GRAVES REGISTRATION REBURIAL 8069123 Renk Unknown Unknown Organization KTA France Place of Death Date of Deat France 2h July 19hh Blosville Name or Coordinates of Location Time and Date of Burial Cross · Plot Number Type of Marker Disposition of Identification Tags: Buried with body Yes T No [ Attached to Marker Yes If No Identification Tags / DISTNIERRED FROM COORD: 422:752 What means of identification were buried with the body? To determine Right or Left use Deceased's Right and Left. Who is buried on Unimown Unimown UMINOWI 1-9: Unicipya Deceased's Right: Organization Name Serial No Rank 135 Unimown: unimown Stachowian, Joseph A. 33. Deceased's Left: Grave No. Organization Signature of Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial. If print of identification tag is not affixed fill in pelow: AKNULD J MARILMEZ 18069123 T42-43 O Unlmown Emergency Addressee . Name Address Catholic Religion List only Personal Effects Found on Body and disposition of same: NONE Verified by G.R.S. Officer 150m/8/25715

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account that the report above is correct.	CONTRACTOR	tro. :	ert .	TENT	
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1 Prepare Discrepancy Report QMC Form 1194a for me	yor discrepancies.				
RECORD OF	CUSTODIAL TRANS	EEB			
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DE OF DECEASED. NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

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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 (Please indicate relationship to the deceased by placing an "X" in the proper box.) DAUGHTER OVER 21 YEARS OLD SON OVER 21 YEARS OLD WIDOW WIDOWER SISTER OVER 21 YEARS OLD BROTHER OVER 21 YEARS OLD FATHER MOTHER 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 DESIGNATEL ABOVE, NOV. DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS. (Please place-ar "I" in the box opposite the option you have selected. 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS BE RETURNED TO THE UNITED STATES OF ANY POSSESSION OF TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY (NAME AND LOCATION OF CEMETERY THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A 3. BE RETURNED TO GEOREIGN COUNTRY 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 cometery are desired by placing an "X" in the proper box) 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.)

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OQMG FORM 345 MILITARY

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## WAR DEPARTMENT

\*Corrected Report Original Forwarded Mc 15 Nov 1944.

## THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

DATE	30	Jan	194

REPORT OF DEATH					DATE	1/00	-/	
FULL NAME			ARMY SERIAL NUMBER STILL THANKS					
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Mr. Sam Martinez, father, Rou		el Morte,	Colorad	do L				
Mr. Sam Martinez, father, sam Mrs. Carlotta Martinez, mothe				0				
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THIS FORM SUPERSEDES WE ADD DOCUMER 1944 FTOCHS ARE EXHAULTED,	PORM 83-1, 39	MAY 1944. WHICH					Au	0.1