

RESTRICTED REPORT OF BURIAL

TM 10-630 AND AR 30-1815

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

43047

23 July 1944
Date

293

Miller Robert R. PFC Unknown P.F.C. 33483633

Unknown ~~307 PARA INF REGT~~ 82nd A/B Div
Unit Organization

~~23 July 1944~~ France Unknown ~~June 4~~ KIA
Place of Death Date of Death Cause of Death

23 July 1944 Blosville France
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

3 1 T Cross
Grave Number Row Number Plot Number Type of Marker

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags
How were remains identified? *Re letter dtd 28 Aug 45 (314.6 ETO, Comd of Base) mch.*

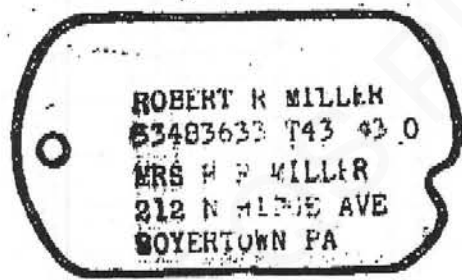
What means of identification were buried with the body?

To determine Right or Left use Deceased's Right and Left.

Who is buried on:	Fortney, Donald N. 15322187			Pvt	9th Div	4
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.	
Deceased's Left:	Jensen, William R. 32551198	Pvt	9th Div	2		
	Name	Serial No.	Rank	Organization	Grave No.	

Signature or 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 below:



Emergency Addressee _____ Name _____

Address _____

Religion Unknown

List only Personal Effects Found on Body and disposition of same:

Class Ring

F. A. Greulich
Signature of Officer or other person reporting burial

F. A. GREULICH
Capt., QMC
Verified by G.R.S. Officer

F. A. Greulich
MAR 3 1945

Inc # 44

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:-

Height: _____ Laundry Marks: _____
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Is Tooth Chart Attached? _____
 Race: _____

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

Left Hand

4	3	2	1
8	7	6	5
2	1	Thumb	

Right Hand

4	3	2	1
8	7	6	5
2	1	Thumb	

TOOTH CHART

		Deceased's Left								Deceased's Right																					
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper																		Lower													

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ◊; linking anchor teeth; replacements by artificial teeth X

Characteristics: _____

Other Data: _____

1-1-3

Serial No. 33483633 Name Miller, Robert R.

Grade Rank

Organization 82nd A.B.

Address

Nearest Relative Mrs. R. R. Miller

Address 212 N. Ridgely Ave. Bergetown, Pa.

Killed in Action Yes Died of Disease

Date 7/23/44 Hospital

Battle Area Information

Place of Burial Bloisville Cemetery (France)

Point of Coordination 364-934

Description of Body

Members Missing

Signed Abraham Szybylka

DISINTERMENT DIRECTIVE

1	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3508 03373	DATE 15 04 48 DAY MONTH YEAR
	NAME MILLER ROBERT R	SERIAL NUMBER 33483633	RANK PFC	ARM 1
CEMETERY BLOSVILLE - CARENTAN			DISPOSITION OF REMAINS 3200 03 CODE DIST. PT.	
PLOT NO. T	ROW 1	GRAVE 3	COUNTRY FRANCE	CAUSE OF DEATH 1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE WAYLAND G. SCHWENK 124 WEST PHILADELPHIA AVENUE BOYERTOWN, PENNSYLVANIA	NAME AND ADDRESS OF NEXT OF KIN MRS. ANNIE W. MILLER (MOTHER) RURAL DELIVERY 1 BOYERTOWN, PENNSYLVANIA
---	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME MILLER, Robert R.	SERIAL NUMBER 33483633	RANK unk	DATE OF DEATH 11 June 44	DATE DISINTERRED 9 Dec 47
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION unk	IDENTIFICATION VERIFIED BY John Clark 1 Lt QMC NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uniform and mattress cover	CONDITION OF REMAINS Advanced decomposition
OTHER MEANS OF IDENTIFICATION None	
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET
DATE **27 Jan 48** BY **Ralph Ahearn**

CASKET SEALED BY **Ralph Ahearn**
EMBALMER (Signature) *Ralph Ahearn*
Ralph Ahearn

CASKET BOXED AND MARKED
DATE **27 Jan 48** BY **T. C. Snider**
SHIPPING ADDRESS VERIFIED BY **John Palyok 1 Lt FA**

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
John Palyok
John Palyok, 1 Lt FA
SIGNATURE OF GRS INSPECTOR

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

RECORD OF DISINTERMENT OPERATIONS

RECORD OF CUSTODIAL TRANSFER

FROM USMC Blossville		TO Casketing Point A Cherbourg	
KIND OF CONVEYANCE truck		NAME OF CONVOYER Sgt Gregorio Agostino	
SIGNATURE OF SHIPPER <i>W. T. Dailey</i> W. T. Dailey Capt OMC	DATE 26 Jan 48	SIGNATURE OF RECEIVER <i>E. N. Ciampo</i> E. N. Ciampo 1 Lt FA	DATE 26 Jan 48

2. SHIPPED

FROM CASKETING POINT A, CHERBOURG		TO PORT UNIT, CHERBOURG	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER T/SGT J.G. FULLER	
SIGNATURE OF SHIPPER <i>E. N. Ciampo</i> E. N. CIAMPO 1st Lt FA	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr</i> JOHN E. HENDRY JR MAJOR CAC	DATE

3. SHIPPED

FROM CHERBOURG PORT UNIT 6		TO NYPE	
KIND OF CONVEYANCE USAT GREENVILLE VICTORY		NAME OF CONVOYER RAYMOND MC MANUS, CAPT., TC	
SIGNATURE OF SHIPPER <i>John E. Hendry Jr</i> JOHN E. HENDRY, JR., MAJ CAC	DATE 17-6-48	SIGNATURE OF RECEIVER <i>Raymond E. McManus</i> Raymond E. McManus	DATE 17/48

4. SHIPPED

FROM USAT GREENVILLE VICTORY		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER m Siegel	
SIGNATURE OF SHIPPER <i>Raymond E. McManus</i> RAYMOND E. MCMANUS Captain, TC Transport Commander	DATE 27/48	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JOE JAMES L. MCKINNON COLONEL, T.C.	DATE 26 JUN 1948

5. SHIPPED PORT TRANSPORTATION OFFICER

FROM NYPE		TO DC 3	
KIND OF CONVEYANCE BOYEBLOMI BEHMEAGLANIA Train		NAME OF CONVOYER BOYEBLOMI BEHMEAGLANIA	
SIGNATURE OF SHIPPER <i>James L. McKinnon</i> MAJANIK BOLOBIENKO	DATE JUN 1948	SIGNATURE OF RECEIVER <i>Walter M. Wigger</i> WALTER M. WIGGER (MOTUEK)	DATE 5 1948

6. SHIPPED

FROM L I E BRANCE		TO T	
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

RECEIPT OF REMAINS

DISTRIBUTION CENTER

AGR DISTRIBUTION CENTER, PHILADELPHIA QM DEPOT

WAYLAND G. SCHWENK
124 W. PHILA. AVE.
BOYERTOWN, PENNA.

~~XXXXXXXX~~
DAY LETTER O.I. 8963

REMAINS CONSIGNED TO:

293
REMAINS OF LATE PFC ROBERT R MILLER 33483633 WILL BE DELIVERED TO YOU BY THIS DEPOT TWELVE JULY AT APPROXIMATELY TWELVE FIFTEEN PM VIA GOVERNMENT HEARSE ACCOMPANIED BY MILITARY ESCORT. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS UPON DELIVERY. REQUEST YOU NOTIFY NEXT OF KIN. ESCORT WILL BE PERMITTED TO REMAIN A MAXIMUM OF SEVENTY TWO HOURS.

FRANK M. GREEN, JR.
MAJOR, TC

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

THIS 12 DAY OF July, 19 48

John C. Kritko, M/Sgt.
WITNESS (Escort)

Wayland G. Schwenk
CONSIGNEE

NAT
FILE

RECORDS ANNOTATED

DATE 12 July 48

NAME R. R. BR.

ehe

O.I. 8963		INSPECTION CHECK LIST (For Use at Distribution Point)			
Name MILLER, ROBERT R. ✓		Rank PFC ✓		Serial Number 33483633 ✓	
Source Mrs. Annie W. Miller (Mother) Rural Delivery 1, Boyertown, Pa.		Consignee Wayland G. Schwenk, Undertaker ✓ 124 W. Phila., Ave., Boyertown, Pa.			
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)		Condition of Shipping Case (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory			
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> FINISH (Interior) <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> HEALTH PERMIT MARKER <input type="checkbox"/> HEALTH PERMIT NUMBER		Remarks <i>6/25/48 J.F.</i>			
CASKET - General Appearance (Check ONLY Discrepancies)					
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HANDLES AND FASTENINGS <input checked="" type="checkbox"/> STENCILING - NAMEPLATE <input type="checkbox"/> CAM LOCKS (Sealing) <input type="checkbox"/> ODOR OR MOISTURE		Remarks <i>rnd. Insp. 10/7/48 J.F.</i>			
ROUTED THROUGH					
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> 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			
Time	Date	Signature or Mortician		Time	Date Signature of Inspector
					7/12/48 <i>[Signature]</i>
Remarks <i>Monday 12 July -</i> <i>32</i> <i>Sat for ship</i> <i>B-549</i>					

WESTERN
UNION

WESTERN
UNION

WU AA177 15 COLLECT 2 EXTRA

BOYERTOWN PENN JUN 22 1210P

FRANK M GREEN JR

MAJOR ASST QM DEPOT

TELEGRAM RECEIVED DELIVERY INSTRUCTIONS FOR REMAINS OF PFC

ROBERT R MILLER / SATISFACTORY

MRS ANNIE W MILLER RD. 1.

1 100P..



A.G.I. 481704

JUN 22 PM 2:16

MESSAGEFORM

MESSAGE CENTER No.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. NO.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

NR

JUN 21 1945

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM (Originator)
PHILA. QUARTERMASTER DEPOT, PHILA., PA.

SECURITY CLASSIFICATION

ACTION TO:

GOVT PAID

- MRS ANNIE W MILLER
- RURAL DELIVERY 1
- BOYERTOWN, PA.

DLR AND CHECK ANY CHGS

PRECEDENCE FOR INFORMATION

ACTION
DAY LETTER

O.I. 8963

 ORIGINAL MESSAGEREFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE PFC ROBERT R. MILLER ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO WAYLAND G SCHWENK, 124 W. PHILADELPHIA AVE., BOYERTOWN, PA. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY DAY LETTER TELEGRAM COLLECT TO PHILADELPHIA QUARTERMASTER DEPOT ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IF YOU SHOULD DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM

D G POLLARD, LT COL., QMC

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

OFFICIAL TITLE

PAGE 1 OF 1

CERTIFICATE

(AR. 30-1830)

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

PART A - CIVILIAN OR PRIVATE CEMETERY

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT MILLER, ROBERT R.	GRADE PFC	SERIAL NUMBER 33483633	COMPONENT AGF
--	---------------------	----------------------------------	-------------------------

I certify that the sum of \$ 150.80 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY Union Cemetery, Boyertown, Berks Co.,	CITY OR COUNTY Pa.	STATE Pa.
---	------------------------------	---------------------

INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: Commanding Officer Philadelphia Quartermaster Depot 2800 South 20th Street Philadelphia 45, Penna. ATTN: AGR Division	SIGNATURE OF CLAIMANT Annie W. Miller <i>Annie W. Miller</i>
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) Boyertown, Pa. #1
RELATIONSHIP TO DECEDENT Mother	DATE 7-20-1948

PART B - NATIONAL OR POST CEMETERY

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
------------------	-------	---------------	-----------

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 and to the following places:

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
--	---

INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: <div style="font-size: 2em; font-weight: bold; text-align: center;">PAID</div>	SIGNATURE OF CLAIMANT
	ADDRESS OF CLAIMANT (City, Street or RFD, and State)
	RELATIONSHIP TO DECEDENT
	DATE

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

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.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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 in a national or post cemetery.



REQUEST FOR DISPOSITION OF REMAINS

L 2/10
(R1121)

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

DATE:

Pfc. Robert R. Miller 33 483 633
Plot T, Row 1, Grave 3
United States Military Cemetery
Bosville, France

6 January 1948

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, MRS. ANNIE W. MILLER
(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
Fairview Cemetery, Boyertown, Berks County, Pennsylvania
(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.)

Robert R. Miller
16 April 1948

Coded
3 Apr 48
M Baker



17 MAR

M Adams

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your 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			
WAYLAND G. SCHWENK			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
124 W. Philadelphia Avenue	Boyers ⁰³ town	Berks	Pa.
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Pottstown, Montgomery County Pennsylvania	Boyers ⁰³ town, Berks County, Pennsylvania	300	

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.

Mrs Annie W Miller
(SIGNATURE OF NEXT OF KIN)

MRS. ANNIE W. MILLER
(NAME PRINTED OR TYPED)

R.D. #1

(STREET AND NUMBER)

Boyers⁰³town, Pennsylvania
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 31st day of January

1948, at Boyers⁰³town (or town) of Berks county of Berks and State (or Territory or District) of Pennsylvania

J. Robert Chittick
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
JUSTICE OF THE PEACE
(OFFICIAL SEAL)

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

My Comm. Expires 1st. Mon. in Jan. 1950.

CORRESPONDENCE ACTION SHEET

Mr. Miss. Mrs. Annie W. Miller Relationship _____
 Addressee: _____
 State R D #1
 City, State Bayertown, Pa. Date letter '47
 Cemetery _____
 Temporary: _____
 Permanent: _____
 Plot Row Gr Cem. Name or No. City Country

Decedent: Miller
 Last Robert
 First R.
 Initial PPC
 Rank 33483
 ASN 633

PARAGRAPHS (sequence)

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

(double space)

165-7 Mr. J. Robert Clittick

Inclosed as requested, MM is a "R for D of R" form on which MM you
 MM may indicate your desires as to the final interment of Pfc Miller's
 remains.

I sincerely regret that this form was omitted from our letter of
 5 December 1947.

- 2 Incls.
 1. OQMG Form 345
 2. Envelope

JAL

Free
 w/o 1/6/47

Analyst Typist Reviewer

Modifications

OKed

NIP 12-29

SUBJECT: NEW LOI
TO: MACHIN SECTION, R & R BRANCH, MEMORIAL DIVISION
ROOM 201, TEMPORARY B BLDG

Date 11/22 1947

Jan

Pfc
Rank Robert R Miller
Name

33483633
Serial No.

LOI to be sent to:

Grave Location:

Mrs.
189

Annie W. Miller
Name

Blossville
Cemetery

RD # 1
Street

T 1 3
Plot Row Grave

Boyerstown
City

Pa
State

Full NAT num
12/5/47

ROGERS
72262

File
12-5-47
[Signature]

L. O. I. SENT DEC 5 1947

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc Robert R. Miller, 33 483 633
 Plot 7, Row 1, Grave 5,
 United States Military Cemetery
 Bloisville, France

5 December 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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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.)

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- I, _____
- | | | | |
|--|----------------------------------|--|---|
| <input type="checkbox"/> WIDOW | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD, | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD |
| <input type="checkbox"/> 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
- (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.)

FILE

11 DEC 1947

P. Rogers

COPY OF RECORD OF MARRIAGE LICENSE

STATE OF MARYLAND, BALTIMORE COUNTY, To Wit:

I, John W. Bishop Clerk of the Circuit Court for Baltimore County, in the State of Maryland, the same being a Court of Law and Record, do certify that the following is a true copy of a Marriage License taken from Liber RJS No. 30 folio 23153, one of the Marriage License Records of this office.

STATE OF MARYLAND, BALTIMORE COUNTY, Sct.

To the Clerk of the Circuit Court for Baltimore County, Maryland

~~I, the undersigned, one of the contracting parties, do hereby make application for a Marriage License and state the following facts under oath:~~

MAN Name Warren Moyer Residence _____
 Post Office Bovertown, Pa. State _____
 Age 23 Occupation Carpt. Color Wh. Nativity Pa.
 Married () Single () Widower () Divorced ()
 Name of person consenting if a minor _____ Parent or Guardian

WOMAN Name Nancy M. Miller Residence _____
 Post Office Bovertown, Pa. State _____
 Age 23 Occupation Mach. Opr. Color Wh. Nativity Pa.
 Married () Single () Widow () Divorced ()
 Name of person consenting if a minor _____ Parent or Guardian

Relationship of parties None

Warren Moyer

Signature of Applicant.

Subscribed and sworn before me this 24th day of June A. D. 19 46

Robert J. Spittel

Clerk of the Circuit Court for Baltimore County.

License delivered _____ 19____

Marriage Ceremony was performed by Rev. F.A. Freed of Overlea, Md.

on July 4, 1946 19____ at Overlea, Md. as per signed certificate filed in the

Office of the Clerk of the Circuit Court for Baltimore County.



IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of the said Court, this 29th day of Oct. nineteen hundred and 47

Test:

John W. Bishop

Clerk of the Circuit Court for Baltimore County.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc Robert R Miller, 33 483 633
Plot 1, Grave 3,
United States Military Cemetery
Blouville, France

16 September 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, _____ (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

(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.)

RECORDS SECTION
NOV 7 3 1947
MEMORIAL DIVISION

*File
12-11-47
P Rogers*

3 1-10-2

11-12

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

Corrected Report.

WASHINGTON 25, D. C.

Original report forwarded 6 Nov 44.

DATE 24 Jan 45

REPORT OF DEATH

FULL NAME Miller, Robert R.		ARMY SERIAL NUMBER 35,483,633	GRADE rf 4632 Pfc			
HOME ADDRESS Boyertown, Pennsylvania.		ARM OR SERVICE Medical Department	DATE OF BIRTH 24 June 1922			
PLACE OF DEATH European Area.	CAUSE OF DEATH Killed in action.		DATE OF DEATH *11 June 1944			
STATION OF DECEASED European Area.	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 1 Dec 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS				
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <i>Rem.</i> Mrs. Nancy Miller, wife, 212 N. Reading Ave., Boyertown, Penna.						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Nancy Miller, wife, 212 N. Reading Ave., Boyertown, Penna. Barbara A. Miller, daughter, same as above. Annie Miller, mother, R.D. #1, Gilbertville, Penna. Edith Chittick, sister, 518 E. Philadelphia Ave., Boyertown, Penna.						
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
						X X

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

On Parachute Pay.

*Change in date of death from 6 to 11 June 1944.

The individual named in this report of death is held by the War Dep't to have been in a missing in action status from 11 June 1944 until such absence was terminated on 28 October 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
Z. O. Q. M. G.	O. P. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:
[Signature]
ADJUTANT GENERAL

File 22

JAN 8 1 1945

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
 WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 6 Nov 1944
 sfm 4632

293

FULL NAME Miller, Robert R.		ARMY SERIAL NUMBER 33 483 633	GRADE PFC						
HOME ADDRESS Boyertown, Penna.		ARM OR SERVICE Medical Department	DATE OF BIRTH 24 June 22						
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 6 June 44						
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 1 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	YEARS	MONTHS	DAYS			
YEARS	MONTHS	DAYS							
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Nancy Miller, wife, 212 N. Reading Ave., Boyertown, Penna.									
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Nancy Miller, wife, same as above Barbara A. Miller, daughter, same as above Annie Miller, mother, R.D.#1, Gilbertville, Penna.*									
INVESTIGATION MADE		IN LINE OF DUTY	OWN MISCONDUCT						
YES	NO	YES	NO						
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS						
YES	NO	YES	NO						
OTHER PAY STATUS (SPECIFY BELOW)									
YES	NO								

ADDITIONAL DATA AND/OR STATEMENT

Bene. Con't
 Edith Chittick, sister, 518 E. Philadelphia, Ave., Bayertown, Penna.
 On Parachute Pay.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 June 1944 until such absence was terminated on 28 October 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

FILE
 NOV 28 1944
 JHB

COPIES FURNISHED:			<input checked="" type="checkbox"/> BATTLE
S. G. O.	F. B. I.	F. O., U. S. A.	<input type="checkbox"/> NON-BATTLE
A. G. S. M. S.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE	
S. A. C.	VET. ADMIN.	A. G. 201 FILE	

BY ORDER OF THE SECRETARY OF WAR
[Signature]
 ADJUTANT GENERAL

22
attch

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

Corrected Report. WASHINGTON 25, D. C.
Original report forwarded 6 Nov 44.

DATE 24 Jan 45

REPORT OF DEATH

FULL NAME Miller, Robert R.		ARMY SERIAL NUMBER 33,483,633	GRADE Pf 4632 Pfc										
HOME ADDRESS Boyertown, Pennsylvania.		ARM OR SERVICE Medical Department	DATE OF BIRTH 24 June 1922										
PLACE OF DEATH European Area.		CAUSE OF DEATH Killed in action.		DATE OF DEATH *11 June 1944									
STATION OF DECEASED European Area.		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 1 Dec 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS										
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BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Nancy Miller, wife, 212 N. Reading Ave., Boyertown, Penna. Barbara A. Miller, daughter, same as above. Annie Miller, mother, R.D. #1, Gilbertville, Penna. Edith Chittick, sister, 518 E. Philadelphia Ave., Boyertown, Penna.													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	X

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

On Parachute Pay.

*Change in date of death from 6 to 11 June 1944.

The individual named in this report of death is held by the War Dep't to have been in a missing in action status from 11 June 1944 until such absence was terminated on 28 October 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

COPIES FURNISHED:

S. G. O.	F. S. I.	F. O., U. S. A.
2. O. G. M. S.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR
[Signature]
80 JAN 1945
ADJUTANT GENERAL

Dec 26-44
Dec 27-44

161,592
284314

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 6 Nov 1944
sfm 4632

FULL NAME Miller, Robert R.		ARMY SERIAL NUMBER 33 483 633	GRADE PFC
HOME ADDRESS Boyertown, Penna.		ARM OR SERVICE Medical Department	DATE OF BIRTH 24 June 22
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 6 June 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 1 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) Mrs. Nancy Miller, wife, 212 N. Reading Ave., Boyertown, Penna.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Nancy Miller, wife, same as above Barbara A. Miller, daughter, same as above Annie Miller, mother, R.D.#1, Gilbertville, Penna.*			
INVESTIGATION MADE		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	
YES	NO	YES	NO
IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO
	X	X	



ADDITIONAL DATA AND/OR STATEMENT

Bene. Con't
Edith Chittick, sister, 518 E. Philadelphia, Ave., Bayertown, Penna.
On Parachute Pay.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 June 1944 until such absence was terminated on 28 October 1944, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

file

COPIES FURNISHED:		
E. G. O.	F. B. I.	F. O. U. S. A.
E. O. C. M. G.	O. P. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR
[Signature]
ADJUTANT GENERAL

161592

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

112114

-BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
MILLER ROBERT R		33483633		PFC	MD	ETO
PLACE OF CASUALTY		DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE		DAY	MONTH	YEAR	J	MIA
		06	JUN	44		141

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS NANCY MILLER	WIFE	1 Aug 44 gmt
NO. AND NAME OF STREET—CITY—STATE		
212 NORTH READING AVENUE BOYERTOWN PENNSYLVANIA		

REMARKS:

CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 43 AG 201 REQ _____

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO YES _____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO SPEC. IDEN. TELEGRAM WOUNDED LETTER CORRES. S. R. & D. CERTIF. M. & M. NON-DEL.

REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY Flanigan-1244 REVIEWED BY [Signature]

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A" _____ COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" 20 COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

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

JRM:MH:glk

Case No. 161592
Date 24 April 1945

SUBJECT: Report of transaction in disposing of the effects of
Robert R. Miller 35463633 late a
(Name of deceased) (Army Serial Number)
Private First Class Medical Department who died
(Grade) (Organization, Army or Service)
on the 6 day of June, 1944, in European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo. Pursuant to S.O., 228 Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedents camp or quarters, effects of decedent 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 unliquidated 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 (less money 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 March 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Nancy Miller for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Nancy Miller of _____ (Name of person found entitled)

212 North Reading Avenue, Boyetertown State of _____ (Number, Street or Avenue) (City, Town or Village)

Pennsylvania, is the widow of the _____ (Relationship or Capacity)

above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court-Officer)

JOHN R. MURPHY, Colonel, G.M.C.

(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: **Mrs. Nancy Miller**
212 N. Reading Avenue
Boyertown, Pennsylvania

Effects of:

Name **Pfc. Robert R. Miller**

ASN **33483633**

Case No. **161592 D**

Wt.

DATE 26 March 1945
JRM:SP:nls

A. Barber
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check
 Acct. No. _____
 Amount _____
 Inclose "Valuables" item
 Ship "Valuables" item(s)

Remove G.I.
 Note discrepancy in _____
 Films removed
 Diary removed
 Laundry removed

ROUTING:

Accounting Branch
 Warehouse Division
 Files Branch, Adm. Div.

REMARKS:

1 enw
✓

Fracked FRANKED
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages 1

APR 7 1945

MAR 28 1945
MAR 20 1945

m/c
Shipping Clerk

SHEET <u>1</u> OF <u>1</u> SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>	
BOX NUMBER		ORIGINAL NUMBER OF PACKAGES <u>1</u>		MISSING <input type="checkbox"/>	
TALLY NUMBER <u>61404</u>		INVENTORY DATE <u>14 Mar 1945</u>		CASE NUMBER <u>161592</u>	
EFFECTS OF <u>Robert R Miller</u>				RANK <input checked="" type="checkbox"/>	
A.S.N. <u>33483633</u>		ORGANIZATION <u>82nd A/B Div.</u>			
PACKAGE DESCRIPTION <u>IF 1/2</u>					

CLOTHING	PERSONAL ITEMS	CONTAINERS
BELT	BRACELET, IDENTIFICATION	BAGS, CLOTH
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL
CLOTH, WASH	CAMERAS	BILFOLD (NO MONEY)
COATS	GLASSES	CASE
FOOTWEAR, PR.	KNIVES	FOOTLOCKER
GLOVES, PR.	LIGHTERS	KIT, SEWING
HANDKERCHIEFS	MISC. INSIGNIA	KIT, TOILET
HEADWEAR	MISC. ITEMS	KIT, WRITING
JACKETS	PEN, MOUNTAIN	PAPERS AND MISC.
OVERCOATS	PENCIL, MECHANICAL	BOOKS
SCARFS	PIPES	BOOKS, ADDRESS
SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE
SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG
TIES	RINGS	DIARY (REMOVED FOR QUARTER)
TOWELS	TOBACCO	FILMS
TROUSERS, PR.	TOILET ARTICLES	LETTERS
TRUNKS, PR.	WATCH	PAPERS, PERSONAL
UNDERWEAR	WINGS	PHOTOS
		SHOE SHINE ARTICLES
		SHORT SWORDER
		SOUVENIRS
		SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

REMARKS: Mr. R R Miller
212 ave (not legible)
Pa.

ATTACHMENTS: FORM #54 FORM #100

Inventory
D R Label

WEIGHT	GI REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED	LOCKED STORAGE
<u>MAR 28 1945</u>	LAUNDRY REMOVED
<input checked="" type="checkbox"/> #43 OR ADDITIONAL	FILM REMOVED

R. R. Miller
71 Ridge Ave
Westtown, Pa.

98-1

STORED BY Blair

CHECKED BY 9/13

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

I certify that the above listed items were not in the containers inventoried by me:

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

507TH PARACHUTE INFANTRY
APO 230, U.S. ARMY



8 August

Date

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-14, APO 507
U. S. Army.

Transmitted herewith in accordance with Adm. Cir # 30,
dated 25 Oct 1943, Hq. SOE, ETOUSA, is inventory of Effects con-
cerning subject named below.

<u>Miller</u>	<u>Robert</u>	<u>R.</u>	<u>Pfc</u>	<u>33483655</u>	(Control
(Last Name)	(First Name)	(MI)	(Rank)	(A.S.N.)	No.) (To
					us of Efi
					ects AM
					ETOUSA)

Organization Med Det., 507th Parcht Inf.
(~~Not~~ Not Branch of Service)

*Status. (~~Deceased~~, Missing in Action, ~~Deceased~~) on the 6th
day of June 19 44.

Designated Beneficiary (With Address)
Mrs. Annie Miller, (Mother)
R D #1,
Gilbertsville, Pa.

Cl. II Assets: Cash found in effects, less cost of money order in-
closed herewith.

U.S.M.O. \$ None Amt \$ _____ U.S.M.O. \$ _____ Amt \$ _____

U.S.M.O. \$ _____ Amt \$ _____ U.S.M.O. \$ _____ Amt \$ _____

U.S. Official Check \$ None Amt _____ Bank _____
(Name & Branch)

#Bank Accounts None

#Debtors None

#Creditors None

#Inclosed is No Inclosures
(Will, Power of Attorney, War Bond, Travelers Checks
Describe fully)

REMARKS (if any) None

*Strike out words no applicable.
#Negative report where applicable.

161,592.113

R E S T R I C T E D

ENL/wj

201 - Miller, Robert R. (Enl) 1st Ind.

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 18 August 1944.

TO: Effects Quartermaster, ETOUSA, APO 871, U. S. Army.



G. B. B.
G. B. B.

~~XXXXXX(3)~~

*file
ff*

R E S T R I C T E D

ROBERT R MILLER
STATE INVENTORY OF EFFECTS

MRS MILLER

MILLER, ROBERT R. 33483633

(Last name) (First) (Mia. Init.) (ASN)

late a Unknown 82nd. A/B Div.
(Grade) (Orgn or arm or service)

who died on the Unk. day of July 19 44

Class Ring ✓

NAME

MILLER, ROBERT R.

BAY	PALLET	BOX	TALLY
68 ROW 1		#2	6140
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
G/B			



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

IN REPLY REFER TO 161592

JRM:JS:jm
March 30, 1945

Dear Mrs. Miller:

The Army Effects Bureau has received from overseas some property of your husband, Private First Class Robert R. Miller.

This property, consisting of a ring, is being sent to you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

I regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your husband.

Yours very truly,

HARRY NIEMIEC
2nd Lt. Q.M.C.
Chief, Correspondence Branch

SPQYG 293
Miller, Robert R.

28 March 1946

Mrs. Nancy Miller
212 N. Reading Avenue
Boyetown, Pennsylvania

Dear Mrs. Miller:

The War Department is most desirous that you be furnished the burial location of your husband, the late Private First Class Robert R. Miller, A.S.N. 33 483 633.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, France, plot T, row 1, grave 3.

This cemetery is located approximately twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France, and is under the constant care and supervision of United States military personnel.

Please accept my sincere sympathy in the loss of your husband.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

RECORDED
MAR 29 1946
C. Q. H. G.
MAIL & RECORDS BRANCH

LMS

Pfc. Robert R Miller, 33 483 633
Plot F, Row 1, Grave 3,
United States Military Cemetery
Bliesville, Franco

16 September 1947

Mrs. Nancy Miller
212 North Reading Avenue
Boyertown, Pennsylvania

Dear Mrs. Miller:

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

MLW

L. O. I. SENT DEC 5 1947

MLW

8
SEP 27 1946
MR. MILLER
SEP 27 1946
MR. MILLER
SEP 27 1946
MR. MILLER

9 Pfc Robert R. Miller, 33 483 633
Plot T, Row 1, Grave 3,
United States Military Cemetery
Blosville, France

5 December 1947

Mrs. Annie W. Miller
Rural Delivery #1
Boyerstown, Pennsylvania

Dear Mrs. Miller:

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.

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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.

Incls.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

djn



Justice of the Peace

J. Robert Chittick

INSURANCE

REAL ESTATE

518 East Philadelphia Ave.

Phone 422

BOYERTOWN, PA.

BURIAL OR

Pfc Robert R. Miller 33 483 633
Plot T, Row 1, Grave 3,
United States Military Cemetery
Blosville, France

December 14, 1947

Office of The Quartermaster General
War Department
Washington 25, D. C.

Gentlemen:

Relative to your letter of 5 December 1947 addressed to Mrs. Annie W. Miller, Rural Delivery #1, Boyertown, Pennsylvania, next of kin of PFC Robert R. Miller 33 483 633:

Upon opening the envelope, she received, she failed to find enclosed form "Request for Disposition of Remains", therefore, request that you forward this form as soon as possible in order that she may execute same and express her wishes.

Very truly yours,

J. Robert Chittick

For: Mrs. Annie W. Miller

DEPARTMENT OF THE ARMY
XXXXXXXXXXXX

293
QCMAF 293
Miller, Robert R.
SN 33 483 633

6 January 1948

Mrs. Annie W. Miller
Rural Delivery #1
Boyertown, Pennsylvania

Dear Mrs. Miller:

An inquiry has been received recently from Mr. J. Robert Chittick, 518 East Philadelphia Avenue, Boyertown, Pennsylvania pertaining to the remains of your son, the late Private First Class Robert R. Miller.

Inclosed as requested, is a "Request for Disposition of Remains" form on which you may indicate your desires as to the final interment of Private First Class Miller's remains.

I sincerely regret that this form was omitted from our letter of 5 December 1947.

Sincerely yours,

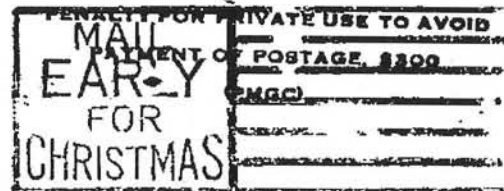
2 Incls:
1. Disposition Form
2. Envelope

RICHARD L. COOMES
Major, G-4
Memorial Division



RBC

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.
OFFICIAL BUSINESS



Office of The Quartermaster General
War Department
Washington 25, D. C.

Attn:
Memorial Division