NAME <u>James D. Kittle</u> A.S.N. <u>35290437</u> RANK <u>Sgt</u>		281709		INV. DATE <u>20 July 45</u>	
				ORIG. NO. OF PGS. <u>1</u>	
				BOX NO.	
				SHEET <u>1</u> OF <u>1</u> SHEETS	
				ORGANIZATION <u>401st. Glider Regt</u> <u>Co. 8.</u>	
Belt		TOILET & WASHCLOTHES		KINGS	
BELT, POINT (NO MONEY)		CLOTHING		BAGS, CLOTH OR TRAVEL	
Cloth, wash		BRANDS, IDENT.		BILLFOLD, (NO MONEY) W/12	
Coats		Brushes		Case	
Footwear, Pr.		CAMERAS		Footlocker	
Gloves, Pr.		Glasses		KIE, SEV, TLT, OR WRITING	
Handkerchiefs		Knives		BOOKS	
Headwear		Lighters		Books, Address	
Jackets		MISC. <u>Things</u>		Books, Pilot Log	
Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUTY)	
Scarfs		Pencil, Mechanical		FLIES	
Shirts		Pipes		Letters	
Socks, Pr.		PRECIOUS ARTICLES		Papers, Personal	
Ties		RIBBONS, DECORATIONS		Photos	
Towels		Rings		Shoe shine articles	
Trousers, Pr.		Tobacco		SMOKE SNORTER	
Trunks, Pr.		Toilet Articles		SORTERIES	
Underwear		WATCH		SOURCE MONEY	
				Stationery	
				TESTIMONIES	
				U.S. MONEY (AMOUNT)	
REMARKS: <u>Wife</u>					
Edith M. Kittle					
1514 Thames St.					
Baltimore Md.					
ATTACHMENTS					
FORM #54					
FORM #100					
12th					
C.A.T. <u>none</u>					
WAREHOUSE SPACE					
1253					
STORED BY <u>mw</u>					
INVENTORIED BY <u>Corrnt</u>					
DATE SHIPPED <u>14 AUG 1945</u>					
G.I. REMOVED					
SHORTAGE ON REVERSE					
IDENT. TAGS REMOVED					
G.I. REMOVED					
LOCKED STORAGE					
G.I. REMOVED					
FILM REMOVED					
CHECKED BY <u>6X</u>					
ADDITIONAL					

ADDITIONAL REMARKS

1 Money felt Dirty of no Value
Salvaged me

SHORTAGES

U.S. GOVT. CHECK SHORT

1 Belt

NUMBER

DATE

SYMBOL

AMOUNT

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

Covert
INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME KITTLE, JAMES D.

0437

BAY	PALLET	BOX	TALLY
47	75		8897

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

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

3 November

1944

Date

401st Glider Infantry APO 472 U.S. Army
(Organization and APO Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

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

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

Kittle James D. Sgt. 35290437
(Last Name) (First Name) (MI) (Rank) (ASN) (Control No.)
(For use of Effects QM ETOUSA.)

Organization Company "G" 401st Glider Inf.
(UNIT - - - - Not Branch of Service)

*Status (~~xxxxxx~~, Missing in Action, ~~xxxxxx~~) on the 30

day of September 1944. Edith M. Kittle (Wife)

Designated Beneficiary (With Address) 1514 Thames St.
Baltimore, Md.

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

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

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

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

#Bank Accounts None

#Debtors None

#Creditors None

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

REMARKS (if any)

*Strike out words not applicable
#Negative report where applicable

(OVER)

EFFECTS

INVENTORY OF EFFECTS
(Attach extra sheets if necessary)

1 ETO RIBBON ✓
 1 ATO Ribbon ✓
 1 Good Conduct Ribbon ✓
 1 Unit Citation Badge ✓
 1 Mechanical Pencil ✓
 1 Nail Clipper ✓
 1 Pocketknife ✓
 Misc. Coins ✓
 Misc. Pictures ✓
 1 Money Belt ✓
 1 Leather Belt ①
 1 Key Ring ✓

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects Q.M. ETOUSA, APO 507, G-14, U.S. Army by delivering to Effects QM 82d A/B DIVISION on 3 Nov. 1944.

V.L. Wyant, Jr.
Signature - (In ink)

V.L. WYANT, JR. } (Block
 1st Lt. 325th Glider Inf. } letters)
 Personnel Adjutant }

Rank and Organization