

I I 20 USMC ANZIO

DISINTERMENT DIRECTIVE

WILLARD EDGERTON  
Major OMC Cemetery Superintendent

FLOTTED BY M. MANN

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5258 01406

DATE

15 05 48  
DAY MONTH YEAR

NAME

ROLES ROBERT M

SERIAL NUMBER

13083080

RANK

PVT

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

NAPLES ALLIED CEMETERY

DISPOSITION OF REMAINS

1 5202 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

B 9 108 ITALY

CAUSE OF DEATH

2

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
NETTUNO, ITALY

NAME AND ADDRESS OF NEXT OF KIN

CHARLES J. ROLES (FATHER)  
RURAL FREE DELIVERY 1  
GALLITZIN, PENNSYLVANIA "Flag Sent"

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

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 1

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 GRS INSPECTOR

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

NAT  
FILE  
RECORDS ANNOTATED  
DATE 13 JAN 1949  
NAME *Carleton*  
R & R BR.

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

|   |                            |   |                            |
|---|----------------------------|---|----------------------------|
| FROM<br><b>NAPLES PORT MORGUE</b>                   |                            | TO<br><b>USMC ANZIO, ITALY</b>  |                            |
| KIND OF CONVEYANCE<br><b>TRAIN</b>                  |                            | NAME OF CONVOYER<br><b>DONDY A. WELCH SGT</b>                                       |                            |
| SIGNATURE OF SHIPPER<br><b>F.A. WILSON CAPT QMC</b> | DATE<br><b>12 Oct 1948</b> | SIGNATURE OF RECEIVER<br><i>Willard Edgerton</i><br><b>WILLARD EDGERTON MAJ QMC</b> | DATE<br><b>12 Oct 1948</b> |

### 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<br><b>CHARLES J. BOGES (FATHER)</b> | DATE |

### 6. SHIPPED

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

### 7. SHIPPED

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

1

DISINTERMENT DIRECTIVE

WILLARD EDGERTON

Major OMC - Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

ROLES ROBERT M

13083080 PVT

1

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

B 9 108 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 ROLES ROBERT M

SERIAL NUMBER 13083080

RANK PVT

DATE OF DEATH

DATE DISINTERRED 29 July 48  
29 July 48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION USAGF

RELIGION UNK

IDENTIFICATION VERIFIED BY  
W E MC NEIL 2 LT OMC  
WE McNeil  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

METHOD OF BURIAL

CONDITION OF REMAINS

SHROUD

SKELETAL

OTHER MEANS OF IDENTIFICATION

2 REBURIAL REPORTS FOUND WITH REMAINS.

MINOR DISCREPANCIES 1

REBURIAL REPORTS READ COLES ROBERT H.

REMAINS PREPARED AND PLACED IN CASKET

3 Aug 48

BILL L. LACK (EMBALMER)

DATE CASKET SEALED BY

BILL L. LACK (RECORDER)

EMBALMER (Signature)

CASKET BOXED AND MARKED

3 Aug 48 STRACK (RECORDER)

SHIPPING ADDRESS VERIFIED BY

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

W.R. KING 1st Lt. OMC

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report OMC Form 1194a for major discrepancies.

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

|   |                                      |
|---|--------------------------------------|
| FROM<br>USMC NAPLES ITALY   | TO<br>NAPLES PORT MORGUE             |
| IND OF CONVEYANCE<br>TRUCK  | NAME OF CONVOYER<br>B K TRAYNOR WOJG |
| SIGNATURE OF SHIPPER<br><i>[Signature]</i><br>P C CRAIG CAPT QMC        | DATE<br>31 July 48                   |
| SIGNATURE OF RECEIVER<br><i>[Signature]</i><br>FRANK A. WILSON CAPT QMC | DATE<br>31 Jul 48                    |

### 2. SHIPPED

|                       |                  |
|-----------------------|------------------|
| FROM                  | TO               |
| IND OF CONVEYANCE     | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER  | DATE             |
| SIGNATURE OF RECEIVER | DATE             |

### 3. SHIPPED

|                       |                  |
|-----------------------|------------------|
| FROM                  | TO               |
| IND OF CONVEYANCE     | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER  | DATE             |
| SIGNATURE OF RECEIVER | DATE             |

### 4. SHIPPED

|                       |                  |
|-----------------------|------------------|
| FROM                  | TO               |
| IND OF CONVEYANCE     | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER  | DATE             |
| SIGNATURE OF RECEIVER | DATE             |

### 5. SHIPPED

|                       |                  |
|-----------------------|------------------|
| FROM                  | TO               |
| IND OF CONVEYANCE     | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER  | DATE             |
| SIGNATURE OF RECEIVER | DATE             |

### 6. SHIPPED

|                       |                  |
|-----------------------|------------------|
| FROM                  | TO               |
| IND OF CONVEYANCE     | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER  | DATE             |
| SIGNATURE OF RECEIVER | DATE             |

### 7. SHIPPED

|                       |                  |
|-----------------------|------------------|
| FROM                  | TO               |
| IND OF CONVEYANCE     | NAME OF CONVOYER |
| SIGNATURE OF SHIPPER  | DATE             |
| SIGNATURE OF RECEIVER | DATE             |

15 December 1948

Mr. Charles J. Roles  
Rural Free Delivery 1  
Gallitzin, Pennsylvania

Pvt Robert M. Roles, ASN 13 083 080  
Plot I, Row 1, Grave 20  
Headstone: Cross  
Nettuno (Anzio) U. S. Military Cemetery

Dear Mr. Roles:

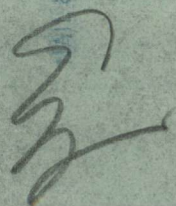
This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, the central address of which is Room 713, 1712 "G" Street, N. W., Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interment activities are in progress, the cemetery will not be open to visitors. However, upon completion thereof, due notice will be carried by the press.

You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

  
THOMAS B. LARKIN  
Major General  
The Quartermaster General

15 December 1943

The Adjutant General, U. S. Military Cemetery  
Baltimore, Maryland  
Box 7, Room 1, Street 20  
The Adjutant General, U. S. Military Cemetery

Mr. Charles A. Kofler  
Postal Free Delivery #1  
California, Pennsylvania

Dear Mr. Kofler:

This is to inform you that the remains of your loved one have  
been temporarily interred as indicated above, and by this time you  
may have also received their identification tags. Identification tags  
and personal effects were collected over the grave at the time of  
burial.

After the completion of the work has completed all final information  
the cemetery will be transferred, as authorized by the Congress, to the  
National Cemetery Administration. The  
National Cemetery Administration will have the responsibility for permanent reinterment  
and reburial of the remains, including erection of the permanent  
monument. The remains will be furnished with the name exactly as  
recorded above, the rank or rating where appropriate, organization,  
State, and date of death. Any information relative to the type of head  
stone or the spelling of the name to be inscribed thereon, should be  
addressed to the American Battle Monuments Commission, and certain  
address of which is Room 413, 1715 15th Street, N.W., Washington 25, D. C.  
Your letter should include the full name, rank, service number, grave  
location, and name of the cemetery.

Identification activities are in progress, the cemetery will not be  
closed to visitors. However, upon completion thereof, the notice will be  
concerned of the status.

You are advised that final interment was completed with  
respect to your loved one and that the grave site will be carefully  
and consistently maintained in perpetuity by the United States Government.

Sincerely yours,

THOMAS A. MARTIN  
Major General  
The Adjutant General

RECEIVED  
DEC 15 1943

DISINTERMENT DIRECTIVE SUBSECTION  
RECORDS SECTION  
MEMORIAL DIVISION

Roles, Robert M. Pvt  
13 083 080  
Allied Cem, Naples, Italy,  
Plot B, Row 9, Grave 108

14 November 1947  
(Date)

SUBJECT: Remains to be interred in a Permanent Overseas Cemetery, per instructions from the Next of Kin.

The Remains of Roles, Robert M., Pvt  
(Name) (Rank)

13 083 080, buried in Allied Cem., Naples, Italy, B  
(ASN) (Cemetery) (Plot)

9, 108, are to be interred in a Permanent Military  
(Row) (Grave No.)  
Cemetery Overseas; per authority:

Remains to be left overseas in Nettuno, Italy. See Option I signed by Mr.

Charles J. Roles, Father, RFD #1, Gallitzin, Pennsylvania.

*DD Form*  
**JUN - 4 1948**

FEB 6

Roole Rogers (m04)

POOLE ROGERS,

CAPTAIN, QMC

*Coded Jones*  
*5/13/48* *AB*

14 November 1947

Robert M. Folio, Folio  
15 000 000  
Allison Corp., Warren, Italy  
P.O. Box 2, Grove 100

Folio, Robert M., Folio

15 000 000 Allison Corp., Warren, Italy B

100 2

remains to be left overseas in Naples, Italy. See Option 1 signed by Mr.

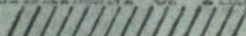
Charles J. Folio, Father, RFD #1, Gallatin, Pennsylvania

ROBERT FOLIO

CAPTAIN, GPO



DEPARTMENT OF THE ARMY



QMGMT 293  
Roles, Robert M.  
SN 13 083 080

293

*[Handwritten signature]*

15 December 1947

Mr. Charles J. Roles  
Rural Free Delivery #1  
Callitzin, Pennsylvania

Dear Mr. Roles:

We have received the "Request for Disposition of Remains" form in regard to the final interment of the remains of your son, the late Private Robert M. Roles.

We have accepted your request to have the remains of your son rest permanently overseas. I must inform you however, that the United States Military Cemetery Naples, Italy, where the remains of your son now rest has not been designated as a permanent American Military Cemetery.

Therefore, all remains presently interred in this cemetery will be carefully disinterred and either transferred to the nearest American Military Cemetery at Nettuno, Italy, or returned to their Homeland. Please rest assured, however, that the entire journey will be accomplished under the care of trained personnel, with the dignified and solemn respect due our honored dead.

Please be assured of my continued sympathy in your great loss.

Sincerely yours,

RICHARD B. COOMBS  
Major, QMC  
Memorial Division

hl  
DEC 15 2 32 PM '47  
O. O. M. C.  
MAIL & RECORDS BRANCH

cc: Mr. Larrowsmith



B  
RBC

1944  
1944  
1944

13 December 1944

Mr. J. Edgar Hoover  
Federal Bureau of Investigation  
Washington, D.C.

Dear Mr. Hoover:

I am writing you in regard to the matter of the release of your son, the late [Name], who was held in the [Location].

We have discussed with you the matter of your son's release. It is our hope that you will be able to secure his release as soon as possible.

The release of your son is a matter of great importance. We are doing everything we can to expedite the process.

Please be assured of my continued sympathy in your great loss.

Sincerely yours,

RICHARD E. GURNEA  
Major, G-3  
Special Division



RECORDED  
INDEXED  
DEC 13 5 25 PM '44

CORRESPONDENCE ACTION SHEET

Mr. Miss. Addressee: Mrs. Charles J. Roles Relationship Father

State RFD #1

City, State Gallitzin, Pa. Date letter '47

Cemetery Temporary: Permanent:

Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence)

--- ADDITIONAL --- DATA --- MODIFICATIONS ---

165-A

We have accepted your request to have the remains of your son rest permanently overseas. I must inform you, however, that the United States Military Cemetery Naples, Italy where the remains of your son now rest has not been designated as a permanent American military cemetery.

75-A 2nd para only. Line 3, U.S.M.C. Nettuno, Italy.

166-M

Egt

Decedent:

Last Roles

First Robert

Initial Mr.

Rank Sgt

13083080

File 15 Dec 43

Analyst Typist Reviewer

Modifications

OKed

Fvt. Robert M. Roles, 13 083 080  
Plot B, Row 9, Grave 108,  
United States Military Cemetery  
Naples, Italy

23 October 1947

Mr. Charles J. Roles  
Rural Free Delivery #1  
Gallitzin, Pennsylvania

Dear Mr. Roles:

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.

OCT 30 12 58 PM '47  
D. C. M. C.  
MAIL & RECORDS BRANCH

*mt*

23 October 1947

Mr. Robert M. Jones, 13 081 030  
Box 2, Grave 108,  
United States Military Cemetery,  
Mexico, Italy

Mr. Charles J. Jones  
Rural Free Delivery #1  
Gallatin, Pennsylvania

Dear Mr. Jones:

The people of the United States, through the Congress have authorized the disinterment and final burial of the bodies of the 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 pamphlet, "Disposition of World War II Armed Forces Dead," and "American Genealogy," explain the disposition, options and services made available to you by your Government. It is for the best of his accounting 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 retain your rights to the body 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 90 days after the receipt by you. The ground return will avoid unnecessary delays.

Sincerely,

THOMAS S. LARSEN  
Major General  
The Quartermaster General

Index

RECEIVED  
OCT 21 1947  
U.S. ARMY  
WASHINGTON

16 October 1946

Mr. Charles J. Roles  
Rural Free Delivery #1  
Gallitzin, Pennsylvania

Dear Mr. Roles:

293 The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Robert M. Roles, A.S.N. 13 083 080.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Naples, plot B, row 9, grave 108. 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,

T. B. LARKIN  
Major General  
The Quartermaster General

ypa

15 October 1946

Mr. Thomas J. Kelly  
Rural Free Delivery  
Cullman, Pennsylvania

Dear Mr. Kelly:

The War Department is most anxious that you be furnished information regarding the postal location of your son, the late William Robert Kelly, A.S.W. 12 033 030.

The records of this office disclose that his service was rendered in the U. S. Military Academy, West Point, New York, from 1918 to 1921. It may be ascertained that the identification and treatment have been accomplished with fitting dignity and solemnity.

This cemetery is located in England, Italy, and in other countries, and an investigation of United States military records.

The War Department has now been authorized to supply, at Government expense, with the family address of the next of kin regarding final instruction, care or burial, of the remains of your loved one. At a later date, this office will, without any action on your part, give the name of the full information and advise his detailed service.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

W. W. LAMAR  
Major General  
The Quartermaster General

**RESTRICTED**

FEB 24 1944

**HEADQUARTERS SERVICES OF SUPPLY  
NORTH AFRICAN THEATER OF OPERATIONS  
UNITED STATES ARMY**

ARMY POST OFFICE

293.

Roles, Robert M

(13,083,080)

11 February 1944

SUBJECT: Report of Reinterment

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

1. Transmitted herewith is corrected copy of reinterment report for the following United States dead:

Roles, Robert M.

13083080

Report of reinterment for above deceased was previously transmitted as Coles, Robert H., 13083080, with SOS letter of 22 November 1943.

2. This report covers the reinterment of United States deceased in Italy.

For the Commanding General:

*Vernon W. Rice*

VERNON W. RICE,  
Lt. Col., A.G.D.  
Adjutant General

FEB 18 5 23 PM '44  
MEMORIAL DIVISION

1 Incl: a/s (originals)

O. Q. M. G.  
Classification Changed to  
**Restricted**

by Authority of The Q. M. G.

Name: *E. BARTON*  
Rank: *MAJ. QMG*  
Office: *Oper. Br. Mil. Plan. Div.*  
Date: *18 Feb. 44*

293 Coles, Robert H (13083,080)

**RESTRICTED**

*file  
24  
25-3441*



RESTRICTED

11 January 1944

200

SUBJECT: Report of Reinforcement

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

1. Transmitted herewith is corrected copy of reinforcement report for the following United States units:

1308380  
1308380

Report of reinforcement for above discussed was previously furnished as follows, Robert ... 1308380, with HQ letter of 12 November 1943.

2. This report covers the reinforcement of United States located in Italy.

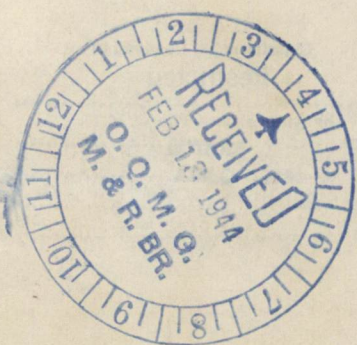
For the Commanding General:

1 Incl: v/a (original)

Adjutant General  
1308380

FEB 10 2 53 PM '44

ADJUTANT GENERAL



RESTRICTED

CORRECTED COPY

RESTRICTED CONFIDENTIAL

REBURIAL

FEB 24 1944

Q.M.C. FORM 1 - GRS  
SOS NATOUA

REPORT OF ~~BURIAL~~ REBURIAL (see reverse side)

July 1943

AR 30-1815 & TM 10-630

1 February 1944

Date Report Filled Out

|                      |                        |                         |                 |                            |
|----------------------|------------------------|-------------------------|-----------------|----------------------------|
| <b>ROLES</b>         | <b>Robert</b>          | <b>M</b>                | <b>13083080</b> | <b>White</b>               |
| (Last Name)          | (First Name)           | (Middle Initial)        | (Serial No.)    | (Race)                     |
| <b>Private</b>       | <b>Co B 307th Eng</b>  |                         | <b>Army</b>     | <b>U.S.A.</b>              |
| (Rank)               | (Organization)         |                         | (Branch)        | (Country)                  |
| <b>Naples, Italy</b> | <b>10 October 1943</b> | <b>Killed in Action</b> |                 | <b>UNKNOWN</b>             |
| (Place of Death)     | (Date of Death)        | (Cause of Death)        |                 | (Religion : P, C, H, etc.) |

MEANS OF IDENTIFICATION

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

If no identification tags, other means used to identify body (identification card, letters, etc.) : **EMT Tag and report of original burial**

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**

**UNKNOWN**

(Name of Emergency Addressee)

**UNKNOWN**

(Name of Emergency Addressee)

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

**1145 hrsc**      **10 November 1943**      **Allied Cemetery, Naples, Italy**

(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

**B**      **9**      **108**      **Temp Wood**      **General**

(Plot No.)      (Row No.)      (Grave No.)      (King Grave Markers)      (Type of Religious Ceremony)

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

If identification Tags not present, what other identification data were buried with the body and in what kind of container ? **QMC Form # 1 GRS sealed in can and buried one (1) foot below grave marker**

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

Right side : **SEELY, George W. Pvt 3540892 Hq Co 6665th BAG 107**

(Name)      (Rank)      (ASN)      (Organization)      (Grave No.)

Left side : **END OF ROW**

(Name)      (Rank)      (ASN)      (Organization)      (Grave No.)

(Signature of Officer Reporting Burial)

*Oliver K. King*  
**OLIVER K. KING 2nd Lt 47th QM CO (GR)**

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

9 JUN 1944 FILE

H.Q. - 160-q. - 7-43 - 200 M.

30761

*[Handwritten signatures and initials]*

2124B

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 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 (in 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 3rd Pltn 47th QM CO (GR) from Cimitero Pieta, Naples, Italy (Coord N244520), Plot 1, Row 2 Grave 9, 10 November 1943.

Reinterred, same date, Plt B Row 9 Grave 108, Allied Cemetery, Naples, Italy.

TOOTH-CHART

|         |    |    |    |    |    |    |    |   |   |   |   |   |   |   |   |   |        |
|---------|----|----|----|----|----|----|----|---|---|---|---|---|---|---|---|---|--------|
| (Right) | 8  | 7  | 6  | 5  | 4  | 3  | 2  | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | (Left) |
|         | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 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 not possible, fill in tooth chart.

4

3

2

1

Thumb

Left

Right

Thumb

1

2

3

4

21,660

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

DATE 16 Nov. 1943

Scott/cmq 4628

213

|  |   |   |
|--|---|---|
| FULL NAME<br><b>Roles, Robert M.</b>   |   | ARMY SERIAL NO.<br><b>13 083 080</b>      |
| GRADE<br><b>Pvt.</b>   | ARM OR SERVICE<br><b>Corps of Engineers (Paratroop)</b> | DATE OF BIRTH<br><b>10 March 1924</b>     |
| HOME ADDRESS<br><b>Gallitzin, Pa.</b>  |   |   |
| DATE OF DEATH<br><b>10 Oct. 43</b>   | PLACE OF DEATH<br><b>North African Area</b>             | CAUSE OF DEATH<br><b>Killed in action</b> |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS)<br><b>Mr. Charles J. Roles (father) R.F.D. #1, Gallitzin, Pa.</b>  |   |   |
| BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS)<br><b>Mr. Charles J. Roles (father) R.F.D. #1, Gallitzin, Pa.<br/>Mr. Morgan Roles (brother) R.F.D. #1, Gallitzin, Pa.</b> |   |   |

*John  
2/19/44  
[Signature]*

BY ORDER OF THE SECRETARY OF WAR:

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

(OVER)

**DANIEL J. REIDY.**

ADJUTANT GENERAL

ADDITIONAL DATA: (~~CONFIDENTIAL~~)

STATION OF DECEASED

Algiers

21660

RECORD OF DEATH  
ALGERIA  
IN ACCORDANCE WITH THE  
MARRIAGE ACT

**CONFIDENTIAL**

**REPORT OF BURIAL**  
AR 30-1815 & TM 10-630

NOV 25 1943

10/14/43  
Date Report Filled Out

11585

|                  |                 |                  |                  |                            |
|------------------|-----------------|------------------|------------------|----------------------------|
| ROLES            | ROBERT          | M                | 13083080         | 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              | UNK                        |
| (Place of Death) | (Date of Death) |                  | (Cause of Death) | (Religion : P, C, H, etc.) |

**MEANS OF IDENTIFICATION**

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

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

EMT

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

UNKNOWN

(Name of Emergency Addressee)

(Address of Emergency Addressee)

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

0900

10/12/43

PIETA CEMETERY N244520

(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

1

2

9

CROSS GENERAL SERVICE

(Plot No.)

(Row No.)

(Grave No.)

(King Grave Markers)

(Type of Religious Ceremony)

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

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

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

|              |           |       |                |                |    |
|--------------|-----------|-------|----------------|----------------|----|
| Right side : | JOHANNSEN | SGT   | 13086393       | CO B 307th ENG | 10 |
| (Name)       | (Rank)    | (ASN) | (Organization) | (Grave No.)    |    |

|             |        |       |                |                |   |
|-------------|--------|-------|----------------|----------------|---|
| Left side : | MIZE   | PFC   | 36072319       | CO H 307th ENG | 8 |
| (Name)      | (Rank) | (ASN) | (Organization) | (Grave No.)    |   |

F.A. SCHMALTZ  
(Signature of Officer Reporting Burial)

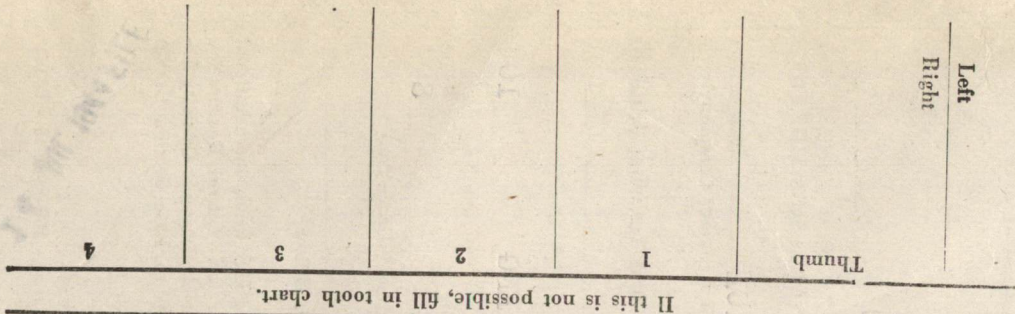
*[Signature]*  
(Verified by unit G.R.S. Officer)

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.

**CONFIDENTIAL**

H.Q. - 1600 - 43 - 80.000

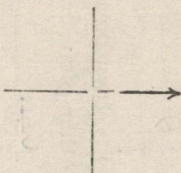
11 JUL 1944 FILE  
2-38



If this is not possible, fill in tooth chart.

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 :**



Stand at foot of grave facing head to determine bodies buried to the left and right.  
 means of map references, or by reference to  
 prepare sketch in  
 nent Landma-ke. Information must be specific, accurate, complete.

**TOOTH-CHART**

| (Right) |    |    |    |    |    |    |   | (Examinee's) |   |    |    |    |    |    |    | (Left) |    |    |    |    |    |    |    |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
|---------|----|----|----|----|----|----|---|--------------|---|----|----|----|----|----|----|--------|----|----|----|----|----|----|----|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| 8       | 7  | 6  | 5  | 4  | 3  | 2  | 1 | 1            | 1 | 2  | 3  | 4  | 5  | 6  | 7  | 8      | 8  | 7  | 6  | 5  | 4  | 3  | 2  | 1 | 1 | 1 | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 8  | 7  | 6  | 5  | 4  | 3  | 2  | 1 |
| 16      | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9            | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16     | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 |

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



Characteristics : .....  
 Other Data : .....

DEC 7 - 1943

**CONFIDENTIAL**  
**RESTRICTED**

**REBURIAL**

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

10 November 1943

Date Report Filled Out

89327  
 Roles, ROBERT M. <sup>M</sup>bert <sup>H</sup> 13083080 W  
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race)  
 Pvt Co B 307 Eng Army U.S.A.  
 (Rank) (Organization) (Branch) (Country)  
 Naples, Italy 10 October 1943 KIA UNKNOWN  
 (Place of Death) (Date of Death) (Cause of Death) (Religion : P, C, H, etc.)

**MEANS OF IDENTIFICATION**

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

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

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

UNKNOWN UNKNOWN  
(Name of Emergency Addressee) (Address of Emergency Addressee)

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

1045 hrs 10 November 1943 Allied Cemetery, Naples, Italy  
(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

B 9 108 Temp Wood General  
(Plot No.) (Row No.) (Grave No.) (King Grave Markers) (Type of Religious Ceremony)

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

If Identification Tags not present, what other identification data were buried with the body and in what kind of container ? QMC Form # 1 sealed in can and buried one (1) foot below grave marker

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

Right side : SEELY, George W. Pvt 3540892 Hq Co 6665th BAG 107  
(Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : END OF ROW  
(Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Officer Reporting Burial)

JOHN A. LONG 1st Lt 6665th BAG CO (GR)  
Verified by (Signature) (Rank) (Organization)

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**



## 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

N  
←

Disinterred by 47th QM CO (GR) from  
Cimitero Pieta, Naples, Italy  
M244520 Plot 1 Row 2 Grave 9 on  
10 ~~November~~ 1943.  
*November 1943*

Reinterred same date in Allied Cemetery,  
Naples, Italy Plot B Row 9 Grave 108.

|              |    |    |    |    |    |    |   |        |    |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|---|--------|----|----|----|----|----|----|----|
| (Right)      |    |    |    |    |    |    |   | (Left) |    |    |    |    |    |    |    |
| (Examinee's) |    |    |    |    |    |    |   |        |    |    |    |    |    |    |    |
| 8            | 7  | 6  | 5  | 4  | 3  | 2  | 1 | 1      | 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 16           | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9      | 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 

|   |   |   |
|---|---|---|
| — | — | — |
| — | X | X |

 (horizontal line).

Characteristics : .....

Other Data : .....

|       |       |      |       |
|-------|-------|------|-------|
| 4     | 3     | 2    | 1     |
| Thumb | Thumb | Left | Right |

When unidentified, take thumb and fingerprints of both hands.  
If this is not possible, fill in tooth chart.

2933

RESTRICTED



VERNON W. RICE,  
Lt. Col., A.G.D.,  
Adjutant General.

1 Incl: a/s (originals)

For the Commanding General:

2. This report covers the reinterment of United States deceased  
in Italy.  
Report of reinterment for above deceased was previously transmitted as  
Coles, Robert H., 13083080, with SOS letter of 22 November 1943.

Roles, Robert H. 13083080

1. Transmitted herewith is corrected copy of reinterment report  
for the following United States dead:

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

SUBJECT: Report of Reinterment

11 February 1944

293. Roles, Robert H. - 13,083,080

ARMY POST OFFICE

UNITED STATES ARMY

NORTH AFRICAN THEATER OF OPERATIONS

HEADQUARTERS SERVICES OF SUPPLY

RESTRICTED

FEB 24 1944

X 293 Coles, Robert H (13,083,080)

RESTRICTED



[Faint, illegible text throughout the page, likely bleed-through from the reverse side.]

RESTRICTED

NO. 90.000

293

By Sales, Robert M (D of)

13083080



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

(S-11-18-44)  
JRM:HA:bh  
October 18, 1944

IN REPLY REFER TO 36281 D

Mr. Charles J. Roles  
RFD #1  
Gallitzin, Pennsylvania

Dear Mr. Roles:

The Army Effects Bureau has received some additional property of your son, Private Robert M. Roles.

This property, which consists of a billfold containing cards, snapshots, and papers, is being forwarded to you. When you have received it, I shall appreciate your acknowledging delivery by signing one copy of this letter in the space provided and returning it to me.

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.

For your convenience in acknowledging receipt, I am inclosing a self-addressed envelope which needs no postage.

Yours very truly,

*file*  
*WHA*

A. F. TIMMS  
Administrative Assistant  
Army Effects Bureau

1 Incl--Envelope

Receipt acknowledged:

Charles J. Roles  
Signature

Oct 23rd 1944  
Date

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Ship to:

Mr. Charles J. Roles

RFD #1

Gallitzin, Pennsylvania

Effects Of

Name Pvt. Robert M. Roles

ASN 13083080

Case No. 36281 D

Wt.

Ship Via

*Franked*

G B/L No.

Date 18 October 1944

JRM:HA:bh

*N. Hansen*

For the Effects Quartermaster

PACKAGES SHIPPED

*file  
rhw*



Franked

Est. Exp. Chgs.

Est. Frt. Chgs.

TOTAL

WT.

Date Shipped

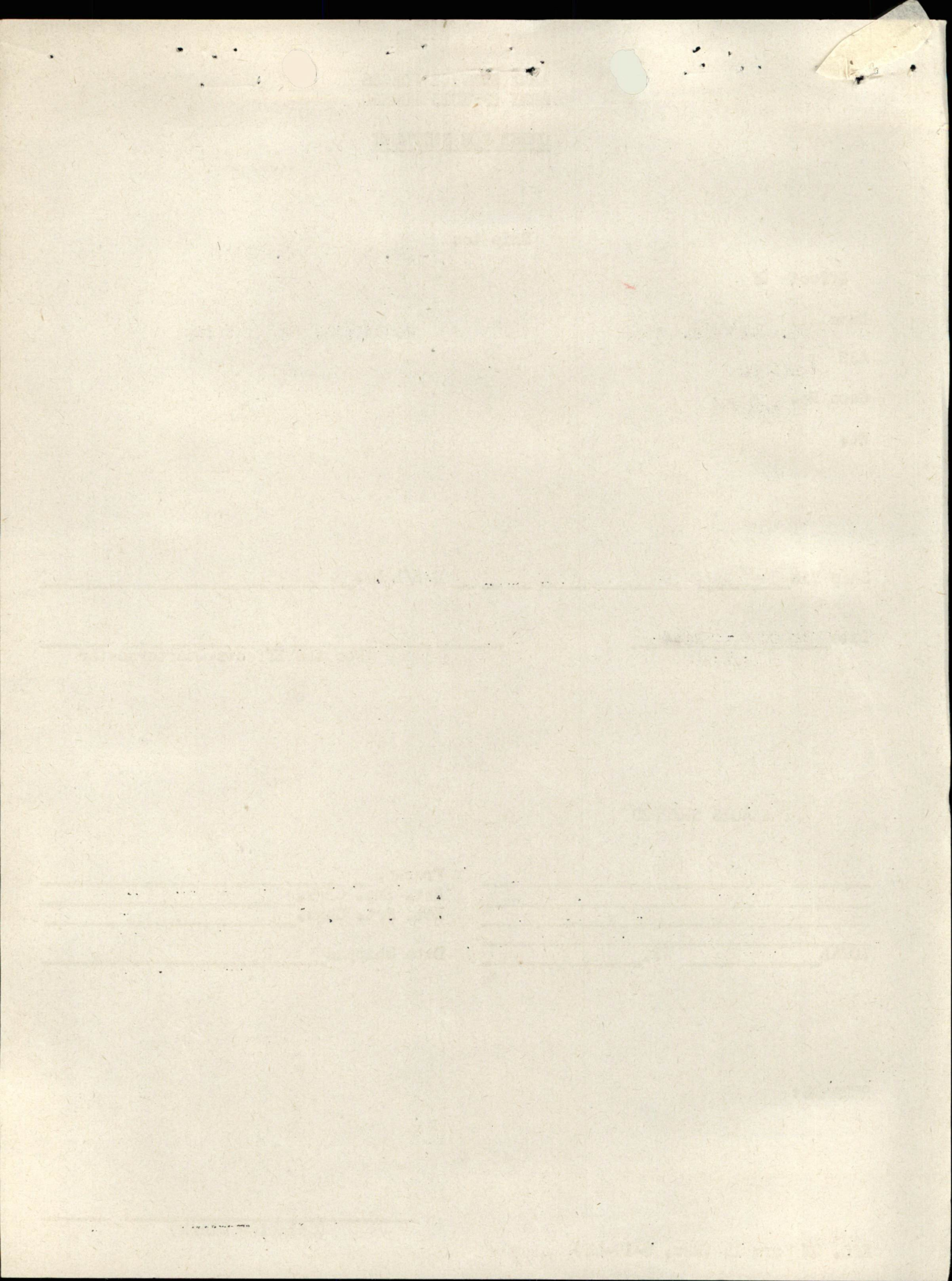
REMARKS:

*OCT 18 1944*

*20*  
*OCT 19 1944*

*UB*

(Shipping Clerk)



Sheet 1 of 1 Sheets

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

ARMY EFFECTS BUREAU

INVENTORY

Deceased    
 Missing \_\_\_\_\_   
 P.O.W. \_\_\_\_\_   
 Abandoned \_\_\_\_\_   
 Box 279

SHOWN ON TALLY-IN AS R. M. Roles ORIGINAL NO. OF PKGS. 1 See

TALLY-IN NO. 4929 INVENTORY DATE 9-26-44 CASE NO. 36281 HCC

EFFECTS OF ROBERT M. ROLES RANK PVT.

A.S.N. 15085080 ORG. 307th A/B Engr Bn.

PACKAGE DESCRIPTION: # 1 package

ARTICLE DESCRIPTION

|                                   |  |
|-----------------------------------|--|
| 1 Billfold-no money               |  |
| Misc. cards, snapshots and papers |  |
|                                   |  |
|                                   |  |
|                                   |  |
|                                   |  |
|                                   |  |
|                                   |  |
|                                   |  |
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|                                   |  |
|                                   |  |
|                                   |  |

REMARKS: Father:  
 Charles J. Roles  
 RFD #1  
 Gallitzin, Penna.

ATTACHMENTS:  
 Form 54

NO CORRESPONDENCE

NO SHORTAGE ON REVERSE

C.A.T. Not available

SHIPPED  
 NO G.I. ON REVERSE  
 OCT 20 1944

OCT 19 1944

STORAGE SPACE 1378

DATE: \_\_\_\_\_  
 SAFE STORAGE \_\_\_\_\_  
 VAULT STORAGE \_\_\_\_\_

WEIGHT SHIPPED \_\_\_\_\_

Inventoried by Nolan & Manahan Packed by W. J. Dudge  
 RB

OCT 6 1944



DJK

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

JWH:Hatman  
13 April 1944

In reply refer to SPQDK 250.414

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

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

There are submitted herewith reports of transactions by the Summary Courts-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> |
|-----------------|-------------------------|-------------|------------------------|
| 19760           | Taylor, Joseph          | Pvt.        | 6826509                |
| 36261           | Rules, Robert H.        | Pvt.        | 13063060               |
| 37216           | Kotlikian, Siraguz Y.   | W/Sgt.      | 36228934               |
| 38343           | Jones, John F.          | Pvt.        | 14128670               |
| 40946           | Gottlieb, George J. Jr. | Pvt.        | 33565692               |

For the Commanding Officer:

W. F. HEIDMAN  
Major Q.M.C.  
Asst. Effects Quartermaster

5 Incls--

Incl 1--Report Case #19760  
Incl 2--Report Case #36261 ✓  
Incl 3--Report Case #37216  
Incl 4--Report Case #38343  
Incl 5--Report Case #40946

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

Case No. 36281 D

(Date) 13 April 1944

Subject: Report of transactions in disposing of the effects of

Robert M. Roles, 13083080, late a  
(Name of deceased soldier) (Army Serial No.)  
Private, Corps of Engineers (Paratrooper) <sup>who</sup> died  
(Grade) (Organization, Arm or Service)  
on the 10 day of October, 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., KCQM 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 \$ \_\_\_\_\_ 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 ~~retained~~ (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 20 March, 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application and/or affidavit of Charles J. Roles (Name of Claimant) for the effects of the above-named deceased soldier, now 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 Charles J. Roles (Name of person found entitled)

of RFD #1 Gallitsin, State of  
(Number, Street or Avenue) (City, Town or Village)

Pennsylvania, 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. REHMAN, Major Q.M.C.  
(Name, Rank, Organization)  
SUMMARY COURT-MARTIAL

1910  
JAN 10 1910  
RECEIVED  
OFFICE OF THE  
SECRETARY OF THE  
NAVY  
WASHINGTON, D. C.

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

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

(S-4-27-44)  
JRM:HA:mam  
March 27, 1944

IN REPLY REFER TO #36281 D

Mr. Charles J. Roles  
RFD #1  
Gallitzin, Pennsylvania

Dear Mr. Roles:

Thank you for your letter of March 13 in connection with disposal of the property of your son, Private Robert M. Roles, which consists of one Prayer Book and one photo.

This property has been forwarded by mail under separate cover. When you have received the package, please acknowledge receipt in the space provided below. For your convenience, there is inclosed an addressed envelope which needs no postage.

My action in sending such property does not, of itself, vest title in you. This property is transmitted only in order that some responsible person receive it, so that distribution may be made in accordance with the laws of the state of your son's legal residence.

Your cooperation in returning the signed receipt will be appreciated.

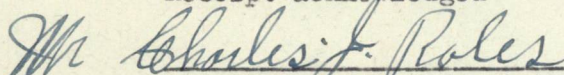
Please accept my sympathy in the loss of your son.

Yours very truly,

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

1 Incl.  
Envelope

Receipt acknowledged

  
Signature

*Recd Package*

*March 25 - 1944*  
Date

*Thank you.*

*file  
JRM*

(14-00000)

1000000

1000000

1000000

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Case 39451 combined with 36281, 2/28/44.

Case 39451 canceled.    bh

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ew

ORDER FOR SHIPMENT

Suspense 3 April 44

Case No. #36281-D

Date 20 March 44

MAR 22 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 Robert M. Roles Serial No. 13083080

Ship to: Mr. Charles J. Roles

Street and Number RFD #1

City and State Gallitzin, Pennsylvania

Ship Via: Frank Gov't B/L No. \_\_\_\_\_

*DeBach*

For the Effects Quartermaster

LIST OF PACKAGES SHIPPED

*1 Pkg -*

Franked Mail--4# or less *Frank ✓*  
Parcel Post Charges \_\_\_\_\_  
Estimated Express Charges \_\_\_\_\_  
Estimated Freight Charges \_\_\_\_\_

Total Number of Pieces: 1

Shipping Clerk *LSP*

Weight of Shipment: 1 #

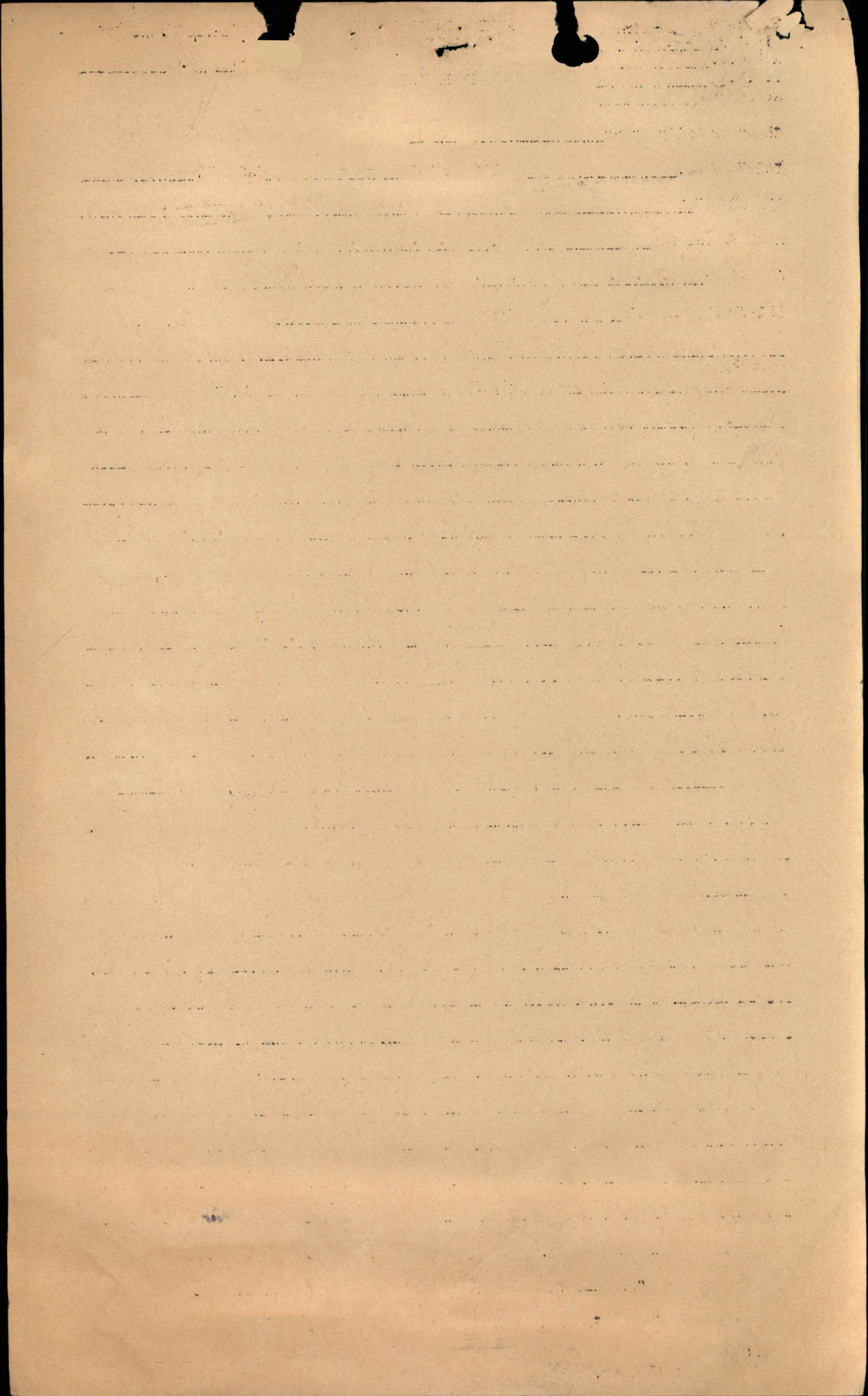
Date MAR 21 1944

DS:jeb

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







36281

JRM:MSP:eb  
November 24, 1943

Mr. Charles J. Roles  
RFD #1  
Gallitzin, Pennsylvania

Dear Mr. Roles:

November 16, 1943  
son, Private Robert M. Roles.

son's

M. S. POOL  
2nd Lt. Q.M.C.  
Asst. Chief, Adm. Control Branch

73

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

(S-4-10-44)  
JRM:HA:ret  
March 10, 1944

IN REPLY REFER TO #36281 D



Mr. Charles J. Roles  
R.F.D. #1  
Gallitzin, Pennsylvania

Dear Mr. Roles:


The Army Effects Bureau has received from overseas some personal property of your son, Private Robert M. Roles, consisting of a Prayer Book and Photo.

To make proper disposition of such property, it is necessary that this Bureau have certain information regarding the family of your son. If he was married, please state the name and address of his widow.

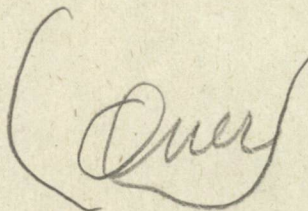
If your son left a will which has been probated, please furnish the original or a certified copy of the letters of administration. Any papers submitted will be returned to you as soon as possible.

Please mail your reply in the inclosed self-addressed envelope which needs no postage, as this will accelerate disposal of the property.

Yours very truly,

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

1 Incl.  
Envelope



#3628FD

36281

March 13-1944

IMMEDIATE ACTION

Sir my son Robert melvin Pales  
Was not married or he Did Not  
Leave a Will That I know of. he was  
Single March the 10<sup>th</sup> Was his Birthday he  
Would Be 20 yrs. Old if he was living Please  
Send Prayer Book, and Photo if you please  
I Remain Respet Yours

Mr Charles L. Pales

Gallitzin Pa

R 51 D.#. 1

filed  
jph

You 16/43

11-19-43

36281

Sir I am writing to you concerning  
my sons Effects his name P.V.T.  
ROBERT T. M. ROLLS serial No  
(313034) if he has any please send to

Mr Charles J. Pales Gallitzon Pa  
R.T.D. #1. My son was killed in  
action in May on Oct 10th 43  
He was in the 387th Air Borne Troops

Hoping to hear from you  
Soon Respects Yours

Mr Charles J. Pales  
Gallitzon Pa R.T.D. #1

I am a coal miner

I made a mistake in his serial no here is his  
Correct No. 13.083.080

file  
ha



NOV 19 1943

C O P Y  
 KCQMD  
 AEB - ej

WAR DEPARTMENT  
 The Adjutant General's Office  
 Washington

November 19, 1943

## MEMORANDUM

SUBJECT: Report of Death

TO : Effects Quartermaster  
 Kansas City QM Depot  
 Kansas City, Missouri

Full Name: Roles, Robert M.Date and place of birth: March 10, 1924Serial number: 13,083,080Grade or Rank and Organization: Pvt.Arm or Service: Corps of Engineers (Paratroop)Date and place of death: October 10, 1943--North African AreaCause of death: Killed in ActionHome address: Gallitzin, Pa.

Emergency address: Mr. Charles J. Roles (father)  
R.F.D. #1, Gallitzin, Pa.

Mr. Charles J. Roles (father)  
R.F.D. #1, Gallitzin, Pa.

Mr. Morgan Roles (brother)  
R.F.D. #1, Gallitzin, Pa.

Beneficiary address: \_\_\_\_\_

Date of enlistment or  
 acceptance of commission: \_\_\_\_\_

*[Faint, illegible text, possibly bleed-through from the reverse side of the page]*



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

36281

ARMY EFFECTS BUREAU  
RECEIVED  
NOV 19 1943

DATE 16 Nov. 1943

|  |  |   |
|--|--|---|
| FULL NAME<br><i>KROV</i><br>Roles, Robert M.   |  | ARMY SERIAL NO.<br>Scott/omg 4628<br>13 083 080 |
| GRADE<br>Pvt.  | ARM OR SERVICE<br>Corps of Engineers (Paratroop) | DATE OF BIRTH<br>10 March 1924                  |
| HOME ADDRESS<br>Gallitzin, Pa.   |  |   |
| DATE OF DEATH<br>10 Oct. 43  | PLACE OF DEATH<br>North African Area             | CAUSE OF DEATH<br>Killed in action              |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS)<br>Mr. Charles J. Roles (father) R.F.D. #1, Gallitzin, Pa.   |  |   |
| BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS)<br>Mr. Charles J. Roles (father) R.F.D. #1, Gallitzin, Pa.<br>Mr. Morgan Roles (brother) R.F.D. #1, Gallitzin, Pa. |  |   |

©

BY ORDER OF THE SECRETARY OF WAR:

DANIEL J. REIDY.

ADJUTANT GENERAL

THIS COPY FOR ARMY EFFECTS BUREAU

WASHINGTON  
DEPARTMENT OF DEFENSE  
OFFICE OF THE ADJUTANT GENERAL  
REPORT OF DEATH

RECEIVED  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C.

DATE OF DEATH

|   |                                  |
|---|----------------------------------|
| NAME (LAST, FIRST, MIDDLE)<br>[Illegible]               | DATE OF BIRTH<br>[Illegible]     |
| HOME ADDRESS<br>[Illegible]                             | PLACED IN SERVICE<br>[Illegible] |
| DATE OF DEATH<br>[Illegible]                            | PLACE OF DEATH<br>[Illegible]    |
| OFFICER BY WHOM NAME WAS KNOWN & ADDRESS<br>[Illegible] | CAUSE OF DEATH<br>[Illegible]    |
| GENERALITY NAME, RELATIONS, & ADDRESS<br>[Illegible]    |                                  |
| BY ORDER OF THE PROPERTY OR WIFE<br>[Illegible]         |                                  |

THIS COPY FOR ARMY EFFECTS BUREAU

FORM NO. 100 (REV. 1-1-50)

SUPPLEMENTARY

**INVENTORY OF EFFECTS**

(See AR 600 550)

**Roles, Robert M** **15085080**  
 (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**, 19 **43**

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

| NUMBER   | ARTICLES                           | * Package NUMBER |
|--|------------------------------------|------------------|
| <b>1</b>   | <b>Bill-fold &amp; Misc papers</b> |                  |
| <b>NEAREST OF KIN: Father</b>  |                                    |                  |
|  | <b>Charles J. Roles</b>            |                  |
|  | <b>RFD # 1</b>                     |                  |
|  | <b>Gallitsin, Penna.</b>           |                  |
| <b>Effects delivered to Postal Officer, 82nd Airborne Division, APO 469, for shipment by insured parcel post to effects Quartermaster, ETUSA</b> |                                    |                  |

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

**CLASS II — Other effects**

| NUMBER      | ARTICLES |
|-------------|----------|
| <b>None</b> |          |

REC'D  
EFFECTS QM  
ETUSA  
**22 MAY 1944**

# CLASS II — Continued

| NUMBER         | ARTICLES   |                |             |               |             |
|----------------|--|----------------|-------------|---------------|-------------|
|                | <i>None</i>  |                |             |               |             |
|                |  |                |             |               |             |
|                |  |                |             |               |             |
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|                |  |                |             |               |             |
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|                |  |                |             |               |             |
|                |  |                |             |               |             |
|                |  |                |             |               |             |
|                |  |                |             |               |             |
|                | Money { <table style="display: inline-table; vertical-align: middle;"> <tr> <td>Specie..... \$</td> <td><i>None</i></td> </tr> <tr> <td>Notes..... \$</td> <td><i>None</i></td> </tr> </table> | Specie..... \$ | <i>None</i> | Notes..... \$ | <i>None</i> |
| Specie..... \$ | <i>None</i>  |                |             |               |             |
| Notes..... \$  | <i>None</i>  |                |             |               |             |

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. Zbinden*

A. T. ZBINDEN, CWO., USA.,  
Personnel Adjutant

APO 469 NY (1) NY  
(Station)

10 May, 1944  
(Date)

\*Strike out words not applicable.

*[Handwritten signature]*

*[Small handwritten mark]*

# INVENTORY OF EFFECTS

(See AR 600 550)

Roles Robert M 13083080  
(Last name) (First name) (Middle Initial) (Army serial number)

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

who died on the 10 day of Oct, 19 43

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

| NUMBER                    | ARTICLES      | * Package NUMBER |
|---------------------------|---------------|------------------|
| 1                         | Prayer book ✓ |                  |
| 1                         | Photo ✓       |                  |
| Nearest of Kin - Father   |               |                  |
| Charles J. Roles          |               |                  |
| Gallitzin, Penna. RFD # 1 |               |                  |
|                           |               |                  |
|                           |               |                  |
|                           |               |                  |
|                           |               |                  |
|                           |               |                  |
|                           |               |                  |
|                           |               |                  |
|                           |               |                  |
|                           |               |                  |

\*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. |          |
|   |          |
|   |          |
|   |          |
|   |          |
|   |          |
|   |          |
|   |          |
|   |          |
|   |          |







Handwritten scribbles or initials in the top left corner.

Serial No. 13083080 Name Roles, Robert, M

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 \_\_\_\_\_

18033080  
Co. B. 2nd Reg.

~~Campbell~~

~~Campbell~~

file  
no.