

293 JOHANNSEN, DONALD F. 13,086,393 SGT.
ENGRS.

N. AFR. AREA
(PA.) 43rd

Interred 24 Nov. 48

VVFBJ

J 5 39 USMC 110

DISINTERMENT DIRECTIVE

WILLARD EDGERTON

Major, USMC, Superintendent

Phenimberly

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5258 00859

DATE

15 10 48
DAY MONTH YEAR

NAME

JOHANNSEN DONALD F

SERIAL NUMBER

13086393

GRADE

SGT

ARM

1

RACE

1

RELIGION

2

CEMETERY

NAPLES ALLIED CEM ITALY

PLOT

B 10

ROW

109

GRAVE

109

DISPOSITION OF REMAINS

5202

CODE

80

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NETTUNO, ITALY

NAME AND ADDRESS OF NEXT OF KIN

MR. MARCUS P. JOHANNSEN (FATHER)
1616 STATE
ERIE, PENNSYLVANIA

"Flag Sent"

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

USAGF

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

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

Wm H Spurlin

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

NAT
FILE
RECORDS ANNOTATED
DATE 24 FEB 1949
NAME *Wm H Spurlin*
R & R BR.

QMC FORM REV 11 FEB 48 1194

FINAL LETTER SENT 27 DEC 1948

76

31 DEC 1948

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM NAPLES PORT MORGUE	TO USMC ANZIO, ITALY
KIND OF CONVEYANCE TRAIN	NAME OF CONVOYER BONDY A. WALCH SGT
SIGNATURE OF SHIPPER A.F. HUBBARD LT COL AF	SIGNATURE OF RECEIVER <i>[Signature]</i> WILLARD EDGINGTON MAJ QMC
DATE 22 Nov 1948	DATE 22 Nov 1948

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

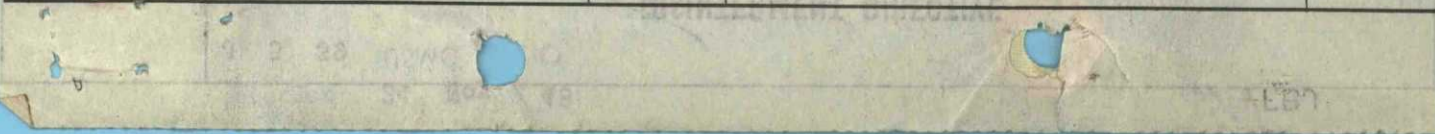
6. SHIPPED

FROM	TO MR. WABROS B. JOHNSON (FATHER)
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

7. SHIPPED

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

3 9 5 23
FILE 54 FEB 1949
REGONCE YANOVLET



Interred		USMC ANZIO	
DISINTERMENT DIRECTIVE			
WILLARD EDGERTON Major QMC, Cemetery Superintendent			
SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER	DATE
			DAY MONTH YEAR
NAME	SERIAL NUMBER	RANK	ARM
JOHANNSEN DONALD F	13086393	SGT	1
CEMETERY		DISPOSITION OF REMAINS	
		CODE DIST. PT.	
LOT	ROW	GRAVE	COUNTRY
	B 10	109	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
JOHANNSEN DONALD F	13086393	SGT	29 July 48
DATE DISTINTERRED	DATE DISTINTERRED		
	29 July 48		
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	USAGF	C	W. E. McNeil 2 Lt QMC NAME AND TITLE
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT			
MANNER OF BURIAL		CONDITION OF REMAINS	
SHROUD		SKELETAL	
OTHER MEANS OF IDENTIFICATION			
NONE			
MINOR DISCREPANCIES			
NONE			
REMAINS PREPARED AND PLACED IN CASKET			
DATE	BY		
2 Aug 48	J.F. SOWAAL (EMBALMER)		
CASKET SEALED BY	EMBALMER (Signature)		
J.F. SOWAAL (EMBALMER)	<i>J.F. Sowaal</i>		
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY		
2 Aug 48	ROIETTO (RECORDER)		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.			
T.R. JUDENE 1st Lt. QMC			
SIGNATURE OF GRS INSPECTOR			
Prepare Discrepancy Report QMC Form 1194a for major discrepancies.			
SECOND IN CHARGE			
MC FORM EV 15 MAR 46	1194		

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC NAPLES ITALY		TO NAPLES PORT MORGUE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER E K TRAYNOR WOJG	
SIGNATURE OF SHIPPER <i>P C CRAIG</i>	DATE 30 July 48	SIGNATURE OF RECEIVER <i>Frank A. Wilson</i>	DATE 30 Jul 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 B TO JOB NAPLES ARRIVED CEV I L V G X		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

27 December 1948

Sgt Donald F. Johannsen, ASN 13 086 393
Plot J, Row 5, Grave 39
Headstone: Cross
Nettuno (Anzio) U. S. Military Cemetery

Mr. Marcus P. Johannsen
1616 State
Erie, Pennsylvania

Dear Mr. Johannsen:

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

tjh

DEC 27 1948
O.D.
U.S. RECORDS

att

Jed

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Sgt Donald F. Johannsen, 13 086 393 (Rec)
 Plot B, Row 10, Grave 109,
 United States Military Cemetery
 Naples, Italy

24 May 1948

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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

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

PART I

I, Mr. Marcus Johannsen
(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. Nettuno, Italy
2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
- (FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
- (LOCATION OF NATIONAL CEMETERY SELECTED)
- (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
- YES NO

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

None

DD FORM
 OCT 20 1948

Coded: V. Dance
10-13-48

2 SEP 1948

Encl 1

Deubau

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your desired 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			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	

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

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

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

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Marcus P. Johannsen (SIGNATURE OF NEXT OF KIN) 1616 State (STREET AND NUMBER)
MR. MARCUS JOHANNSEN (NAME PRINTED OR TYPED) Erie Pa. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 21 day of July, 1948, at city (or town) of Erie, county of Erie, and State (or Territory or District) of Pennsylvania

NOTARY PUBLIC
 My Commission Expires Jan. 20, 1951

Genevieve Wehr
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
 (OFFICIAL TITLE)

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

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

I, THE _____, 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.

_____	_____
<small>(SIGNATURE OF NEXT OF KIN)</small>	<small>(DATE)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(STREET AND NUMBER)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(CITY AND STATE)</small>

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

_____	_____
<small>(SIGNATURE)</small>	<small>(DATE)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(STREET AND NUMBER)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(CITY AND STATE)</small>

ADDITIONAL REMARKS AND INSTRUCTIONS

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



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

In Reply Refer To RR Br: QMGR 293 Johansen, Donald F., Sgt., 13 086 393
Plot B, Row 10, Grave 109
United States Military Cemetery
Naples, Italy

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

24 May 1948

P R I O R I T Y

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

Dear Mrs. Rogers:

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

Mr. Marcus Johansen, 2316 State Street, Erie, Pennsylvania
(name) (address)

has failed to return a Form 345 indicating disposition instructions for the remains.

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

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

Sincerely yours,

JOHN O. HYATT
Colonel, QMG
Memorial Division

RF

2 Incls. JTW.

REMARKS:

reg
Address also shown as
141 West 17th Street
Erie, Pennsylvania

12 48 PM '48
O. D. M. C.
& RECORDS BRANCH

345 28 July 48

SA

Sgt Donald F. Johansen, 13 086 393
Plot B, Row 10, Grave 109,
United States Military Cemetery
Naples, Italy

23 October 1947

Mr. Marcus Johansen
2316 State Street
Erie, Pennsylvania

Dear Mr. Johansen:

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

8 Incls.

fol

OCT 30 12 58 PM '47
D O M G
MAIL & RECORDS BRANCH

chl

Arc Sent 24 May 98 RT

3873
 Q.M.C. Form 1 - GRS
 SOS NATOUA
 June 1, 1943

RESTRICTED
CONFIDENTIAL

DEC 6 - 1943

REBURIAL

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

10 November 1943

Date Report Filled Out

293
 JK
 JOHANNSEN Donald F 13086393 W
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race)
 Sgt Co B 307 Eng (AB) Army U.S.A.
 (Rank) (Organization) (Branch) (Country)
 Naples, Italy 10 October 1943 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 (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

JOHANNSEN, Edna 2316 State St., Erie, Pa.
 (Name of Emergency Addressee) (Address of Emergency Addressee)

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

1145 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 10 109 Temp Wood Catholic
 (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 : BEGINING OF ROW
 (Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : VENNARD, Charles NMI Pvt 32009884 UNKNOWN 110
 (Name) (Rank) (ASN) (Organization) (Grave No.)

(Signature of Officer Reporting Burial)

JOHN A. LONG 1st Lt 4761 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

H.Q. - 160-q - 643 - 80.000

30 JUL 1944 FILE
 293
 JK

3873

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 M244520 Plot 1 Row 2 Grave 10 on 10 November 1943.

Reinterred same date in Allied Cemetery, Naples, Italy Plot B Row 10 Grave 109

TOOTH-CHART

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
(Right)	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 () linkings 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.

3872

Q.M.C. Form 1 - GRS
SOS NATOUSA
June 1, 1943

CONFIDENTIAL

NOV 25 1943

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

10/14/43
Date Report Filled Out

JOHANNSEN	DONALD	F	13086393	W
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
SGT	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

EDNA JOHANNSEN

(Name of Emergency Addressee)

2316 STATE ST. ERIE PA.

(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

N244520

(Location, Name, & No. of Cemetery)

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

1

2

10

CROSS

GENEREL 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 : UNKNOWN AMERICAN SOLDIER

11

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

Left side : ROLES PVT 13083080

CO B 307th ENG

9

(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.



H.Q. - 160-q - 6-43 - 89,000

20 JUL 1944 FILE
Dmc

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

KOW/oh4635

DATE 15 November 1943

FULL NAME 293 <u>Johannsen, Donald F</u>		ARMY SERIAL NO. 13 086 393
GRADE Sgt	ARM OR SERVICE Corps of Engineers	DATE OF BIRTH 9 April 1922
HOME ADDRESS Erie, Pa. <i>NEWBURY DIVISION NOV 18 4 30 PM '43</i>		
DATE OF DEATH 10 Oct 43	PLACE OF DEATH North African Area	CAUSE OF DEATH Killed in Action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Mrs Edna G Johannsen (mother) 2316 State St., Erie, Pa.		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Mrs Edna G Johannsen (mother) 2316 State St., Erie, Pa. Mr Marcus Johannsen (father) 2316 State St., Erie, Pa.		

BY ORDER OF THE SECRETARY OF WAR:

J. W. Reinhart

ADJUTANT GENERAL

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

(OVER)

*file
11-17-43
J. W. Reinhart*

THIS COPY FOR THE U. S. G. (CONFIDENTIAL)

ADDITIONAL DATA: (CONFIDENTIAL)

STATION OF DECEASED

South African Area (Italy)

EMERGENCY ADDRESS (PHONE, TELEGRAPH, & ADDRESS)

TO ONE OF

PLACE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

Nov 16 4 34 PM '43

HOME ADDRESS

MEMORIAL DIVISION

SEX

GRADE OR RANK

DATE OF BIRTH

GRADE

TYPE OF SERVICE

DATE OF BIRTH

EDUCATION

DATE OF BIRTH

EDUCATION

DATE OF BIRTH

DATE

NOV 16 1943

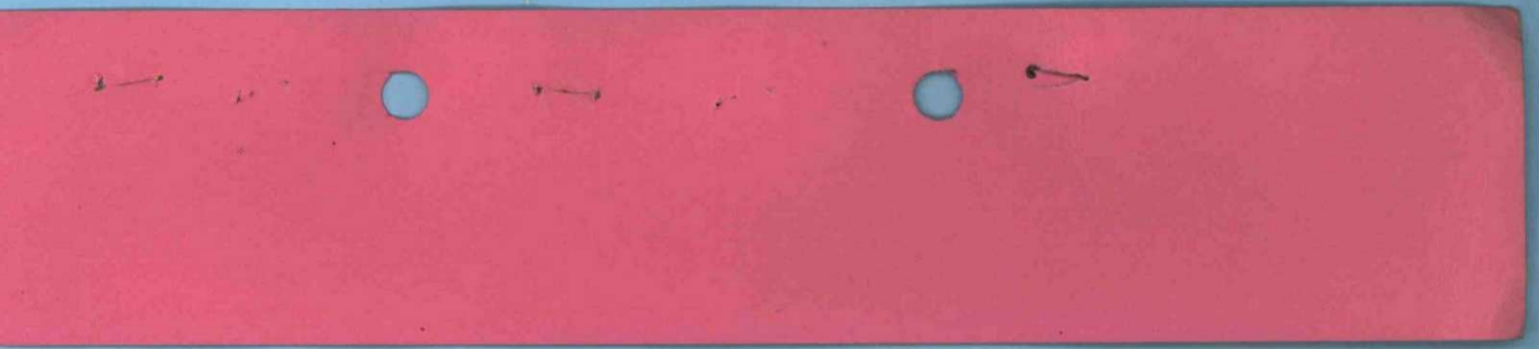
REPORT OF DEATH

WASHINGTON

THE ADJUTANT GENERAL'S OFFICE

WAR DEPARTMENT

FORM NO. 100



DDB

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

In reply refer to SPQDK 250.414

JRM:HA:rcs
June 1944

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>
22928	Wilson, Calvin A.	PPC	6534874
30988	Albano, Frank	Cpl.	12022109
39611	Ishii, George F.	Cpl.	30102032
39910	Johannsen, Donald F.	Sgt.	17086393
67743	Cecil, Walter R.	S/Sgt.	38234081

For the Commanding Officer:

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

5 Incls--
Incl 1--Report Case No. 22928
Incl 2--Report Case No. 30988
Incl 3--Report Case No. 39611
Incl 4--Report Case No. 39910
Incl 5--Report Case No. 67743

DS:ml
Eff QM Form No. 23 (Rev. 4/6/44)

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

Case No. 39910 D(Date) 5 June 1944

Subject: Report of transactions in disposing of the effects of

Donald F. Johannsen, 13066398, late a
 (Name of deceased soldier) (Army Serial No.)

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

on the 10th 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 \$ 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 March 15, 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application and/or affidavit of Edna Johannsen and Marcus Johannsen for the effects of the above-named deceased soldier, now (Name of 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 Marcus Johannsen (Name of person found entitled)

of 141 West 17th Street Erie, 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. HEHMAN, Major Q.M.C.
 (Name, Rank, Organization)

SUMMARY COURT-MARTIAL

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

Jeb

IN REPLY REFER TO 39910-D

JRM:HA:vlm
May 8, 1944

Mr. Marcus Johannsen
141 West 17th Street
Erie, Pennsylvania

Dear Mr. Johannsen:

Thank you for executing the signed receipt covering the personal effects of your son, Sergeant Donald F. Johannsen, which were forwarded by the Army Effects Bureau.

Since this Bureau is furnished information pertaining only to the personal effects of military personnel, I suggest that you direct an inquiry to the Veterans' Administration, Washington, D. C., giving the full name, Army serial number, rank, and former organization of Sergeant Johannsen for information pertaining to his insurance.

As previously stated, Sergeant Johannsen's property was forwarded by this Bureau for proper distribution according to the laws of the state of your son's legal residence.

Yours very truly,

G. H. GALVIN, JR.
1st Lt. Q.M.C.
Chief, Adm. Control Branch

April 2 - 1944

Dear Sir

~~File~~
H

Received the articles of my
son, thank you,
would like to ask you
if there could be
anything done
about my Louis Insurance
my wife and I do not
live together,
her divorce was not
granted in February
with some up again
in May

because of a month

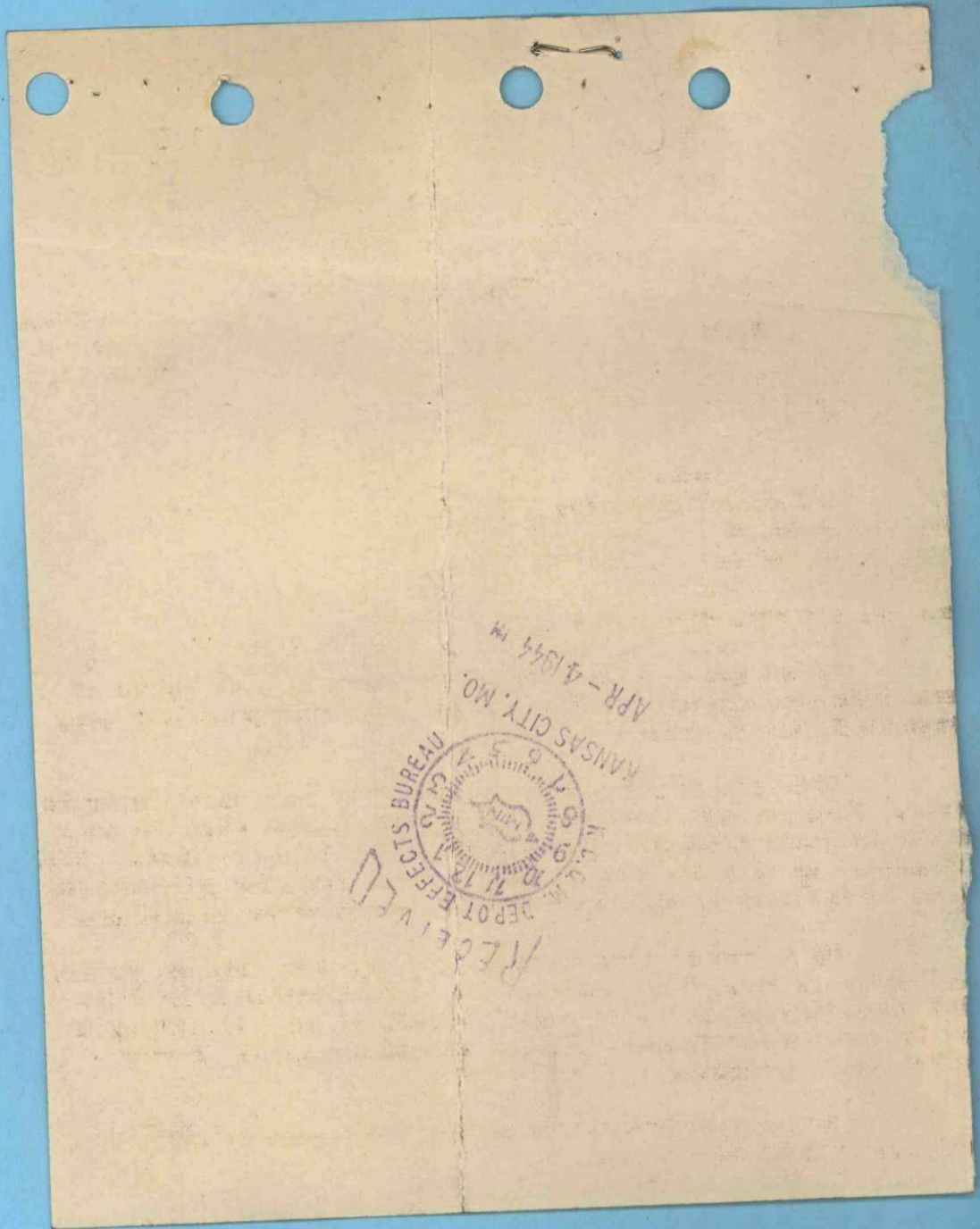
Mar
could I take legal
action

please Sir could
you give me any
information

I gave my wife this
package if she would
signed, with I sende
back to you

your very truly

Marcus Johansen
141 west 17th
Erie Pa.



DJB

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

(S-4-27-44)
JHM:HA:vlm
March 27, 1944

IN REPLY REFER TO 39910 D

Mr. and Mrs. Marcus Johannsen
2316 State Street
Erie, Pennsylvania

Dear Mr. and Mrs. Johannsen:

Thank you for the information given in your letter of March 8 in connection with disposal of the property of your son, Sergeant Donald F. Johannsen.

This property has been forwarded by mail under separate cover. When you have received the package, please sign one copy of the inclosed receipt and return that copy to this Bureau. Mrs. Johannsen may sign the receipt as witness. 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. These effects are transmitted only in order that some responsible person receive them, 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 promptly 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

2 Incls.
Form 5
Envelope

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

mam

ORDER FOR SHIPMENT

Suspense 5 April 1944

MAR 24 1944

Case No. 39910 D

Date 22 March 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: Sergeant Donald F. Johannsen

Serial No. 13086393

Ship to: Mr. Marcus Johannsen

Street and Number 2316 State Street

City and State Erie, Pennsylvania

Ship Via: Frank

Gov't B/L No. _____

J. J. Menton

A. Baep

For the Effects Quartermaster

LIST OF PACKAGES SHIPPED

1 Pkg

Pkg. includes 80¢ listed
our inventory 12-3-43

L.S.R.

Franked Mail--4 or less

Parcel Post Charges _____

Estimated Express Charges _____

Estimated Freight Charges _____

Total Number of Pieces: _____

Weight of Shipment: 2#

Shipping Clerk L.S.R.

Date MAR 24 1944

DS:jeb

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

Shortage

All money shown on #54

I Certify the above named items were not contained in the
package when checked by me

Kidd

Payne

Deceased X
 Missing
 A.W.O.L.
 P.O.W.
 Abandoned

ARMY SERVICE FORCES
 ARMY EFFECTS BUREAU

Sheet 1 of 1 Sheets *led*

Flat _____ Box _____

INVENTORY

Shown on Tally In as _____

39910 *D*

TALLY IN NO. _____ INVENTORY DATE 12/3/43 CASE NO. _____

EFFECTS OF DONALD F. JOHANNSON RANK Sgt.

ARMY SERIAL NO. 13086393 ORG. 307 A/B Engr. Bn.

CONSIGNOR Hq., 307 Engr. Bn., APO #469, New York, N.Y.

DELIVERING CARRIER Mail G B/L NO. _____ G B/L DATE _____

Package No.	Article Description	Remarks
#1	1 U. S. Treasurer's Check #11956	Check payable to
ENVELOPE	dated 26 Oct 1943 - Sta. #524	Wm. E. Johnson, Lt.Col., FD
	Amount \$.80	Indorsed to Effects QM
	<i>coins in above amount</i>	
	<i>in locked storage</i>	Attached:
	<i>no apc # assigned</i>	Copy Form #54 shows
	<i>pm</i>	Nearest of Kin: Mother:
		Mrs. Edna Johanssen
		2316 State St.,
		Erie, Pa.
	<i>.80 returned to Effects</i>	<i>3/23/44 - LSR</i>
	<i>placed in package listed</i>	
	<i>in inventory 2/11/44</i>	
		<i>L.S.R.</i>
		MAR 24 1944

Warehouse Space _____ Invented By E. Saville 12/3/43 HE:es

Locked Storage Space _____ Office Safe *pm* Packed By _____

39910

IMMEDIATE ACTION

2316 State
Erie Pa.

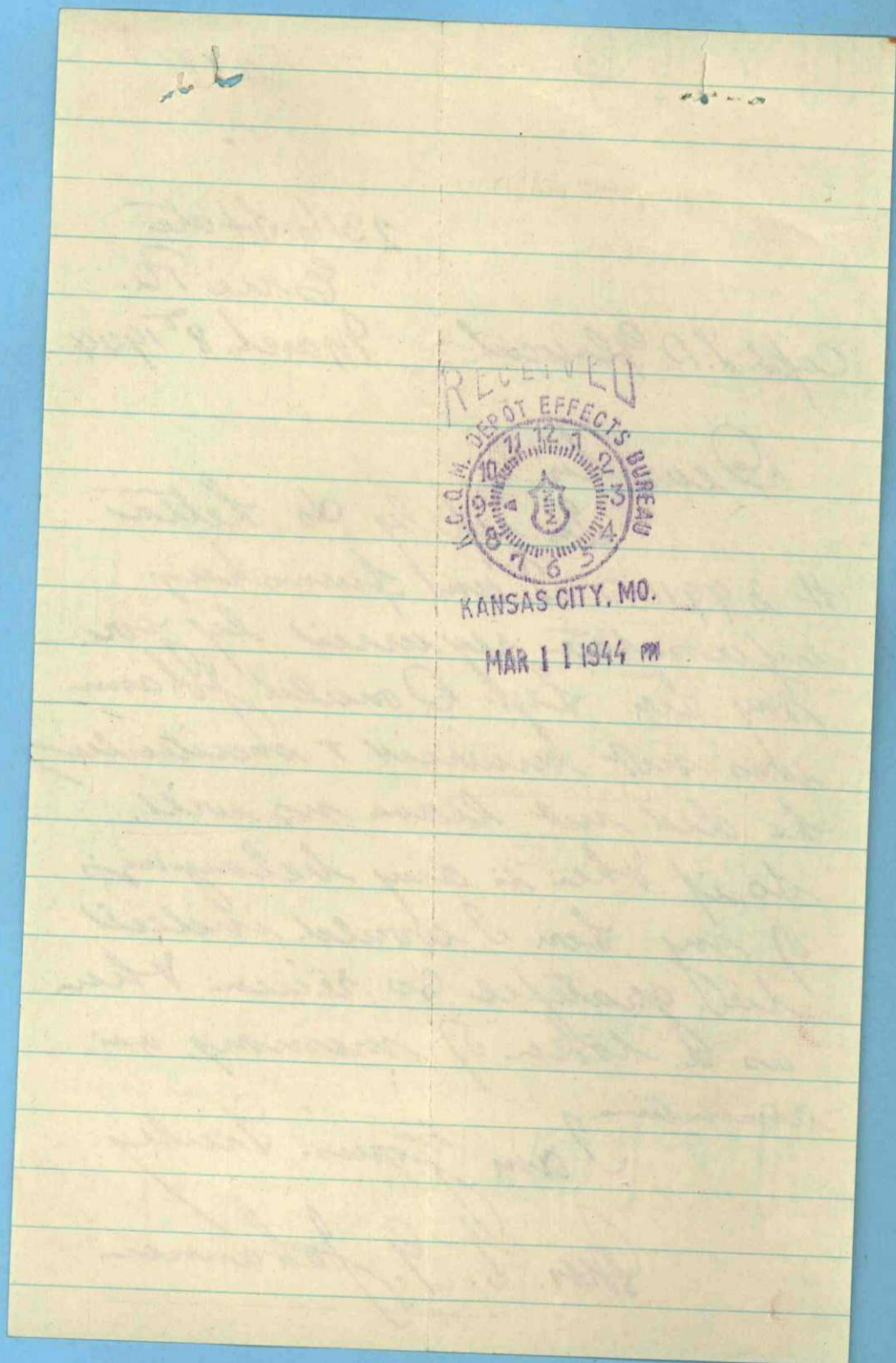
Capt. L. D. Glasscock

March 8th 1944

Dear Sir:

In reply to letter # 39910D. I am furnishing information requested by you. My son Sgt. Donald Johann was not married & incidentally he did not leave no will. So if there is any belongings of my son I would indeed be grateful to receive them as a token of memory. as I remember

I am yours. Truly
Mrs. G. G. Johann *John*



RECEIVED
U.S. M. DEPOT EFFECTS BUREAU
KANSAS CITY, MO.
MAR 1 1944 PM

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

(S-4-3-44)
JRM:AP:ret
March 3, 1944

IN REPLY REFER TO #39910 D

Mr. Marcus Johannsen
2316 State Street
Erie, Pennsylvania

Dear Mr. Johannsen:

The Army Effects Bureau has received from overseas some personal property of your son, Sergeant Donald F. Johannsen.

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,

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

1 Incl.
Envelope

COPY
 KCQMD
 AEB - rp

WAR DEPARTMENT
 The Adjutant General's Office
 Washington

MEMORANDUM

SUBJECT: Report of Death

November 19 1943

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

Full Name: Johannsen, Donald F.

Date and place of birth: April 9 1922

Serial number: 13 086 393

Grade or Rank and Organization: Sgt

Arm or Service: Corps of Engineers

Date and place of death: October 10 1943 North African Area

Cause of death: KILLED IN ACTION

Home address: Erie Pennsylvania

Emergency address: Mrs Edna G Johannsen (mother) ✓
 2316 State St., Erie, Pennsylvania

Mrs Edna G Johannsen (mother)
 3416 State St., Erie Pennsylvania

Beneficiary address: Mr Marcus Johannsen (father) ✓
 2316 State St., Erie Pennsylvania

Date of enlistment or
 acceptance of commission: _____

Serial No. 13096393 Name JOHANNSEN, Donald
Grade _____ Rank Sgt
Organization Co B 307th Eng. 130
Address _____
Nearest Relative Edna JOHANNSEN
Address 2316 STATE ST. Erie Penna
Killed in Action KIA Died of Disease _____
Date 10 Oct 1943 Hospital _____
Battle Area Naples Italy Information Fracture skull
C.F. 62FF Reg. Explosion of Blast
Place of Burial _____
Point of Coordination _____
Description of Body _____
Members Missing _____
Signed _____

file up

INVENTORY OF EFFECTS

(See AR 600 550)

Johannsen, Donald F 13086393
 (Last name) (First name) (Middle Initial) (Army serial number)

late a Sgt 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
✓ 2	Rosery Beads	
✓ 6	Coins Keepsake	
✓ 1	Ring	
✓ 1	Prayer Book	
✓ 1	Scarf	
✓ 1	Package Misc Papers	

Lt Whalen

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

CLASS II - Other effects

NUMBER	ARTICLES
	Nearest of Kin - Mother
	Mrs Edna Johannsen
	2316 State St.,
	Erie, Pa.

CLASS II - Continued

NUMBER	ARTICLES
--------	----------

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

	Check No. 11, 956 dated 26 Oct 43 for \$0.80 airmailed to Effects Quartermaster, Army Effects Bureau, Kansas City, Missouri.
--	--

Money	Specie... \$ 0.80 Notes..... \$ None
-------	---

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., 307 A/B Engr Bn.,
 Personnel Adjutant

APO 469, NY, NY.
 (Station)

20 October, 19 43
 (Date)

*Strike out words not applicable.

File ap

WAR DEPARTMENT
ARMY EFFECTS BUREAU
KANSAS CITY QUARTERMASTER DEPOT
Kansas City, Missouri

*File
7/2*

In the matter of the disposition
of the effects of:

Sergeant Donald F. Johannsen
(Name of deceased soldier)

13086393
(Serial Number)

Case No. 39910 D vlm

RECEIPT FOR EFFECTS
DELIVERED TO CLAIMANT
(S-4-27-44)

I hereby acknowledge that I have received from the Effects Bureau, Kansas
City Quartermaster Depot, Kansas City, Missouri, the following effects of the
above-named deceased soldier:

Number	Articles	Number	Articles
2	Rosary ✓ <i>✓✓</i>		
	Souvenir Coins ✓ <i>✓✓</i>		
	Ring ✓ <i>✓✓</i>		
	Prayer Book ✓ <i>✓✓</i>		
	Miscellaneous papers ✓ <i>✓✓</i>		
	80¢ in coins ✓ <i>✓✓</i>		

~~Receipt of US Army effects of deceased soldier~~

~~of the deceased soldier~~

~~delivered to the claimant~~

~~deceased soldier~~

Subscribed at _____ on this 31 day of March

19 44

Witnessed

Mrs Edna Johannsen
(Signature of Witness)

Marcus Johannsen
(Signature of claimant in ink)

2316 State St.

141 West 17 Str

Erie Pa
(Address)

Erie Penna.
(Address)