AGPD-R 201 Reel, Leander
35.394 808

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

13 November 1945

Mr. John L. Reel

Petersburg, West Virginia

Dear Mr. Reel:

I have the honor to inform you that, by direction of the President, the Silver Star has been posthumously awarded to your son, Private Leander Reel, Infantry. The citation is as follows:

SILVER STAR

"For gallantry in action on 9 June 1944 near ***. After the successful crossing of the ** River, heavy opposition was encountered by Company "G". The Company Commander called for volunteers to investigate. Private Reel stepped up and advanced through the hedge in the direction of the fire. In a short while the firing stopped and shortly afterward, Private Reel marched out a column of twenty four Germans. He had forced them to abandon two machine guns and surrender. His initiative and audacity in neutralizing this group reflects credit on himself and the Airborne Forces of the United States Army."

The decoration will be forwarded to the Commanding General, Fifth Service Command, Fort Hayes, Columbus, Ohio, who will select an officer to make the presentation. The officer selected will communicate with you concerning your wishes about the presentation.

My deepest sympathy is extended to you in your bereavement.

Sincerely yours,

Edward F. Witsell

EDWARD F. WITSELL
Major General
Acting The Adjutant General

ARMY SERVICE FORCES
Headquarters, Fifth Service Command
Fort Hayes, Columbus 18, Ohio

5 October 1945

Mr. John Reel
Petersburg, W. Va.

Dear Mr. Reel:

The Adjutant General of the Army has notified me that a finding of death has been made in the case of your son Private Leander Reel, who was previously reported as missing in action. The presumptive date of death is established to authorize payments of benefits due from that date.

While I know that nothing I can say will lessen your loss, I do desire to extend my heartfelt sympathy to you, and to assure you that every American holds in his or her heart deep gratitude to our fellow countrymen who have made this sacrifice.

Also, I feel that during the time that has elapsed since the previous report, it may be that questions have occurred to you, or problems have arisen, in which the War Department can be of assistance.

If such is the case, I hope you will not hesitate to communicate with the Army Personal Affairs Office nearest your home. A list of these offices is inclosed. Should you prefer, I would be glad to have you address your inquiries to my Staff Personal Affairs Officer, Headquarters Fifth Service Command, Fort Hayes, Columbus 18, Ohio.

Sincerely yours,

James L. Collins

JAMES L. COLLINS
Major General, US Army
Commanding

1 Inclosure

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

THE PURPLE HEART AWARDED POSTHUMOUSLY

The Purple Heart was originally established by General George Washington at Newburgh, 7 August 1782, during the War of the Revolution. The decoration was revived by the War Department on 22 February 1932, the two-hundredth anniversary of General Washington's birth, thus paying respect to his memory and recognizing his military achievements. It is awarded to persons who, while serving in any capacity with the Army of the United States, are wounded in action against an enemy of the United States, or who since 6 December 1941 are killed in action, or who die as a direct result of wounds received in action.

The following is a brief description of the Purple Heart: The decoration consists of a purple enameled heart within a bronze border on which is mounted in relief a profile head of General Washington in military uniform. Above the enameled heart is the shield of Washington's coat of arms between two sprays of leaves in green enamel. On the reverse, below the shield and leaves without enamel, is a raised bronze heart with the inscription "For Military Merit," under which is engraved the name of the recipient. The medal is suspended by a rectangular-shaped metal loop with corners rounded from a silk moire ribbon of purple center with white edges.

In posthumous awards of the Purple Heart the Commanding General, Philadelphia Quartermaster Depot, is directed to engrave and ship the decoration direct to the proper next of kin. Usually fifteen days time is required after receipt of notice of award, for the engraving, packaging, and shipping of the decoration.

Recipients of posthumous awards of the Purple Heart may display the decoration in any manner desired, except that decoration is not authorized to be worn by them.

EDWARD F. witsell
Major General
Acting The Adjutant General

31 January 1945.

25-28380-7SM

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

GVC/GO

IN REPLY REFER TO: -

AG 201 Reel, Leander
PC-O 102038

22 May 1946

Mr. John Reel

Petersburg, West Virginia

Dear Mr. Reel:

I am referring to my letter of 17 April 1946 which confirmed the death of your son, Private Leander Reel, 35,394,808, Infantry.

A report now available in the War Department received from the military authorities states that your son's body has been recovered and buried in a United States Military Cemetery in Holland.

The Quartermaster General, Washington 25, D. C. has jurisdiction over matters pertaining to the burial of our personnel who die overseas and any inquiry regarding the location of your son's grave may be addressed to that official.

I realize how futile any words of mine may be to assuage your grief but I trust that the knowledge of your son's heroic sacrifice in action may be a source of sustaining comfort to you in your sorrow.

You have my continued sympathy in your bereavement.

Sincerely yours,

Edward F. Witsell

EDWARD F. WITSELL
Major General
The Adjutant General of the Army

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

IN REPLY REFER TO

22 April 1949

Pvt. Leander Reel, ASN 35 394 808
Plot J, Row 3, Grave 17
Headstone: Cross
Margraten (Holland) U. S. Military Cemetery

Mr. John O. Reel

Petersburg, West Virginia

Dear Mr. Reel:

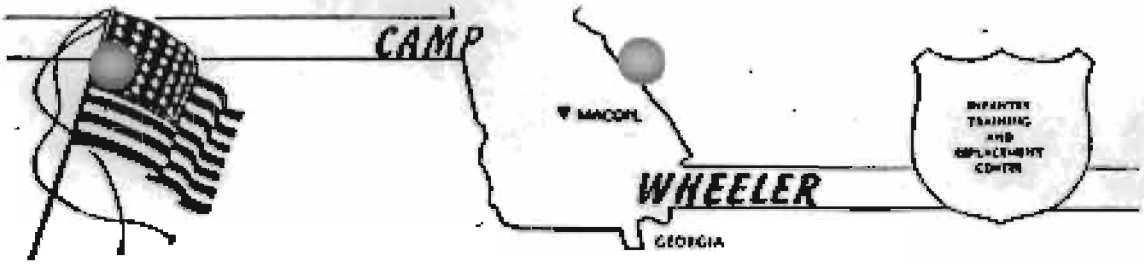
This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

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. HELDMAN
Major General
The Quartermaster General



Sept. 24, 1942,

Dear Dad

Just a few lines to let you know I got the letter with the money order in it

Did you get my insurance papers if you did let me know as soon as possable

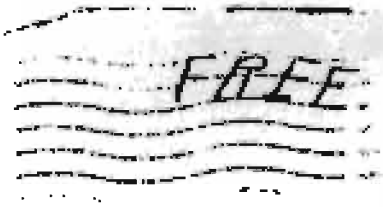
I will send you my picture as soon as I can get one taken

Answer real soon

Your Son Leander

AFTER FIVE DAYS RETURN TO

Pvt Leander Reel
Co B 6th Training Bn 4th Reg
CAMP WHEELER
GEORGIA



Mr John O. Reel
Petersburg,
W. Va.

RRE Form #43
20 Sep 48

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

REEL	LEANDER		PFC	35394808
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

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

Incl #

Unreported Case

REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form #10 (Revised)
1 January 1946.

Date 28 Feb, 1946

NAME Reel Leander RANK Pvt. ASN 35394808

ORGANIZATION 401 Gldr. Inf. Regt.

MEANS OF IDENTIFICATION One identification tag found around neck.

(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 required for the deceased through the surface investigation? No If so, state the following information:

   a. NAME _____ RANK _____ ASN _____

   b. ORGANIZATION _____

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

   a. NAME Reel, Leander RANK Unk ASN Unk

   b. ORGANIZATION Unk

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY? None

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

   a. Date of above burials _____ Common graves? _____

5. Name and Type of Cemetery _____
(Military or civilian)

6. Map coordinates of the Cemetery _____

a. Town _____ Country _____

7. Give exact location in cemetery of the remains _____

a. Section _____ Row _____ Grave _____

b. Is sketch attached? _____

NOT APPLICABLE

8. If remains are not located in a cemetery, give exact location.

a. Town Groesbeek, Holland Coordinates 7.9-5.5 Sheet 2A Series NW Europe 1:250,000

b. Is sketch attached? Yes

c. Is area mined? No

9. How is the grave marked? Cross

10. If grave is marked with cross, give exact markings thereon _____

Leander Reel 23-9-44

a. From what source was this information obtained? Ident.Tag
(Identification tags, personal effects)

b. By whom German Military

11. Where are the cemetery records? _____
(Town hall, cemetery, burgermeister's office)

a. What information was contained therein? _____

NOT APPLICABLE

b. Where was the information obtained? _____

c. By whom? _____

12. What is the date of death? 23 Sept.1944

a. Give Basis Cross Markings

13. What is the cause of death? KIA Gun Shot wound

b. Give Basis? Medical Report

14. What is the date of burial? 27 Sept.1944

Unreported Case

a. Give basis See attached Statement

15. What was the place of death? Groesbeek, Holland Coords 7.9-5.5 Sheet 2A Series NW Europe 1:250,000

Give basis Buried in Vicinity

16. Where were the remains found? Groesbeek, Holland Coords 7.9-5.5 Sheet 2A Series NW Europe 1:250,000

a. By whom? Feassen

b. Is sketch attached? Yes

17. Was a casket used? No Who furnished the casket? -------

Type of casket -------- How marked ? ----------

18. Who made the burial German Military
(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? Unk

---

b. Are certificates and statements attached? Yes

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 place 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 of 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? _____

NOT APPLICABLE

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. Marking 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 tanks disablement? _____

_____

34. Did tank explode? _____ Burn? _____

35. Numbers 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) _____

If so, give complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possesses 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? _____

If not, state reason _____

a. Were identification tags found at the time of death? _____

Where? _____ By whom? _____

Present disposition _____

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? _____

Where? _____ By whom? _____

Present disposition? _____

c. Was deceased identified by living members of the crew at the time of death? No

d. Did Cemetery Register or cross indicate the immunization shot? No

42. Was deceased given first aid? No If so, where? [redacted]

By whom? [redacted] Are statements from the medical people attached?

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

Where? [redacted] Names of people concerned [redacted]

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 [redacted]

b. If so, has higher headquarters been notified? [redacted]

47. Was case previously investigated? No By whom? [redacted]

When? [redacted]

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

Jansen

Gasemburgschestraat 80 Groesbeek Holland.

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? Yes.

51. Was investigation preceded by advanced publicity? No

(If special investigation, give case number) ——

52. Give Brief Narrative See attached statement.

(Use attached sheets, if necessary)

Maria C. Dzurenko
Signature of Interpreter

Civilian
Rank ASN

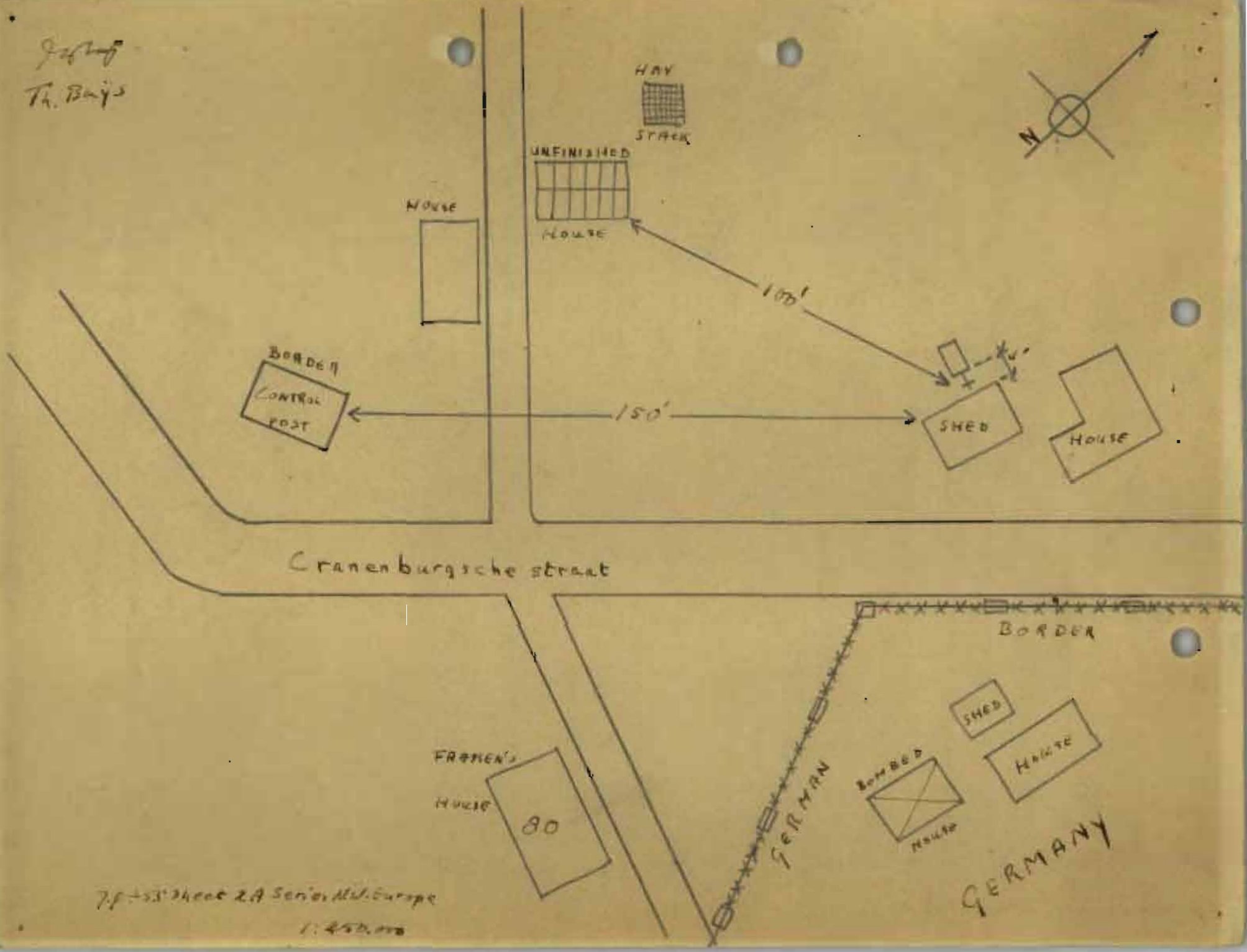
Organization

Michael F. Dzurenko
Signature of Investigator

T/5 32776116
Rank ASN

2nd Plt 3059 G.M.Gr.Reg Co
Organization A.P.O.229.

Th. Buijs



7.f 53 Sheet 2A Series Mid. Europe

1:450.000

Op ongeveer 27 Sept. 1944, is er een soldaat door de Duitsers, die van de schoenen was ontdaan, en bedekt met een kleed over het hoofd, op een kruiwagen vervoerd en begraven, naby perceel no 93 op de Cranenburgschestraat.

Met deze teken ik van Nov. Feane

J. Hoof

STATEMENT

Unreported Case

A bout the 27th of September 1944 there was a dead American Soldier laying on awheel-barrow, whithout shoes. His head was covered up with a blanket. The Germans buried him near Perceel No 93 on the Cranenburgschestraat.

I signed this for Mrs Feassen

Hoerof

A True Translation
Ma ria C Dz urenko

Maria C. Dzurenko

A certified true copy

John J Zurick
John J Zurick
2nd Lt Inf

USMC MARGRATEN

Plot J, Row 3, Grave 17
Date of Burial: [illegible] Feb 49.
Verified by GRS officer
Willard B Owen, Capt. Inf.

I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F-1194 concerned

Raymond G. Johnson 1st Lt. Inf

1

DISINTERMENT DIRECTIVE

SECTION A— NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
4650 13127	15 10 48

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
REEL LEANDER	35394808	PVT	1	1	1

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	DIST. CTR.
MARGRATEN HOLLAND	AAA	4	90	4601	80

SECTION B -- CONSIGNEE AND NEXT OF KIN Flag sent: 18 Feb 49

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
MARGRATEN, HOLLAND	JOHN O. REEL (FATHER) PETERSBURG, WEST VIRGINIA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	USAGF		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (*Signature*)
CASKET BOXED AND MARKED DATE BY	SHIPPING ADDRESS VERIFIED 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

NAT FILE
RECORDS ANNOTATED
DATE MAY 4 1949
NAME [illegible]
R & R BR.

QMC FORM REV 11 FEB 46 1194

FINAL LETTER SENT 28 APR [illegible]

4710

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: DAY | MONTH | YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
REEL LEANDER	35594808	PVT	1	DAY / MONTH / YEAR

CEMETERY

DISPOSITION OF REMAINS: CODE | DIST. FT.

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
AAA	4	90	MARGRATEN HOLLAND	

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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
REEL, LEANDER	35594808	PVT.		4 OCT. 48.

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[X] REMAINS GRS [X] MARKER ID		P	HARVEY L. MEAD JR. CAPT. ORD. (NAME AND TITLE)

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNIFORM

CONDITION OF REMAINS: ADVANCED STATE OF DECOMPOSITION. REMAINS COMPLETE.

OTHER MEANS OF IDENTIFICATION

REPORT OF BURIAL FOUND WITH REMAINS
GLIDER INFANTRYMAN INSIGNIA FOUND WITH REMAINS

MINOR DISCREPANCIES 1

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 5 OCT. 48. BY WILLIAM R. BAILEY, EMBALMER

CASKET SEALED BY: WILLIAM R. BAILEY

EMBALMER (Signature): WILLIAM R. BAILEY

CASKET BOXED AND MARKED: 5 OCT. 48. JAMES W. PARKS

DATE BY IDENT. TECH.

SHIPPING ACCOMPANIED BY ALL TAGS PLATES AND MARKINGS VERIFIED BY ROGER N. LETOURNEAU, 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.

ROGER N. LETOURNEAU, CAPT. FA.
SIGNATURE OF GRS INSPECTOR

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

I CERTIFY that the signed names appearing above are the same as the original signatures on the No. 4 copy of F-1194 concerned.

Raymond E. Johnson
1st Lt. Inf

QMC FORM REV 15 MAR 48 1194 a ll

VG

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

22 April 1949

Pvt. Leander Reel, ASN 35 394 808
Plot ~~F, Row~~ 3, Grave 17
Headstone: Cross
Margraten (Holland) U. S. Military Cemetery

Mr. John O. Reel

Petersburg, West Virginia

Dear Mr. Reel:

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,

N. FELDMAN
Major General
The Quartermaster General

gh

BUDGET BUREAU NO. 49-R272.1.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 18/25/48

Pvt Leander Reel, 35 394 808
Plot AAA, Row 4, Grave 90
United States Military Cemetery
Margraten, Holland

AUG 5 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, John Reel (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. Margraten, Holland

☐ 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 _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

☐ YES ☐ NO

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

_____

_____

_____

NOV 15 1948

coded 11/4/48
J. Gallagher

DD MG FORM 1 OCT 1944 345 MILITARY #1 SEP 8 1948 LO-50411-2

PAGE

PART I (Continued)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
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.

John O Reel
(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 19 day of August, 1948 at city (or town) of Petersburg, county of Grant, and State (or Territory or District) of West Virginia

Ruth A. Baker
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

*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)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

THE AMERICAN NATIONAL RED CROSS

EASTERN AREA

Form HS-343
March 1948

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

DATE: October 4, 1948

FROM: Director, Home Service

SUBJECT: REEL, Leander, Pvt.,
Plot AAA, Row 4, Grave 90
United States Military Cemetery
Margraten, Holland

Your Reference: QMG MR 293

Next of kin: Mr. John Reel
Old Address: Petersburg, West Virginia

New Address:

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

1. OQMG Form 345 X was submitted by John Reel (Name), Father (Relationship)

___ will be submitted.

on or about August 21, 1948 (Date).

2. _____ (Name) ___ has relinquished disposition authority.

___ has remarried.

___ is deceased.

___ is incompetent.

3. ___ We have been unable to locate.

REMARKS:

Confirmed by Grant County Chapter, Petersburg, W. Virginia

10/11/48 File Form over Re. Copy Per Vermilion

Pauline A. Rogers
(Mrs.) PAULINE A. ROGERS
Director, Home Service
Eastern Area

12441
033048

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

In Reply Refer To MR Br: QMGMR 293 Reel, Leander, Pvt, 35 394 808
Plot AAA, Row 4, Grave 90
United States Military Cemetery
Margraten, Holland

IMPORTANT
Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the official who signed the communication.

AUG 5 1948

PRIORITY

Mrs. Pauline A. Rogers, Home Service Director
Eastern Area, American Red Cross
615 North Saint Asaph Street
Alexandria, Virginia

Dear Mrs. Rogers:

The Next of Kin of the above captioned deceased father
(relationship)

Mr. John Reel Petersburg, West Virginia
(name) (address)

has failed to return a Form 345 indicating disposition instructions for the remains. The form was dispatched 5 December 1947.

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

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

Sincerely yours,

2 Incls.

JOHN O. HYATT
Colonel, QMC
Memorial Division

pdj

AUG 5 11 36 AM '48
O.Q.M.G.
MAIL & RECORDS BRANCH

4 - AUG 1948

Pvt Leander Neel, 35 394 [illegible]
Plot AAA, Row 4, Grave 90,
United States Military Cemetery
Margraten, Holland

5 December 1947

Mr. John Neel

Petersburg, West Virginia

Dear Mr. Neel:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls.

mov

A.R.C. sent 4 Aug 48
J.a.m.

CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS SENT FROM AG GAS CARD

15 CEMETERY MARGRATEN PLOT AAA ROW 4 GRAVE 90

NAME 293 : REEL, LEANDER.

RANK : PVT

ASN : 35 394 808

ORGANIZATION : 401 Gldr Inf Regt

DATE OF DEATH : 25 Sept 44

PLACE OF DEATH : ---

CAUSE OF DEATH : ---

~~TCYR 10/5/46~~
(Signature)

X 7-8-46 MW

CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS SENT FROM AG GAS CARD

15 CEMETERY MARGRATEN PLOT AAA ROW 4 GRAVE 90

NAME : REEL, LEANDER.

RANK : PVT

ASN : 35 394 808

ORGANIZATION : 401 Gldr Inf Regt

DATE OF DEATH : 25 Sept 44

PLACE OF DEATH : ---

CAUSE OF DEATH : ---

TCYR 10/5/46
(Signature)

DNK

-4 MAY 1946

AG 704 - AGC.

ARC.3900
Extension: 122
ND/ma.

AG GAS BR

HEADQUARTERS, UNITED STATES FORCES, EUROPEAN THEATER (REAR), APO 887, U.S.ARMY.

L 293 Reel, Leander 35, 394,808

X

THE ADJUTANT GENERAL

WASHINGTON, 25, D. C.

1. The status of Pvt. Leander REEL, 35394808, is changed from PDD, 26 September 1945, to KIA, 25 September 1944, included in "U" Project of Casualty Shipment this date, based upon Report of Burial. American Graves Registration Service, European Theater Area, states soldier has been reburied in Grave 90, Plot AAA, Row 4, Margraten U. S. Military Cemetery, Holland.

2. There is no further information available as to circumstances surrounding this casualty, except that shown on War Dept. Memorandum AG 704 Dead (26 September 1945) S. R. & D. No. 4123, Subject: Review and Determination of Status under the Missing Person Act.

MCNARNEY

OFFICIAL:

E. H. KORNMAN,
Lt. Col., A. G. D.,
Asst. Adjutant Gen.

1 Incl:
Report of Burial for:
Pvt. Leander REEL,
35394808.

file 5-14-46 [illegible]

Unreported Case

RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes QMS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT: 1 Mar 46

Tag(s) Identification Tag If Possible
DO NOT TYPE

LEANDER REEL
35394808 T42 43 AB
P

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)	SERIAL NO.
Reel, Leander ~~Leander Reel~~	35394808

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	401 Glar Inf Reg	Airborne Inf

RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
White	P	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Groesbeek, Holland	KIA Gun shot wound	Estb 25 Sep 44

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unk

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none): One

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no): Yes

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse): One identification tag found around neck

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None found

Body disinterred by 2nd Plat 3059 Qm Gr Reg Co APO 255 U S Army

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
U. S. Military Cemetery (VK 645482), Margraten, Holland

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
12 March 1946	1350	U. K. Coffin	Cross	AAA	4	90

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT NO.	ROW NO.	GRAVE NO.
Yes	Groesbeek, Holland 7.9-5.5 Sheet 2A Series M Entbbe 1:250,000			

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Tag made at Cemetery

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
GILBRIDE, JAMES W.	Lt	0-740168	Unknown	91

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
WHITE, WILLIAM H.	Unknown	14023768	Unknown	92

SIGNATURE OF PERSON PREPARING REPORT: 2nd Lt Inf, 3059 Gr Reg Co, JOHN J. GURICK, Disinterring Off.

SIGNATURE OF GRS OFFICER VERIFYING REPORT: FRANCIS A. LOFTUS, 2nd Lt INF, Reinterring Officer

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

15 AVR 1946 23

P.

Section 3.—UNIDENTIFIED REMAINS

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

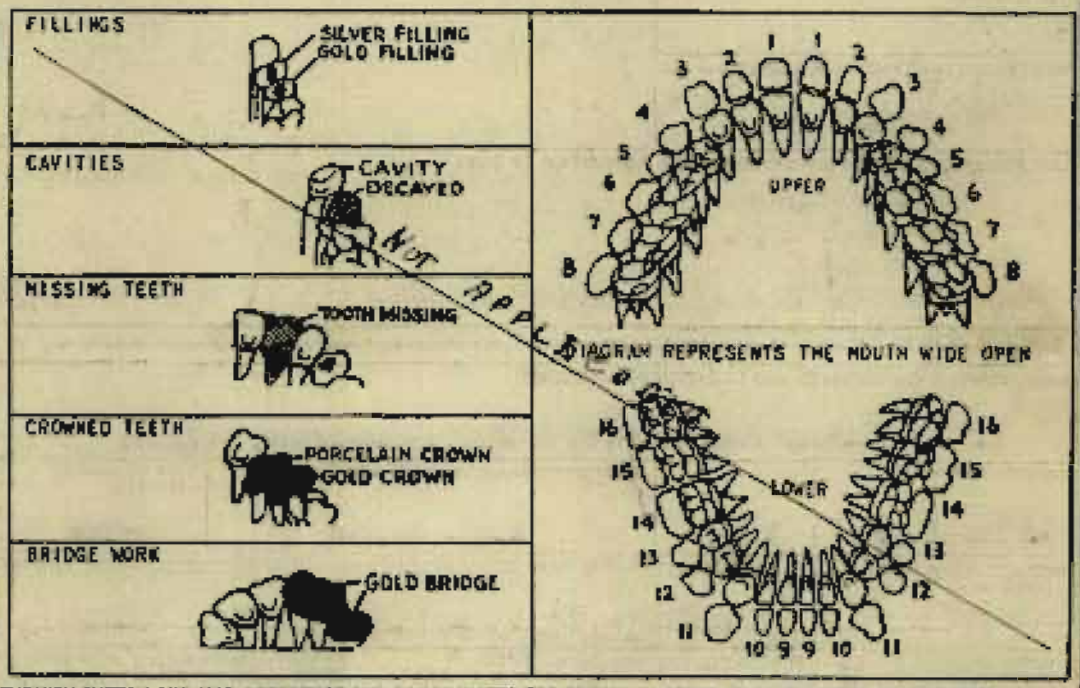
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
		Groesbeek, Roll 7.9-8.5 2A Series N. Europe 1:250,000

NOT APPLICABLE

OTHER IDENTIFICATION CLUES

Cross Markings



NOT APPLICABLE

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

Overlay attached

REMARKS:

One identification tag, found around neck

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

NOT APPLICABLE

J'H. 1-46 - 21 M - 79.704

Unreported Case 6

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes, QRS Form 1)

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

DATE OF REPORT: 1 Mar 46

Imprint Identification Tag if Possible. DO NOT TYPE

LEANDER REEL
35394808 T43 43 AE

Section I.—IDENTIFICATION.

NAME (Last, first, middle initial)	SERIAL NO.
~~Leander Reel~~	35394808

RANK	ORGANIZATION	BRANCH OF SERVICE
Pvt	401 Gldr Inf Reg	Airborne, Inf

RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
White	P	—

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Groesbeek, Holland	KIA Gun shot wound	Estb ~~23~~ 25 Sep 44

EMERGENCY ADDRESSEE (*Name, relationship, and address*): Unk

IDENTIFICATION TAGS FOUND ON BODY (*1, 2, or none*): One

WERE SUBSTITUTE TAGS PROVIDED (*Yes or no*): Yes

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (*If unidentified, fill in section 2 on reverse*): One identification tag found around neck

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME: None found

Body disinterred by 2nd Plat 3059 C m Gr Reg Co APO 228 U S Army

Section 2.—BURIAL. *If other than in established cemetery, furnish sketch and map coordinates on reverse.*

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY: U. S. Military Cemetery (VK 645482), Margraten, Holland

DATE OF BURIAL	HOUR	BURIED IN (*Shroud, blanket, or name of other*)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
12 March 1946	1350	U. K. Coffin	Cross	AAA	4	90

WAS THIS A REBURIAL? (*Yes or no*): Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE: Groesbeek, Holland 7.9-5.5 Sheet 2A Series NW Europe 1:250,000

PLOT NO.	ROW NO.	GRAVE NO.

TYPE OF RELIGIOUS CEREMONY:

PERSON CONDUCTING BURIAL RITES:

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY:

IDENTIFICATION TAG BURIED WITH BODY (*Yes or no*): Yes

IDENTIFICATION TAG ATTACHED TO MARKER (*Yes or no*): Tag made at Cemetery

BODY BURIED ON DECEASED LEFT, NAME (*Last, first, middle initial*)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
GILBRIDE, JAMES M.	Lt	O-740168	Unknown	91

BODY BURIED ON DECEASED RIGHT, NAME (*Last, first, middle initial*)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
WHITE, WILLIAM H.	Unknown	14023768	Unknown	89

SIGNATURE OF PERSON PREPARING REPORT: 2nd Lt Inf, 3059 Gr Reg Co, JOHN J. ZUSTUK, Disinterring Off

SIGNATURE OF QRS OFFICER VERIFYING REPORT: FRANCIS A. LOFTUS, 2nd Lt INF, Reinterring Officer

DISTRIBUTION OF REPORT: *Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters QRS Officer. Copies for retention in theater as prescribed by theater commander.*

RESTRICTED

23 MARS 1946

23.

Section 1.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number, position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

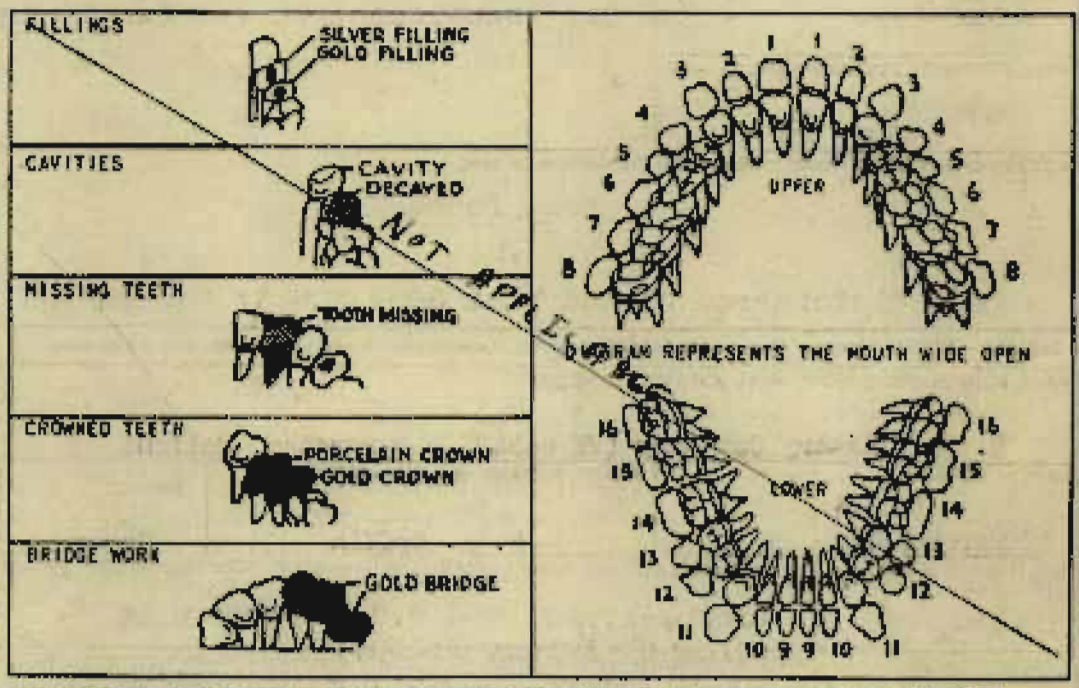
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

Not applicable

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
		Groesbeek, Holl 7.9-5.5 ZA Series NW Europe 1:250,000

OTHER IDENTIFICATION CLUES

Cross markings



Not applicable

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

Overlay attached

REMARKS:

One identification tag found around neck

LEFT LITTLE FINGER | LEFT RING FINGER | LEFT MIDDLE FINGER | LEFT INDEX FINGER | LEFT THUMB | RIGHT THUMB | RIGHT INDEX FINGER | RIGHT MIDDLE FINGER | RIGHT RING FINGER | RIGHT LITTLE FINGER

Not applicable

15 AVR 1946

J.H. 1-46 - 75 M - 79.764

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATH

DATE 19 April 1946 les

FULL NAME	ARMY SERIAL NUMBER	GRADE
REEL, Leander	35 394 808	Pvt
HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Masonville, West Virginia	Inf	1 Apr 21
PLACE OF DEATH / CAUSE OF DEATH		DATE OF DEATH
European Area / Killed in Action		25 Sept 44
STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES (YEARS / MONTHS / DAYS)
European Area	2 Sept 42	

EMERGENCY ADDRESSEE (Name, relationship, and address)

Mr. John Reel, father, Petersburg, West Virginia

BENEFICIARY (Name, relationship, and address)

Mr. John L. Reel, father, same as above
Mrs. Lottie Reel, mother, same as above

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

[X] BATTLE [ ] NON-BATTLE

Combat Infantryman's Badge, War Department Circular #186, 1944.

*Entitled to additional pay for glider flights.

Finding of Death has been issued previously under Section 5, Public Law 490, 7 March 1942, as amended, showing presumed date of death as 26 September 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.

FILE

BY ORDER OF THE SECRETARY OF WAR

Jacob Sloan

ADJUTANT GENERAL

WD AGO FORM 1 JUN 1943 52-1 EDITION OF 1 FEBRUARY 1943 MAY BE USED.

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

BATTLE CASUALTY REPORT

AG 201	NAME: REEL LEANDER ASN 35 394 808	GRADE: PVT SON
		DATE CAS. REPORT RECEIVED: MAR 19 1946
NAME AND ADDRESS OF E. A.	JOHN REEL PETERSBURG WEST VIRGINIA	DATE TELEGRAM SENT: Letter 17 Apr 46

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, AS SHOWN BELOW, IT WOULD 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 SON

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	FOR STATUS	SHIPMENT NUMBER
PVT	REEL, LEANDER	35394808	INF		4	102038 U-1X

TYPE OF CASUALTY	PLACE OF CASUALTY	DATE OF CASUALTY: DAY	MONTH	YEAR	CASUALTY CODE
KILLED IN ACTION	IN HOLLAND	25	SEPT	44	

REMARKS: AG 201 /11 APR 46/ [ ] CORRECTED COPY

MEMO SR AND D SEC APPROVED ACTING CHIEF CAS BR. AWARDED COMBAT INFANTRYMAN BADGE WD CIRCULAR 186, 1944. ADDITIONAL PAY FOR GLIDER FLIGHTS. SOURCE-MESSAGEFORM FM HQS USFET /DTD 28 MAR 46. FINDING OF DEATH HAS BEEN ISSUED PREVIOUSLY UNDER SEC 5, PUBLIC LAW 490, 7 MAR 42, AS AMENDED, SHOWING PRESUMED DATE OF DEATH AS 26 SEPT 45. THIS RPT OF DEATH, BASED ON INFO REC'D SINCE THAT DATE, IS ISSUED IN ~~XXXXXXXX~~ ACCORDANCE WITH SEC 9 OF SAID ACT AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS IS AS PRESCRIBED IN SEC 9. DO NOT SEND TELEGRAM. ~~XXXXX~~ PROCESS IN ACCORDANCE WITH PAR 2B OF BUL 35, 1945. PL - NEAR GROESBEEK.

Report of Death issued 19 April 1946./lec

ACTION BY COMPOSITE SECTION: REPORT VERIFIED _____ FORM 48 _____ AG 201 REQ _____
CASUALTY BRANCH FILE ATTACHED _____ OR CHANGED TO _____ DATE _____
PREVIOUSLY REPORTED NO _____ YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. E. NOTIFIED
		DED	26 Sep 45	26 Sep 45

PROCESSED VIA	SPEC. IDEN.	C. & F.	TELEGRAM	LETTER	CERTIF.	P. BEL.	CORRES.	REPAT.	E. & D.	NON-BEL.
				✓						

REPORT NOT VERIFIED _____ NO FORM 48 _____ NO CAS. BR. FILE _____ CHECKED BY _____ REVIEWED BY _____

DISTRIBUTION "A" [ ] _____ COPIES DISTRIBUTION "B" [ ] _____ COPIES

D

WD AGO FORM 0365
1 MAY 1945 EDITION OF 1 JUL 1944 MAY BE USED

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

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

4128

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 Private Leander Reel, Army Serial Number 35,394,808, Infantry,

to be dead. He was officially reported as missing in action as of the 25th *day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the* 26th *day of* September, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Hewitt

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	[illegible]	JUMP STATUS	LINE OF DUTY	OWN MISCONDUCT	IN DUTY STATUS	[illegible]
European	Glide*	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) YEARS	MONTHS	DAYS
1 Apr 1921	Masonville, West Virginia	2 Sep 1942	Under	three	years

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mr. John Reel	Father	Petersburg, West Virginia

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
John L. Reel	Father	Petersburg, West Virginia
Lottie Reel	Mother	Petersburg, West Virginia

REMARKS

Distribution 56

Circumstances of disappearance: This soldier disappeared when the patrol of which hewas a member met enemy resistance and was pinned down and forced to scatter. He did not return to his organization.

Combat Infantryman's Badge, War Department Circular #186,1944.

* Entitled to additional pay for glider flights.

FILE
OCT 3 1945
DCG

WD AGO FORM 0383
1 FEBRUARY 1948

THIS FORM SUPERSEDES WD AGO FORM 0383, 1 NOVEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

80

SENSITIVE SURFACE - HANDLE EDGES ONLY 280688

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

REPORT OF DEATH

DATE 19 April 1946 lec

FULL NAME	ARMY SERIAL NUMBER	GRADE
REEL, Leander	35 394 808	Pvt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Masonville, West Virginia	Inf	1 Apr 21

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in Action	25 Sept 44

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	2 Sept 42			

EMERGENCY ADDRESSEE (Name, relationship, and address)

Mr. John Reel, father, Petersburg, West Virginia

BENEFICIARY (Name, relationship, and address)

Mr. John L. Reel, father, same as above
Mrs. Lottie Reel, mother, same as above

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

[X] BATTLE [ ] NON-BATTLE

Combat Infantryman's Badge, War Department Circular #186, 1944.

*Entitled to additional pay for glider flights.

Finding of Death has been issued previously under Section 5, Public Law 490, 7 March 1942, as amended, showing presumed date of death as 26 September 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 WAR

Faucett Blanks

ADJUTANT GENERAL

WD AGO FORM 1 JUN 1945 52-1 EDITION OF 1 FEBRUARY 1945 MAY BE USED.

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

280688
CA

WAR DEPARTMENT

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

4128

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 Private Leander Reel, Army Serial Number 35,394,806, Infantry,

to be dead. He was officially reported as missing in action as of the 25th *day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the* 26th *day of* September, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Hewitt

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	GLIDER PILOTS	ARMY STATES	LIFE OF DUTY	OFFICIAL CONVICT	ON DUTY STATUS	LEGACY ACTIVE
European	Glide*	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) YEARS	MONTHS	DAYS
1 Apr 1921	Masonville, West Virginia	2 Sep 1942	Under	three	years

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mr. John Reel	Father	Petersburg, West Virginia

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
John L. Reel	Father	Petersburg, West Virginia
Lottie Reel	Mother	Petersburg, West Virginia

REMARKS

Distribution 56

Circumstances of disappearance: This soldier disappeared when the patrol of which hewas a member met enemy resistance and was pinned down and forced to scatter. He did not return to his organization.

Combat Infantryman's Badge, War Department Circular #186,1944.

* Entitled to additional pay for glider flights.

WD AGO FORM 0383
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 0383, 1 NOVEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

280688

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

BATTLE CASUALTY REPORT

	NAME	GRADE	DATE CAS. REPORT RECEIVED
AS SH	REEL LEANDER ASN 35 394 808	PVT SON	APR 10
NAME AND ADDRESS OF E. A.	JOHN REEL PETERSBURG WEST VIRGINIA		DATE TELEGRAM SENT: Letter

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF BREAKDOWN AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, AS SHOWN BELOW, IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEAR-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 SON

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTED THEATRE	P OR I STATUS	SHIPMENT NUMBER
PVT	REEL, LEANDER ~~DEANDER, YOGEL~~	35394808	INF		4	102034 U-12

TYPE OF CASUALTY	PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	CASUALTY CODE
KILLED IN ACTION	IN HOLLAND	25	SEPT	44	

REMARKS: AG 201 /11 APR 46/ ☐ CORRECTED COPY

MEMO SR AND D SEC APPROVED ACTING CHIEF CAS BR. AWARDED COMBAT INFANTRYMAN BADGE. WD CIRCULAR 186, 1944. ADDITIONAL PAY FOR GLIDER FLIGHTS. SOURCE-MESSAGEFORM FM HQS USFET /DTD 28 MAR 46. FINDING OF DEATH HAS BEEN ISSUED PREVIOUSLY UNDER SEC 5, PUBLIC LAW 490, 7 MAR 42, AS AMENDED, SHOWING PRESUMED DATE OF DEATH AS 26 SEPT 45. THIS RPT OF DEATH, BASED ON INFO REC'D SINCE THAT DATE, IS ISSUED IN ~~XXXXXXXX~~ ACCORDANCE WITH SEC 9 OF SAID ACT AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS IS AS PRESCRIBED IN SEC 9. DO NOT SEND TELEGRAM. ~~XXXXX~~ PROCESS IN ACCORDANCE WITH PAR 2B OF BUL 35, 1945. PL - NEAR GROESBEEK.

Report of Death issued 19 April 1946./lec

ACTION BY COMPOSITE SECTION: REPORT VERIFIED _____ FORM 48 _____ AG 201 REQ _____

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO. _____ YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
		DED	26 Sep 45	26 Sep 45

PROCESSED BY	SPEC. IDEN.	C. & F.	TELEGRAM	LETTER	CERTIF.	P. REL.	CORRES.	REPAT.	S. S. & D.	MISC. DOC.
				✓						

REPORT NOT VERIFIED _____ NO FORM 48 _____ NO CAS. BR. FILE _____ CHECKED BY _____ REVIEWED BY _____

DISTRIBUTION "A" ☐ _____ COPIES DISTRIBUTION "B" ☐ _____ COPIES

WD AGO FORM 0365 1 MAY 1945 EDITION OF 1 JUL 1944 MAY BE USED

280688

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

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
REEL LEANDER	35394808	PVT	INF	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
HOLLAND9	25	SEP	44	W	MIA	226

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
MR. JOHN REEL	N(FATHER)	28 OCT 44. mb

NO. AND NAME OF STREET—CITY—STATE

PETERSBURG, WEST VIRGINIA.

REMARKS:

☐ CORRECTED COPY

ADJT GENERAL'S OFFICE RECEIVED NOV 3 1944

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ___ FORM 48 ___ AG 201 REQ ___

CASUALTY BRANCH FILE ATTACHED ___ OR CHARGED TO ___ DATE ___

PREVIOUSLY REPORTED NO ___ YES ___ (AS INDICATED BELOW):

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

FORWARDED TO ▶ ☐ SPEC. CORR. ☐ TELEGRAM ☐ WOUNDED ☐ LETTER ☐ CODES. ☐ E. R. & D. ☐ CERTIF. ☐ M. & M. ☐ NON-SEL.

REPORT NOT VERIFIED ___ NO FORM 48 ___ NO CAS. BR. FILE ___ CHECKED BY ___ REVIEWED BY ___

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

ACCT AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CHAN. NO.	RESIDENCE STATE	COUNTY	CORP	SECT
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.

W.D., A.G.O. FORM NO. [illegible]
18 JUNE 1944

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

(S-10-5-45)
RTB:JFH:md
July 31, 1945

In Reply Refer To: 280688

Mr. John Reel
Petersburg, West Virginia

File

Dear Mr. Reel:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your son, Private Leander Reel:

1 Package and contents

My action in transmitting the property does not, of itself, vest title in you. The items are forwarded in order that you may act as gratuitous bailee in caring for them pending the return of the owner, who has been reported missing in action. In the event he later is reported a casualty, and I sincerely hope he never is, it will be necessary that the property be turned over to the person or persons legally entitled to receive it.

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.

I regret the circumstances prompting this letter, and wish to express my hope for the safe return of your son.

Yours very truly,

P. L. Koob

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

Incl—
Envelope

Receipt acknowledged:

John M. Reel
(Signature of Bailee)

Aug 10 1945
(Date)

Eff. QM Form 205 (11 Apr 45)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. John Reel

Petersburg, West Virginia

SHIP TO:

Pvt. Leander Reel

Effects of:

Name 35394808

ASN 280698 M

Case No.

Wt.

DATE 31 July 1945
RRB:JYH:md

B Manville
FOR: 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.

1 p/cg

REMARKS:

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages 1 1044

mk
Shipping Clerk

Eff. QM Form 14 (25 Dec 44)

PACKAGE DESCRIPTION

1 pkg

ARMY EFFECTS BUREAU INVENTORY

280,688

DECEASED
MISSING X
P.O.W.
ABANDONED

TALLY NO. 8680

INV. DATE 18 July 46

ORIG. NO. OF PKGS. 1

BOX NO. —

SHEET 1 OF 1 SHEETS

ORGANIZATION

NAME Leander Reel

A.S.N. 35394808 RANK Pvt

	Belt		TOILETS & WASHCLOTHS		WIFES
	BELT, BOOTT (NO MONEY)	X	CLOTHING		BELTS, CLOTH OR TRAVEL
	Cloth, Wash		BRACELET IDENT.		BILLFOLD, (NO MONEY)
	Combs		Brushes		Case
	Footwear, Pr.		CAMERAS		Footlocker
	Gloves, Pr.		Glasses	2	KIT, SEW, FIR, OR WRITING
	Handkerchiefs		Knives		BOOKS
	Headwear		Lighters		Books, Address
	Jackets	1	MISC.		Books, Pilot Log
	Overcoats		Pen, Fountain		DIARY (REQUIRED FOR DOD)
	Scarfs		Pencil, Mechanical		FILMS
	Shirts		Pipes		Letters
	Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal
	Ties		RIBBONS, DECORATION		Photos
	Towels		Rings		Shoe Shine Articles
	Trousers, Pr.		Tobacco		SHORT SNORTER
	Trunks, Pr.		Toilet Articles		SOUVENIRS
	Underwear		WATCH		SOLDIERS MONEY
					Stationery
					TESTAMENTS
					U.S. MONEY (ENCLOSE)

Pile
[illegible]
7/25/46

REMARKS John Reel Father
Petersburg W. Va.

ATTACHMENTS | FORM #54 | | FORM #100 | 1 Inventory

WEIGHT

B.I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LAUNDRY REMOVED

FILM REMOVED

C.O.T. None.

WAREHOUSE SPACE 1804 A

STORED BY

SHIPPED

INVENTORIED BY M. Manahan

PACKED BY Hill

CHECKED BY

PAS OR ADDITIONAL

EFF. ON FORM 1L (2% FED NS)

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

1 E.T.O. Ribbon

1 Unit Citation Badge

1 Combat Inf. Badge

NUMBER

DATE

SYMBOL

AMOUNT

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

M. Meacham
INVENTORY CLERK

Smart
SUPERVISOR

G.I. REMOVED

NAME LEANDER, REEL - 4808

BAY	PALLET	BOX	TALLY
41	32		8680

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

NE. QM Form 40

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

4 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 Q-14, APO 507, U. S. Army.

Transmitted herewith in accordance with Adm. Dir. 480, dated 25 Oct 1943, Hq. SOS ETOUSA, is Inventory of Effects concerning subject named below

Reel	Leander		Pvt.	35394808	
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)	(Control No.) (For use of Effects Q. ETOUSA.)

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

*Status (~~Deceased~~, Missing in Action, ~~[illegible]~~) on the 25 day of September 1944.

Designated Beneficiary (With Address) John Reel (Father)
Petersburg, W. Va.

Dl. 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)

DAMAGE (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 Unit Citation Badge
1 Set Collar Insignias
1 Combat Inf. Badge
1 Pr. Leather Gloves
2 Sewing Kits

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 4 Nov 1944.

V.L. Wyant Jr.
Signature - (In Ink)

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

Rank and Organization