

## REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt. Frank Ostocki, 11 034 269  
 Plot B, Row 7, Grave 78,  
 United States Military Cemetery  
 Naples, Italy

23 October 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, JAMES OTOCKI

(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

Notre Dame Cemetery Fall River, Mass.

(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

FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

20 APR



# 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			
FRANK J. BOYKO FUNERAL HOME			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
709 BROADWAY	FALL RIVER	BRISTOL	MASS
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE NO.	
FALL RIVER, MASS. OR PROVIDENCE, R. I.	FALL RIVER, MASS.	8-5121	

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
OTOCKI	ANNA		MOTHER
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
31 CRANDALL ROAD	TIVERTON	NEWPORT	R. 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.

X James Otocky (SIGNATURE OF NEXT OF KIN) 31 CRANDALL ROAD (STREET AND NUMBER)  
JAMES OTOCKI (NAME PRINTED OR TYPED) TIVERTON, R. I. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 18th day of Nov, 1947, at city (or town) of Tiverton, county of Newport, and State (or Territory or District) of Rhode Island

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

Herbert S. Hambley  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public  
 (OFFICIAL TITLE)

HERBERT S. HAMBLEY, Notary Public  
 Commission expires June 30, 1951



## 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.*

RECEIVED  
NOV 21 11 49 AM '47  
RECORDS DIVISION





# 1

## DISINTERMENT DIRECTIVE

### SECTION A — NAME AND BURIAL LOCATION OF DECEASED

## DIRECTIVE NUMBER

5258 01242

## DATE

15 09 48

DAY MONTH YEAR

RACE RELIGION

1 6

## NAME

OTOCKI FRANK

## SERIAL NUMBER

11034269 PVT

## GRADE

## ARM

1

## CEMETERY

NAPLES ALLIED CEM ITALY

## PLOT

## ROW

## GRAVE

B 7 78

## DISPOSITION OF REMAINS

1300 01

CODE DIST. CTR.

## SECTION B — CONSIGNEE AND NEXT OF KIN

## NAME AND ADDRESS OF CONSIGNEE

FRANK J. BOYKO FUNERAL HOME  
709 BROADWAY  
FALL RIVER, MASSACHUSETTS

## NAME AND ADDRESS OF NEXT OF KIN

MR. JAMES OTOCKI (FATHER)  
31 CRANDALL ROAD  
TIVERTON, RHODE ISLAND

## SECTION C — DISINTERMENT AND IDENTIFICATION

## NAME

## SERIAL NUMBER

## GRADE

## DATE OF DEATH

## DATE DISTINTERRED

## 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

## SHIPPING ADDRESS VERIFIED BY

## DATE

## BY

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

SIGNATURE OF AGRS INSPECTOR

## REMARKS AND SPECIAL INSTRUCTIONS



# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>NAPLES PORT MORGUE</b>		TO <b>USAT ERIC C. GIBSON</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <b>WILLIAM H SPURLIN 1ST LT QMC</b>	
SIGNATURE OF SHIPPER <b>A F HUEBARD LT COL AF</b>	DATE <b>15 JAN 49</b>	SIGNATURE OF RECEIVER <i>John F. Glander</i> <b>JOHN F. GLANDER, CHIEF OFFR</b>	DATE <b>15 JAN 49</b>

## 2. SHIPPED

FROM <b>NYPE</b>		TO <b>NYPE</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>W. W. Preisch</i> <b>W. W. PREISCH LIEUT. COLONEL, TC.</b>	DATE <b>FEB 10 1949</b>

## 3. SHIPPED **PORT TRANSPORTATION OFFICER**

FROM <b>NYPE</b>		TO <b>NYPE</b>	
KIND OF CONVEYANCE <b>trailer</b>		NAME OF CONVOYER <i>H. O. Young</i>	
SIGNATURE OF SHIPPER <b>PREISCH LIEUT. COLONEL, FEB 14 1949 PORT TRANSPORTATION OFFICER</b>	DATE <b>FEB 14 1949</b>	SIGNATURE OF RECEIVER <i>H. O. Young</i> <b>H. O. YOUNG Captain, QMC</b>	DATE <b>FEB 14 1949</b>

## 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

# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

OTOCKI FRANK

11034269 PVT 1

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

LOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

B 7 78 NAPLES ALLIED CEM ITALY

## 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

OTOCKI FRANK

11034269

PVT

30 July 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☐ REMAINS

USAGF\*

C

W E MC NEIL - 2 LT QMC

☒ MARKER

WE McNeil NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

SHROUD

SKEL ETAL

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

4 AUG 48

C M DAVIS EMBALMER

DATE

BY

CASKET SEALED BY

C M DAVIS EMBALMER

EMBALMER (Signature)

C M Davis

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

4 AUG 48 A STARK RECORDER

DATE

BY

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

WILLIAM H SPURLIN 2D LT QMC

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.



# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM USMC NAPLES ITALY		TO NAPLES PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER B K TRAYNOR WOJG	
SIGNATURE OF SHIPPER <i>P C Craig</i> P C CRAIG CAPT QMC	DATE 2 Aug 48	SIGNATURE OF RECEIVER <i>Frank A Wilson</i> FRANK A WILSON CAPT QMC	DATE 2 AUG 48

## 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



CASE NO.		<b>INSPECTION CHECK LIST</b>					SPACE NO.	
NAME OF DECEASED (Last, First, Middle Initial) <b>OTOCKI, FRANK</b>		BRANCH OF SERVICE <b>USAGF</b>	RACE <b>W</b>	RELIGION <b>N/R</b>	SEX <b>M</b>	DATE		
RANK OR GRADE <b>PVT</b>	SERIAL NUMBER <b>11034269</b>	<b>FRANK J. BOYKO FUN'L HOME</b> <b>709 BROADWAY</b> <b>FALL RIVER, MASS.</b>						
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)				CONDITION OF SHIPPING CASE (Check One)				
FINISH (Exterior) FINISH (Interior) HANDLES HANDLE BOLTS STENCILING—NAME PLATE <i>Clear</i> HEALTH PERMIT MARKER HEALTH PERMIT NUMBER <i>H4024 RC</i>				<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
				REMARKS				
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)				CONDITION OF CASKET (Check One)				
FINISH (Exterior) <i>Clear &amp; polished</i> HANDLES AND FASTENINGS STENCILING—NAME PLATE CAM LOCKS (Sealing) <i>Tight up</i> ODOR OR MOISTURE				<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
				REMARKS				
<b>ROUTED THROUGH</b>								
<input type="checkbox"/> MORTUARY OPERATING ROOM CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY				<input type="checkbox"/> REPAIR SHOP CASKET REPAIRED				
NECESSARY DISINFECTION (Explain)				CASKET EXCHANGED				
				SHIPPING CASE REPAIRED				
				SHIPPING CASE EXCHANGED				
				REMARKS				
TIME				DATE		SIGNATURE OF MORTICIAN		
TIME				DATE		SIGNATURE OF INSPECTOR		
REMARKS								



RECEIVED  
GREENWICH MEAN TIME (Z)

FEB 15 23 55 1949

WU 124 17 5 EXTRA GOVT COLLECT FALLRIVER MASS FEB 15 530P  
G H BARE COL

MAIL CENTER  
HQ. NYPE. BKLYN. N.Y.

QMC

YOUR TELEGRAM 28 JANUARY ANSWERED SAME DAY NO CHANGE IN PLANS  
JAMES OTOCK 31 CRANDALL RD TIVERTON RI

28 31

612P



DISTRIBUTION CENTER #1  
NEW YORK PORT OF EMBARKATION  
BROOKLYN, NEW YORK

I certify that this message is an official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest.

MR JAMES OTOCKI

31 CRANDALL ROAD

TIVERTON, RHODE ISLAND

JAMES MCCARTHY  
Major, TC  
Admin O, AGR Div.

USAT "CPL. ERIC G. GIBSON"

PLEASE BE ADVISED THE REMAINS OF THE LATE

PVT FRANK OTOCKI

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO

FRANK J. BOYKO FUNERAL HOME,

709 BROADWAY, FALL RIVER, MASS.

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF FROM FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DELIVERY GIVING DATE AND THE REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

RELEASED TO W U

G. H. BARE, COL, QMC

DOG

28 JAN 49

2457A





# MESSAGEFOR

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

1949 FEB 15 16 50

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

SECURITY CLASSIFICATION

ACTION TO:

- MR. JAMES OTOCKI
- 31 CRANDALL ROAD
- TIVERTON, RHODE ISLAND

PRECEDENCE FOR  
ACTION INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE  
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

A TELEGRAM WAS DISPATCHED TO YOU ON <sup>January</sup> 28 ~~FEBRUARY~~ 1949 ASKING  
FOR CONFIRMATION OF YOUR DESIRES CONCERNING FINAL DISPOSITION OF THE REMAINS  
OF THE LATE PVT FRANK OTOCKI THE  
DIFFICULTY IN REACHING A DECISION IS APPRECIATED. CONFIRMATION OF YOUR  
ORIGINAL PLANS OR YOUR CHANGE OF PLANS AT THE EARLIEST POSSIBLE DATE BY  
COLLECT TELEGRAM WILL ASSIST US IN EXPEDITING FINAL DISPOSITION OF ALL  
REMAINS TO ALL NEXT OF KIN. YOUR COOPERATION WILL BE APPRECIATED

G. H. BARE  
COLONEL, QMC

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

OFFICIAL TITLE

PAGE OF



NOV 15 1950

ASKING

A TELEGRAM WAS DISPATCHED TO YOU ON

FOR CONVICTION OF YOUR DESIRES CONCERNING FINAL DISPOSITION OF THE REMAINS

THE

OF THE LATE

DIFFICULTY IN REACHING A DECISION IS APPRECIATED. COOPERATION OF YOUR

ORIGINAL PLANS OR YOUR OWNERS OF PLANS AT THE EARLIEST POSSIBLE DATE BY

COLLECT THE TEAM WILL ASSIST US IN EXPEDITING FINAL DISPOSITION OF ALL

REMAINING TO ALL BEST OF THEM. YOUR COOPERATION WILL BE APPRECIATED

G. H. MARK  
COLONEL, USA

98595

DATE

PAID  
2 March 1949REQUEST FOR REIMBURSEMENT OF INTERMENT  
OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT (Last, First, Middle Initial)

1293 OTOCKI, FRANK

BRANCH OF SERVICE

USAGF

TO BE FILLED IN BY CLAIMANT

RANK OR GRADE

PVT

SERIAL NO.

11034269

A. ☒ INTERMENT EXPENSES  
(Civilian or Private Cemetery)B. ☐ TRANSPORTATION EXPENSES  
(National or Post Cemetery)

## INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ 115.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: NoTre DameCITY OR COUNTY: Fall RiverSTATE: Mass.

RETURN FOUR COPIES TO

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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

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

JAMES OTOCKI

SIGNATURE OF CLAIMANT

31 Crandall Rd Tiverton RI

ADDRESS (Street number or RFD, City and State)

Father

RELATIONSHIP TO DECEDENT

REMARKS

J. C. Kovarik  
Col., F. D.  
Brooklyn, N. Y.

MAR 1949

Sym. 4  
Sta. 625



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PART A

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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.

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PART B

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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.





Pvt. Frank Otocki, 11 034 269  
Plot B, Row 7, Grave 78,  
United States Military Cemetery  
Naples, Italy

23 October 1947

Mr. James Otocki  
31 Crandall Road  
Tiverton, Rhode Island

Dear Mr. Otocki:

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.

fat

OCT 30 11 29 AM '47  
O.D.M.G.  
MAIL & RECORDS BRANCH

into



Mr. James G. Thompson  
31 Franklin Road  
Riverdale, Illinois

22 October 1941

Mr. James G. Thompson  
31 Franklin Road  
Riverdale, Illinois

Dear Mr. Thompson:

The people of the United States, through the Congress have authorized the  
disturbance and final burial of the heroic dead of World War II. The question  
of the burial of the dead 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 pamphlet, "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 law 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 Form I of the en-  
closed form "Request for Disposition of Remains." Should you desire to retain  
certain your rights to the next of kin of kinship, please complete Form II of the  
enclosed form. If you are not the next of kin, please complete Form III of the  
enclosed form.

If you should also desire Form S, 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 the receipt by you. The prompt return will  
avoid unnecessary delay.

Sincerely,

THOMAS E. LAMBLE  
Major General  
The Quartermaster General

Encs.

147

RECEIVED  
OCT 22 1941  
MAIL ROOM

# RECEIPT OF REMAINS

HEADQUARTERS, NYPE  
DISTRIBUTION CENTER #1, AGRS  
58th ST. & 1st AVE.  
BROOKLYN, N.Y.

DISTRIBUTION CENTER

ROUTINE

REMAINS CONSIGNED TO:

FRANK J. BOYKO FUNERAL HOME

709 BROADWAY

FALL RIVER, MASS.

REMAINS OF THE LATE PVT FRANK OTOCKI 1103-4269 ACCOMPANIED BY AN  
ESCORT ARE SCHEDULED TO LEAVE NEW YORK ON TRAIN

NUMBER 12 NEW HAVEN RAILROAD AT TEN A. M. EST

ON MONDAY 28 FEB AND DUE TO ARRIVE AT FALL RIVER

AT SIX FORTY P. M. EST ON SAME DATE

PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND PLEASE  
NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

ESCORT: M/SGT FRANCIS E. PONTON  
ER 31 161 529  
DET. #5, 1300 ASU

G. H. BARE

COLONEL, QMC

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

THIS 28th DAY OF Feb., 19 49

M/Sgt Francis Ponton  
WITNESS (Escort)

31161529

Francis J. Boyko  
COMSIGNEE

NAT  
FILE  
RECORDS ANNOTATED  
DATE MAR 23 1949  
FILE Ant





RECEIVED  
MAR 22 1949  
U.S. DEPT. OF COMMERCE  
BUREAU OF ECONOMIC WARFARE

15 October 1946

Mr. James Otook  
31 Grandall Road  
Tiverton, Rhode Island

Dear Mr. Otook:

293 The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Frank Otook, A.S.N. 11 034 269.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Naples, plot B, row 7, grave 78. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located in Naples, Italy, 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,

2. B. LARKIN  
Major General  
The Quartermaster General



10 October 1946

Mr. James O'Connell  
11 Central Road  
Beverly, Rhode Island

Dear Mr. O'Connell:

The War Department is now dealing with you as a discharged soldier.  
Action regarding the pending question of your son, the late private  
James O'Connell, A.S.N. 11 084 509.

The records of this office disclose that his remains are buried  
in the U. S. Military Cemetery, France, Plot B, Grave 18. You  
may be assured that the identification and interment have been ac-  
complished with fitting dignity and solemnity.

This cemetery is located in France, Italy, and is under the con-  
stant care and supervision of United States military personnel.

The War Department has now been authorized to supply, as desired,  
most expenses, with the possible exception of the cost of shipping  
final interment, have or should, of the remains of your loved one. At  
a later date, this office will, without any action on your part, pro-  
vide the next of kin with full information and notify his relatives.  
Sincerely,  
James O'Connell

Please accept my sincere sympathy in your great loss.

Sincerely yours,

J. E. LAMMIE  
Major General  
The Quartermaster General



CONFIDENTIAL

NOV 25 1943

REPORT OF BURIAL

AR 30-1815 & TM 10-630

10/14/43

Date Report Filled Out

OTOCKI	FRANK	(NMI)	11034269	W
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
PVT	CO B 307th ENG	82nd A/B DIV	USA	
(Rank)	(Organization)	(Branch)	(Country)	
NAPLES, ITALY	10/10/43	KIA	C	
(Place of Death)	(Date of Death)	(Cause of Death)	(Religion : P, C, H, etc.)	

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes (X); No ( ).

If no identification tags, other means used to identify body (identification card, letters, etc.) :

Complete fingerprint chart of both hands on reverse side if body cannot be identified.

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken.

If unidentified, give circumstances :

List of Personal Effects found on Body and disposition of Same : NONE

ANNA OTOCKI

(Name of Emergency Addressee)

31 CRANDALL RD. TIVERTON, R.I.

(Address of Emergency Addressee)

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

0900 10/12/43

(Time and Date of Burial)

PIETA CEMETERY, NAPLES N244520

(Location, Name, & No. of Cemetery)

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

1	3	1	CROSS	GENERAL SERVICE
(Plot No.)	(Row No.)	(Grave No.)	(King Grave Markers)	(Type of Religious Ceremony)

Identification Tag buried with body (X); Identification Tag attached to marker (X).

If Identification Tags not present, what other identification data were buried with the body and in what kind of container ?

Bodies buried on either side (See paragraph 4 on reverse side this form.)

Right side :	PULTZ	PVT	12072477	CO B 307th ENG	2
	(Name)	(Rank)	(ASN)	(Organization)	(Grave No.)

Left side :	NONE				
	(Name)	(Rank)	(ASN)	(Organization)	(Grave No.)

F.A. SCHMALTZ

(Signature of Officer Reporting Burial)

(Verified by unit G.R.S. Officer)

INSTRUCTIONS FOR FILLING OUT BURIAL, REPORT : Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

Restricted  
CONFIDENTIAL

H.Q. - 160-643 - 80.000

auth-ar-30-1815-C2  
17 Mar 49 Rm Fields

2-33



# INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY : Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property; remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects). If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container, and bury with remains. If unidentified, take fingerprints of both hands; if this is not possible fill out tooth-chart and note height, weight, color of eyes and hair, tattoo marks, birthmarks, etc., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

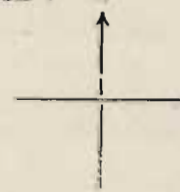
2. BURIAL : Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). Place only one body in a grave. Dig graves side by side, row behind row.

3. MARKING OF GRAVE : Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available, copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. LOCATION OF GRAVE : Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. PERSONAL EFFECTS : List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material, and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

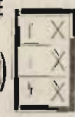
## SKETCH AND MAP REFERENCE :



## TOOTH-CHART

(Left)															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1

Indicate : missing natural teeth by X; crowns by O;  
fillings by □; bridges by — ; linkages anchor teeth;  
replacements by denture (horizontal line.)



Characteristics : \_\_\_\_\_  
Other Data : \_\_\_\_\_

When unidentified, take thumb and fingerprints of both hands.

4

3

2

1

Thumb

Left  
Right

Thumb

1

2

3

4

If this is not possible, fill in tooth chart.

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

In reply refer to QM 250.414

JRM:BB:fj  
6 May 1944

SUBJECT: Report of transactions by Summary Court-Martial  
Army Effects Bureau

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

There are submitted herewith reports of transactions by the Summary Court-Martial at the Army Effects Bureau, in the disposition of the personal effects of the following named deceased military personnel:

<u>Case No.</u>	<u>Name</u>	<u>Rank</u>	<u>Army Serial No.</u>
27159 D	Wiatrowski, Jerome	None	Civilian
27629 D	Sturgis, Horace C.	Cpl.	34081623
28321 D	Montgomery, Stephen H.	None	Civilian
39549 D	Otsaki, Frank	Pvt.	11034269
42403 D	Slap, Charles F.	PTG	20717528

For the Commanding Officer:

W. F. HEHMAN  
Major Q.M.C.  
Acting Effects Quartermaster

5 Incls.  
Incl. 1--Case report 27159 D  
Incl. 2--Case report 27629 D  
Incl. 3--Case report 28321 D  
Incl. 4--Case report 39549 D  
Incl. 5--Case report 42403 D

ML:men  
Eff QM Form No. 23 (Rev. 11/19/43)



Summary Court-Martial  
WAR DEPARTMENT  
ARMY QUARTERS BUREAU  
KANSAS CITY QUARTERMASTER DEPOT  
601 Hardisty Avenue  
Kansas City 1, Missouri

Case No. 39549 D fj

(Date) 6 May 1944

Subject: Report of transactions in disposing of the effects of

Frank Otook, 11034269, late a  
(Name of deceased soldier) (Army Serial No.)

Private, Corps of Engineers AB who died  
(Grade) (Organization, Arm or Service)

on the 10 day of Oct., 1943, at North African Area

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

1. Complying with A.W. 112 a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, HQ., KQCM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, reports that:

a. No legal representative or widow of the decedent being present at his camp or quarters, his effects 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 ~~and money~~ (less the amount 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 16 March 1944, pursuant to Special Orders 228, Headquarters, KQCM Depot, dated 25 September 1943, the application and/or affidavit of James Otook  
(Name of     )  
     for the effects of the above-named deceased soldier, now  
(Claimant)  
in the possession of the United States, together with other relevant evidence, were duly considered:

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

of 31 Crandall Road Tiverton, State of  
(Number, Street or Avenue) (City, Town or Village)

Rhode Island, is the Father of the above-  
(Relationship or Capacity)

named deceased soldier and appears to be entitled to receive his effects.

(Signature of Summary Court Officer)  
W. F. HEHMAN, Major Q.M.C.  
(Name, Rank, Organization)  
SUMMARY COURT-MARTIAL



39549

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

(S-4-22-44)  
JRM:BB:vb  
March 22, 1944

IN REPLY REFER TO 39549 D

Mr. James Otocky  
31 Crandall Road  
Tiverton, Rhode Island

Dear Mr. Otocky:

Thank you for the information given the Army Effects Bureau in connection with disposal of the personal property consisting of a wallet with photos belonging to your son, Private Frank Otocky.

This property has been forwarded by mail under separate cover, so that distribution may be made in accordance with the laws of the state of your son's legal residence.

This Bureau has to date received no more property of Private Otocky, however, you may rest assured that you will be notified immediately if additional property of his is received.

For information regarding the death of your son you may write to The Adjutant General, Washington 25, D. C., as that office will be in a position to give you any available data. The Quartermaster General, Washington 25, D. C. may be contacted regarding the burial of your son as the handling of such matters comes under the jurisdiction of that office.

When you have received the package please sign one copy of this letter in the space provided below and return to this Bureau in the inclosed self-addressed envelope which needs no postage. You may retain one copy of this letter.

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

Yours very truly,

*R. E. Rodgers*  
R. E. RODGERS  
2nd Lt. Q.M.C.  
Assistant

1 Incl.  
Envelope

*James Otocky*

Receipt acknowledged \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

*April 1, 1944*





KANSAS CITY, MO

APR 4 1944

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

BB:vb

MAR 20 1944

Suspense (S-3-31-44) ✓

Case No. 39549 D ✓

Date March 17, 1944 ✓

MEMORANDUM TO Warehouse Branch:

Please see that the personal effects on the above mentioned case are packed, weighed and ready for shipment promptly so that they may be readily picked up. Bills of Lading and all other papers will be marked with the case number and can be identified thereby. The original of this form should be returned to the Administrative Branch after completion.

Effects of: Private Frank Otocky ✓

Serial No. 11034269 ✓

Ship to: Mr. James Otocky ✓

Street and Number 31 Crandall Road ✓

City and State Tiverton, Rhode Island ✓

Ship Via: Frank Gov't B/L No. ✓

For the Effects Quartermaster

LIST OF PACKAGES SHIPPED

1 PKg  
Franked Mail--4# or less  
Parcel Post Charges  
Estimated Express Charges  
Estimated Freight Charges

Total Number of Packages 1

Weight of Shipment: 1#

Shipping Clerk LOR

Date

MAR 18 1944  
Jm-ig

DS:jeb

Effects QM Form 14 (Rev. 10/15/43)











IMMEDIATE ACTION  
file  
per31 Grandall Road  
Tiverton, R. I.

Gentlemen:

In reply to your letter dated March 6, 1944, (39549 D). I wish to inform you that my son Frank was unmarried and left no will or other papers.

I believe that I, his parent, am entitled to the personal property which consisted of a wallet and photos, and belonged to my son prior to his death.

As yet, I have no knowledge of the exact whereabouts of my sons death and burial. Any information concerning this matter will be greatly appreciated.

Respectfully,

James Stocki31 Grandall Rd  
Tiverton R. I.

39549 D

(S-4-6-44)  
JRM:BB:vb  
March 6, 1944

Mr. James Otocky  
31 Grandall Road  
Tiverton, Rhode Island

Dear Mr. Otocky:

Private Frank Otocky. The  
property involved consists of a wallet and photos.

LEON D. GLASSCOCK  
Captain Q.M.C.  
Assistant



Serial No. 11034269 Name Otoski, Frank

Grade \_\_\_\_\_ Rank \_\_\_\_\_

Organization Co B 307 Eng

Address \_\_\_\_\_

Nearest Relative \_\_\_\_\_

Address \_\_\_\_\_

Killed in Action \_\_\_\_\_ Died of Disease \_\_\_\_\_

Date \_\_\_\_\_ Hospital \_\_\_\_\_

Battle Area \_\_\_\_\_ Information \_\_\_\_\_

\_\_\_\_\_

Place of Burial \_\_\_\_\_

Point of Coordination \_\_\_\_\_

Description of Body \_\_\_\_\_

\_\_\_\_\_

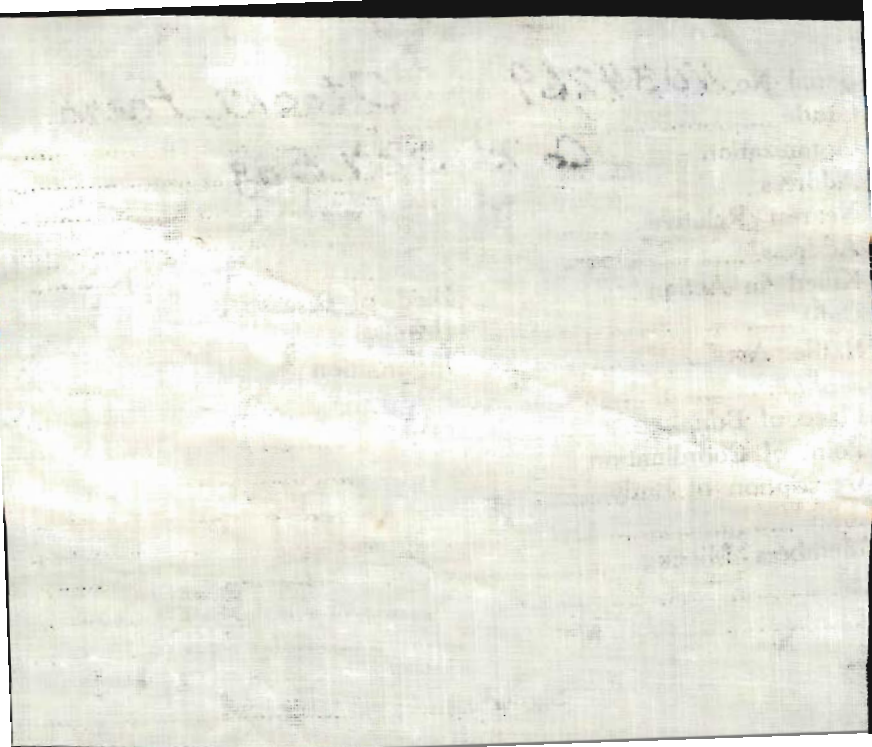
Members Missing \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_





# INVENTORY OF EFFECTS

(See AR 600 550)

Otook1 Frank (NMI) 11034269  
(Last name) (First name) (Middle initial) (Army serial number)

late a Pvt 307 A/B Engr Bn  
(Grade) (Organization or arm or service)

who died on the 10 day of Oct, 1943

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

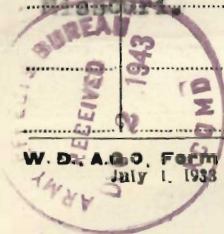
NUMBER	ARTICLES	* Package NUMBER
1	Billfold & Miss Papera	
	Nearest of Kin - Mother	
	Anna Otook1	
	31 Crandall Rd.	
	Tiverton, R. I.	

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

## CLASS II — Other effects

NUMBER	ARTICLES
	Effects delivered to Quartermaster, 82nd Airborne Division, APO 469, for shipment to Effects Quartermaster, Army Effects Bureau, Kansas City, Missouri.

W. D. A. G. O. Form No 54  
July 1, 1933



**CLASS II — Continued**

[illegible]

I *certify* that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that \*the effects were delivered to.....

(Give name and degree of relationship ; if legal representative

or beneficiary named by the deceased, so state)

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

A. T. ZBNDEN,

CWO, 367 A/B Engr. Bn.,

Personnel Adjutant

APO 469, NY NY  
(station)

20 October

(Date)

, 19.43...

\*Strike out words not applicable.

H O. M B S. MAY 43/25 m



File  
macy

24018

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON  
REPORT OF DEATH

2930 Oocki, Frank

DATE 17 November 1943  
bv/amb 4632

FULL NAME <b>Oocki, Frank</b>		ARMY SERIAL NO. <b>11 034 269</b>
GRADE <b>Pvt</b>	ARM OR SERVICE <b>Corps of Engineers AB</b>	DATE OF BIRTH <b>14 Sept 1922</b>
HOME ADDRESS <b>Tiverton, Rhode Island</b>		
DATE OF DEATH <b>10 Oct 1943</b>	PLACE OF DEATH <b>North African Area</b>	CAUSE OF DEATH <b>Killed In Action</b>
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) <b>Mrs. Anna Oocki, mother, 31 Crandall Rd., Tiverton, R. I.</b>		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) <b>Anna Oocki, mother, 31 Crandall Rd., Tiverton, R. I.</b> <b>James Oocki, father, 31 Crandall Rd., Tiverton, R. I.</b>		

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall

(OVER)

ADJUTANT GENERAL

THIS COPY FOR THE Q. M. G. (CONFIDENTIAL)



24018

ADDITIONAL DATA: (CONFIDENTIAL)

STATION OF DECEASED

*North African Road*

Nov 19 12 44 PM '43

MEMORIAL DIVISION

RESTRICTED  
CONFIDENTIAL

REBURIAL

DEC 6 - 1943

REPORT OF ~~BURIAL~~ REBURIAL (see reverse side)  
AR 30-1815 & TM 10-630

9 November 1943

Date Report Filled Out

<u>OTOCKI</u>	<u>Frank</u>	<u>NMI</u>	<u>11034269</u>	<u>W</u>
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
<u>Pvt</u>	<u>Co B 307 Eng</u>		<u>Army</u>	<u>U.S.A.</u>
(Rank)	(Organization)		(Branch)	(Country)
<u>Naples, Italy</u>	<u>10 October 1943</u>	<u>KIA</u>		<u>C</u>
(Place of Death)	(Date of Death)	(Cause of Death)		(Religion : P, C, H, etc.)

MEANS OF IDENTIFICATION

Identification Tags found on body : Yes (2); No ( ).

If no identification tags, other means used to identify body (identification card, letters, etc.) : \_\_\_\_\_

Complete fingerprint chart of both hands on reverse side if body cannot be identified.

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken.

If unidentified, give circumstances : \_\_\_\_\_

List of Personal Effects found on Body and disposition of Same : NONE

<u>OTOCKI, Anna</u>	<u>31 Crandall Rd., Tiverton, R.I.</u>
(Name of Emergency Addressee)	(Address of Emergency Addressee)

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

<u>1600 hrs</u>	<u>8 November 1943</u>	<u>Allied Cemetery, Naples, Italy</u>
(Time and Date of Burial)	(Location, Name, & No. of Cemetery)	

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

<u>B</u>	<u>7</u>	<u>78</u>	<u>Temp Wood</u>	<u>Catholic</u>
(Plot No.)	(Row No.)	(Grave No.)	(King Grave Markers)	(Type of Religious Ceremony)

Identification Tag buried with body (X); Identification Tag attached to marker (X).

If Identification Tags not present, what other identification data were buried with the body and in what kind of container ? \_\_\_\_\_

Bodies buried on either side (See paragraph 4 on reverse side this form.)

Right side :	<u>PAULOS, Micheal T.</u>	<u>Pvt</u>	<u>36332481</u>	<u>Co H 36th Eng</u>	<u>77</u>
	(Name)	(Rank)	(ASN)	(Organization)	(Grave No.)

Left side :	<u>PULTZ, Glen M.</u>	<u>Pvt</u>	<u>12072477</u>	<u>Co B 307 Eng</u>	<u>79</u>
	(Name)	(Rank)	(ASN)	(Organization)	(Grave No.)

(Signature of Officer Reporting Burial)

JOHN A. LONG 1st Lt 47th QM CO (GR)  
(Verified by unit G.R.S. Officer)

INSTRUCTIONS FOR FILLING OUT BURIAL, REPORT : Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Reports and allied papers and all copies verified by the Graves Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

RESTRICTED  
CONFIDENTIAL

84 JUL 1944 FILE  
2-49



15337

# INSTRUCTIONS FOR BURIAL

1. PREPARATION OF BODY : Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property; remove one identification tag, leave other on body in protected position (in case of enemy dead, leave 1/2 tag on body, forward 1/2 with personal effects). If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container, and bury with remains. If unidentified, take fingerprints of both hands; if this is not possible fill out tooth-chart and note height, weight, color of eyes and hair, tattoo marks, birthmarks, etc., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

2. BURIAL : Dig grave to a depth of five feet (hasty battlefield burials, to sufficient depth to prevent elements from exposing the body). Place only one body in a grave. Dig graves side by side, row behind row.

3. MARKING OF GRAVE : Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available, copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. LOCATION OF GRAVE : Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. PERSONAL EFFECTS : List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material, and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

## SKETCH AND MAP REFERENCE :

Disinterred by 47th QM CO (GR) from Cimitero Pieta, Naples, Italy grid coord. N244520 Plot 1 Row 3 Grave 1 on 8 November 1943.

Reinterred same date in Allied Cemetery Plot B Row 7 Grave 78.

\*Naples, Italy

## TOOTH-CHART

(Right)	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	14	15	11	12	10	9	10	9	8	10	11	12	13	14	15	16

Indicate : missing natural teeth by X; crowns by O; fillings by □ ; bridges by ( ) linkings anchor teeth; replacements by denture (horizontal line.)

Characteristics :  
Other Data :

When unidentified, take thumb and fingerprints of both hands.

If this is not possible, fill in tooth chart.

Left  
Right

4  
3  
2  
1  
Thumb  
Thumb  
1  
2  
3  
4