

293 JORDAN, JOSEPH *J.* 13,096.498 PVT. N. AFR. AREA
ENGRS. (PA) 4600

Declassified in accordance with D.O. 13526

xL 18 Oct 48

F. B. Dickson

MMM

Interred

J 13 16

USMC ANZIO

DISINTERMENT DIRECTIVE

WILLARD EDGERTON

Major QMC - Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5258 00891

DATE

15 05 48

DAY MONTH YEAR

NAME

JORDAN JOSEPH R

SERIAL NUMBER

13096498

RANK

PVT

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

NAPLES ALLIED CEMETERY

SIGNATURE OF RECEIVER

DISPOSITION OF REMAINS

1 5202 80

CODE DIST. PT.

PLOT

I

ROW

2

GRAVE

15

COUNTRY

ITALY

TYPE OF CONTAINER

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

MARY L. PECORA (SISTER)
2523 SOUTH HOBSON STREET
PHILADELPHIA, PENNSYLVANIA

"Flag Sent"

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

 REMAINS MARKER

ORGANIZATION

USAGF

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shroud

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

Burial Report

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 10 August 1948

BY

C. M. Davis

CASKET SEALED BY

C. M. Davis

EMBALMER (Signature)

C.M. DAVIS

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 8/10/48 BY F. H. Strack

C. M. Davis

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

B. L. ISMINGER

SIGNATURE OF GRS INSPECTOR

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

RECORDS ANNOTATED

DATE FEB 24 1949

NAME [Signature]

R. B. ER.

QMC FORM
REV 15 MAR 46 1194

FINAL LETTER SENT 9 DEC 1948

UNIT TELLER 2M 8 DEC 1948

RECORD OF CUSTODIAL TRANSFER

NOV 1948

1. SHIPPED

FROM	USMC NAPLES ITALY	TO	NAPLES PORT MORGUE
KIND OF CONVEYANCE	* TRUCK	NAME OF CONVOYER	B K TRAYNOR WOJG
SIGNATURE OF SHIPPER	P C CRAIG CAPT QMC	SIGNATURE OF RECEIVER	FRANK A WILSON CAPT QMC
DATE	6 Aug 48	DATE	6 Aug 48

2. SHIPPED

FROM	NAPLES PORT MORGUE	TO	USMC ANZIO ITALY
KIND OF CONVEYANCE	TRAIN	NAME OF CONVOYER	RONDY A. WELCH SGT
SIGNATURE OF SHIPPER	F.A. WILSON CAPT. QMC	SIGNATURE OF RECEIVER	WILLARD E. GIBSON
DATE	OCT - 7 1948	DATE	OCT - 7 1948

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	I S T2 IIVGA	TO	S
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	

NOV 1948

MM

Interred
USMC ANZIO

DISINTERMENT DIRECTIVE

WILLARD EDGERTON

Major QMC - Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
JORDAN JOSEPH R	13096498	PVT	1	
CEMETERY	DISPOSITION OF REMAINS			DAY MONTH YEAR
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
I	2	15	NAPLES ALLIED CEM ITALY	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
JORDAN JOSEPH R	13096498	PVT		4 Aug 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	USA GF	UNK	M G BORRES 2 LT QMC NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
	SHIPPED
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES	
REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAN TRANSFER

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC NAPLES ITALY	TO NAPLES PORT MORGUE
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER B K TRAYNOR WOJG
SIGNATURE OF SHIPPER <i>P C CRAIG</i> CAPT QMC	DATE 6 Aug. 48
SIGNATURE OF RECEIVER	
DATE	

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

FROM 1 S 72 NAPLES PORT MORGUE	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	

9 December 1948

Pvt. Joseph R. Jordan, ASN 13 096 498
~~Plot J, Row 13, Grave 16~~
Headstone: Cross
Nettuno (Anzio) U.S. Military Cemetery

Mrs. Mary L. Pecora
2523 South Hobson Street
Philadelphia, Pennsylvania

Dear Mrs. Pecora:

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

DEC 9 2 59 PM '48
O. G. W. G.
MAIL & RECORDS BRANCH

D.C.

REQUEST FOR DISPOSITION OF REMAINS

L 2/24

BUDGET BUREAU No. 49-R277.

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

DATE:

Pvt. Joseph R. Jordan, SN 13 096 498

United States Military Cemetery
Naples, Italy

I-2-15

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, MARY L PECORA
(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. *Naples, 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 _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

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

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

- YES
- NO

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

68

Approved 48

Coded 21 May 48
Mother's

OQMG FORM 345 MILITARY

14 NOV 1946

16-50411-1

PAGE 1

APR 1948

True

PART I (Continued)

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

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

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

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.

Mary L. Pecora (SIGNATURE OF NEXT OF KIN) 2523 So. Hobson St- (STREET AND NUMBER)
MARY L. PECORA (NAME PRINTED OR TYPED) Phila PA (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 9th day of December, 1947, at city (or town) of Philadelphia, county of Philadelphia, and State (or Territory or District) of Pennsylvania

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

A. H. Elisabeth Hendler (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Mary Public (OFFICIAL TITLE)
my Commission Expires Nov 1, 1948

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 Brother over 21 years of Age (PLEASE INSERT RELATIONSHIP), AS THE NEXT OF KIN OF THE DECEASED NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED. THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME <u>PECORA</u>	FIRST NAME <u>MARY</u>	MIDDLE INITIAL <u>L</u>
RELATIONSHIP TO THE DECEASED <u>SISTER</u>		
NUMBER AND STREET <u>2523 So. Hobson</u>	CITY OR TOWN <u>Phila-</u>	STATE OR COUNTRY <u>PA</u>

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

<u>Louis B Jordan</u> (SIGNATURE OF NEXT OF KIN)	<u>DEC. 9-1947</u> (DATE)
<u>Louis B. Jordan</u> (NAME PRINTED OR TYPED)	<u>2323 Mildred ST</u> (STREET AND NUMBER)
	<u>Phila- PA-</u> (CITY AND STATE)

PART III

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

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE I 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

(SIGNATURE)	(DATE)
(NAME PRINTED OR TYPED)	(STREET AND NUMBER)
	(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

ctm

293 Jordan, Joseph R. - 13,096,498 (Pat)

HVS-20050-60M-3-47 -10

(Fee for this Certificate, \$1.00)

This is to Certify that the following is a true and correct copy of a certificate of death filed in the Bureau of Vital Statistics, Pennsylvania Department of Health, as directed by Act 192 of the General Assembly, 1943, P. L. 414.

N. B. Do not accept this Certified Copy unless the raised seal of the State Department of Health is affixed thereon.

No 813433

Amos W. Vaux

(Secretary of Health)

JORDAN Joseph R

12 8 47 (Date)



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Primary Dist. No. 1

File No. 1690 Registered No. 1690

1. PLACE OF DEATH: (a) County Phila (b) Township (c) Borough (d) City (e) Name of hospital or institution Jefferson Hosp (f) Length of stay: In hospital or inst. (g) In this community

2. USUAL RESIDENCE OF DECEASED: (a) State Penna (b) County (c) City or town Phila (d) Street No. 2209 S Warrum St (e) If citizen of foreign country, name country

3. (a) FULL NAME Lillian Jordan

3. (b) If U. S. Veteran, complete reverse side of certificate 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1 23 1893 (Month) (Day) (Year)

8. AGE: Years 52 Months Days If less than one day hr. min.

9. Birthplace Phila (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Louis Pecoci

13. Birthplace Italy (City, town, or county) (State or foreign country)

14. Maiden name Mary Guerina

15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Jordan

(b) Address 2209 Warrum St

17. (a) (b) Date thereof 1 29 45 (Month) (Day) (Year)

(c) Place Holy Cross County State Pa

18. (a) Signature of funeral director Louis Angenito

(b) Address 820 Christian St

19. (a) 1 25-45 (Date received local registrar) (b) Joseph A Farrell (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Jan day 24 year 1945 hour 2 minute 24 PM

21. I hereby certify that I attended the deceased from 1 1 1945, to 1 24 1945, that I last saw h. alive on 1 24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Septicemia due to

Due to diffuse Carcinomatous

Other conditions la of Colon

Major findings: Of operations Of autopsy

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature L M Gray (M. D. or other)

Address Jefferson Hosp Date signed 1 25-45

DURATION PHYSICIAN Underline the cause to which death should be charged statistically.

293 Jordan, Joseph R. - 13,096,498 (Part)

QMDPK 293.8

1st Ind.

Philadelphia Quartermaster Depot, 2800 South 20th Street, Philadelphia 45, Pennsylvania. 9 December 1947.

TO: Office of The Quartermaster General, Memorial Division, Repatriation Records Section, Wing 6, Temporary "B" Building, Washington 25, D. C.

Attention: Major Mark J. Gill.

1. Mrs. Lillian Jordan, mother of the late Pvt. (Joseph R. Jordan, is deceased. Copy of Death Certificate inclosed herewith.

(13096498)

2. Also inclosed herewith is OQMG Form 345 Military, Part II relinquishing disposition authority completed by brother over 21 - Mr. Louis B. Jordan, 2323 Mildred Street, Phila, Pa., in favor of sister over 21 Mrs. Mary L. Pecora, 2523 South Hobson Street, Philadelphia, Pa. Mrs. Pecora requests Option I.

For the Commanding Officer:

DG Pollard

D. G. POLLARD
Lt. Col., QMC
Assistant

2 Incls.

- 1. Form 345
- 2. Certificate of Death

NAT
3-25-48
Sue

File
NAT
24 Mar 48
7 Apr 48
B. Sisk

Philadelphia, Pennsylvania, 220 South 23rd Street, Philadelphia 4, PA
December 1947

Office of the Surgeon General, Federal Bureau of Investigation
Records Section, Room 5700, Building "B", Washington 25, D. C.

Attention: Major J. G. ...

Mr. William ...

Also enclosed herewith is ...

For the ...

BB 1000-1

...

...



QBR

20

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

2 DEC 1947

In Reply Refer To: QMGMM 293 Jordan, Joseph R., Pvt., 13 096 498, United States Military Cemetery, Naples, Italy

SUBJECT: Information re Next of Kin of Above Named Deceased.

TO : Commanding Officer
Philadelphia Quartermaster Depot
2800 South Twentieth Street
Philadelphia 45, Pennsylvania

Attn: AGR Division

1. In order to secure disposition instructions, all efforts to contact the next of kin of the above-named decedent through various Government Agencies and other members of the decedent's family have failed.

2. It is requested that your office furnish the current address of Mrs. Lillian Jordan, mother, who is reflected in the records of this office as the next of kin and whose last known address was 2209 South Darien Street, Philadelphia, Pennsylvania

3. In the event you are unable to locate the next of kin as shown above, it is also requested that this office be furnished the names, addresses and relationship of any other members of the decedent's family.

BY COMMAND OF MAJOR GENERAL LARKIN:

Mark J. Gill
MARK J. GILL
Major, QMC
Memorial Division

RECEIVED
DEC 15 1947
J. S. [unclear]

File
MAT
24 Mar 48
7 P. [unclear]
B. Sisk

0000023

293.8 R.P.

X

3 DEC 1947

TO: SAC, PHILADELPHIA (100-100000)
FROM: SAC, NEW YORK (100-100000)

RE: [Illegible]

[Illegible typed text]

MAIL & RECORDS BRANCH
O. O. M. (6)
DEC 2 2 55 PM '47

RECEIVED
3 DEC 1947
PHILADELPHIA
O. M. DEPT

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

2 DEC 1947

In Reply Refer To: QMGMM 293 Jordan, Joseph R., Pvt., 13 096 498, United States
Military Cemetery, Naples, Italy

SUBJECT: Information re Next of Kin of Above Named Deceased.

TO : **Commanding Officer**
Philadelphia Quartermaster Depot
2800 South Twentieth Street
Philadelphia 45, Pennsylvania

Attn: AGR Division

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BY COMMAND OF MAJOR GENERAL LARKIN:

dij

DEC 2 2 55 PM '47
O. Q. M. G.
MAIL & RECORDS BRANCH

MARK J. GILL
Major, QMC
Memorial Division

MJG
Not

MEMORIAL DIVISION
DEC 2 2 04 PM '47
RECORDS BRANCH
0000023

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

293

IN REPLY REFER TO BURIAL OF

Pvt Joseph R. Jordan, 13 096 498
Plot I, Row 2, Grave 15,
United States Military Cemetery
Naples, Italy

24 October 1947

Mrs. Lillian Jordan, *next of kin*,
2209 South Darien Street
Philadelphia, Pennsylvania

3

Dear Mrs. Jordan:

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

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls.

*File
2 Dec 47
M J Hill*

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D. C.
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300.
(PMGC)

WASHINGTON, D. C.
OCT 29
6-PM
1947

Handwritten: P 29
Handwritten signature: [Signature]

Do not use this envelope or wrapper again.

Returned to Writer
Unclaimed from
Philadelphia.

CARRIER MARK

POSTMASTER: IF ADDRESSEE HAS REMOVED AND
NEW ADDRESS IS KNOWN, NOTIFY SENDER ON FORM
3547. POSTAGE FOR WHICH IS GUARANTEED.

RECEIVED
NOV 10 1947
COMM
MAILS

PHILADELPHIA
OCT 31 1230AM
1947
P.A.

23

Pvt Joseph R. Jordan, 13 096 498
Plot 1, Row 2, Grave 15,
United States Military Cemetery
Naples, Italy

24 October 1947

Mrs. Lillian Jordan
2209 South Darien Street
Philadelphia, Pennsylvania

Dear Mrs. Jordan:

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

fbj
8
Incls. 2
OCT 29 2 54 PM '47
D-O-M-C
MAIL & RECORDS BRANCH

Q.M.C. Form 1 - GRS
808 NATOURA
June 1, 1953

RESTRICTED
CONFIDENTIAL

REPORT OF BURIAL
AR 30-1615 & TM 10-630

REBURIAL

532

AUG 19 1944

11 July 1944

Date Report Filled Out

JORDAN	Joseph	R.	13096498	White
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
Pvt.	Co. "B"	307th Engr. Bn.	Army	USA
(Rank)	(Organization)	(KIA) (Branch)	(Country)	
Naples, Italy	10 October 1943	Building explosion	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 (O).

If no identification tags, other means used to identify body (identification card, letters, etc.) : Medical form #52 E.M.T.

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

None

(Name of Emergency Addressee)

None

(Address of Emergency Addressee)

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

Shroud 1000 hrs. 11 July 1944

(Time and Date of Burial)

Allied Cemetery, Naples, Italy.

(Location, Name, & No. of Cemetery)

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

"I"

(Plot No.)

2

(Row No.)

15

(Grave No.)

Wooden Cross

(King Grave Markers)

General

(Type of Religious Ceremony)

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

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 bottle and buried one foot below grave marker.

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

Right side : VASTYSHAK, Joseph (NMI) Pvt. 33175008 Co.B, 307 Engrs. 14

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

Left side : KALAT, Walter R. Pfc. 36042489 Co. B, 307th Engr. Bn. 16

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

S/ George L. Riddle, Chaplain.

(Signature of Officer Reporting Burial)

Leo E. Tritschler
(Verified by unit G.R.S. Officer)

LEO E. TRITSCHLER, 1st Lt. 602nd 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

9-43 - 200,000

30688

file 11-15-44
2-30

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 Graves 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 :

N

Disinterred 11 July 1944 from Plot A, Row 1, Grave 15, Allied Cemetery, Naples, Italy.
Reinterred same date in Plot "I", Row 2, Grave 15, Allied Cemetery, Naples, Italy.

TOOTH-CHART

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

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.

NOV 23 1943

Q.M.C. FORM 1 - GRS
SOS NATOUSA
July 1943

CONFIDENTIAL

REPORT OF BURIAL

AR 30-1815 & TM 10-630

18 OCTOBER 1943

Date Report Filled Out

JORDAN JOSEPH R. 13096498 WHITE
 (Last Name) (First Name) (Middle Initial) (Serial No.) (Race)

PVT. CO "B" 307TH ENGRS. BN. 82ND. DIV. ARMY UNITED STATES
 (Rank) (Organization) (Branch) (Country)

NAPLES, ITALY 10 OCTOBER 1943 BUILDING EXPLOSION
 (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.) : MEDICAL FORM

52 E. M. T.

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:

NONE

(Name of Emergency Addressee)

NONE

(Name of Emergency Addressee)

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

SATURDAY 1600: 16 OCTOBER 1943

(Time and Date of Burial)

ALLIED CEMETERY, NAPLES

(Location, Name, & No. of Cemetery)

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

A

(Plot No.)

1

(Row No.)

15

(Grave No.)

WOODEN CROSS

(King Grave Markers)

PROTESTANT.

(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 ? COPY Q.M.C. FORM NO. 1, G.R.S. BURIED IN BOTTLE W/BODY.

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

Right side : VASTYSHAK, JOSEPH. (NMI) PVT. 33175008 CO "B" 307TH ENGRS. BN. 82ND. DIV. 14
 (Name) (Rank) (ASN) (Organization) (Grave No.)

Left side : KALAT, WALTER R. PFC. 36042489 CO "B" 307TH ENGRS. BN. 82ND. DIV. 16
 (Name) (Rank) (ASN) (Organization) (Grave No.)

George L. Riddle Chap.
 (Signature of Officer Reporting Burial)

John P. M. M. M.
 (Verified by unit G.R.S. Officer)

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

RESTRICTED
CONFIDENTIAL

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

20 JUL 1944

7097

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 bodyfound, etc. Wrap body in shelter half, mattress cover, or blanket when available.

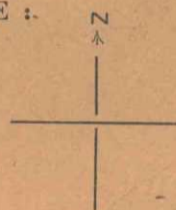
2. BURIAL : Dig grave to a depth five feet (except for hasty battlefield burials, to sufficient depth to prevent elements from exposing the body.) Place only one body in a grave. Dig graves side by side, row behind row.

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

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
(Left)								(Examinee's)							(Right)

INDICATE : missing natural teeth by X; crowns by O; fillings by □ ; bridges by ◯ ; denture 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 not possible, fill in tooth chart.

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

KCW/ch4635

15 November 1943

DATE

293 FULL NAME Jordan, Joseph R		ARMY SERIAL NO. 13 096 498
GRADE Pvt	ARM OR SERVICE Corps of Engineers	DATE OF BIRTH 27 June 1922
HOME ADDRESS Philadelphia, Pennsylvania		
DATE OF DEATH 10 Oct 43	PLACE OF DEATH North African Area	CAUSE OF DEATH Killed in Action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Mrs Lillian Jordan (mother) 2209 S. Darien St., Philadelphia, Pa.		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Mrs Lillian Jordan (mother) 2209 S. Darien St., Philadelphia, Pa. Jean Jordan (sister) 2209 S. Darien St., Philadelphia, Pa.		

BY ORDER OF THE SECRETARY OF WAR:

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

(OVER)

J. W. Reinhart

ADJUTANT GENERAL

UNCLASSIFIED
ADDITIONAL DATA: (CONFIDENTIAL)

STATION OF DECEASED: *North African Area, (Italy)*

BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS):

EMERGENCY ADDRESS (NAME, RELATIONSHIP, & ADDRESS):

TO: *Nov 16 4 34 PM '43*

DATE OF DEATH: *Nov 16 4 34 PM '43*

PLACE OF DEATH: *MEMORIAL DIVISION*

HOME ADDRESS:

GRADE: *SAF*

DATE OF BIRTH: *21 June 1885*

ISSUE NO: *73 080 433*

OFFICE OF DEATH
WASHINGTON
THE NATIONAL ARCHIVES OFFICE
WAR DEPARTMENT



JFM:Haimes
16 May 1944

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

In reply refer to QM 250.414

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

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

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

<u>Case No.</u>	<u>Name</u>	<u>Rank</u>	<u>Army Serial No.</u>
36194	Parson, Laverne R.	2nd Lt.	O-736792
39911	* Jordan, Joseph R.	Pvt.	13096498
46748	Fitz, Julius A.	1st Lt.	O-664297
64846	Dudek, Edward J.	Pvt.	36301783
70725	Townley, Herman	Pvt.	34330527

For the Commanding Officer:

W. F. HERMAN
Major Q.M.C.
Ass't. Effects Quartermaster

5 Incls--
Incl 1--Report Case #36194
Incl 2--Report Case #39911 ✓
Incl 3--Report Case #46748
Incl 4--Report Case #64846
Incl 5--Report Case #70725

ML:men
Eff QM Form No. 23 (Rev. 11/19/43) - 1 -

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

Case No. 39911 D

(Date) 16 May 1944

Subject: Report of transactions in disposing of the effects of

Joseph R. Jordan, 13096498, late a
(Name of deceased soldier) (Army Serial No.)

Private, Corps of Engineers who 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, H.Q., 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 ~~summary~~ (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 26 April, 1944, pursuant to Special Orders 228, Headquarters, KCQM depot. dated 25 September 1943, the application and/or affidavit of Lillian Jordan (name of _____ for the effects of the above-named deceased soldier, now Claimant) in the possession of the United States, together with other relevant evidence, were duly considered:

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

of 2209 South Darien Street Philadelphia 48, State of (Number Street or Avenue) (City, Town or Village)

Pennsylvania, is the mother 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. HERMAN, Major J.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 39811-D

(S-6-4-44)
JRM:HA:vlm
May 4, 1944

Mrs. Lillian Jordan
2209 South Darien Street
Philadelphia 48, Pennsylvania

Dear Mrs. Jordan:

This acknowledges your letter of April 21, giving this Bureau the information needed in connection with disposal of the property of your son, Private Joseph R. Jordan. There are inclosed two copies of P.T.A. Receipts which were received at the Army Effects Bureau with other effects of your son.

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. 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,

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

4 Incls.
P.T.A. Receipts (2)
Form 5
Envelope

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

JRM:HA:ew

ORDER FOR SHIPMENT

MAY 1 1944

Suspense 12 May 1944

Case No. # 39911-D

Date 28 April 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 Joseph R. Jordan Serial No. 13096498

Ship to: Mrs. Lillian Jordan

Street and Number 2209 South Darien Street

City and State Philadelphia 48, Pennsylvania

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

E. Baxter

For the Effects Quartermaster

LIST OF PACKAGES SHIPPED

1 Pkg

*Pkg Includes 2 Inventories
2/12/44 and 8 Cents
Listed on Inv. 11/3/43
JRM*

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

Total Number of Pieces: 1 Shipping Cleared APR 29 1944
Weight of Shipment: 1# Date _____

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

(S-5-18-44)
JRM:HA:ew
April 18, 1944

IN REPLY REFER TO: #39911-D

Mrs. Lillian Jordan
2209 South Darien Street
Philadelphia 48, Pennsylvania

Dear Mrs. Jordan:

Thank you for your letter of April 10 furnishing information about your son, Private Joseph R. Jordan.

However, you have failed to mention whether or not Private Jordan was married. If he is married, please send us the name and address of the widow.

If you will kindly write again, clarifying this matter, we will be in a position to effect disposition of your son's belongings.

Please be sure to use the inclosed self-addressed envelope which requires no postage, in order to expedite delivery of the property.

Yours very truly,

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

1 Incl.
Envelope

39911 D.

IMMEDIATE ACTION

April, 21st
1944

Dear Sirs:

We would like you to know
Pvt. Joseph P. Jordan was not
married. He lived here with me.
Will you kindly send his
belongings to this address.

Thank you

Mrs L. Jordan.

file
how

IMMEDIATE ACTION

April 10, 1944

39911 D.file
no

Dear Sir:

In reply to your letter regarding information for Joseph R. Jordan, I would like you to know he left no will & his father is deceased, his mother and live at 2209 S. Davien, St. if you need any papers of proof. please let me know. I will be very happy to help you, I would like very much if you could

his Personal Property

please send them
to me,

Thank you
Mrs. L. Jordan
2209 S. Darnest St.
Phila, Pa.



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

(S-5-7-44)
JRM:HA:ret
April 7, 1944

IN REPLY REFER TO #39911 D

Mrs. Lillian Jordan
2209 South Darien Street
Philadelphia, Pennsylvania

Dear Mrs. Jordan:

The Army Effects Bureau has received from overseas some personal property of your son, Private Joseph R. Jordan.

To enable this Bureau to make proper disposition of this property, it will be necessary that we have certain information regarding his family. If he was married, please advise the name and address of his widow. If his father is living, we would also like to know his name and address.

In the event that your son left a will which has been probated, please send the original or a certified copy of the letters of administration. Any papers forwarded will be returned to you.

For your convenience in replying, there is inclosed an addressed envelope which needs no postage.

Yours very truly,

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

1 Incl.
Envelope

WAR DEPARTMENT
FINANCE DEPARTMENT
Form No. 38
Approved Nov. 24, 1930

WAR DEPARTMENT
FINANCE DEPARTMENT

COPY
KCOMD
EBew

RECEIPT FOR MISCELLANEOUS COLLECTIONS

\$ 75.00 APO #469 August 6, 19 43
(Station) (Date)

*Received in cash of }
*Collected on Vou. } from Joseph R. Jordan, Pvt., 13096498, Co. B, 307th Engr. Bn.
Seventy-five Dollars and No Cents,

on account of Mrs. Lillian Jordan, 2209 S. Darien St., Philadelphia, Penna.

APP. P. A.
which sum I have passed to the credit of the United States, and hold myself accountable therefor.

/s/ Wm. E. Johnson

* Strike out words not applicable.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 3-9801

Finance Department.

WM. E. JOHNSON, Lt. Col., FD.
Finance Officer.

WAR DEPARTMENT
FINANCE DEPARTMENT
Form No. 38
Approved Nov. 24, 1930

WAR DEPARTMENT
FINANCE DEPARTMENT

COPY
KCOMD
EB-ew

RECEIPT FOR MISCELLANEOUS COLLECTIONS WAR BOND

P T A *Receipt for funds transmitted to United States
\$ 450.00 *Receipt for cash purchases of War Bonds
(Station) (Date), 19

*Received in cash of }
*Collected on Vou. } from Pvt. Joseph R. Jordan, 13096598
Dollars and Cents,

Pay to }
on account of } Mrs. Lillian Jordan, 2209 So Darien St
Philadelphia, Pa., Zone 48

APP. 1-95-P 491-07-A. 212/40425???? P. A.
which sum I have passed to the credit of the United States, and hold myself accountable therefor.

/s/ Edward P. Whalen

* Strike out words not applicable.

☆ U. S. GOVERNMENT PRINTING OFFICE : 1943 3-9801

Finance Department.

To be executed in triplicate.
Ribbon copy to be sent to Chief of Finance.
One copy to be furnished as receipt.
One copy to be retained by Disbursing Officer.

To be executed in triplicate.
Ribbon copy to be sent to Chief of Finance.
One copy to be furnished as receipt.
One copy to be retained by Disbursing Officer.

INVENTORY OF EFFECTS
(See AR 600 550)

Jordan, Joseph R 13096498
(Last name) (First name) (Middle initial) (Army serial number)

late a Private 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	Billfold & Misc Papers ✓	
6	Coins Keepsake ✓	
2	Procht Badges ✓	
1	EAME Badge ✓	
1	Amities Africaines Badge ✓	
2	Ear Rings ✓	
1	Pin ✓	

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

CLASS II — Other effects

NUMBER	ARTICLES
	Nearest ofKIN - Mother
	Mrs Lillian Jordan
	2209 So Darien Street
	Philadelphia, Penna

LT Whalen

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, 961 dated 26 Oct 43 for \$.08 airmailed to Effects Quartermaster, Army Effects Bureau, Kansas City, Missouri.

Money } Specie... \$.08
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,
OWO., 307 A/B Engr Bn.,
Personnel Adjutant

AP0 469, NY, NY.
(Station)

October 20, 19 43.

(Date)

*Strike-out words not applicable.

H.Q. M.A.S. MAY 43/25 m

WARRENLOKA DE EFFECTS

File
#6

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

In the matter of the disposition
 of the effects of:

Private Joseph R. Jordan
 (Name of deceased soldier)

13096498
 (Serial Number)

Case No. 39911-D vlm

RECEIPT FOR EFFECTS
 DELIVERED TO CLAIMANT

(S-6-4-44)

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
1	Billfold w/misc. papers & photos ✓		
1	Pin ✓		
2	Earrings ✓		
6	Souvenir coins ✓		
2	Prcht. badges ✓		
1	EAME badge ✓		
1	Amities Africans badge ✓		
2	P.T.A. Receipts ✓		
8¢	in coins ✓		

~~Receipt is also acknowledged of the sum of~~

~~_____ Dollars (\$_____), found among the effects of said~~

~~deceased soldier.~~

Subscribed at _____ on this 5 day of May, 1944.

Witnessed

Mrs. Jean Lyphre
 (Signature of Witness)

Lillian Jordan
 (Signature of claimant in ink)

2209 S. Daren St.

2209 S. Daren St.

Phila. 1781 Pa.
 (Address)

Phila. 1781 Pa.
 (Address)

file ha



KANSAS CITY, MO.

MAY 10 1944 AM



SECRET
11/1/54

SECRET