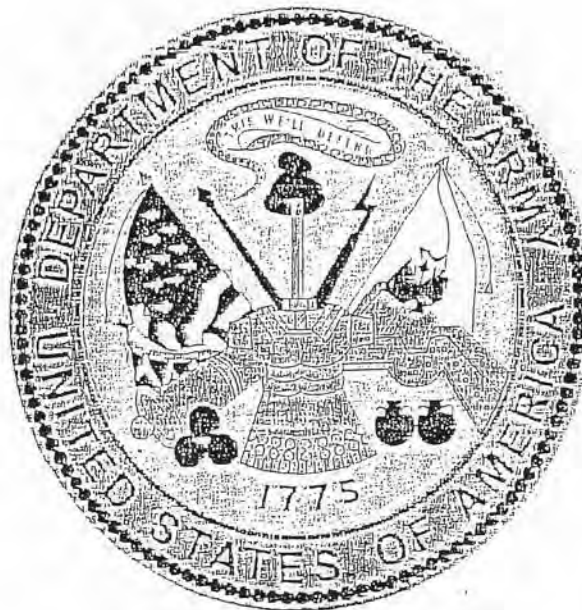




INDIVIDUAL DECEASED
PERSONAL FILE

1

Interred 1 March 1949
C-8-24 USMC. St Laurent
C. H. Hiemstra
C.H. HIEMSTRA
1/LT Inf, interring Officer

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 02844

DATE
15 11 47
DAY MONTH YEAR

NAME
LEVERKNIGHT KARL T

SERIAL NUMBER
33575647

RANK
PVT

ARM
1

CEMETERY
BLOSVILLE - CARENTAN

DATE OF DEATH
1 3505 80
DAY MONTH YEAR

PLOT
C 7 126

COUNTRY
FRANCE

DISPOSITION OF REMAINS
1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
ST. LAURENT, FRANCE

NAME AND ADDRESS OF NEXT OF KIN
**MR. CHARLES H. LEVERKNIGHT (FATHER)
907 FRONHEISER STREET
JOHNSTOWN, PENNSYLVANIA**

SECTION C - DISINTERMENT AND IDENTIFICATION **Flag sent MAR 1 1949**

NAME
Leverknight, Karl T.

SERIAL NUMBER
33575647

RANK
Pvt

DATE OF DEATH
7 June 1944

DATE DISINTERRED
2 February 1948

IDENTIFICATION TAG ON
☐ REMAINS
☒ MARKER

ORGANIZATION
USAGF

RELIGION
Prot.

IDENTIFICATION VERIFIED BY
**T. C. MURRAY
Capt, QMC**
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Uniform

CONDITION OF REMAINS
Advanced decomposition

OTHER MEANS OF IDENTIFICATION
None.

MINOR DISCREPANCIES
None.

REMAINS PREPARED AND PLACED IN CASKET

DATE **5 February 1948**

BY **Robert R. Johnson**

CASKET SEALED BY
Robert R. Johnson

EMBALMER (Signature)
Robert R. Johnson

CASKET BOXED AND MARKED
DATE **5 Feb 48** BY **Robert Kreil**

SHIPPING ADDRESS VERIFIED BY
Charles J. Missigman

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

Charles J. Missigman
Charles J. Missigman
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FILE
9 JUN 1949
REGISTRATION
BRANCH
MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Bloisville, France		TO Casketing Point B, St. Laurent, France	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Robert C. Spach	
SIGNATURE OF SHIPPER <i>J. F. Randall</i> J. F. RANDALL, Capt, QMC	DATE 5 Feb 48	SIGNATURE OF RECEIVER D. A. MackENZIE, Capt, Inf.	DATE 5 Feb 48

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

23 May 1949

Pvt Karl T. Leverkusen, ASN 33 575 647
Plot C, Row 8, Grave 24
Headstone: Cross
St. Laurent (France) U. S. Military Cemetery

Mr. Charles H. Leverkusen
907 Fronheiser Street
Johnstown, Pennsylvania

Dear Mr. Leverkusen:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELLMAN
Major General
The Quartermaster General

May 23 11 14 AM '49
RECEIVED
U. S. ARMY
HEADQUARTERS
WASHINGTON, D. C.
11 14 AM '49
RECEIVED
U. S. ARMY
HEADQUARTERS
WASHINGTON, D. C.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt Earl T. Leverknight, 33 575 647
 Plot C, Row 7, Grave 126,
 United States Military Cemetery
 Bloisville, France

9 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, Charles H. Leverknight

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- ☐ 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) Does not apply

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, St. Laurent France
- ☐ 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

(FOREIGN COUNTRY)

PRIVATE CEMETERY LOCATED AT _____

(LOCATION OF CEMETERY SELECTED)

- ☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____

(LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national 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.)

DXO proc. 10 Nov. '47

Coded 24 Oct. '47 Benoit

DDMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

OCT 17

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.
 I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

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

OR

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

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

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

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

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

Charles H. Leverknight 907 Fronheiser Street
 (SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
 Charles H. Leverknight Johnstown, Pennsylvania
 (NAME PRINTED OR TYPED) (CITY AND STATE)

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

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

Esch F. Foster
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public
 (OFFICIAL TITLE)
 MY COMMISSION EXPIRES
 16-50411-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

PART III

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

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

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

OQMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

3 3575007

NAME OF DECEASED

Karl T. Leverknight

RANK

Pvt

SERIAL NUMBER

~~#####~~

NAME OF NEXT OF KIN

Charles and Gladys Leverknight

RELATIONSHIP

Father and
Mother

OLD ADDRESS

629 Bank St. Johnstown Pa.

NEW ADDRESS

907 Fronheiser Street

Johnstown Pa.

REMARKS

Moved to new address in 1945

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

OFFICIAL BUSINESS

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

RECORDS BRANCH

OCT 13 5 42 PM '48

MEMORIAL DIVISION

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

OPTION I

REMAINS TO BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS

If you select this option, the remains of your loved one will be permanently interred in the United States Military Cemetery, St. Laurent, France.

Pvt Earl T. Leverknight, 33 575 647
Plot G, Row 7, Grave 125,
United States Military Cemetery
Blasville, France

9 September 1947

Mr. Charles H. Leverknight
629 Bank Street
Johnstown, Pennsylvania

Dear Mr. Leverknight:

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.

tjh

SEP 15 10 11 AM '47
COMM

SPQR 293
Leverknight, Karl T.

12 March 1946

Mr. Charles H. Leverknight
629 Bank Street
Johnstown, Pennsylvania

Dear Mr. Leverknight:

The War Department is most desirous that you be furnished the burial location of your son, the late Private Karl T. Leverknight, A.S.N. 33 575 647.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Elzeville, France, plot G, row 7, grave 126.

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 son.

Sincerely yours,

T. H. LARKIN
Major General
The Quartermaster General

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

12425
20 June 1944

Date

SEP 18 1944

293
Leverknight

Last Name

Karl

First

T

Initial

Unknown

Rank

33575647

Serial No.

Unknown

Unit

307 ENG BN

Unknown

Organization

France

Place of Death

7 June 1944

Date of Death

KIA

Cause of Death

19 June 1944

Time and Date of Burial

Blosville

Name of Cemetery

France

Name or Coordinates of Location

126

Grave Number

7

Row Number

C

Plot Number

Peg

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?

287

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: Meads, Luther B. 34457004 Unknown 82nd A/B Div. 127

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left: Knealing, Irving T. 37168643 Unknown 82nd A/B Div 125

Name

Serial No.

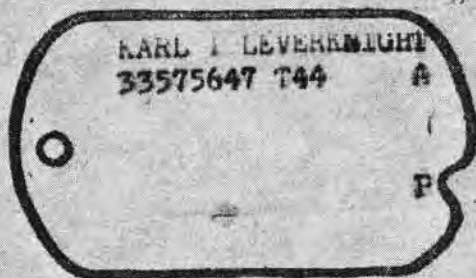
Rank

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 Name

Address

Religion Protestant

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

NONE

Signature of Officer or other person reporting burial

Dale C. Sherwood
DALE C. SHERWOOD Verified by G.R.S. Officer
1st. Lt., QMC

1/6/44
W. C. Sherwood

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.:

TOOTH CHART

Decased's Right		Decased's Left									
Upper	8	7	6	5	4	3	2	1	1	2	3
	8	7	6	5	4	3	2	1	1	2	3
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C linking anchor teeth; replacements by artificial teeth X											

Characteristics:

Other Data:

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

2

1

Thumb

Right Hand

2

1

Thumb

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

REPORT OF DEATH

DATE 10 Aug 1944
 by 4632

FULL NAME <u>Leverknight, Karl T.</u>				ARMY SERIAL NUMBER <u>33 575 647</u>				GRADE <u>Pvt</u>					
HOME ADDRESS <u>Johnstown, Pa.</u>				ARM OR SERVICE <u>Corps of Engineers</u>				DATE OF BIRTH <u>26 Jan 1924</u>					
PLACE OF DEATH <u>European Area</u>				CAUSE OF DEATH <u>Killed in action</u>				DATE OF DEATH <u>6 June 1944</u>					
STATION OF DECEASED <u>European Area</u>				DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>12 March 1943</u>				LENGTH OF SERVICE FOR PAY PURPOSES					
								YEARS		MONTHS		DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Charles H. Leverknight, mother, 629 Bank Street, Johnstown, Pa.</u>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Charles H. Leverknight, mother, 629 Bank Street, Johnstown, Pa.</u> <u>Charles H. Leverknight, father, 629 Bank Street, Johnstown, Pa.</u>													
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
												☒	☒

ADDITIONAL DATA AND/OR STATEMENT

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 24 July 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.

21 AUG 1944 FILE
[Signature]

COPIES FURNISHED:		
S. G. O.	P. B. I.	F. O., U. S. A.
S. O. Q. 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

[Signature]
 J. A. Marshall

ADJUTANT GENERAL

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

165627

REPORT OF DEATH

DATE 10 Aug 1944
by 4632

FULL NAME Leverknight, Karl T.				ARMY SERIAL NUMBER 33 575 647				GRADE Pvt					
HOME ADDRESS Johnstown, Pa.				ARM OR SERVICE Corps of Engineers				DATE OF BIRTH 26 Jan 1924					
PLACE OF DEATH European Area				CAUSE OF DEATH Killed in action				DATE OF DEATH 6 June 1944					
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 12 March 1943				LENGTH OF SERVICE FOR PAY PURPOSES					
								YEARS		MONTHS		DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Charles H. Leverknight, mother, 629 Bank Street, Johnstown, Pa.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Charles H. Leverknight, mother, 629 Bank Street, Johnstown, Pa. Charles H. Leverknight, father, 629 Bank Street, Johnstown, Pa.													
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

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 24 July 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.
S. O. C. 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:

J. A. Marshall

ADJUTANT GENERAL

765627
md

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

—BATTLE CASUALTY REPORT

NAME				SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
KEVERKNIGHT KARL T				33575647		PVT	CE	ETO
PLACE OF CASUALTY			DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER	
FRANCE			DAY 06	MONTH JUN	YEAR 44	J	MIA	104

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 CHARLES H		KEVERKNIGHT	MOTHER
NO. AND NAME OF STREET		CITY		STATE
629 BANK STREET		JOHNSTOWN PENNSYLVANIA		

REMARKS:

☐ CORRECTED COPY

27 June 1944 bn

*Verified as Keverknicht, Karl
33, 575, 647 per signature card
H3 att 4 Harding N.F.*



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 <i>Tele Notif. 26 June 44</i> REVIEWED BY <i>[Signature]</i>				

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-4-27*

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☐ AIR ADJUTANT GENERAL ☐ AMERICAN RED CROSS ☐ ARMY EFFECTS BUREAU ☐ ASST. CHIEF OF STAFF, G-1 ☐ BUREAU OF PUBLIC RELATIONS ☐ CASUALTY PAY RECORDS BR., O.F.D. ☐ CHIEF OF ARM OR SERV. CONCERNED ☐ CHIEF OF STAFF ☐ CHRONOLOGICAL UNIT, CAS. BR. ☐ CHIEF, P.O.W. BR., M.I.S., W.D.G.S.	☐ CHIEF, WAR BOND DIVISION ☐ CHIEF, WAR BOND OFFICE ☐ C.G., ARMY GROUND FORCES ☐ C.G. SERVICE COMMAND ☐ DIR. OF SPECIAL SERVICES DIV. ☐ DIRECTOR, W.A.G. ☐ ENLISTED BRANCH, A.G.O. ☐ FINANCE OFFICER, U. S. ARMY, WASH., D.C. ☐ MACHINE RECORDS BRANCH, A.G.O. ☐ OFFICE OF DEPENDENCY BENEFITS	☐ OFFICERS BRANCH, A.G.O. ☐ P.O.W. INFO. BUREAU, O.P.M.G. ☐ SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G. ☐ SOCIAL SECURITY BOARD ☐ SURGEON GENERAL ☐ THE ADJUTANT GENERAL ☐ U.S. EMPLOYEE'S COMPENS. COMM. ☐ WAR SHIPPING ADMINISTRATION ☐ WILLS UNIT, CASUALTY BRANCH
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65627
ho md
9143

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

-BATTLE CASUALTY REPORT

NAME LEVERKNIGHT KARL J.	SERIAL NUMBER 33575647	GRADE PVT	ARM OR SERVICE CE	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE	DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY
	DAY 06	MONTH JUN	YEAR 44	J KIA
				SHIPMENT NUMBER 131

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 MRS CHARLES H LEVERKNIGHT	RELATIONSHIP MOTHER	DATE NOTIFIED 24 JULY 44 ljt
NO. AND NAME OF STREET—CITY—STATE 626 BANK STREET JOHNSTOWN PENNSYLVANIA		

REMARKS:

☐

CORRECTED COPY

Evidence of death received in the W. D. on 24 July 44 ljt

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					
<i>Report</i>	<i>1004</i>		<i>April 44</i>	<i>2 Thru 44</i>					
FORWARDED TO	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.	E. R. & D.	CERTIF.	M. & M.	NON-DEL.
REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY _____ REVIEWED BY _____									

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

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" ☐ 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.

#165627

21

SPQDK 201

JRM:VJ:lh
15 March 1945

SUBJECT: Disposal of Pay Records

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

Transmitted herewith for disposal by personnel officers concerned, in accordance with par. 41d(2), AR 345-125 G19, W.D., A.G.O. Forms No. 28, (Soldier's Individual Pay Record) of:

Lenaghan, Robert W.	35528313	S/Sgt.	Air Corps
Leverknight, Karl T.	33575647	Pvt.	Unknown
Lodise, Augustine Martin	33795518	Pvt.	Unknown
Long, James A.	34141751	Sgt.	Med. Det.
Mageau, James L.	11111426	Pvt.	Unknown
Martin, Gilmer E.	15012477	PFC	Infantry
McClelland, Ralph W.	14134645	PFC	Unknown
McDonald, Girard J.	33337595	PFC	Infantry
Meyer, Harold S.	17099280		Unknown
Miszkoski, Thaddeus	32300366	Pvt.	Unknown

For the Effects Quartermaster:

P. L. KOOS
2nd Lt. Q.M.C.
Officer-in-Charge
SI Unit

10 Incls--W.D., A.G.O. Forms No. 28

To be filed
sh



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

JRM:VO:cms
January 10, 1945

IN REPLY REFER TO: 185627 C

Mr. Charles H. Leverknight
629 Bank Street
Johnstown, Pennsylvania

Dear Mr. Leverknight:

The Army Effects Bureau has received from overseas some personal effects of your son, Private Karl J. Leverknight.

These effects are being forwarded to you in one package.

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.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

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

Yours very truly,

E. L. RICHTER
Administrative Assistant
Army Effects Bureau

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Charles H. Leverknight

629 Bank Street

Johnstown, Pennsylvania

Pvt. Karl J. Leverknight

Effects of

33575647

Name

165627-D

ASN

Case No.

Wt.

Ship Via

FRANKED

G B/L NO.

Date January 8, 1945

Campbell:mas

B. M. Wall
For Effects Quartermaster

PACKAGES SHIPPED

1 pkg

Franked

Est. Exp. Chgs.

Est. Frt. Chgs.

TOTAL

WT.

Date Shipped

JAN 10 1945

REMARKS:

JAN 13 1945

JAN 8 1945

SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED MISSING P O W ABANDONED
BOX NUMBER <u>340</u>	ORIGINAL NUMBER OF PACKAGES		
TALLY NUMBER <u>5416</u> ✓	INVENTORY DATE <u>12-27-44</u>	CASE NUMBER <u>165627</u> <u>mk</u>	
EFFECTS OF <u>Karl T. Liebknecht</u> ✓			RANK <u>Pvt.</u> ✓
A.S.N. <u>33575647</u>	ORGANIZATION <u>Co. B. 307 A/B. Engr. Bn.</u>		

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

REMARKS: <u>Mother</u>	ATTACHMENTS: <u>1</u> FORM #59 <u>4</u> FORM #100
<u>Mrs Gladys Liebknecht</u>	<u>2-28</u>
<u>629 Bank St.</u>	
<u>Johnston, Penn'a</u>	
<u>no correspondence</u>	

C.A.T. <u>none</u>	WEIGHT	#43 OR ADDITIONAL X <u>11-Headg.</u>
		GI REMOVED
		SHORTAGE ON REVERSE
		IDENT. TAGS REMOVED
		DIARY REMOVED
WAREHOUSE SPACE <u>2309</u>	STORED BY <u>mk</u>	LOCKED STORAGE
INVENTORIED BY <u>Court</u>	DATE SHIPPED <u>JAN 10 1945</u>	LAUNDRY REMOVED
BY <u>Blalock</u>	CHECKED BY <u>B</u>	FILM REMOVED

REMARKS

CHECKED BY

DATE CHECKED

BY WHOM

REASON

DATE WHEN MADE

TIME

PLACES 1-30

DATE WHEN MADE

PLACES 1-30

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

ARMY EFFECTS BUREAU
INVENTORY

Sheet _____ of _____ Sheets
Box No. _____

Box 61
Box 44
Box 840

Deceased _____
Missing _____
P.O.W. _____
Abandoned _____

SHOWN ON TALLY-IN AS

Sgt. Javer Knight, R. I.

ORIGINAL NO. OF PKGS. _____

TALLY-IN NO. _____

5416

INVENTORY DATE _____

CASE NO. _____

EFFECTS OF _____

RANK _____

A.S.N. _____

ORG. _____

PACKAGE DESCRIPTION:

With E. Harts

INVENTORY OF EFFECTS

(See AR 600-550)

Leverknight Karl T 33575647
(Last name) (First name) (Middle initial) (Army serial number)
late a Pvt Co B 3 07 A/B Engr Bn
(Grade) (Organization or arm or service)

who died on the 6th 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
2	New Testaments ✓	
1	Packet of Religious Booklets ✓	
1	Paratrooper Wings	
1	Snapshot ✓	
2	Pay Books ✓	

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

CLASS II—Other effects

NUMBER	ARTICLES
	None

CLASS II—Continued

NUMBER	ARTICLES
1	Souvenir 10 Shilling Note (Counterfeit) ✓
1	1/2d Coin ✓
	Effects were sent to: 82nd A/B Div QM for delivery to: Effects QM, ETOUSA, APO 871 U. S. Army. Gladys Leverknight - Mother 629 Banks Street, Johnston, Penn'a.
	Money { Specie... \$None Notes... \$None

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that *the effects were delivered to _____
(Give name and degree of relationship; if legal representative

or beneficiary named by the deceased, so state)

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

A. T. Zbinden
A. T. ZBINDEN,
OWO., USA., Pers. Adj.

APC 469 NY (1) NY
(Station)

1 July, 1944
(Date)

*Strike out words not applicable.

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

VC:mas
Case No. 165627-C
Date 8 January 1945

SUBJECT: Report of transactions in disposing of the effects of

Karl J. Laverknight, 33575617 late a
(Name of deceased) (Army Serial Number)

Private, Engineers Corps who died
(Grade) (Organization, Army or Service)

on the 6 day of June, 1944, at France.

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 223, 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 6 January 1945, pursuant to Special Orders 223, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Charles H. Laverknight 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, Charles H. Laverknight of
(Name of person found entitled)

629 Bank Street, Johnstown State of
(Number, Street or Avenue) (City, Town or Village)

Pennsylvania is the Father of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

W. F. HEHMAN, Major O.N.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

Date 30 June 1944

SUBJECT: Personal effects of soldier killed in action.

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

THRU : Commanding General, 82d Airborne Division, APO 469, U. S. Army.

1. Name. Karl T. Leverknight
2. Grade or rank. Private
3. Army Serial Number. 33575647 ^{ATZ}
4. Organization. Co B 307th Airborne Engineer Battalion
5. Status. (KIA, ~~XXXXXXXXXXXX~~)
6. Date of casualty. 6 June 44
7. Date and disposition of effects. 30 June 44 82nd A/B Div "QM"
8. Bank in United Kingdom in which deceased had an account. None
9. Names of Debtors and Creditors. None
10. Name and address of next of kin. Gladys Leverknight - Mother,
629 Banks Street,
Johnston, Pennsylvania.

For the Commanding Officer:

A. T. Zbinden

A. T. ZBINDEN,
CWO., USA., 307 A/B Engr Bn.,
Personnel Adjutant.

1 Incls:
1-WD AGO Form No. 54



765,627
VMS
R E S T R I C T E D

201 - Leverknight, Karl T 1st Ind.
(Enl)

ENL/wjm

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 16 July 1944

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

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

1 Incl(x) n/c



R E S T R I C T E D