

REQUEST FOR DISPOSITION OF REMAINS

BUDGET BUREAU No. 49-R277.

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

DATE:

Pvt. William R. Hartzler, 35 369 597
Plot B, Row 8, Grave 94,
United States Military Cemetery
Naples, Italy

23 October 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, ETHEL C. HARTZLER
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

- ☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD
- ☐ FATHER ☒ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD
- ☐ RELATIONSHIP OTHER THAN ABOVE (Specify) _____

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- ☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- ☒ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
East Hill Cemetery - Rushville, Indiana
(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.)

62 Caded, Jones
5/13/48

Processed 6/4/48

OQMG FORM 14 NOV 1946 345 MILITARY

16--50411-1

5 APR 1948

PAGE 1

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
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE NO.

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

FULL NAME OF FUNERAL DIRECTOR <i>Will Mosler & Sons</i>			
NUMBER AND STREET <i>334 N. MAIN ST.</i>	CITY OR TOWN <i>Rushville</i>	COUNTY OR PROVINCE <i>Rush</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>INDIANA</i>
EXPRESS OFFICE (Nearest railroad passenger station) <i>Rushville, Indiana</i>	TELEGRAPH ADDRESS <i>334 N. MAIN ST. Rushville, Ind.</i>		TELEPHONE NO. <i>2006</i>

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

LAST NAME <i>HARTGLER</i>	FIRST NAME <i>John</i>	MIDDLE INITIAL <i>J.</i>	RELATIONSHIP TO DECEASED <i>BROTHER</i>
NUMBER AND STREET <i>218 E. 4th ST</i>	CITY OR TOWN <i>Rushville</i>	COUNTY OR PROVINCE <i>Rush</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>INDIANA</i>

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

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

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

<i>Ethel C. Hartgler</i> (SIGNATURE OF NEXT OF KIN)	<i>932 N. ARTHUR ST.</i> (STREET AND NUMBER)
<i>ETHEL C. HARTGLER</i> (NAME PRINTED OR TYPED)	<i>Rushville, Indiana</i> (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 14th day of NOVEMBER 19 47, at city (or town) of Rushville, county of Rush, and State (or Territory or District) of INDIANA

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

Robert Mosler
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

PART III

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

This form was directed to the father of Pvt William Hartzler
 Enclosed find certified copy of death certificate to
 show that said father passed away after death of
 Pvt Hartzler. Next of kin is Pvt Hartzler's mother,
 Mrs. Ethel C. Hartzler, who is the widow of
 Herman Hartzler

Robert Master



l# Hantzler, William P., Art. 3586957

JAB

DISINTERMENT DIRECTIVE

16

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
5258 00750

DATE
15 05 48
DAY MONTH YEAR

NAME
HARTZLER WILLIAM R

SERIAL NUMBER
35369597

RANK
PVT

ARM
1
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
NAPLES ALLIED CEMETERY

DISPOSITION OF REMAINS
5100 07
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
B 8 94 ITALY

CAUSE OF DEATH
1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
WILL MOSTER AND SONS
334 NORTH MAIN STREET
RUSHVILLE, INDIANA

NAME AND ADDRESS OF NEXT OF KIN
ETHEL C. HARTZLER (MOTHER)
932 NORTH ARTHUR STREET
RUSHVILLE, INDIANA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAGF	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
------	----	----------------------

CASKET SEALED BY	CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY <i>Joseph T. Gielinski</i>
------------------	-------------------------	------------------------------------------------------------

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 CUSTODIAL TRANSFER

1. SHIPPED

FROM NAPLES PORT MORGUE		TO USAT LAWRENCE VICTORY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER F A WILSON CAPT QMC	
SIGNATURE OF SHIPPER F A WILSON CAPT QMC	DATE 20 Oct 1948	SIGNATURE OF RECEIVER <i>Joseph J. Carroll</i> JOSEPH J CARROLL TC	DATE 20 Oct 1948

2. SHIPPED

FROM <i>W. W. Preisch</i>		TO <i>W. W. Preisch</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>W. W. Preisch</i> W. W. PREISCH LIEUT. COLONEL, TC.	DATE 5 NOV 1948

3. SHIPPED

FROM <i>W. W. Preisch</i>		TO <i>W. W. Preisch</i>	
KIND OF CONVEYANCE <i>Train</i>		NAME OF CONVOYER <i>Frederick J. Stanley</i> Frederick J. Stanley PORT TRANSPORTATION OFFICER	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC.	DATE NOV 9 1948	SIGNATURE OF RECEIVER <i>E. Ingelman</i> E. Ingelman PORT TRANSPORTATION OFFICER	DATE OCT 10 1948

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

HARTZLER WILLIAM R

35369597 PVT

1

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

B 8 94 NAPLES ALLIED CEM ITALY

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

HARTZLER WILLIAM R

35369597

PVT

30 July 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☐ REMAINS

USAGF

UNK

W. E. M. C. NEAL 2 LT QMC
NAME AND TITLE

☐ MARKER

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Shroud

Skeletal

OTHER MEANS OF IDENTIFICATION

None

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 3 August 1948

BY

GEORGE P. LOTTER, EMBALMER

CASKET SEALED BY

GEORGE P. LOTTER, EMBALMER

EMBALMER (Signature)

George P. Lotter

GEORGE P. LOTTER, EMBALMER

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 2 Aug 48 BY Dale Tursi, 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.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>Stamps</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

MESSAGEFORM

MESSAGE CENTER NO. TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

NY 0192

CALLS

STA. SER. NO.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

WESTERN UNION

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

SECURITY CLASSIFICATION

GOVT PD

ACTION TO:

ETHEL C HARTZLER
DLR AND REPORT ANY CHARGES
932 NORTH ARTHUR STREET
RUSHVILLE INDIANA

PRECEDENCE FOR
ACTION INFORMATION

DAY LETTER

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO: FROM QMDCG 13876-B BARDEN

WE HAVE BEEN ADVISED REMAINS OF THE LATE

PRIVATE

WILLIAM R HARTZLER

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED
TO WILL MOSTER AND SONS 334 NORTH MAIN STREET RUSHVILLE INDIANA

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS.

BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION

SYMBOL

ORIGINATING AGENCY

DATE-TIME GROUP

OFFICIAL TITLE

FRANCIS FAPPIANO
CAPT. OMC. Asst AGR Div

PAGE OF

WD AGO FORM 11-168
15 JUN 1945

This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

16-45801-1

U. S. GOVERNMENT PRINTING OFFICE

Model 1

Rail - Funeral Director Designated

INVENTORY OF EFFECTS

(See AR 600 550)

Hartzler William R 35369597
(Last name) (First name) (Middle Initial) (Army serial number)

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

who died on the 10 day of Oct, 19 43

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

NUMBER	ARTICLES	* Package NUMBER
	None	
Nearest of Kin - Mother		
	Ethel Hartzler	
	932 N. Arthur St.	
	Rushville, Ind.	

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

CLASS II — Other effects

NUMBER	ARTICLES
	None

CLASS II — Continued

[illegible]

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

(Give name and degree of relationship; if legal representative

or beneficiary named by the deceased, so state)

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

A. T. ZBUDEN,

OWG 307 A/B Engr Bn.

Personnel Adjutant.

APO 469 NY NY
(15a)(8)(b))

27 October

, 19...43

*Strike out words not applicable.

H O. M B S. MAY 43 1900

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

11-30-48

NAME OF DECEDENT (Last, First, Middle Initial)

Hartzler, William R.

BRANCH OF SERVICE

Army

TO BE FILLED IN BY CLAIMANT

A. ☒ INTERMENT EXPENSES
(Civilian or Private Cemetery)

B. ☐ TRANSPORTATION EXPENSES
(National or Post Cemetery)

RANK OR GRADE

Fvt.

SERIAL NO.

35569597

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

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

NAME of Cemetery: East Hill

CITY OR COUNTY: Rushville

STATE: Indiana

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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

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

Ethel C. Hartzler-

SIGNATURE OF CLAIMANT

ADDRESS (Street number or RFD, City and State)

932 W. Arthur - Rushville, Ind

RELATIONSHIP TO DECEDENT

Mother

RETURN FOUR COPIES TO

AMERICAN GRAVES REGISTRATION DIVISION
COLUMBUS GENERAL DEPOT
COLUMBUS, OHIO

REMARKS

PAID ON VOUCHER 75.00
JAN 14 1949
ACCOUNTS OF
SYMBOL NO. 211-943

PART A

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

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

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

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

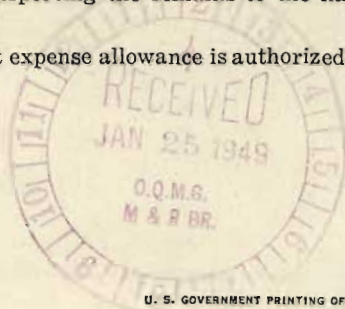
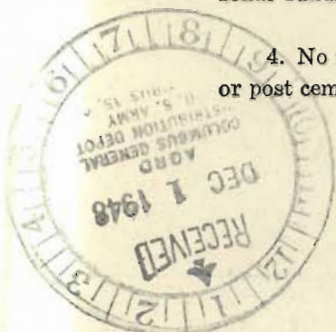
PART B

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

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

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

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



15259

RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DEPOT

COLUMBUS 15 OHIO

ROUTINE 22 NOVEMBER 1948

REMAINS CONSIGNED TO: WILL MOSTER AND SONS

334 NORTH MAIN STREET

RUSHVILLE INDIANA

FROM QMDCG BARDEN

REMAINS OF THE LATE PVT WILLIAM R HARTZLER ASN 35369597 BEING SHIPPED TO YOU
ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER 56-48 BALTIMORE AND OHIO RAIL-
ROAD LEAVING COLUMBUS OHIO 3:48 AM TWENTY NINE NOVEMBER AND DUE TO ARRIVE
RUSHVILLE INDIANA 10:00 AM RAILROAD TIME TWENTY NINE NOVEMBER. REQUEST YOU
MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU
IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

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

THIS 29 DAY OF NOVEMBER, 1948

Douglas Murch Cpl. R.H. Inf.
WITNESS (Escort)

Will Moster & Sons Mortuary
by Robert Moster (Sec. Treas.)
CONSIGNEE

NAT
FILE
RECORDS ANNOTATED
DATE JAN 14 1949
NAME [Signature]

REPATRIATION
RECORDS BRANCH

DEC 17 1 06 PM '48

MEMORIAL DIVISION

Handwritten notes:
The following is a list of the names of the persons who were repatriated from the United States to their native countries during the year 1948.

1. [Name]
2. [Name]
3. [Name]
4. [Name]
5. [Name]
6. [Name]
7. [Name]
8. [Name]
9. [Name]
10. [Name]
11. [Name]
12. [Name]
13. [Name]
14. [Name]
15. [Name]
16. [Name]
17. [Name]
18. [Name]
19. [Name]
20. [Name]
21. [Name]
22. [Name]
23. [Name]
24. [Name]
25. [Name]
26. [Name]
27. [Name]
28. [Name]
29. [Name]
30. [Name]
31. [Name]
32. [Name]
33. [Name]
34. [Name]
35. [Name]
36. [Name]
37. [Name]
38. [Name]
39. [Name]
40. [Name]
41. [Name]
42. [Name]
43. [Name]
44. [Name]
45. [Name]
46. [Name]
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98. [Name]
99. [Name]
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WUA218 42 COLLECT 6 EXTRA RUSHVILLE IND NOV 4 930A

COMMANDING OFFICER

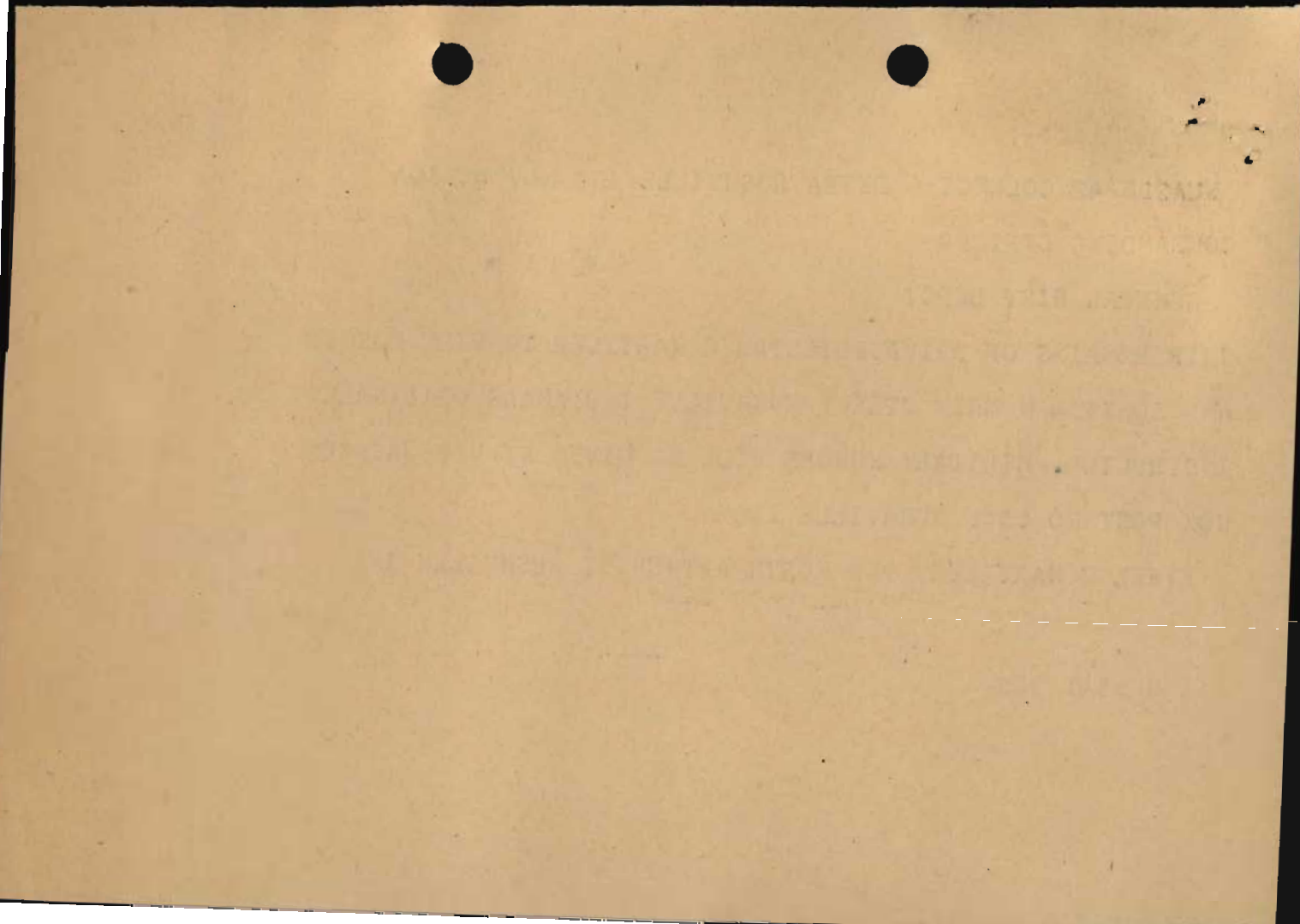
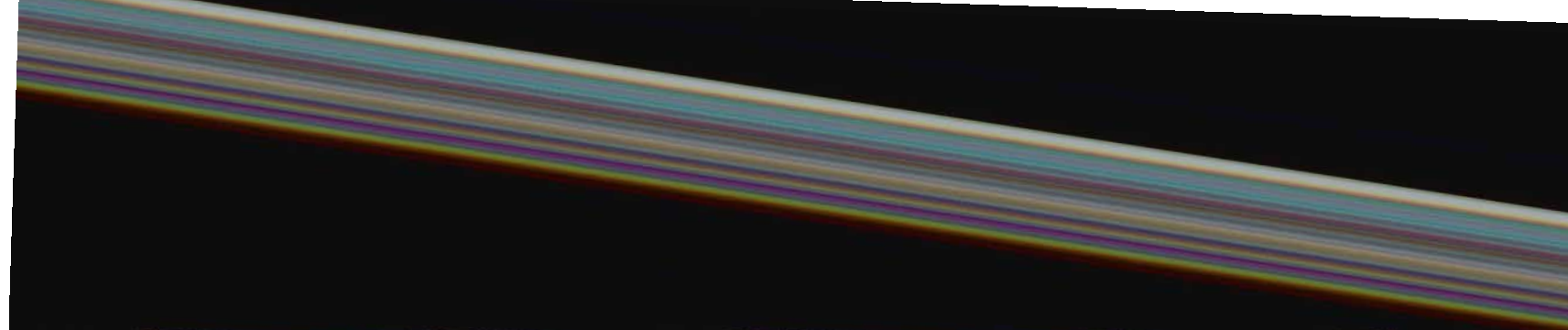
GENERAL DIST DEPOT

SHIP REMAINS OF PRIVATE WILLIAM R HARTZLER TO WILL MOSTER
AND SONS 334 N MAIN STREET RUSHVILLE INDIANA AS ORIGINALLY
INSTRUCTED. MILITARY HONORS WILL BE GIVEN BY VFW JACKSON
COX POST NO 1541 RUSHVILLE IND

ETHEL C HARTZLER 932 NORTH ARTHUR ST RUSHVILLE IND

222P

334 N 1541 932



INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NAME Hartzler, William R.			RANK Pvt.	SERIAL NUMBER 35369597 2401919	
SOURCE			CONSIGNEE Will Moser And Sons 334 North Main Street Rushville, Indiana		
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)			CONDITION OF SHIPPING CASE (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
FINISH (EXTERIOR)			REMARKS <div style="font-size: 1.5em; font-family: cursive;">TOUCHED UP</div>		
FINISH (INTERIOR)					
HANDLES					
HANDLE BOLTS					
STENCILING - NAMEPLATE					
HEALTH PERMIT MARKER					
HEALTH PERMIT NUMBER					
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)			CONDITION OF CASKET (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
FINISH (EXTERIOR)			REMARKS <div style="font-size: 1.5em; font-family: cursive;">painted</div> <div style="font-size: 1.5em; font-family: cursive;">Tilted</div>		
HANDLES AND FASTENINGS					
STENCILING - NAMEPLATE					
CAM LOCKS (SEALING)					
ODOR OR MOISTURE					
Routed Through					
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input type="checkbox"/> MORTUARY REPAIR SHOP		
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
NECESSARY DISINFECTION (EXPLAIN)			CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO		
			SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
			SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO		
			REMARKS		
			REMARKS		
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
			1500	11/17/45	Wanner
REMARKS <div style="font-size: 2em; font-family: cursive; text-align: center;">Casket Refinished</div> <div style="font-size: 2em; font-family: cursive; text-align: center;">By [Signature]</div>					

Rushville Indian
DEPARTMENT OF HEALTH
City

CERTIFICATE OF DEATH

293 Hartzler, William R.

THIS IS TO CERTIFY, that our records show:

Name Herman Christopher Hartzler
died Dec 16 1943 at 6 ²⁰ a m at Rushville Ind.
month day year hour 932 N. Auburn St.
Age at death 51 years Sex M Color white married
years married, single or other

Primary cause of death given was angina Pectoris
NAT 3-25-48
misc

Certified by R. O. Kennedy M.D. Rushville Ind.
Physician Coroners Address

Place of burial or removal East Hill Rushville Ind.
Cemetery Address

Date of burial 12/18 - 1943 Master Mortuary Rushville Ind.
Funeral Director Address

Record was filed 12/16 - 43 Book No. 5 Page No. 32
(date)

(SEAL)

Al Spullman
24 Nov 1943
7 R. B. Sisk
Novell M. Green M.D.
Local Health Officer
Issued on Nov 14, 1947

17 AR 223 R
Wm. R.
35-36-5
971 P. 1

Pvt. William R. Hartzler, 35 369 597
Plot B, Row 8, Grave 94,
United States Military Cemetery
Naples, Italy

23 October 1947

Mr. Herman C. Hartzler
932 North Arthur Street
Rushville, Indiana

Dear Mr. Hartzler:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls.

fat

Oct 30 11 28 AM '47
O. O. M. G.
MAIL & RECORDS BRANCH

TBC 100*

2120470 13.4

12. Акт о приеме в члены партии 1938 г. 12. Акт о приеме в члены партии 1938 г.

[illegible][illegible]

Doc. No. 100,000,000

BRADY, J. J.
335 North Main St.
St. Paul, Minn.

Address: 1000
 Street: 1000
 City: 1000
 State: 1000
 Zip: 1000

82 Cooper, Mel

16 October 1946

Mr. Herman C. Hartzler
932 North Arthur Street
Rushville, Indiana

Dear Mr. Hartzler:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private William R. Hartzler, A.S.N. 35 369 597.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Naples, plot B, row 8, grave 94. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located in Naples, Italy, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

Jpa

16 October 1946

Mr. Herman C. Hotel
932 North Arthur Street
Indianapolis, Indiana

Dear Mr. Hotel:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private William A. Hotel, A.S. 35 309 397.

The records of this office indicate that the records are located in the U. S. Military Cemetery, Section 2, Row 5, Grave 14, Lot 1. It may be assumed that the identification tag inscribed thereon is completed with listing of name and service.

This cemetery is located in Berlin, Italy, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to supply, at Government expense, with the family wishes of the next of kin regarding burial information, name of service, of the remains of your loved one. As a further step, this office will, without any action on your part, provide the next of kin with full information and details as detailed below.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. E. LAMBLE
Major General
The Quartermaster General

794

FLAG INFORMATION

243
NAME. Hartzler, William Ren ~~7~~ ASN. 35369597

FLAG FURNISHED BY . . V.A.

DATE. 5-24-44

FORM RETURNED TO VETERANS' ADMINISTRATION

. file 3-20-45 *Sw*

RECEIVED

1891

RECEIVED

RECEIVED

CONFIDENTIAL

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

49
NOV 25 1943

10/14/43

Date Report Filled Out

213
HARTZLER WILLIAM R 35369597 W
(Last Name) (First Name) (Middle Initial) (Serial No.) (Race)
PVT CO B 307th ENG 82nd A/B DIV USA
(Rank) (Organization) (Branch) (Country)
NAPLES, ITALY 10/10/43 KIA UNK
(Place of Death) (Date of Death) (Cause of Death) (Religion : P, C, H, etc.)

MEANS OF IDENTIFICATION

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

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

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

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

If unidentified, give circumstances :

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

UNKNOWN

(Name of Emergency Addressee)

(Address of Emergency Addressee)

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

0900

10/12/43

(Time and Date of Burial)

PIETA CEMETERY, NAPLES N244520

(Location, Name, & No. of Cemetery)

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

1

2

16

CROSS

GENERAL SERVICE

(Plot No.)

(Row No.)

(Grave No.)

(King Grave Markers)

(Type of Religious Ceremony)

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

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

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

Right side : KANE

32585302

325th INF

17

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

Left side : BUTCHER

PVT

6975344

CO B 307th ENG

15

(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.

CONFIDENTIAL

H.Q. - 160-q - 643 - 80.000
2-22

INSTRUCTIONS FOR BURIAL

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

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

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

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

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

SKETCH AND MAP REFERENCE :



TOOTH-CHART

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

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

Characteristics :
Other Data :

When unidentified, take thumb and fingerprints of both hands.

If this is not possible, fill in tooth chart.

4

3

2

1

Thumb

Left
Right

Thumb

1

2

3

4

1178

Q.M.C. Form 1 - GRS

SOS NATOUA

June 1, 1943

RESTRICTED
CONFIDENTIAL

REBURIAL

48
DEC 6 - 1943REPORT OF ~~BURIAL~~ REBURIAL (see reverse side)

AR 30-1815 & TM 10-630

10 November 1943

Date Report Filled Out

293

<u>HARTZLER</u>	<u>William</u>	<u>R</u>	<u>35369597</u>	<u>W</u>
(Last Name)	(First Name)	(Middle Initial)	(Serial No.)	(Race)
<u>Pvt</u>	<u>Co B 307 Eng</u>		<u>Army</u>	<u>U.S.A.</u>
(Rank)	(Organization)		(Branch)	(Country)
<u>Naples, Italy</u>	<u>10 October 1943</u>	<u>KIA</u>		<u>UNKNOWN</u>
(Place of Death)	(Date of Death)	(Cause of Death)		(Religion : P, C, H, etc.)

MEANS OF IDENTIFICATION

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

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

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

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

If unidentified, give circumstances : _____

List of Personal Effects found on Body and disposition of Same : NONEUNKNOWN

(Name of Emergency Addressee)

UNKNOWN

(Address of Emergency Addressee)

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

1615 hrs 9 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

<u>B</u>	<u>8</u>	<u>94</u>	<u>Temp Wood</u>	<u>General</u>
(Plot No.)	(Row No.)	(Grave No.)	(King Grave Markers)	(Type of Religious Ceremony)

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

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

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

Right side :	<u>KANE, Donald G.</u>	<u>UNK 32385305</u>	<u>325th Inf</u>	<u>93</u>
	(Name)	(Rank)	(ASN)	(Grave No.)

Left side :	<u>COE, Robert T.</u>	<u>Pvt</u>	<u>15078260</u>	<u>Co B 307 Eng</u>	<u>95</u>
	(Name)	(Rank)	(ASN)	(Organization)	(Grave No.)

(Signature of Officer Reporting Burial)

JOHN A. LONG 1st Lt 47th QM CO (GR)

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

RESTRICTED
CONFIDENTIAL

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

2-29

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 N244520 Plot 1 Row 2 Grave 16 on 9 November 1943.

Reinterred same date in Allied Cemetery Naples, Italy Plot B Row 8 Grave 94

TOOTH-CHART

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

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

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Characteristics :

Other Data :

When unidentified, take thumb and fingerprints of both hands.

If this is not possible, fill in tooth chart.

4

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1

Thumb

Left

Right

Thumb

1

2

3

4

19,892

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

FLW/ch4635

DATE 15 November 1943

293 FULL NAME Hartzler, William R		ARMY SERIAL NO. 35 369 597
GRADE Pvt	ARM OR SERVICE Corps of Engineers	DATE OF BIRTH 16 March 1921
HOME ADDRESS Rushville, Indiana		
DATE OF DEATH 10 Oct 43	PLACE OF DEATH North African Area	CAUSE OF DEATH Killed in Action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Mrs Ethel Hartzler (mother) 932 North Arthur St., Rushville, Indiana		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Mrs Ethel Hartzler (mother) 932 North Arthur St., Rushville, Ind. Mr Herman C Hartzler (father) 932 North Arthur St., Rushville, Ind.		

BY ORDER OF THE SECRETARY OF WAR:

J. W. Reinhart

ADJUTANT GENERAL

(OVER)

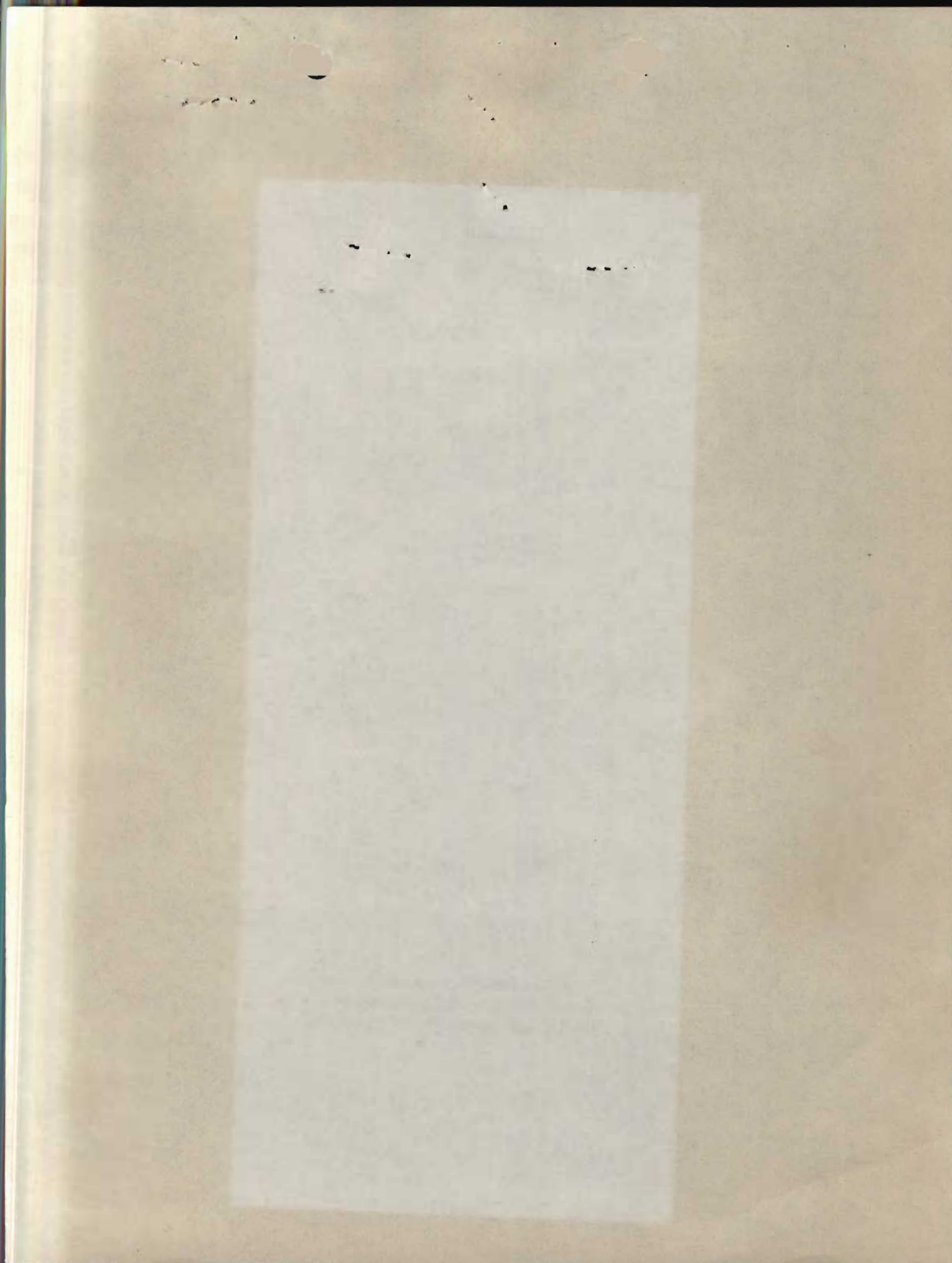
THIS COPY FOR THE Q. M. G. (CONFIDENTIAL)

ADDITIONAL DATA: (CONFIDENTIAL)

STATION OF DECEASED

North African Area. (Italy)

06881



WATER RIGHTS

TO HAVE

AND

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TO BE

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AND

Received of _____ the sum of _____

for _____

REQUEST FOR INCLOSURES

Case No. 39907mm

TO:

Locked Storage for:

X Accounting Branch for Check

Account No. 6037 Amount \$ 20.00

Payable to

Herman C. Hartzler

Rushville, Indiana

Correspondent BB

Check No. 4157

Initials PM

6037

39907

DECEMBER 20

43

HERMAN C. HARTZLER

20.00

TWENTY AND No/100

CAPTAIN O.M.C.
ACST.

REQUEST FOR INCLOSURES

Case No. 39907 mm

TO:

Locked Storage for:

Miss Ellington:

Please cancel check #4157
account #6037 and reissue
check made payable to Ethel
C. Hartzler.

Mr. Hartzler is now deceased.

Accounting Branch for Check

Account No. 6037 Amount \$ 20.00

Payable to

Ethel C. Hartzler

Rushville, Indiana

Correspondent BB

Check No. 4157

Initials EV

4157

JANUARY 8

44

ETHEL C. HARTZLER

20.00

TWENTY AND 00/100

ACCOUNT No. 6037

CASE No. 39907

ARMY EFFECTS BUREAU

MAJOR Q.M.C.
ASST. EFFECTS QUARTERMASTER

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

Case No. 39907 D
(Date) 2 June 1944

Subject: Report of transactions in disposing of the effects of

William R. Hartzler, 35369597, late a
(Name of deceased soldier) (Army Serial No.)
Private, 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. 226, 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 Dec. 16, 1943, pursuant to Special Orders 226, Headquarters, KCQM depot, dated 25 September 1943, the application and/or affidavit of Ethel C. Hartzler (name of and Herman C. Hartzler 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 Ethel C. Hartzler

(Name of person found entitled)

of 932 Arthur Street Rushville, State of
(Number Street or Avenue) (City, Town or Village)

Indiana, 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)

Subject: Report of transactions in disposing of the effects of

William E. Hartzler, 35369597, late a
(Name of deceased soldier) (Army Serial No.)
Private, 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. 220, 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 Dec. 16, 1943, pursuant to Special Orders 220, Headquarters, KCQM depot, dated 25 September 1943, the application and/or affidavit of Ethel C. Hartzler (name of and Herman C. Hartzler 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 Ethel C. Hartzler

(Name of person found entitled)

of 932 Arthur Street Rushville, State of
(Number Street or Avenue) (City, Town or Village)

Indiana, 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)

JOHN R. MURPHY, Lt. Col. J.M.C.

(Name, Rank, Organization)

SUMMARY COURT-MARTIAL

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

(S-1-9-44)

JRM:BB:mt

December 9, 1943

IN REPLY REFER TO: #39907

Mr. Herman C. Hartzler
932 North Arthur Street
Rushville, Indiana

Dear Mr. Hartzler:

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

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.

This Bureau dislikes exceedingly to resort to a mimeograph letter under circumstances of this kind but we feel that your desire to receive the personal effects as early as possible justifies its use.

Yours very truly,



G. H. GALVIN, JR.

1st Lt. Q.M.C.

Chief, Administrative Control Branch

1 Incl.
Envelope

DS:jeb

Eff QM Form 70 (Rev. 10/18/43)

THE
OFFICE OF THE
SECRETARY OF THE
NAVY

WASHINGTON, D. C.

DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY

TO THE SECRETARY OF THE NAVY
FROM THE SECRETARY OF THE NAVY
SUBJECT: [Illegible]

1. [Illegible]
2. [Illegible]
3. [Illegible]
4. [Illegible]
5. [Illegible]

Very respectfully,
[Illegible Signature]



39907
IMMEDIATE ACTION

Dec. 14 - 43

932 N. Arthur St.
Rushville, Ind.

Dear Sir:

In reply to the enclosed letter listed as # 39907, will say - My son Private William R. Stutzler, was not married.

Also, he left no will, as he had no property other than Insurance Policy's and his mother, Ethel C. Stutzler was made beneficiary of those.

yours -

Herman C. Stutzler.

RECEIVED
POST OFFICE DEPT. EFFECTS BUREAU
KANSAS CITY, MO.
DEC 16 1943 AM

39907

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

(S-1-24-44)
JRM:BB:mn

IN REPLY REFER TO: 39907

December 24, 1943

Mr. Herman C. Hartzler
932 North Arthur Street
Rushville, Indiana

Dear Mr. Hartzler:


Thank you for the information given this Bureau in your letter of December 14, 1943, in connection with disposal of the effects of your son, Private William R. Hartzler.

There is inclosed check for \$20.00, which is the only property of Private Hartzler received at the Army Effects Bureau to date. These funds were received by mail from overseas. It is possible that additional belongings of your son will arrive at a later date, and the information you have furnished will enable us to make prompt shipment of such property.

My action in sending this check does not, of itself, vest title in you. These funds 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.

Please acknowledge receipt of the check in the space provided below. For your convenience, there is inclosed an addressed envelope which needs no postage.

Yours very truly,


EDWIN T. FULLER
Captain Q.M.C.

Asst. Effects Quartermaster

2 Incls.
Check for \$20.00
Envelope

Receipt acknowledged

(Signature)

(Date)

RECEIVED
JAN 10 1900
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

[Faint, illegible text body]

Army Service Forces,
Kansas City.

Rushville Ind.

Dec. 27-43

Dear Sir-

I, Ethel C. Hartzler, being the wife of
Herman C. Hartzler, am returning the enclosed
check and papers and asking you to send
the check again, made to me, as my
husband died very suddenly, Dec. 16. 1943
I am beneficiary of his estate and also of
the estate of our son, William R. Hartzler.
I have received other benefits from the
estate of my son, the 6 months gratuity,
Veteran's Insurance and his back pay.

Address the check to me at-

Mrs. Ethel C. Hartzler
932 Arthur St.
Rushville, Ind.

RECEIVED
NOT EFFECTS BUREAU
KANSAS CITY, MO.
DEC 29 1943 AM

39907

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

(S-2-8-44)

JRM:BB:mn

January 8, 1944

IN REPLY REFER TO 39907

*File
pc*

Mrs. Ethel C. Hartzler
932 Arthur Street
Rushville, Indiana

Dear Mrs. Hartzler:

This has reference to your letter of December 27, 1943, in connection with the property of your son, Private William R. Hartzler.

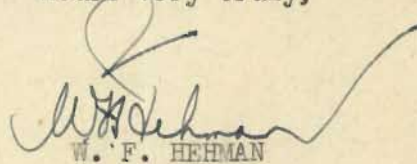
In accordance with your request, check in the amount of \$20.00 has been reissued and made payable to you.

As previously stated, the forwarding of property by this Bureau does not, of itself, vest title in you. It is forwarded merely in order that distribution may be made in accordance with the laws of the state of your son's legal residence.

Please acknowledge receipt of the check in the space provided below. For your convenience, there is inclosed an addressed envelope which needs no postage.

We wish to extend our sincere sympathy in the loss of your husband.

Yours very truly,



W. F. HEHMAN

Major Q.M.C.

Asst. Effects Quartermaster

2 Incls.
Check for \$20.00
Envelope

Receipt acknowledged

Ethel C. Hartzler
Signature

Jan 12-44
Date

1872

THE UNIVERSITY OF CHICAGO
LIBRARY

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229/5

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

In reply refer to SPQDK 250.414

JRM:BA:728

~~2 June 1944~~

April 28

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>
35543	Gardner, Garrett E.	Capt.	O-375889
38114	Fyles, John J., Jr.	2nd Lt.	O-405444
38135	McElfresh, William E.	Pvt.	32101251
39499	Boylan, George J., Jr.	Major	O-352624
39907	Hartsler, William E.	Pvt.	35369597

For the Commanding Officer:

JOHN R. MURPHY
Lt. Col. Q.M.C.
Effects Quartermaster

5 Incls.

Incl 1--Report Case No. 35543
Incl 2--Report Case No. 38114
Incl 3--Report Case No. 38135
Incl 4--Report Case No. 39499
Incl 5--Report Case No. 39907

DS:ml

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

