

293 MELING, TRUMAN A.

PFC. (37-127-023) EUROPEAN AREA (MINN.) INF.45dmt

Declassified in accordance with D



ARR1-831788869

REQ502121415

WNR-01-09-023-1-015-06-006

Transfer#: W092-70A0001

Box:4123 CC:00

Asset#: AAC1-23785341

Whole Container: N

C/F: MELING, TRUMAN 1 OF 6 FOIA 13-3824

Created: 2/12/2014

General Reference

Temporary Loan of Records

Standard

Standard (billed)

N/A

To: AARON ALTON

1600 SPEARHEAD DIVISION AVE FOIA/PA OFFICE BLDG 3 FL1 RM 37

DEPARTMENT 107

FT. KNOX, KY, 40122

P : (502) 613-4202

F : (703) 325-1844

M1 5866 M2 6122
M3 6322
M4 6422*

RESTRICTED

TRUMAN A MELING
37127023 742 43 0

JAKE MELING

RFD 2

JASPER MINN P

INVENTORY OF PERSONAL EFFECTS

US Mil. Cem. No.1 Grand Faily, France

5 Jan 1945

Date

SUBJECT: Inventory of Personal Effects of:

MELING	Truman	A	Pfc	37127023
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)
Effects Quartermaster, Communications Zone, APO			887	US Army
The above named individual of	401 GI Inf			101 Airborne
	(Unit)			(Organization)
was reported	deceased			about 31 Dec 1944
	(Status-Killed, MIA, Hospitalized, etc.)			(Date)
Designated beneficiary if information readily accessible	Jake Meling			
RFD 2	Jasper, Minn.			

INVENTORY OF EFFECTS

2 Postal MO recs. (\$200.00) ✓
 1 Brown leather billfold ✓
 1 Pearl handle knife ✓
 1 Souvenir coin ✓
 1 Green fountain pen ✓
 Currency listed below

249 French Francs

Money in the amount of _____ has been turned into C.S. McCORMICK Jr., Lt. Col.
 F.D. 211-226 . Form WDFD 38 enclosed. (Name of Finance Officer
 and symbol number)

Names and addresses of any Banks in which accounts may be carried.

I certify that the above items constitute all of the effects, secured by
 me, of the above named individual and that they ~~were~~ forwarded to the Effects
 Depot by truck on 15 Jan 1945 will be
 (Rail, Truck, etc.) (Date)

Name

W E Samson
WILLIAM E SAMSON

Rank & ASN

1st Lt OMC

Any additional pertinent information:

Organization

3043 QMGR CO

RESTRICTED

MMM

DISINTERMENT DIRECTIVE

64-52 22m8

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

3530 01756

15 07 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

MELING TRUMAN A

37127023

PFC

1

CEMETERY

DAY MONTH YEAR

GRAND FAILLY - LONGUYON

1

DISPOSITION OF REMAINS

7400 08

PLOT

ROW

GRAVE

COUNTRY

CODE DIST. PT.

CAUSE OF DEATH

1

C 4 84 FRANCE

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

WALZ & WALZ UNDERTAKING
1107 ~~110~~ EAST MAIN STREET
PIPESTONE, MINNESOTA
(F/B IHLEN, MINNESOTA)JAKE MELING (FATHER)
RURAL FREE DELIVERY #2
JASPER, MINNESOTA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS
 MARKER

USAAF

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED WORK SHEET

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET ~~xxxx~~ transfer box

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

RICHARD N CONRAD, EMB. SUPV.

RICHARD N CONRAD, EMB. SUPV.

CASKET BOXED AND MARKED

14/10/48

CHARLES R CARDER

SHIPPING ADDRESS VERIFIED BY x All markings, tags &
plates verified by J. W. Patton
JOHN W PATTON, CAPT., Cml. C.

DATE

BY

CLERK RECORDER

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

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CASUALTY INVESTIGATION

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM Longuyon, France.		TO Casketing Point, Antwerp Belgium.	
KIND OF CONVEYANCE Rail		NAME OF CONVOYER Cpl Marcel Thuillier.	
SIGNATURE OF SHIPPER <i>[Signature]</i> MARCEL M. STEVIZ, 1st Lt Inf.	DATE 9-25-48	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 5 OCT 1948
2. SHIPPED			
FROM AGRC ANTWERP BELGIUM		TO USAT CARROLL VICTORY	
KIND OF CONVEYANCE VC. 2		NAME OF CONVOYER K. W. WHEREOTT CAPT. T. C.	
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE 2 OCT. 1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 8 OCT. 1948
3. SHIPPED			
FROM		TO Ny 6	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE NOV 16 1948
4. SHIPPED			
FROM Ny 6		TO J. C. 08	
KIND OF CONVEYANCE train		NAME OF CONVOYER Cpl. Casquale Familiaro	
SIGNATURE OF SHIPPER W. W. BREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE 18 Nov 48	SIGNATURE OF RECEIVER <i>[Signature]</i> L. A. BOCKSTAHLER	DATE NOV 22 1948
5. SHIPPED			
FROM 1st Lt., INF		TO Chief, Operations Bz.	
KIND OF CONVEYANCE MINNESOTA		NAME OF CONVOYER MINNESOTA	
SIGNATURE OF SHIPPER MVS & MVS UNDEBTAKING	DATE	SIGNATURE OF RECEIVER TAKE WELING (LATER)	DATE
6. SHIPPED			
FROM C 84 SERVICE		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

MAN

RECEIPT OF REMAINS DAY LETTER

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

WALZ AND WALZ UNDERTAKING
1102 MAIN STREET
PIPESTONE, MINNESOTA

ROUTINE

REMAINS CONSIGNED TO:

REMAINS OF THE LATE PFC. TRUMAN A. MELING *al*
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 203-303
GMSTP&P RR

~~XXXXXXXXXXXX~~

~~XXXX~~ DUE TO ARRIVE PIPESTONE, MINN., 2:13 PM THURS. 9 DEC. 1948
REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS
TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 16848



R. D. BLANKENHORN
LT. COL. QMC

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

THIS 9 DAY OF December, 19 48
DAY MONTH

James D. Bruce cpl.
WITNESS (Escort)

Jacob Walz
CONSIGNEE

REV. 18B

MM

NAT
FILE
RECORDS ANNOTATED
DATE 11 Feb 49
MADE at Hauwinn
R & R BR. DEC 6 1948

25 FEB 1949 LIS

FLAT GRANITE DUPLICATE

CHECK TYPE REQUIRED
(See Instructions attached)

- UPRIGHT MARBLE HEADSTONE
- FLAT MARBLE MARKER
- FLAT GRANITE MARKER
- BRONZE MARKER (NOTE RESTRICTIONS)

WW II

APPLICATION FOR HEADSTONE OR MARKER

(Please make out and return in duplicate)

ENLISTMENT DATE

SERIAL No.

37127023

EMBLEM (Check one)

- CHRISTIAN
- HEBREW
- NONE

DISCHARGE DATE

PENSION No.

STATE

RANK

Pfc.

COMPANY

NAME (Last, First, Middle Initial)

MELING, TRUMAN A.

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION

Army Air Force

DATE OF BIRTH (Month, Day, Year)

Jan 5, 1915

DATE OF DEATH (Month, Day, Year)

Dec. 31, 1944

NAME OF CEMETERY

Rihlen

LOCATION (City and State)

Ihlen, Minn

SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)

NEAREST FREIGHT STATION (City and State)

Ihlen Minnesota

POST OFFICE ADDRESS OF CONSIGNEE

Ihlen, Minnesota

C. N. King

(SIGNATURE OF CONSIGNEE)

DO NOT WRITE HERE

FOR VERIFICATION

FEB 24 1949

ORDERED

B/L

SHIPPED

I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.

Jake Meling

APPLICANT'S SIGNATURE

Feb 19 1949

DATE OF APPLICATION

ADDRESS (Street, City, State)

R. F. D. 2, Jasper, Minn

OQMG FORM 623
REV 15 APR 47

IMPORTANT—Complete Reverse Side

16-11453-6

FOR ORD. 18 JUL 1949
FOR ORN
7 JUL 1949

6-15-49 appx - Recd. above 8/10 11/1/45. Submitting 12/13/44

I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

E. N. King

(Signature of superintendent, sexton, or caretaker)

Date

Feb. 19, 1949

16-11453-4

Return to: OFFICE OF THE QUARTERMASTER GENERAL,
MEMORIAL DIVISION,
WASHINGTON 25, D. C.

D/D please
 647
 1-1-45

25 1945
 F. C. ...
 ...

CONTRACTOR'S COPY

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

FLAT GRANITE MARKER

JUL 7 1949

Herewith order for marker to be inscribed as follows:

INSCRIPTION: *LATIN CROSS*

TRUMAN A MELING / MINNESOTA / PFC 327 GLIDER INF
101 ABN DIV / WORLD WAR II / JAN 5 1915 JAN 1 1945

SHIP TO: C N RING, SUPT
IHLEN CEMETERY
IHLEN
FOR: MINNESOTA

R. R. STATION:

R. R. STATION:

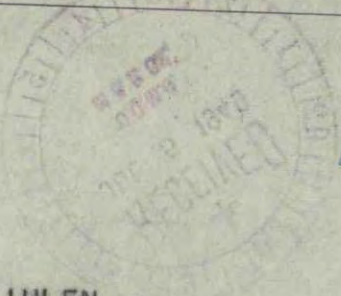
APPLICANT: JAKE MELING
R.F.D. 2
JASPER
MINNESOTA

CEMETERY: IHLEN
IHLEN
MINNESOTA

QGMG FORM
Rev. 1 NOV. 48 312

U. S. GOVERNMENT PRINTING OFFICE 1949 JKT. #24161

Copy



MAR 4 1949

MAR 5 1949

LFH

white

Jake Meling

OIC

FLAT GRANITE MARKER

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

CONTRACTOR'S COPY

JUL 7 1949

Research order for marker to be inscribed as follows:

INSCRIPTION: LATIN CROSS

TRUMAN A MELING / PFC 357 GLIDER INF
701 ABN DIV / WORLD WAR II / JAN 5 1917



R. R. STATION

SHIP TO:
C. R. KING, SGT
IHLIN CEMETERY

R. R. STATION

FOR:
MINNESOTA

APPLICANT:
LAKE MELING
R.F.D. 2
JASPER
MINNESOTA

CEMETERY: IHLIN
IHLIN
MINNESOTA

FORM 318
REV. 1 NOV 48

Jasper Meling

CORRESPONDENCE ACTION SLIP

NAME <i>Truman A. Melby</i>		SERIAL NUMBER <i>37127023</i>	INITIALS <i>KW</i>	DATE <i>6-15-49</i>
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>app.</i> <i>off records show</i> <i>D/O 1-1-45</i> <i>submit off proof of</i> <i>D/O 12-31-44 on</i> <i>sign + return</i>	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

JUN 15 1949

JUN 29 1949
White

COPY OF INSCRIPTION
TO BE PLACED ON MARKER

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

FLAT GRANITE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage. UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

TRUMAN A MELING / MINNESOTA / PFC 327 GLIDER INF
101 ABN DIV / WORLD WAR II / JAN 5 1915 JAN 1 1945

SHIP TO:

C N RING, SUPT
IHLEN CEMETERY
IHLEN
MINNESOTA

R. R. STATION:

FOR:

R. R. STATION:

APPLICANT:

JAKE MELING
R.F.D. 2
JASPER
MINNESOTA

CEMETERY:

IHLEN
IHLEN
MINNESOTA

QOMG FORM
Rev. 1 NOV. 48 312

APPROVAL AND ACCEPTANCE

SIGNATURE

JUL 29 1949
LFH
Frohman

FLAT GRANITE MARKER

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

COPY OF INSCRIPTION
TO BE PLACED ON MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON FOR WHOM MARKER IS TO BE SHIPPED. After you have CORRECTED ANY ERRORS, sign and return promptly in the enclosed envelope which contains no postage. UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

FRANK A. MELING / PFC
1ST INF DIV / WORLD WAR II / JAN 2 1912
MELING / PFC
1ST INF DIV / WORLD WAR II / JAN 1 1912

R. R. STATION

SHIP TO
C. H. RING, SGT
MELING CEMETERY
MINNEDOTA

R. R. STATION

FOR: MINNEDOTA

MINNEDOTA
MELING
CEMETERY

APPLICANT:
FRANK A. MELING
P.O. BOX 2
JACKSON
MINNEDOTA

APPROVAL AND ACCEPTANCE
SIGNATURE

FORM 312
155485

ORIGINAL ORDER

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

FLAT GRANITE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with LOCAL OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage. UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

TRUMAN A MELING / MINNESOTA / PFC 327 GLIDER INF
101 ABN DIV / WORLD WAR II / JAN 5 1915

JAN 7 1945
Dec. 31 1944

SHIP TO:

C N RING, SUPT
IHLEN CEMETERY
IHLEN
MINNESOTA

R. R. STATION:

FOR:

R. R. STATION:

MAR 4 1949

APPLICANT:

JAKE MELING
R.F.D. 2
JASPER
MINNESOTA

CEMETERY:

IHLEN
IHLEN
MINNESOTA

QMG FORM
Rev. 1 NOV. 48 312

APPROVAL AND ACCEPTANCE

SIGNATURE

Jake Meling

LFH
JUL 26 1949 PM
Parhole

ORIGINAL ORDER

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

FLAT GRANITE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with OFFICIALS and make sure a government flat granite marker will be allowed at your location. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. Also you have CORRECTED ANY ERRORS, sign and return promptly in the faceted envelope which encloses no postage. UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

TRUMAN A MELING / MINNESOTA / PFC
101 ABN DIV / WORLD WAR II / JAN 5 1915
357 GLIDER INF

Dec 31 1944

R. R. STATION

SHIP TO:
C O RING, SPT
IHLEN CEMETERY

FOR:
MINNESOTA

R. R. STATION

APPLICANT:
JASPER
R. F. D. 2
LAKE MELING
MINNESOTA



APPROVAL AND ACCEPTANCE

SIGNATURE

FORM 315
REV. 1 NOV. 43

JUL 26 1945 PM
LFH

JUN 4 1945

QMGMH 293

Meling, Truman A.
SN 37 127 023

17 June 1949

Mr. Jake Meling
RFD 2
Jasper, Minnesota

Dear Mr. Meling:

Reference is made to the order form covering the inscription to be cut on a Government flat granite marker for the grave of the late Truman A. Meling, on which you have changed the date of death to 31 December 1944.

When a veteran dies in the service, it is required the date of death on a Government marker be inscribed as shown on the official records, which in this case is 1 January 1945. If, however, you have any official papers verifying the decedent's date of death as 31 December 1944, and will lend them to this office, action will be taken to establish the correct date. You may be assured any documents you forward will be carefully safeguarded and returned to you when they have served their purpose.

In the event you are unable to locate the required evidence and will accept the date as shown in the records, please sign and return the inclosed duplicate order form.

Sincerely yours,

NORMAN S. WIGGS
Lt Col, QMC
Memorial Division

2 Incls
1 order form
2 env

JUN 17 1 26 PM '49
MAIL ROOM

293

application removed for action 6-7-49

293 Meling, Truman A.

file
P. V. Watson
Added
6-7-49

CERTIFICATE

(AR 30-1830)

FORWARD
 CHIEF MASTER
 WORLD WAR II OFFICE OF
 CONTROL No. 16849
 ATTN: HQRS., A. G. R. S.

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

210-587
 STA. 199
 E. G. DOYEL
 LT. COL. R. D.
 CHICAGO, ILL.

PART A - CIVILIAN OR PRIVATE CEMETERY

A

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT MELING, TRUMAN A.	GRADE PFC	SERIAL NUMBER 57127025	COMPONENT US AC
--	---------------------	----------------------------------	---------------------------

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

CLAIM VALID-REPATRIATION

JAN 3 1949

INSERT NAME OF CEMETERY <i>Shlen</i>	CITY OR COUNTY <i>Shlen</i>	STATE <i>Miss</i>
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: AGR DIVISION, CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL.	SIGNATURE OF CLAIMANT JAKE MELING <i>Jake Meling</i>	DATE <i>12/11/48</i>
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) RURAL FREE DELIVERY #2, JASPER, MINNESOTA	RELATIONSHIP TO DECEDENT FATHER

PART B - NATIONAL OR POST CEMETERY

B

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
------------------	-------	---------------	-----------

I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILLINOIS	SIGNATURE OF CLAIMANT
	ADDRESS OF CLAIMANT (City, Street or RFD, and State)
RELATIONSHIP TO DECEDENT	DATE

QMC FORM 1236
 23 OCT 47

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

PAID ON
 MONEY ACCOUNTS
 89130
 JAN 20 1949
 E. G. DOYEL
 Symbol Number 210-587

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

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

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

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

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



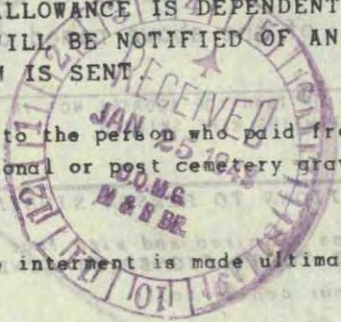
EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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

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

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

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



DISINTERMENT DIRECTIVE

Section A		Directive Number		Date
Name & Burial Location of deceased.		Day	Month	Year
NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
MELING Truman A	37127023	Pfc		Day Month Year
CEMETERY			Disposition of Remains	
GRAND FAUILLY				
PLOT	ROW	GRAVE	COUNTRY	
C	4	84	FRANCE	
		Code Dist. Pt.		
		Cause of Death		

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
MELING Truman A.	37127023	Pfc.		5 August 1948
Identification Tag on <input checked="" type="checkbox"/> Remains <input checked="" type="checkbox"/> Marker	Organization	Religion	Identification verified by:	
		P.	JOHN D. REGAN, Embalmer Name & Title	

Section D - Preparation of Remains for Shipment

Nature of Burial	Condition of Remains
military clothes	Intact, fractured right tibia and fibula.
Other means of Identification:	
None	
Minor Discrepancies:	
None	

Remains prepared and placed in transfer box

Date **6 August 1948**By **JOHN D. REGAN, Embalmer**

Casket sealed by

Embalmer (Signature)

Casket

Marked

All markings, tags plates verified

Date

By

By

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

FRANK J. GLESSNER 1st Lt Inf., 527 QM SV CO.

Signature of QRS Inspector (Grade & Orgn)

1. Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
QMC Form 1194 - This form modified by Hq Third Zone, AGRC, EA, APO 58 US ARMY
Dated 4 March 1948.

37

M9

INSPECTION CHECKLIST

16848

NAME MELING, TRUMAN A.		RANK PFC	SERIAL NO. 37127023	ARM OR SERVICE ARF	DIRECTIVE DATE 15 JULY 1948
		RACE WHITE	RELIGION PROT.	SEX MALE	DIRECTIVE NO. 3530 01756 NY
CONSIGNEE AND ADDRESS WALZ AND WALZ UNDERTAKING 110 EAST MAIN STREET PIPESTONE, MINNESOTA (F/B: IHLEN, MINNESOTA)			NEXT-OF-KIN ADDRESS JAKE MELING (FATHER) RURAL FREE DELIVERY #2 JASPER, MINNESOTA		
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)			CONDITION OF SHIPPING CASE (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
<input checked="" type="checkbox"/> FINISH (Exterior) <i>OK</i>			REMARKS: RAIL		
<input type="checkbox"/> FINISH (Interior)					
<input type="checkbox"/> HANDLES					
<input type="checkbox"/> HANDLE BOLTS					
<input type="checkbox"/> STENCILING - NAMEPLATE					
			INSPECTED BY: <i>R.H. Dent</i>		
CASKET - General Appearance (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY		
<input checked="" type="checkbox"/> FINISH (Exterior)			REMARKS: <i>scratches around Rim</i>		
<input type="checkbox"/> HANDLES AND FASTENINGS					
<input type="checkbox"/> STENCILING - NAMEPLATE					
<input type="checkbox"/> CAM LOCKS (Sealing)					
<input type="checkbox"/> ODOR OR MOISTURE					
			INSPECTED BY: <i>R.H.</i>		
ROUTED THROUGH					
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input checked="" type="checkbox"/> MORTUARY REPAIR SHOP		
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			CASKET REPAIR <input type="checkbox"/> <i>obvious scratches</i>		
NECESSARY DISINFECTION (Explain)			CASKET EXCHANGED <input type="checkbox"/>		
			SHIPPING CASE REPAIRED <input type="checkbox"/>		
			SHIPPING CASE EXCHANGED <input type="checkbox"/>		
			REMARKS: NO PROBLEM		
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
			<i>8:20 A.M.</i>	<i>12/8/48</i>	<i>R.H. Dent</i>
STORAGE LOCATION			PASS. LIST NO.	CONTROL NUMBER	
FLOOR	SECTION	BAY	STORAGE NUMBER		
			<i>1006</i>	<i>020</i>	
STAMP INCOMING OR OUTGOING				CONTROL NUMBER	
OUTGOING				16848	

WU A412 24. COLLECT

PIPESTONE MINN NOV 11 1948 453P

COMDG OFCR

CHGO QM DEPOT AGRD

SHIP REMAINS OF PFC TRUMAN A MELING CONTROL NUMBER 16848
AS ORIGINALLY REQUESTED TO WALZ AND WALZ UNDERTAKERS 1102
MAIN STREET PIPESTONE MINNESOTA

JAKE MELING

124P NOV 12.

16848..

RECEIVED
SIGNAL CENTER
NOV 12 1 26 PM '48

*Discrepancy in address of
Funeral Director
JMB file djh*

REC'D CH QMD
AGR DISTR CTR '8

RECEIVED
NOV 15 1 56 PM '48
1948 NOV 12 PM 1:44
1948

PIPESTONE MINN NOV 11 1948 453P
CHGO QM DEPOT AGRD
SHIP REMAINS OF PFC TRUMAN A MELTING CONTROL NUMBER 18848
AS ORIGINALLY REQUESTED TO WALL AND WALL UNDERTAKERS 1102
MAIN STREET PIPESTONE MINNESOTA
JAKE MELING
1249 NOV 15.

18848..

WU APTS 24 COLLECT
COMDG OFCR

37127023

MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE .DAY LETTER	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR	
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL.			SECURITY CLASSIFICATION		
ACTION TO:		DELIVER & REPORT ANY CHARGES		PRECEDENCE FOR ACTION INFORMATION	
. JAKE MELING				<input type="checkbox"/> ORIGINAL MESSAGE	
. RURAL FREE DELIVERY #2				REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION	
. JASPER, MINNESOTA					
INFORMATION TO:					
WE HAVE BEEN ADVISED REMAINS OF THE LATE PFC. TRUMAN A. MELING					
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO WALZ & WALZ UNDERTAKING, 110 E. MAIN ST., PIPESTONE, MINN. (F/B: IHLEN, MINN.)					
WITHIN 48 HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF 48 HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAILROAD ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST 3 DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IN REPLY TELEGRAM REFER TO CONTROL					
NUMBER 16848		AND FULL NAME OF DECEASED.			
R. W. BENNETT Lt. Col., QMC Chief, AGR Div.					
WESTERN UNION		REV. 4E-1			
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL		DATE-TIME GROUP		OFFICIAL TITLE	
		NOV 10 1948		THOS. O. CALL Major, QMC Chief, Adm. Br., A. G. R. D.	
				PAGE OF	

WD AGO FORM 11-168
15 JUN 1945This form supersedes WD AGO Form 11-168, 23 Aug 41,
and WD AGO Form 801, 12 Mar 43, which are obsolete.

16-45801-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

MS

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc. Truman A. Meling, 37 127 023
Plot C, Row 4, Grave 84,
United States Military Cemetery
Grand Failly, France

4 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, Jake Meling (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

Ihlen Cemetery, Ihlen, Minnesota

(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.)

None

DD Proc 7/22/48 AB

Cred 28 June 48
Krupp

Krupp

PART I (Continued)

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

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

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

FULL NAME OF FUNERAL DIRECTOR <i>Walz & Walz Undertaking, Pipestone, Minnesota</i>			
NUMBER AND STREET <i>110 East Main St.</i>	CITY OR TOWN <i>Pipestone</i>	COUNTY OR PROVINCE <i>Pipestone</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Minnesota</i>
EXPRESS OFFICE (Nearest railroad passenger station) <i>Pipestone, Minn.</i>	TELEGRAPH ADDRESS <i>Pipestone, Minnesota</i>	TELEPHONE No. <i>184 r or 184 w</i>	

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 <i>Meling</i>	FIRST NAME <i>Donald</i>	MIDDLE INITIAL <i>J.</i>	RELATIONSHIP TO DECEASED <i>Brother</i>
NUMBER AND STREET <i>Route 2</i>	CITY OR TOWN <i>Jasper</i>	COUNTY OR PROVINCE <i>Pipestone</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Minnesota</i>

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.

Jake Meling (SIGNATURE OF NEXT OF KIN) Rural Free Delivery #2 (STREET AND NUMBER)
Jake Meling (NAME PRINTED OR TYPED) Jasper, Minnesota (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 31st day of October, 1947, at city (or town) of Pipestone, county of Pipestone, and State (or Territory or District) of Minnesota

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

O. T. Johnson (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Clerk of District Court (OFFICIAL TITLE)

PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(DATE)

(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

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

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

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

(DATE)

(SIGNATURE)

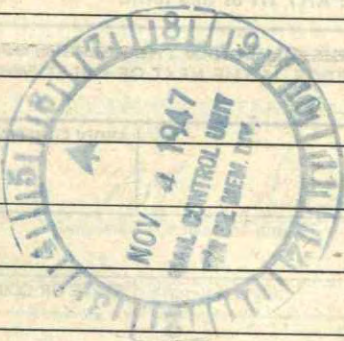
(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTION

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



Pfc. Truman A. Meling, 37 127 023
Plot C, Row 4, Grave 84,
United States Military Cemetery
Grand Failly, France

4 September 1947

Mr. Jake Meling
Rural Free Delivery #2
Jasper, Minnesota

Dear Mr. Meling:

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. 8
BM

SEP 9 10 52 AM '47
U S MAIL
MAIL & RECORDS BRANCH

27 September 1946

Mr. Jake Meling
Rural Free Delivery #2
Jasper, Minnesota

Dear Mr. Meling:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Truman A. Meling, A.S.N. 37 127 023.

793
[Handwritten initials]

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Grand Failly, plot C, row 4, grave 84. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles north of Verdun, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

[Handwritten initials]

SEP 27 1 05 PM '46
MAIL ROOM
[Vertical stamp]

[Handwritten scribble]

9W
5

CASUALTY CARD

CORRECTIONS AND ADDITIONS TO BURIAL REPORT AS TAKEN FROM AG.

292
 NAME HELING TRUMAN A.
 RANK PFC
 RANK 37127023
 ASN (327)
 ORGANIZATION GLDR INF RGT
 DATE OF DEATH (31 DEC 44)
 PLACE OF DEATH _____
 CAUSE OF DEATH _____

GP
(SIGNATURE)

File
6-11-46
mm

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 29 Jan 45

FULL NAME 242 Meling, Truman A.		ARMY SERIAL NUMBER 37 127 023	GRADE PFC
HOME ADDRESS Jasper, Minn.		ARM OR SERVICE Infantry	DATE OF BIRTH 5 Jan 1915
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds received in action		DATE OF DEATH 1 Jan 45
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 9 Jun 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) Mr. Jake Meling, father, RFD #2 Jasper, Minn.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Jake Meling, father, same as above Wyona Lou Meling, sister, same as above			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		

ADDITIONAL DATA AND/OR STATEMENT

Evidence of death rec'd in WD 23 Jan 45

 BATTLE NON-BATTLE

GLIDER FLIGHTS

COMBAT INFANTRYMAN (Source and date of order will be furnished when received)

COPIES FURNISHED.

S. O. O.	F. S. I.	F. O., U. S. A.
S. O. C. M. O.	C. F. D.	ARMY EFFECTS BUREAU
C. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. SOI FILE

BY ORDER OF THE SECRETARY OF WAR.

James L. Hoff
ADJUTANT GENERAL

WD AGO FORM 52-1
1 DECEMBER 1944THIS FORM SUPERSEDES WD AGO FORM 52-1, 29 MAY 1944, WHICH
COPIES ARE EXHAUSTED.

5 FEB 1945

RESTRICTED

70734

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

REPORT OF BURIAL

5 Jan 45
Date

943
327

MELING

Last Name

Truman

First

Initial

Rank

37127023

Serial No.

Inf

Unit

101 Airborne

Bastogne Bel

Place of Death

31 Dec 44 estimate

Date of Death

SW legs

Cause of Death

3 Jan 45 1210

Time and Date of Burial

U S Mil Cem #1 Grand Pailly France

Name or Coordinates of Location

84

Grave Number

4

Row Number

Plot Number

Cross

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?
Note below any identifying clues in space below, location, probable organization of deceased, etc.

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

Who is buried on:

Deceased's Right: KEMP 35100121 S/Sgt Co C 53 AIB 4 Armd 83
Name Serial No. Rank Organization Grave No.

Deceased's Left: PHILLIPS 33900067 Unk Unk 85
Name Serial No. Rank Organization Grave No.

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

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

TRUMAN A MELING
37127023 T42 43 0
JAKE MELING
RFD 2
JASPER MINN P

Emergency Addressee

Name

Address

Religion P

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

W. E. Samson

WILLIAM E SAMSON Signature of Officer or other person reporting burial

1st Lt QMC

3043 QMGR 00

Verified by G.R.S. Officer

file
MAR 8 1945
ASB

Inc #76

RESTRICTED

GRAVE REGISTRATION
Form No. 1
Revised 1 Sept 1953

REPORT OF BURIAL 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.

Attached to Marker Yes No Buried with body Yes No Identification Tags: Buried with body Yes No No Identification Tags: How were remains identified? _____

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

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

Who is buried on:
 Deceased's Right: _____
 Deceased's Left: _____

Name: _____ Serial No. _____ Rank: _____ Organization: _____
 Name: _____ Serial No. _____ Rank: _____ Organization: _____

TOOTH CHART 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.

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

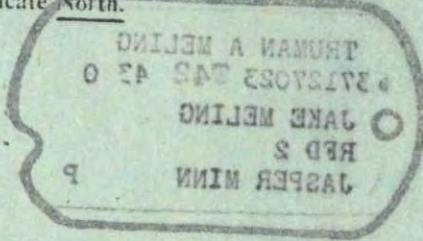
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by _____
 by C linking anchor teeth; replacements by artificial teeth X

Characteristics:

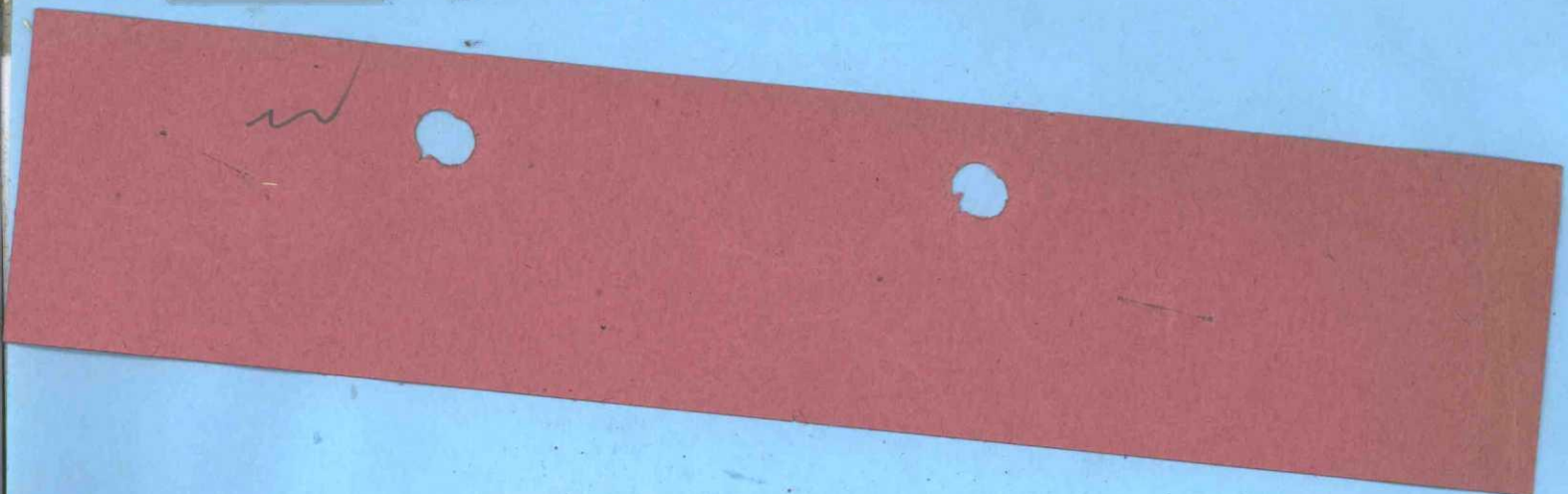
Other Data:

Emergency Address: _____
 Address: _____
 Religion: _____

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



Signature of Officer or other person reporting: _____
 WILLIAM E SAMSON
 lat Lt OMC
 3073 OMR-00



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

392661

REPORT OF DEATH

DATE 29 Jan 45

FULL NAME Meling, Truman A.		ARMY SERIAL NUMBER 37 127 023	GRADE PFC
HOME ADDRESS Jasper, Minn.		ARM OR SERVICE Infantry	DATE OF BIRTH 5 Jan 1915
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds received in action		DATE OF DEATH 1 Jan 45
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 9 Jun 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Jake Meling, father, RFD #2 Jasper, Minn.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Jake Meling, father, same as above Wyona Lou Meling, sister, same as above			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		

ADDITIONAL DATA AND/OR STATEMENT

Evidence of death rec'd in WD 23 Jan 45

 BATTLE NON-BATTLE

GLIDER FLIGHTS

COMBAT INFANTRYMAN (Source and date of order will be furnished when received)

*File in
AW
8-27*



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

BY ORDER OF THE SECRETARY OF WAR:

James Hall
ADJUTANT GENERAL

log

392661

RTB:HL:erw
August 29, 1945

Mr. Jake Meling
Route 2
Jasper, Minnesota

Dear Mr. Meling:

The Army Effects Bureau has received some additional property of your son, Private First Class Truman A. Meling.

These effects, contained in one package, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

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

Sincerely yours,

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Jake Meling

Route 2

Effects of:
Name

Pfc. Truman A. Meling

Jasper, Minnesota

ASN

37127023

Case No.

392661 D

Wt.

DATE 29 Aug 1945

RTB:HL:crw

Winters

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 **8 8 8 8 8 8**
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages 1

SEP 1 1945

E. K.

Shipping Clerk

292,661 JP

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU	STATUS	
X	INBOUND INVENTORY ✓		DECEASED	X
	G. R. OR SUB GR LABEL		MISSING	
	WILL OR POWER OF ATTY.		P. O. W.	
X	TALLY IN FORM 43 ✓	ABANDONED		
		UNKNOWN		

BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS
BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL
BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL
BOOKS	BRUSHES	PEN, FOUNTAIN
BRACELET, IDENT.	CASE	PHOTOS
CAMERAS	CLOTH, WASH	PIPES
CLOTHING	COATS	RINGS
X MISC. ARTICLES ✓	FOOTLOCKER	SCARFS
RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS
X RIBBONS, DECORATION ✓	GLASSES	SOCKS, PR.
SHORT SNORTER	GLOVES, PR.	STATIONERY
SOUVENIR MONEY	HANDKERCHIEFS	TIES
SOUVENIRS	HEADWEAR	TOBACCO
TESTAMENTS	JACKETS	TOILET ARTICLES
TOWELS & WASHCLOTHS	KITS	TOWELS
U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.
1 WATCH clock ✓	LETTERS	TRUNKS, PR.
1 WINGS ✓	LIGHTERS	UNDERWEAR

CONTAINERS ADDRESSED TO	INFORMATION
none	Mr. Jake Meling R.F.D. #2, Jasper Minn.
NAME AND STATUS VARIATIONS	CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL
BOND		AMOUNT	ORIG. REG. MAIL
TRAV. CHECK		DATE	TO G. A. O.
FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	MUTILATED
U. S. CURRENCY		PAYEE	TO ISSUING AGENCY
		REMITTER OR DRAWER	

TALLY NO. ✓ 78	ORIG. NO. OF PKGS. 1	EXAMINING DATE 18 Aug 45 ✓	BOX NO. 11	SHEET OF 1 SHEETS ✓
NAME JULIAN A. MELING ✓		A. S. N. 37 127 023 ✓		
ORGANIZATION Co. "B" 401 811 Inf ✓		RANK PFC ✓		
WAREHOUSE SPACE 1914 A	EXAMINED BY Gray	DIARY REMOVED		
PACKAGE DESCRIPTION #1 pkgs.	PACKED BY H. Nichols	PHOTO FILM REMOVED		
WEIGHT	INSPECTED BY [Signature]	MOTION PICTURE FILM REMOVED		
	STORED BY [Signature]	SHIPPED		
		DATE SEP 1 1945	BY WHOM EK	

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

SHORTAGES

U. S. GOV'T CHECK SHORT

1 fork.
2 Eversharp pencils.

NUMBER

DATE

SYMBOL

AMOUNT

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

Gray

INVENTORY CLERK

Nolan

SUPERVISOR

G. I. REMOVED

NAME MELING, TRUMAN A. FC 7023

BAY	PALLET	BOX	TALLY
31	6	11	78

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
PKG		

Eff. QM Form 43

3

PERSONAL EFFECTS AND BAGGAGE DEPOT
Q-290
APO 513, U.S. ARMY

TALLY IN INVENTORY RECORD TALLY IN NO. F260

NAME ME LING TRUMAN A RANK PFC ASN 37127023

SHOWN ON CONSIGNORS T.O. AS _____

ORGANIZATION _____

DATE 3 APRIL 45 CASE _____ PARCEL BOX STATUS KIA

ITEMS DESCRIPTION REMARKS

1 ALARM CLOCK ✓

1 ETO RIBBON ✓

1 GLIDER BADGE ✓

1 FLASHLIGHT ✓

1 PR SCISSORS ✓

1 LEATHER PHOTO FOLDER ✓

WITH SNAPSOTS ✓

1 ALBUM ✓

1 SEWING KIT ✓

1 FORK (P)

2 EVERSHARP PENCILS (P)

2 HAT PATCHES ✓

1 SPOON & FORK ✓

INVENTORIED BY
TYPE CONTAINER Kaminski

WHSE
SPACE

INVENTORY FORM

26 Jan 1945

Date

SUBJECT: Inventory of Personal Effects of:

Meling (Last Name) Truman (First Name) A (MI) Pfc 37 127 023 (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO Le Mans, France, U. S. Army

The above named individual of Co "B" (Unit) 401 011 Inf (Organization)

was reported DOW Status (KIA, MIA, Hosp, etc.) about 1 Jan 1945 1944

Designated Beneficiary if information readily accessible Mr. Jake Meling

REF #2 Jasper, Winn.

INVENTORY OF EFFECTS

- 1 Alarm clock
 - 1 EPO Ribbon
 - 1 Glider Badge
 - 1 Flashlight
 - 1 pr scissors
 - 1 Leather photo folder with snapshots
 - 1 Album
 - 1 Sewing kit
 - 1 Fork
 - 2 Eversharp pencils
 - 2 Hat patches
 - 1 Spoon & fork
- End

Money in the amount of None has been turned into (Name of Finance Officer) Form WDFD 38 Inclosed. and symbol number)

(Names and addresses of any Banks in which accounts may be carried)

I certify that the above items constitute all of the effects, secured by me, of the above named individual, and that they were forwarded to the Effects Dept. by (Rail, Truck, etc.) on 194.

Any additional pertinent information

Name Julian A Masoo Rank and ASN CAPT - 339108 Organization 327th G.I. Inf

392661

RTB:HL:pjj
July 14, 1945

Mr. Jake Meling
Route #2
Jasper, Minnesota

Dear Mr. Meling:

The Army Effects Bureau has received from overseas some personal effects of your son, Private First Class Truman A. Meling.

I am inclosing a check for \$5.02, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

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

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

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

Yours very truly,

C. B. QUINN
2nd Lt. Q.M.C.
Chief, Files Branch

I Incl—
Check

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Jake Meling

Route #2

Jasper, Minnesota

Effects of:

Name Pfc. Truman A. Meling
ASN 37127023
Case No. 392661 D
Wt.

DATE 12 July 1945
GHG:HL:ml

T. Spirakis
FCB: Effects Quartermaster

REMARKS:

Inclose Bureau Check
Acct. No 95232
Amount \$5.02 *me*
 Inclose "Valuables" item
 Ship "Valuables" item(s)

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

ROUTING:

- 1 Accounting Branch *ev*
- 2 Warehouse Division
- 3 Files Branch, Adm. Div.

95533 emh

95232

392661

July 13

45

Jake Meling

5.02

Five and 02/100

1 pkg

REMARKS:

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

N.K.
Shipping Clerk

Serial No. 37127023 Name WELING TRUMAN A.
 Grade Pfc Rank
 Organization 101 DIV
 Address
 Nearest Relative unk
 Address
 Killed in Action Yes Died of Disease
 Date Hospital
 Battle Area Information
 Place of Burial West Hill Cem #1
 Point of Coordination Grand Army, Pa
 Description of Body

Members Missing

Signed T. S. Knight

C-4-84

PACKAGE DESCRIPTION <i>#1 pkg</i>	ARMY EFFECTS BUREAU INVENTORY 39266 OA	DECEASED	<input checked="" type="checkbox"/>
		MISSING	<input type="checkbox"/>
		P.O.W.	<input type="checkbox"/>
		ABANDONED	<input type="checkbox"/>
		TALLY NO.	8895
		INV. DATE	28 June 45
		ORIG. NO. OF PKGS.	1
		BOX NO.	11
		SHEET	1
		OF SHEETS	1
		ORGANIZATION	401st Inf 1st Airborne
NAME <u>TRUMAN A. MELING</u>			
A.S.N. <u>37127023</u> RANK <u>PFC</u>			

Belt	<u>TOWELS & WASHCLOTHS</u>	<u>WINGS</u>
<u>BELL. MONEY (NO MONEY)</u>	<u>CLOTHING</u>	<u>BAGS, CLOTH OR TRAVEL</u>
Cloth, wash	<u>BRACELET IDENT.</u>	<u>1 BILLFOLD, (NO MONEY) w/c</u>
Coats	Brushes	Case
Footwear, Pr.	<u>CAMERAS</u>	Footlocker
Gloves, Pr.	Glasses	<u>KIT, SEW, TLE, OR WRITING</u>
Handkerchiefs	Knives	<u>BOOKS</u>
Headwear	Lighters	Books, Address
Jackets	<u>X MISC.</u>	Books, Pilot Log
Overcoats	Pen, fountain	<u>DIARY (REMOVED FOR DUR)</u>
Scarfs	Pencil, mechanical	<u>FILMS</u>
Shirts	Pipes	Letters
Socks, Pr.	<u>RELIGIOUS ARTICLES</u>	Papers, Personal
Ties	<u>RIBBONS, DECORATION</u>	Photos
Towels	Rings	Shoe shine articles
Trousers, Pr.	Tobacco	<u>SHORT SHORTER</u>
Trunks, Pr.	Toilet articles	<u>SOUVENIRS</u>
Underwear	<u>WATCH</u>	<u>X SOUVENIR MONEY</u>
		stationery
		<u>TESTAMENTS</u>
		<u>U.S. MONEY (AMOUNT)</u>

REMARKS: *relationship unknown*
Jake Meling
R.F.D. #2 Jasper Minn

ATTACHMENTS: *inventory effects*
S.R. Labl

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>302</i>	STORIED BY <i>N.K.</i>	<u>X</u> SHORTAGE ON REVERSE
INVENTORIED BY <i>Gill</i>	DATE SHIPPED <i>skp</i>	IDENT. TAGS REMOVED
PACKED BY <i>Phelan</i>	CHECKED BY <i>J.</i>	DIARY REMOVED
	#43 OR ADDITIONAL <u>X</u>	LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

U. S. GOVT. CHECK SHORT

249 French Francs
Symb 211-226
Form 38

NUMBER

DATE

SYMBOL

AMOUNT

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

Glee
INVENTORY CLERK

Nolan
SUPERVISOR

G.I. REMOVED

NAME MELING, TRUMAN A. PFC 7023

BAY	PALLET	BOX	TALLY
	4	11	8895

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

Eff. QM Form 48

ARMY EFFECTS BUREAU
INVENTORY

m f
392,661
CASE NO.

TYPED BY

Marriott

DATE

4-25-45

STATUS

Deceased

NAME

Meling, Truman A.

A.S.N.

37127023

RANK

Pfc

ORGANIZATION

Unknown

AMOUNT

ACCOUNT NO.

5.02

LIST NO.

FAID-Check No. 955-33711

964 95232000

f 219

REMARKS

*file
Ed*

7-4

ACCOUNTING INVENTORY

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

JRM:Blm
Case No. 392041

Date 7 July 1945

SUBJECT: Report of transaction in disposing of the effects of

Thomas A. Meling late a
(Name of decedent) 37127023 (Army Serial Number)

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

on the 1 day of January, 1945, at European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 6 July 1945, pursuant to Special Orders 228, Headquarters KCM Depot, dated 25 September 1943, the application or affidavit of Jake Meling for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Jake Meling of (Name of person found entitled)

Route #2, Jasper State of (Number, Street or Avenue) (City, Town or Village)

Minnesota is the father of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, OMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

Melting