

RESTRICTED
REPORT OF BURIAL

43102

25 July 1944

TM 10-630 AND AR 30-1815

Date

Hoffman

Richard

J.

PFC

Unknown

35349115

Last Name

First

Initial

Rank

Serial No.

Unknown

501 PARA INF REGT

29th Div

Unit

Organization

France

Unknown

KIA

Place of Death

Date of Death

Cause of Death

24th July 1944

Blosville

France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

125

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?

DISINTEGRATED 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:

Deceased's Right:

Callahan, Roy M. 37065428

Unknown

101st A/B Div

126

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Love, William H. 32548845

Unknown

101st A/B Div

124

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 Unknown

REBURIAL

Religion U

Previously buried in isolated grave located at 422-752

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

Identif. Bracelet

CURRENCY: 80 Francs

File 5-10-4-2 EB

Signature of Officer or other person reporting burial

F. A. GREENE

Capt., GMC

Verified by G.R.S. Officer

me #39

T-7-125

Serial No. 35349115 - Name Michael Hoffman

Grade _____ Rank _____

Organization 29 Div.

Address _____

Nearest Relative _____

Address _____

Killed in Action Died of Disease _____

Date 7/24/64 Hospital _____

Battle Area _____ Information _____

Place of Burial Blossville Cemetery France

Point of Coordination 364-934 V

Description of Body _____

Members Missing _____

Signed Det. Sgt. H. E. Cook

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

REPORT OF DEATH

DATE 18 November 1944
Moore

FULL NAME Hoffman, Richard J.		ARMY SERIAL NUMBER 35 349 115		GRADE Pfc.	
HOME ADDRESS <i>lps</i> Millersburg, Indiana		ARM OR SERVICE Infantry		DATE OF BIRTH 28 Aug 1921	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 8 Jun 1944	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 23 Nov 1942		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS	MONTHS
					DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Romaine C. Hoffman, mother, Millersburg, Indiana (Box 3)					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Romaine C. Hoffman, mother, same as above George W. Hoffman, father, same as above					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
				OTHER PAY STATUS (SPECIFY BELOW)	
				YES*	NO
				X	X

ADDITIONAL DATA AND/OR STATEMENT

* On parachute pay

"The individual named in this report is held by the War Department to have been in a missing in action status from 8 June 1944 until such absence was terminated on 7 November 1944, when evidence was considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area."

FILE

NOV 27 1944

lps

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O. U. S. A.
2. O. G. M. G.	O. F. 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:

James T. ...
 ADJUTANT GENERAL

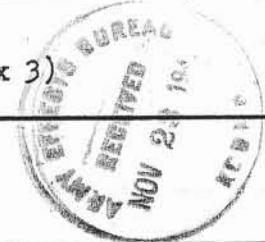
226,731
KW

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

REPORT OF DEATH

DATE 18 November 1944
Moore

FULL NAME <u>Hoffman, Richard J.</u>		ARMY SERIAL NUMBER 35 349 115		GRADE Pfc.	
HOME ADDRESS Millersburg, Indiana		ARM OR SERVICE Infantry		DATE OF BIRTH 28 Aug 1921	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 8 Jun 1944	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 23 Nov 1942		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS	MONTHS
				DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Romaine C. Hoffman, mother, Millersburg, Indiana (Box 3)					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Romaine C. Hoffman, mother, same as above George W. Hoffman, father, same as above					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)				YES*	NO
				X	X



ADDITIONAL DATA AND/OR STATEMENT

* On parachute pay

"The individual named in this report is held by the War Department to have been in a missing in action status from 8 June 1944 until such absence was terminated on 7 November 1944, when evidence was considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area."

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G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John T. ...
ADJUTANT GENERAL

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

22673475

-BATTLE CASUALTY REPORT

NAME HOFFMAN RICHARD J				SERIAL NUMBER 35349115			GRADE PFC		ARM OR SERVICE INF		REPORTING THEATRE ETO	
PLACE OF CASUALTY FRANCE				DATE OF CASUALTY DAY MONTH YEAR 08 JUN 44			FLYING OR JUMPING STAT J		TYPE OF CASUALTY MIA		SHIPMENT NUMBER 107	

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
MRS	ROMAINE	C	HOFFMAN		MOTHER
NO. AND NAME OF STREET		CITY	COUNTY		STATE
		MILLERSBURG			INDIANA

REMARKS:

CORRECTED COPY

28 JUN mls



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

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY *J. C. [Signature]* 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-45*

COPIES FURNISHED:

- | | | |
|--|---|---|
| <input type="checkbox"/> AIR ADJUTANT GENERAL | <input type="checkbox"/> CHIEF, WAR BOND DIVISION | <input type="checkbox"/> OFFICERS BRANCH, A.G.O. |
| <input type="checkbox"/> AMERICAN RED CROSS | <input type="checkbox"/> CHIEF, WAR BOND OFFICE | <input type="checkbox"/> P.O.W. INFO. BUREAU, O.P.M.G. |
| <input type="checkbox"/> ARMY EFFECTS BUREAU | <input type="checkbox"/> C.G., ARMY GROUND FORCES | <input type="checkbox"/> SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G. |
| <input type="checkbox"/> ASST. CHIEF OF STAFF, G-1 | <input type="checkbox"/> C.G. SERVICE COMMAND | <input type="checkbox"/> SOCIAL SECURITY BOARD |
| <input type="checkbox"/> BUREAU OF PUBLIC RELATIONS | <input type="checkbox"/> DIR. OF SPECIAL SERVICES DIV. | <input type="checkbox"/> SURGEON GENERAL |
| <input type="checkbox"/> CASUALTY PAY RECORDS BR., O.F.D. | <input type="checkbox"/> DIRECTOR, W.A.C. | <input type="checkbox"/> THE ADJUTANT GENERAL |
| <input type="checkbox"/> CHIEF OF ARM OR SERV. CONCERNED | <input type="checkbox"/> ENLISTED BRANCH, A.G.O. | <input type="checkbox"/> U. S. EMPLOYEE'S COMPENS. COMM. |
| <input type="checkbox"/> CHIEF OF STAFF | <input type="checkbox"/> FINANCE OFFICER, U. S. ARMY, WASH., D.C. | <input type="checkbox"/> WAR SHIPPING ADMINISTRATION |
| <input type="checkbox"/> CHRONOLOGICAL UNIT, CAS. BR. | <input type="checkbox"/> MACHINE RECORDS BRANCH, A.G.O. | <input type="checkbox"/> WILLS UNIT, CASUALTY BRANCH |
| <input type="checkbox"/> CHIEF, P.O.W. BR., M.I.S., W.D.G.S. | <input type="checkbox"/> OFFICE OF DEPENDENCY BENEFITS | |

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 02185

DATE
15 06 48
DAY MONTH YEAR

NAME HOFFMAN RICHARD J	SERIAL NUMBER 35349115	RANK PFC	ARM 1	DATE OF DEATH DAY MONTH YEAR
---------------------------	---------------------------	-------------	----------	---------------------------------

CEMETERY BLOSVILLE - CARENTAN	DISPOSITION OF REMAINS 1	5100 08 CODE DIST. PT.
----------------------------------	-----------------------------	---------------------------

PLOT T	ROW 7	GRAVE 125	COUNTRY FRANCE	CAUSE OF DEATH 1
-----------	----------	--------------	-------------------	---------------------

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE EPH. CULP & SONS- 311 SOUTH MAIN GOSHEN, INDIANA (F/B MILLERSBURG, INDIANA)	NAME AND ADDRESS OF NEXT OF KIN ROMAINE C. HOFFMAN (MOTHER) RURAL ROUTE #4 GOSHEN, INDIANA
---	---

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME HOFFMAN, Richard J.	SERIAL NUMBER 35349115	RANK Utd	DATE OF DEATH	DATE DISINTERRED 9 December 1947
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION Unk.	IDENTIFICATION VERIFIED BY John H. Clark, 1st Lt. QMC	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL OD Uniform	CONDITION OF REMAINS Right & left Radius missing - Mandible missing
--------------------------------	---

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 January 1948	BY W. D. Hannis
CASKET SEALED BY W. D. Hannis	EMBALMER (Signature) W. D. Hannis

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY E. N. Ciampo, 1st Lt. FA
DATE 27 Jan. 48	BY H. J. Cummings, Clk

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

James A. Hoover
 JAMES A. HOOVLER, 1st Lt. FA
 SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blosville	TO CP "A" - Cherbourg
KIND OF CONVEYANCE Truck	NAME OF CONVOYER Sgt. Augustinus
SIGNATURE OF SHIPPER W. T. Dailey, Capt. QMC	SIGNATURE OF RECEIVER <i>E. N. Ciampo</i> E. N. Ciampo, 1st Lt. FA
DATE 26 Jan. 1948	DATE 26 Jan. 1948

2. SHIPPED

FROM CP "A" - Cherbourg	TO Port Unit - Cherbourg
KIND OF CONVEYANCE WH. Truck	NAME OF CONVOYER SFC Fuller
SIGNATURE OF SHIPPER E. N. Ciampo, 1st Lt. FA	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> John E. Hendry Jr. Major, CAC
DATE 8 Sept. 1948	DATE 8 Sept. 1948

3. SHIPPED

FROM Port Unit - Cherbourg	TO NYPOE
KIND OF CONVEYANCE USAT Lawrence Victory	NAME OF CONVOYER Kenneth W. Whercott, Capt. TC
SIGNATURE OF SHIPPER John E. Hendry, jr. Major, CAC	SIGNATURE OF RECEIVER <i>KW Whercott</i> Kenneth W. Whercott, Capt. TC
DATE 25 Sept. 1948	DATE 25 Sept. 1948

4. SHIPPED

FROM NYPOE	TO NYPOE
KIND OF CONVEYANCE Train	NAME OF CONVOYER JAMES L. MCKINNON
SIGNATURE OF SHIPPER JAMES L. MCKINNON	SIGNATURE OF RECEIVER <i>McKinnon</i> JAMES L. MCKINNON
DATE 6 Oct 48	DATE 6 Oct 48

5. SHIPPED

FROM NYPOE	TO DC 08
KIND OF CONVEYANCE Train	NAME OF CONVOYER <i>Warren P. Fletcher</i> Warren P. Fletcher
SIGNATURE OF SHIPPER JAMES L. MCKINNON	SIGNATURE OF RECEIVER <i>L. A. Bockstaller</i> L. A. BOCKSTALLER
DATE 14 OCT 1948	DATE 10/18/48

6. SHIPPED

FROM 1st Lt., INF	TO Chief, Operations Br.
KIND OF CONVEYANCE Truck	NAME OF CONVOYER J. J. J. J.
SIGNATURE OF SHIPPER J. J. J. J.	SIGNATURE OF RECEIVER J. J. J. J.
DATE J. J. J. J.	DATE J. J. J. J.

7. SHIPPED

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

MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS V	STA. SER. NO. NR	PRECEDENCE DAY LETTER	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION		INFORMATION		EXEMPT	OPERATING SIGNALS
					GROUP COUNT GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILL.

SECURITY CLASSIFICATION

ACTION TO: DELIVER & REPORT ANY CHARGES

- ROMAINE C. HOFFMAN
- RURAL ROUTE #4
- GOSHEN, INDIANA

PRECEDENCE FOR ACTION INFORMATION

ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE PFC RICHARD J. HOFFMAN

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO
E.P.H. CULP & SONS, 311 SOUTH MAIN, GOSHEN, INDIANA (F/B MILLERSBURG, IND)

WITHIN 48 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 CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS. 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 48 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 RAILROAD 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 3 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 ORGANIZATION TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IN REPLY TELEGRAM REFER TO CONTROL

NUMBER 15084 AND FULL NAME OF DECEASED.

WESTERN UNION

REV. 4E-1

R. W. BENNETT
Lt. Col., QMC.
Chief, AGR Div.

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

OFFICIAL TITLE

OCT-11948

THOS. O. CALL

Major, QMC

Chief, Adm. Br. A. G. R. 11

PAGE OF

DATA ON REMAINS NOT YET REGISTERED OR IDENTIFIED

65731

NAME (Last, First, Middle Initial) Hoffman, Richard J.		GRADE PFC.	PRESENT SERIAL NUMBER 35349115
ORGANIZATION Inf. 301 Pkbt Sq.	RACE White	CREED Protestant.	FORMER SERIAL NUMBER (If applicable)
DATE OF DEATH/MIA 8 JUN 44	CAUSE OF DEATH KIA	PLACE OF DEATH OR PLACE LAST SEEN IF MIA France 19	
DATE OF FOD			
HEIGHT 64	WEIGHT 125	COLOR EYES Brown	COLOR HAIR Brown
			SHOE SIZE 9 C.
DENTAL CHART DATE Nov 23 1942			
UPPER RIGHT X 7 6 5 4 3 2 1		UPPER LEFT 1 2 3 4 5 6 7 X	
LOWER RIGHT X 16 15 14 13 12 11 10 9		LOWER LEFT 9 10 11 12 13 14 15 16 X	
X = Extracted		O = Carious	
1 = Carious Non-Restorable			
FRACTURES AND/OR BREAKS None		TATTOOS AND/OR BIRTHMARK None	
ADDITIONAL INFORMATION 1 Form #79 attached.			

WU A213 15 COLLECT

GOSHEN IND OCT 2 1948 855A

R W BENNETT LT COL QMC

CHICAGO QM DEPOT AGRD

THIS WILL CONFIRM SHIPPING INSTRUCTIONS REGARDING REMAINS

PFC RICHARD J HOFFMAN CONTROL NUMBER 15084

ROMAINE C HOFFMAN

OCT 3 936A

15084

OCT 3 1 20 PM '48



15 dm

INSPECTION CHECKLIST

15084

NAME HOFFMAN, RICHARD J	RANK PFC	SERIAL NO. 35349115	ARM OR SERVICE ARMY	DIRECTIVE DATE 15 JUNE 48
	RACE WHITE	RELIGION PROT.	SEX MALE	DIRECTIVE NO. 3508 02185 NY

CONSIGNEE AND ADDRESS EPH. CULP & SONS 311 SOUTH MAIN GOSHEN, INDIANA (F/B MILLERSBURG, INDIANA)	NEXT-OF-KIN ADDRESS ROMAINE C. HOFFMAN (MOTHER) RURAL ROUTE #4 GOSHEN, INDIANA
--	--

SHIPPING CASE - General Appearance (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check One) <input checked="" type="checkbox"/> SATISFACTORY [] UNSATISFACTORY
FINISH (Exterior)	REMARKS:
FINISH (Interior)	
HANDLES	
HANDLE BOLTS	
STENCILING - NAMEPLATE	
	INSPECTED BY: <i>J. W. Makowski</i>

CASKET - General Appearance (Check ONLY Discrepancies)	CONDITION OF CASKET (Check One) <input checked="" type="checkbox"/> SATISFACTORY [] UNSATISFACTORY
<input checked="" type="checkbox"/> FINISH (Exterior)	REMARKS: <i>Touch up cam locks Scratched / Paint Scratched Bead left front.</i>
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
<input checked="" type="checkbox"/> CAM LOCKS (Sealing)	
ODOR OR MOISTURE	
	INSPECTED BY:

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 REPAIR <input type="checkbox"/> <i>Touch up / Paint</i>
NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
	REMARKS:

TIME	DATE	SIGNATURE OF MORTICIAN	TIME <i>9:30</i>	DATE <i>11/8/48</i>	SIGNATURE OF INSPECTING OFFICER <i>R. S. Cunn</i>
------	------	------------------------	---------------------	------------------------	--

STORAGE LOCATION			PASS. LIST NO.	CONTROL NUMBER
FLOOR	SECTION	BAY	STORAGE NUMBER <i>297</i>	<i>017</i>
STAMP INCOMING OR OUTGOING				15084

OUTGOING

**REQUEST FOR REIMBURSEMENT OF INTERMENT
 OR TRANSPORTATION EXPENSES**

(Read Explanation on Reverse Side before completing form)

DATE

11-11-48

NAME OF DECEDENT (Last, First, Middle Initial)

BRANCH OF SERVICE

TO BE FILLED IN BY CLAIMANT

293
HOFFMAN, RICHARD J.

U S ARMY

A. INTERMENT EXPENSES
 (Civilian or Private Cemetery)

RANK OR GRADE

SERIAL NO.

B. TRANSPORTATION EXPENSES
 (National or Post Cemetery)

PFC

55349115

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.

FORWARD COPY TO OFFICE OF
 QUARTERMASTER GENERAL, WASHINGTON 25, D. C.
 ATTN: HDQRS., A. G. R. S.

CLAIM VALID-REPATRIATION DEC 7 1948

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ 110.00 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:

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)

NAME:

OF CEMETERY: Brown

CITY OR COUNTY:

Elkhart Co.

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

STATE:

Ind.

RETURN FOUR COPIES TO

**CHICAGO QM DEPOT
 AMERICAN GRAVES REGISTRATION DIVISION
 1819 W. PERSHING ROAD
 CHICAGO 9, ILLINOIS**

SIGNATURE OF CLAIMANT

ROMAINE C. HOFFMAN *Romaine C. Hoffman*

ADDRESS (Street number or RFD, City and State)

RR #4 GOSHEN, INDIANA

RELATIONSHIP TO DECEDENT

MOTHER

REMARKS

78728

F. O., U. S. ARMY, CHICAGO, ILL.
 PAID ON **JAN 2 1949**
 MONEY ACCOUNTS OF L. G. DOYAL
 LT. COL., F. D., Symbol Number 210-587

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.

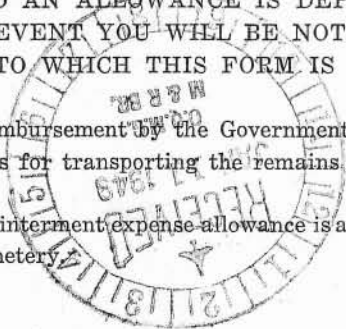
PART B

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.



RECEIPT OF REMAINS
DAY LETTER

DISTRIBUTION CENTER AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILLINOIS

EPH. CULP & SONS
311 SO. MAIN
GOSHEN, INDIANA

ROUTINE

REMAINS CONSIGNED TO:

REMAINS OF THE LATE PFC. RICHARD J. HOFFMAN

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 46

NYC RR

~~XXXXXXXXXXXXXX~~

~~XXXX~~ DUE TO ARRIVE GOSHEN, IND., 11:40 AM TUES. 9 NOV. 1948

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS
TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 15084

R.W. BENNETT
LT. COL. QMC

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

THIS 9th DAY OF November, 1948

W. Harold C. Lehn
WITNESS (Escort)

Eph. Culp & Sons
CONSIGNEE
Elmer Culp, Inc.

REV. 18B

MM

NAT
FILE
RECORDS ANNOTATED
DATE 14 Feb 49
NAME W.C. Wood
R & R BR.

NOV 4 1948

CAUTION THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED RETURN THEM PROMPTLY

TRANSFER SLIP

No. A9

862286

DATE OF REQUEST

9-25-55

JB
7-1145

10-15-55

<input checked="" type="checkbox"/> RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293 Hoffman, Richard J								REQUESTED PAPERS NOT IN FILE	<input type="checkbox"/>
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER					
	Good				OO MG - Reg 35349115					
RETURN TO	TECHNICAL RECORDS SECTION DRB, TAGO				DATE RETURNED		TO RETURN FILE, INITIAL HERE			
					SEP 27 1955		SUSPEND DATE 1-30-56 RETURN TO M & R BR			
INSTRUCTIONS	219 N. Lee Street Alexandria, Virginia									
	When transferring file to another person, complete self-addressed transfer coupon below, detach, attach to blank letter-size paper and place in out-going mail service.									

No. A9 862286

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

TECHNICAL RECORDS SECTION
DRB, TAGO
219 N. Lee Street
Alexandria, Virginia

No. A9 862286

TRANSFER COUPON

SUSPEND DATE 1-30-56
TO: RETURN TO M & R BR.

NOTE THAT FILE OF: EST EXTENSION

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

293 Hoffman, Richard J
35349115
Request mem
9-25-55
TECHNICAL RECORDS SECTION
DRB
219 N. Lee Street
Alexandria, Virginia

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

OFFICIAL BUSINESS

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



OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION, R. R. BRANCH
WASHINGTON 25, D. C.

QUEST FOR DISPOSITION OF REMAINS

24-2-48

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

DATE:

**Pfc Richard J. Hoffman, 35 349 115
Plot T, Row 7, Grave 125,
United States Military Cemetery
Blosville, France**

26 March 1948

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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

PART I

I, ROMAINE C. HOFFMAN
(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
Brown Cemetery, Millersburg, Indiana.
(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.)

*Added 26 May 48
Mother*

KS Doc. 6-23-48

PART I (Continued)

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

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

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

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

FULL NAME OF FUNERAL DIRECTOR			
Eph. Culp & Sons			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
311 SO MAIN	GOSHEN	ELKHART	INDIANA
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
GOSHEN INDIANA	GOSHEN INDIANA	53	

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
HOFFMAN	GEORGE	R.	BROTHER
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
	LIGONIER	NOBLE	INDIANA

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.

X Romaine C. Hoffman (SIGNATURE OF NEXT OF KIN) R. R. 4 (STREET AND NUMBER)
ROMAINE C. HOFFMAN (NAME PRINTED OR TYPED) GOSHEN, INDIANA (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 17th day of April, 1948, at city (or town) of Goshen, county of Elkhart, and State (or Territory or District) of Indiana

[Signature] (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public (OFFICIAL TITLE)
Notary Public

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

*Now
5 May 48
Sanborn*

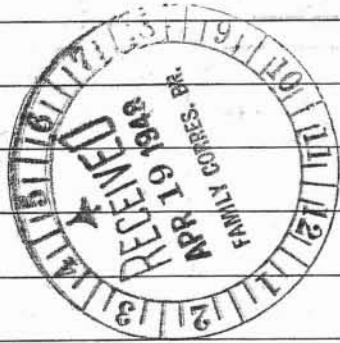
ADDITIONAL REMARKS AND INSTRUCTIONS

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

This is a case where the father and mother separated about 18 months ago and have lived apart since that time. The parents both wish their son returned to this country and buried on their family cemetery lot. However the father wishes the mother to make all of the arrangements and have all responsibility in the matter, hence the signing of the waiver by the father in favor of the mother, and the application by the mother, for the return of the body of her son as stated in this application.

Witness my hand and Notarial Seal this 17th. day of April, 1948.

Elmer J. Culp Notary Public
Elmer J. Culp
My Commission expires April 19, 1949.



AIR MAIL
DEPARTMENT OF THE ARMY

OGMS 295

Hoffman, Richard J., 35349115

Love, William H., 32548845

14 April 1948

SUBJECT: Recovery and Interment of Remains

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

1. Reference is made to your radio number AGRC 1639 dated 22 March 1948.
2. Submitted herewith are OGMS Forms 371 covering all information available in this office pertaining to Private First Class Richard J. Hoffman, 35349115 and Private William H. Love, 32548845.

FOR THE QUARTERMASTER GENERAL:

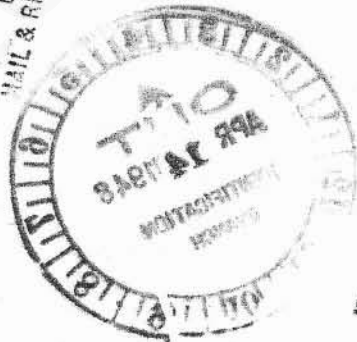
2 Incls
1-2 OGMS Forms 371 (in dup)

T. E. METZ
Lt. Colonel, GSC
Memorial Division

bjr

rvs

APR 15 10 06 AM '48
O. Q. M. G.
MAIL & RECORDS BRANCH



AIR MAIL

E:
JC

QQMB 295

Hoffman, Richard J., 35549115

Love, William E., 32548845

14 April 1948

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FOR THE QUARTERMASTER GENERAL:

2 Incls
1-2 QQMB Forms 371 (in dup)

F. E. MEYER
Lt. Colonel, QMC
Memorial Division

bjr

rvs

APR 15 10 06 AM '48
O. O. M. G.
MAIL & RECORDS BRANCH



AIR MAIL

E:
JC

CAC 301

1948 MAR 22 19 53 Z

301

FUA 127 SS
XPA 56
RR UEP
1948 MAR 22 21 06

FM UFPO 22/HQ AGRC PARIS FRANCE 221600Z
TO QM GENERAL MEMORIAL DIVISION WASHINGTON

TO HQ AGRC PARIS
MCC NO. AGRC 1639
D.T.G. 221600Z
ACTION pme
MCC NO. 58901

WD GRNC

05731

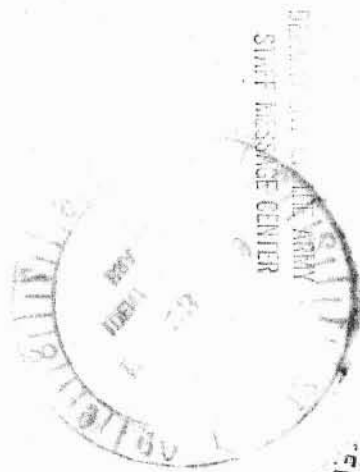
Reply due
3-29-48
LPM

REFERENCE NUMBER AGRC ONE SIX THREE NINE PD

REQUEST 371 FORMS AND TOOTH CHARTS FOR THE FOLLOWING MEN BE FORWARDED

THIS HEADQUARTERS BY AIR MAIL: ²⁹³ WILLIAM H. LOVE, 32548845, RICHARD
²⁹³ J. HOFFMAN, 35349115. ENJ AGRRE PECKHAM

22/1627Z



STAFF MESSAGE CENTER

MAR 23 10 54 AM '48

58901

MAR 23 10 54 AM '48

O. D. M. G.
TELEGRAPH

VAT
Jill
4-14-48
G. C. W.
9/10/48

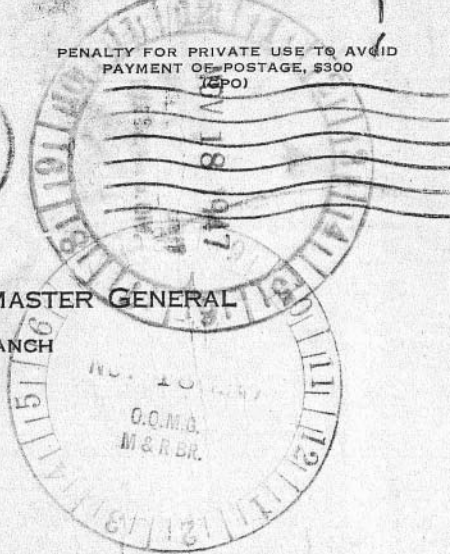
Handwritten notes: 3-4-48, 3-19-48, etc.

RECORD ATTACHED

Handwritten signature: W. H. Hoffmann

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

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



OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION, R. R. BRANCH
WASHINGTON 25, D. C.

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED

RANK

SERIAL NUMBER

NAME OF NEXT OF KIN

RELATIONSHIP

OLD ADDRESS

NEW ADDRESS

REMARKS

Richard J. Hoffman PVT 35349115
 Mrs Romaine C. Hoffman Mother
 Millersburg Ind.
 Mrs Romaine C. Hoffman Goshen Ind
 P. R. 4
 my husband and I dont live together
 But I want my sons Body.

CORRESPONDENCE ACTION SHEET

Mr. Miss. Addressee: Mrs. Dorraine C. Hoffman mother Relationship

State P.R. # 4

City, State Goshen, Ind. Date letter '47

Cemetery Temporary: _____

Permanent: Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence)

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

165A son
Private First Class
Richard J. Hoffman

108

166K

Decedent: Hoffman Richard J. Last First Initial Rank O-2C 35- 3419 115 ASN

JC

File
6/20/47
ES

Analyst Typist Reviewer

Modifications

OKed

Mr. Arrowsmith
Disinterment Section
Room 2503 B

1. Forwarded for your information.
2. Information as indicated is requested on which to base a reply to attached correspondence.
 - a. Has form 345 been dispatched?
 - b. Has form 345 been received? *or ^{NO} returned as N/D ?*
 - c. Has form 345 been approved?
 - d. What option was elected?
 - e. 345 form was executed by whom?

GRIFFITH
4428

JH

Post Office Department

OFFICIAL BUSINESS



POSTAGE DUE 2 CENTS

War Department

Office of the Quartermaster Gen.

*Washington 25,
D. C.*

HOFFMAN Richard J.

NOTICE TO SENDER OF FORWARDING ADDRESS

United States Post Office

MILLERSBURG, IND.

(Office)

(State)

In accordance with your request you are notified that the matter mailed by you to Mr. George W. Hoffman

Box # 3, Millersburg, Indiana

(Key No. _____)

is incorrectly addressed because the addressee has removed to Edison Road, RR #2, Box 392, Mishawaka, Indiana

Forwarding postage required _____ cents.

Matter bearing a pledge to pay forwarding or return postage is forwarded or returned, rated with the postage due. Matter not bearing such pledge is treated as prescribed by the Postal Laws and Regulations.

Respectfully,

POSTMASTER.

Richard J. 35349115

POSTMASTER.—Do not send this form if new address of addressee is unknown unless specifically requested. Fill in amount of forwarding postage ONLY when requested by sender.

Blasville, Fr. T-7-105

Blasville
JP

**REGISTER OF DENTAL PATIENTS AT
D. C. #2 Sta. Hosp.
Camp Mackall, N. C.**

(1) SURNAME

(2) CHRISTIAN NAME

Hoffman, Richard J. 35349115

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

Pfc. Hq. 1st Bn. 501 Par. I

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

21

W

Indiana

7/12

(10) PRESENT CASE OR INJURY WITH
LC, SN, COMPLICATIONS,
AE, ETC.

(11) DATES AND NATURE OF TREATMENTS
AND OPERATIONS

6-17 Exam.

(12) RESULTS AND REMARKS

C1 2 RRLa011a

Capt. R. R. Lapelle

Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	0												0	X	

LOWER TEETH

Right									Left						
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X															X

CLASS II

Occlusion N: Calculus: (Slight), Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date 6/17, 1943

Capt. Lapalla
Dental Corps, U. S. A.

*Restorable carious teeth by 0
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture
(horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge
(oval to include abutments)

O	
---	--

SUBJECT: Report of transactions in disposing of the effects of

Richard J. Hoffman ✓, 35349115 ✓ late a
(Name of deceased) (Army Serial Number)
Private First Class ✓, Infantry ✓ who died
(Grade) (Organization, Army or Service)
on the 8 ✓ day of June ✓, 1944 ✓, at 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 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 (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 24 January 1945 ✓, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of George W. Hoffman ✓
Mrs. George W. Hoffman ✓ 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, George W. Hoffman ✓ of Box 3 ✓ (Number, Street or Avenue), Millersburg ✓ (City, Town or Village) State of Indiana ✓, is the father ✓ of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.
(Name, Rank, Organization)

pmw

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mr. George W. Hoffman

Box 3

Millerstown, Indiana

Effects of:

Name

ASN Pfc. Richard J. Hoffman

Case No. 35349115

Wt. 226,731 D

JRM:SP:eab

DATE 19 March 1945

J. L. Schuler

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
 1 Warehouse Division
 2 Files Branch, Adm. Div.

REMARKS:

1 pkg

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

MAR 22 1945

MAR 27 1945

mk
Shipping Clerk

SHEET <u>1</u> OF <u>10</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER <u>7</u>	ORIGINAL NUMBER OF PACKAGES <u>1</u>		MISSING <input type="checkbox"/>
TALLY NUMBER <u>5811</u>	INVENTORY DATE <u>20 Feb 45</u>	CASE NUMBER <u>226,731</u>	POW <input type="checkbox"/>
EFFECTS OF <u>Richard J. Hoffman</u>	RANK <u>unlt.</u>		ABANDONED <input type="checkbox"/>
A.S.N. <u>3534 9115V</u>	ORGANIZATION <u>29th Div.</u>		
PACKAGE DESCRIPTION <u>Padlock</u>			

CLOTHING	PERSONAL ITEMS	CONTAINERS
BELT	BRACELET, IDENTIFICATION	BAGS, CLOTH
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL
CLOTH, WASH	CAMERAS	BILLFOLD (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, FOUNTAIN	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 DURATION)
TOWELS	TOBACCO	FILMS
TROUSERS, PR.	TOILET ARTICLES	LETTERS
TRUNKS, PR.	WATCH	PAPERS, PERSONAL
UNDERWEAR	WINGS	PHOTOS
		SHOE SHINE ARTICLES
		SHORT SNORTER
		SOUVENIRS
		SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

*file
found*

REMARKS: <u>no information</u>	ATTACHMENTS: <u>FORM #54</u>	<u>FORM #100</u>
<u>Richard</u>	<u>1 Inventory</u>	<u>1 Gr. Label</u>
<u>* Bloodstained.</u>		
C.A.T. <u>none</u>	WEIGHT	GI REMOVED
<u>FEB 26 1945</u>		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
		<input type="checkbox"/> IDENT. TAGS REMOVED
		<input type="checkbox"/> DIARY REMOVED
WAREHOUSE SPACE <u>110</u>	STORED BY <u>MK</u>	

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

2 H-655

80 francs

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

Kneidner

INVENTORY CLERK

Alf...

SUPERVISOR

G. I. REMOVED

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of:

Name

ASN

Case No. 226,731

Wt.

DATE JRM:NW:gg
25 January 1945

Monrell

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: 1 For Signature
2 Accounting Branch JAN 26 1945
 Warehouse Division
3 Files Branch, Adm. Div.

1/27/50

*File
OMB*

REMARKS:

Franked _____
 Est. Exp. Chgs. _____
 Est. Frt. Chgs. _____
 No. of Packages _____

JAN 29 1945

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

In Reply Refer To _____

Reference is made to our letter dated reporting shipment of the personal property belonging to

If you have received this property, I will appreciate your acknowledging delivery in accordance with the above mentioned letter. Should that communication have been misplaced, you may acknowledge receipt by signing in the space provided below and returning one copy of this communication to the Army Effects Bureau.

In the event the property has not been received, please so advise, and tracer action will be instituted by this Bureau.

Although I prefer to have your acknowledgment, unless we hear from you within a month from this date, I shall assume that satisfactory delivery was made and that no further action on our part is necessary.

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

Yours very truly,

1 Incl--Envelope

(Signature)

(Date)

APO 413,
25 September, 1944.

SUBJECT: Funds of Deceased Personnel.

TO : Effects Quartermaster, U.K., APO 507, U. S. Army.

1. Enclosed herewith check #300684 in the amount of £3.14.10. (#15.10* and D.O. Vou. #17740.

2. Above described amount is money due men shown on D.O., Voucher 17740 who have been reported missing in action, and which we are forwarding you for disposition.

For the Finance Officer.

G. W. SHUGART,
CWO. U.S./A.,
Deputy Finance Officer.

Inc....2.

1. Chk. #300684.
2. D.O. Vou. #17740.

2 Incls.

Incl 1

DECEASED
SEE CASUALTY REPORT No. 235
DATED 2 11/21 44

Voucher prepared U.K. APO 413, 16 September, 1944.

U.S. WAR DEPARTMENT.

FINANCE OFFICER.

Appropriation or fund SPECIAL DEPOSITS.

THE UNITED STATES Dr.,

To. Effects Quartermaster, U.K.,

Address. APO 507.
U.S. Army.Paid by.
O.T. HINKLEY,
Major, F.D.
FINANCE OFFICER
SYMBOL 210-963
SEPTEMBER 1944.

<u>ARTICLES OR SERVICE.</u>	<u>Balance Due</u> <u>Depositor.</u>
Donald B. Harrison T/Sgt. S/N 15324895 MIA	3.52 (17.5d)
Robert I Ross, 1st Lt. S/N 0-797717 MIA	10.83 (£2. 13. 8d.)
Richard J. Hoffman, Pvt. S/N 35348115 MIA	0.75 (3.9d)

Original payment made to above men on Vou. #4028
July accounts O.T. HINKLEY, Major., F.D. Symbol 210-963.
Checks were returned in September 1944 to be cancelled
for reason men KIA and payment to be made to Effects
Quartermaster for the above mentioned men.

\$15. 10
(£3. 14. 10d)

I certify that the above statement of deposit(s) of the payee or depositor
named is correct and that the sum of \$ 15. 10 is due said depositor.

*Approved and refund authorized for £3 14 10d.

(Memorandum-Do not sign)

*O.T. HINKLEY, Major., F.D.
Finance Officer.

Check No. 300684 dated 16 Sept. 1944. for £3 14 10d. Guaranty Trust
Co. N.Y.

Refund By.

HEADQUARTERS
501st Parachute Infantry
APO #472 United States Army

CAP 296731
m.l

1 August 1944
(Date)

SUBJECT: Disposition of effects.

TO: Effects Quartermaster, ETOUSA, APO #507, G-14, United States Army.

1. Disposal of effects made on the following individual:

Name: Richard J. Hoffman
Rank: Private First Class
ASN: 35349115
Organization: Hq Co 1st Bn
Status: MIA 8th June 1944

AUG 21 1944 2. Personal effects of above individual transported by motor vehicle on
to Effects Quartermaster, ETOUSA, Warehouse Division, Stanley
Warehouse, United States Forces, Liverpool.

3. Following items transmitted herewith:

None

4. Private debtors and creditors known to be as follows:

None



Kenneth K. Keehnen
KENNETH K. KEEHNEN,
2d Lt., Infantry,
Assistant Pers Officer.

-Incls.
1 WDAGO Form No. 54

file
na

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. George W. Hoffman

Box 3

Millersburg, Indiana

Effects of:

Name Pfc. Richard J. Hoffman

ASN 35349115

Case No. 226731 D.

Wt.

DATE August 9, 1945

RTB:LK:hm

FOR: Effects (handwritten initials)

REMARKS:

Inclose Bureau Check
Acct. No. 150906
Amount \$1.62 *me*
Inclose "Valuable" item
Ship "Valuables" item(s)

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

121372 bt

ROUTING:

1 Accounting Branch ✓
Warehouse Division
2 Files Branch, Adm. Div.

150906

226731

August 20

45

George W. Hoffman

1.62

One and 62/100

REMARKS

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages _____

Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

Ca

226731

CASE NO.		
TYPED BY	jc	
DATE	7/3/45	
STATUS	\ DEC	
NAME	\ Richard J. Hoffman	
A.S.N.	\ 35349115	
RANK	---	
ORGANIZATION		
AMOUNT	1.62	ACCOUNT NO.
LIST NO.		150906df.
REMARKS	F 271 4	PAID - CHECK NO. 121372 MG.

[Handwritten signature]

A C C O U N T I N G I N V E N T O R Y

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

CHECKED

MISSING

P.O.N.

ABANDONED

TALLY

NO.

7609 ✓

INV.

DATE

15 May

1945 ✓

CRIG. NO.

OF PKGS.

1

BOX

NO.

2

SHEET

OF

1 SHEETS ✓

ORGANIZATION

Hq. Co 1st Bn

501 P.S.

226731

AME

RICHARD J. HOFFMAN ✓

A.S.N. 35349115 MARK

PFC ✓

<input type="checkbox"/> BELT	<input type="checkbox"/> TOWELS & WASHCLOTHS	<input type="checkbox"/> WINGS
<input type="checkbox"/> BELT, MONEY (NO MONEY)	<input type="checkbox"/> CLOTHING	<input type="checkbox"/> BAGS, CLOTH OR TRAVEL
<input type="checkbox"/> CLOTH, WASH	<input type="checkbox"/> BRACELET IDENT.	<input type="checkbox"/> BILLFOLD, (NO MONEY) WYK
<input type="checkbox"/> COATS	<input type="checkbox"/> BRUSHES	<input type="checkbox"/> CASE
<input type="checkbox"/> FOOTWEAR, PR.	<input type="checkbox"/> CAMERAS	<input type="checkbox"/> FOOTLOCKER
<input type="checkbox"/> GLOVES, PR.	<input type="checkbox"/> GLASSES	<input type="checkbox"/> KITCHEN, TL, OR WRITING
<input type="checkbox"/> HANDKERCHIEFS	<input type="checkbox"/> KNIVES	<input type="checkbox"/> BOOKS
<input type="checkbox"/> HEADWEAR	<input type="checkbox"/> LINENERS	<input type="checkbox"/> BOOKS, ADDRESS
<input type="checkbox"/> JACKETS	<input type="checkbox"/> MISC. INSIGNIA	<input type="checkbox"/> BOOKS, PICT LOG
<input type="checkbox"/> OVERCOATS	<input type="checkbox"/> PEN, FOUNTAIN	<input type="checkbox"/> DIARY (REMOVED FOR DUR)
<input type="checkbox"/> SCARFS	<input type="checkbox"/> PENCIL, MECHANICAL	<input type="checkbox"/> FILMS
<input type="checkbox"/> SHIRTS	<input type="checkbox"/> PIPES	<input type="checkbox"/> LETTERS
<input type="checkbox"/> SOCKS, PR.	<input type="checkbox"/> RELIGIOUS ARTICLES	<input type="checkbox"/> PAPERS, PERSONAL
<input type="checkbox"/> TIES	<input type="checkbox"/> RIBBONS, DECORATION	<input type="checkbox"/> PHOTOS
<input type="checkbox"/> TOWELS	<input type="checkbox"/> RINGS	<input type="checkbox"/> SHOE SHINE ARTICLES
<input type="checkbox"/> TROUSERS, PR.	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> SHORT SNORTER
<input type="checkbox"/> TRUNKS, PR.	<input type="checkbox"/> TOILET ARTICLES	<input type="checkbox"/> SOUVENIRS
<input type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WATCH	<input checked="" type="checkbox"/> SOUVENIR MONEY ✓
		<input type="checkbox"/> STATIONERY
		<input type="checkbox"/> TESTAMENTS
		<input type="checkbox"/> U.S. MONEY (AMOUNT)

REMARKS

Home add.
Millersburg, Ind.

ATTACHMENTS

FORM #1

FORM #100

WEIGHT

G.I. REMOVED

SHORTAGE
OR PERVERSEIDENT. TAGS
REMOVEDDIARY
REMOVED

DATE SHIPPED

LOCKED

C.A.T. None

WAREHOUSE SPACE

STORED BY

DATE SHIPPED

LOCKED

INVENTORY OF EFFECTS

(See AE 600-550)

Hoffman, Richard J., 35349115
(Last name) (First name) (Middle initial) (Army serial number)

XXX Pfc., Hq. C 1st Bn, 501st P.I.
(Grade) (Organization or arm or service)

who died on the 8th day of June, 19 44

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

NUMBER	ARTICLES	PACKAGE NUMBER
1	pipe	✓
1	billfold	✓
1	handkerchief	✓
1	book, address	✓
1	pen, fountain	✓
1	pencil, mechanical	✓
1	snapshots	✓

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

CLASS II—Other effects

NUMBER	ARTICLES

W.D., A.G.O. Form No. 54
 July 1, 1933

16-21164

NAME **HOFFMAN, RICHARD** #9115

BAY	PALLET	BOX	TALLY
61	32	2	7609
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	

CLASS II—Continued

NUMBER	ARTICLES
Money	{ Specie \$ _____ Notes \$ _____

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 Effects Quartermaster, HTOUSA, Warehouse Div, Stanley Warehouse, US Forces, Liverpool, England.
(Strike out name and degree of relationship, if legal representative or beneficiary named by the deceased, so state)

~~X The effects of _____ have been forwarded to The _____ X~~

Philip I. Evans
PHILIP I. EVANS,
2d Lt., Infantry

APO 472 c/o Pm NY NY
(Station)

29 July, 1944
(Date)

*Strike out words not applicable.

1-19-45
Hjt

IMMEDIATE ACTION

226,731 ✓
KW

Millersburg, Indiana
January 16, 1945

Effects Quartermaster
Kansas City, Missouri

gjh

Gentlemen:

Could you give me any information concerning the whereabouts of my son's personal belongings, who was killed in Normandy, June 8, 1944? His name and address were as follows; Pfc. Richard J. Hoffman, 35349115, Hq. Co. 1st. Bn., 501st Prcht. Inf., A.P.O. 472 New York, N.Y.

Since so many months have gone by I felt it was time I had some assurance of getting the few things he had with him. Please let me hear from you as soon as possible.

Sincerely yours,

Mrs. George Hoffman

file
gjh



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

JRM:NW:gg
January 25, 1945

IN REPLY REFER TO: 226,731

Mr. and Mrs. George Hoffman
Millersburg, Indiana

Dear Mr. and Mrs. Hoffman:

I wish to acknowledge letter of January 16 inquiring about personal property belonging to your son, Private First Class Richard J. Hoffman.

I am inclosing \$0.75 in coins received here belonging to Private Hoffman. This is the only property belonging to him received here to date.

All War Department agencies are under instructions to forward personal effects of military personnel to this Bureau for disposition, and it is reasonable to assume that any items left at his base or station of operations ultimately will be received here. Due to transportation difficulties, considerable time may elapse before the shipment arrives here.

Please be assured that upon receipt here of your son's property, it will be forwarded to you promptly.

I wish to express my sincere sympathy in the loss of your son.

Yours very truly,

F. A. ECKHARDT
Captain Q.M.C.
Assistant

1 Incl
\$.75 in coins



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

(S-4-3-45)
JRM:JBS:ng
March 3, 1945

IN REPLY REFER TO 226,731

Mr. George W. Hoffman
Box 3
Millersburg, Indiana

Dear Mr. Hoffman:

The Army Effects Bureau has received from overseas some personal property of your son, Private First Class Richard J. Hoffman.

I regret to advise that this property is damaged, apparently by bloodstains. I shall appreciate it if you will indicate whether you desire to have these effects forwarded to you.

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

Yours very truly,

F. A. ECKHARDT
Captain Q.M.C.
Assistant

1 Incl--Envelope



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

(S-4-3-45)
JRM:JBS:ng
March 3, 1945

IN REPLY REFER TO 226,731

IMMEDIATE ACTION

Mr. George W. Hoffman
Box 3
Millersburg, Indiana

Dear Mr. Hoffman:

The Army Effects Bureau has received from overseas some personal property of your son, Private First Class Richard J. Hoffman.

I regret to advise that this property is damaged, apparently by bloodstains. I shall appreciate it if you will indicate whether you desire to have these effects forwarded to you.

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

Yours very truly,

F. A. Eckhardt

F. A. ECKHARDT
Captain Q.M.C.
Assistant

1 Incl--Envelope

Millersburg Ind.
March 6, 1945



Dear Sirs: -

Will you please forward
the things you have of my son
just Richard L. Hoffman. He should
receive his bill fold, his wrist
watch and other things that he had
at his base. Thanking you

KANSAS CITY MO.

mark - 8 1945

Mr. George W. Hoffman



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

226,731 ✓

JRM:VB:cr ✓
 March 27, 1945 ✓

IN REPLY REFER TO _____

Mr. George W. Hoffman ✓
 Box 3
 Millersburg, Indiana ✓

Dear Mr. Hoffman: ✓

Thank you for the information furnished the Army Effects Bureau in connection with personal effects belonging to your son, Private First Class Richard J. Hoffman.

These effects, consisting of an identification bracelet and miscellaneous insignia, are being forwarded to you.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

Personal property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

I wish to express my sympathy in the loss of your son.

Sincerely yours,

P. L. KOOB ✓
 2nd Lt. Q.M.C. ✓
 Officer-in-Charge ✓
 SJ Unit ✓

Handwritten signature/initials

Handwritten initials: RmW

226731 ✓

RTB:LK:cms
August 13, 1945

Dear Mr. Hoffman:

The Army Effects Bureau has received some additional property of your son, Private First Class Richard J. Hoffman, consisting of funds in the amount of \$1.62. A check for this sum is inclosed.

11 ✓

I wish to assure you that in the event additional property is received at a later date, it will be forwarded promptly.

18 ✓

Sincerely yours,

1 Incl---
Check

C. B. QUINN
2nd Lt., QMC
Chief, Files Branch



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

IN REPLY REFER TO ~~226731~~

GHG:IB:reh
May 31, 1945

Mr. George W. Hoffman
Box 3
Millersburg, Indiana

Dear Mr. Hoffman:

The Army Effects Bureau has received some additional property of your son, Private First Class Richard J. Hoffman.

These effects, contained in one package, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the soldier's legal residence.

Extending every sympathy, I am

Sincerely yours,

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

W

Mr. George W. Hoffman

Box 3

Pfc. Richard J. Hoffman

Millersburg, Indiana

35349115

226731 D

31 May 1945
GHG:KB:crw

1
2

N.B

14

© EQS PRESS Graignes 2021

Pfc. Richard J. Hoffman, 35 349 115
Plot T, Row 7, Grave 125, ⁹¹¹
United States Military Cemetery
Bliesville, France

12 September 1947

Mr. George W. Hoffman
Box #3
Millersburg, Indiana

Dear Mr. Hoffman:

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.

201 sent 26 mar 48 (both) c Fischer

JH

SPQYG 293
Hoffman, Richard J. *en*

1 April 1946

Mr. George W. Hoffman
Box 3
Millersburg, Indiana.

Dear Mr. Hoffman:

The War Department is most desirous that you be furnished the burial location of your son, the late Private First Class Richard J. Hoffman, A.S.N. 35 349 115.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, France, plot T, row 7, grave 125.

This cemetery is located 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 the United States military personnel.

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

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

ms
rmc

APR 2 1946
U.S. MILITARY RECORDS DIVISION

LMS

b

Goshen Ind
Oct 10. 1947

JM

Dear Sir: Pms

ADMINISTRATIVE ASSISTANT

will you please

1947 OCT 13 PM 1 48

give me information
of how to haul my
sons body brought
home.

Richard J. Hoffman
Does the government
pay the expenses and
can not bury him.

293 Hoffman, Richard J.

in our own
Cemetery. Thanking
you.

Mrs Romaine C. Hoffman

////////////////////

QMGMP 293
Hoffman, Richard J.
S.N. 35 349 115

6 November 1947

Mrs. Romaine C. Hoffman
Rural Route #4
Goshen, Maryland

Dear Mrs. Hoffman:

Your letter pertaining to the remains of your son, the late Private First Class Richard J. Hoffman, has come to my attention.

All expenses of exhumation, preparation of remains, casketing and transportation to the city or town designated by the next of kin will be borne by the Government. When remains are returned to the United States for final burial in a private cemetery or sent to a foreign country for burial in a private cemetery, the Government will contribute a sum not to exceed \$75 toward the cost of actual burial expenses. When final interment is in a permanent American Military Cemetery overseas or in a National Cemetery in the United States, the entire cost of burial will be borne by the Government.

In all cases, the Government will provide a flag of the United States to be used for proper draping of the casket during burial services. After the services, this flag will be presented or sent to the next of kin as a memorial. The Government will also provide an approved type inscribed headstone or marker for all private cemetery graves. A military escort, provided at the expense of the Government, will accompany the remains to the place of delivery designated by the next of kin.

Your cooperation and promptness in forwarding the requested document to our office will be greatly appreciated.

A change in your mailing address from Box #3, Millersburg, Indiana, to Rural Route #4, Goshen, Maryland, has been noted in your last letter.

If this new address is to be your permanent mailing address, please so inform us immediately, using the inclosed post card which requires no postage.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

4 02 PM '47

MEMORIAL DIVISION
MAIL ROOM
RECORDS BRANCH

RBC

Bloomville
T
7
125

NOV 6 4 54 PM '47
O. O. M. G.
MAIL & RECORDS BRANCH
Form 381

August 30, 1955

Dear Sirs: -

we have bought a new home.
So my address is changed. I have two
checks.

Identification number is

8.72.7 537 352

code XC 3 693 261

79824130

8711 255-792

code XC 3 693 261

79824466

Change of address card
sent to V.A.



993 Hoffman School of Business 191157

44

August 30, 1900

Dear Sirs: -

we have bought a new home.

So my address is changed. I have two checks.

Identification number is

8.72.7 537 352

Code XC 3 693 261

79824130

8711 255-792

Code XC 3 693 261

79824466

Change of address card sent to V.A. 381



293 Robinson Road Singapore B 53491157

708639

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

IN REPLY REFER TO:

AG 201 Hoffman, Richard J.

PC-N EI0235

9 November 1944

Mrs. Romaine C. Hoffman
 Millersburg, Indiana

Dear Mrs. Hoffman:

It is with profound regret that I confirm the recent telegram informing you of the death of your son, Private First Class Richard J. Hoffman, 35,349,115, Infantry, who was previously reported missing in action on 8 June 1944 in France.

An official message has now been received which states that he was killed in action on the date he was previously reported missing in action. If additional information is received it will be transmitted to you.

I realize the burden of anxiety that has been yours since he was first reported missing in action and deeply regret the sorrow this later report brings you. May the knowledge that he made the supreme sacrifice for his home and country be a source of sustaining comfort.

My sympathy is with you in this time of great sorrow.

Sincerely yours,

J. A. Ullo
 J. A. ULLO
 Major General,
 The Adjutant General.

INDIANA BONUS APPLIED FOR

1 Inclosure
 Bulletin of Information.

FILE - NAM
 HEADSTONE BRANCH
 E. D. BILLINGSLEY
 Date: 19 JUL 1966