Declassified in accordance with E.O. 13526

RES209021401 WNR-01-09-026-1-008-04-001

Transfer#:W092-70A0001 **Box:**7300 **CC:**00

ARR1-908667735 **Asset#:** AAC1-23788518 **Whole Container:** N

C/F:SUNDBY, DONALD, O-747917 **Created:** 09/01/2014

General Reference On-Site Review

Standard On-site Review N/A

TO: REVIEW

$297 $720 $274 $895

Declassified in accordance with E.O. 13526

293 SUNDBY, DONALD P. 0-747917 1ST LT. AC. EUROPEAn AREA (MINN.) 45rs

Declassified in accordance with E.O. 13526

REV. 18B

WESTERN UNION

RECEIPT OF REMAINS

AGR DIV., CHICAGO QM DEPOT

DISTRIBUTION CENTER 1819 W. PERSHING RD., CHICAGO 9 ILL.

DELIVER AND REPORT ANY CHARGES

ROUTINE

DAY LETTER

REMAINS CONSIGNED TO:

WELANDER QUIST COMPANY
2301 SOUTH DUPONT STREET
MINNEAPOLIS, MINNESOTA

REMAINS OF THE LATE 1 LT. DONALD P. SUNDBY SN O-747917

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 17-5

MSTP&SSM RR

DUE TO ARRIVE MINNEAPOLIS, MINN. 8:05 AM 14 APRIL 1949

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS

TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER NC-15879

THOS. O. CALL
MAJOR, QMC

FILE
19 MAY 1949
REPATRIATION BRANCH

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased

this 16th (Day) day of April (Month), 1949

Frederick R Bean
(Witness (Escort))
Capt. USAF

Otto C Roland.
(Consignee)
Welander Quist Co

T-8

QMC FORM REV 5 MAR 48 1193 DJH

U. S. GOVERNMENT PRINTING OFFICE 16—54737-1

8 APRIL 1949

Declassified in accordance with E.O. 13526

a.J.J. DL

1

(3)

DISINTERMENT DIRECTIVE

66-51

NAT. CEM. 374

SECTION A— NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	4650 15573	15 (DAY) 07 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
SUNDBY DONALD P	0-747917	1 LT	1	DAY MONTH YEAR

CEMETERY		DISPOSITION OF REMAINS
MARGRATEN - AACHEN	1	7421 (CODE) 08 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
Y	3	61	HOLLAND	1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
WELANDER QUIST COMPANY 2301 SOUTH DUPONT STREET MINNEAPOLIS, MINNESOTA	OLGA W. SUNDBY (MOTHER) 3246 16TH AVENUE SOUTH MINNEAPOLIS , MINNESOTA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	USAAF		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED SHEET

MINOR DISCREPANCIES *1*

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (*Signature*)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE BY	

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

SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 **1194**

Declassified in accordance with E.O. 13526

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC MARGRATEN, HOLLAND	TO ANTWERP PORT HQ, ETO 140
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER PVT ALLEN L MITCHELL, RA 19336390
SIGNATURE OF SHIPPER JAMES [illegible] MAJ, TC DATE 14/3/49	SIGNATURE OF RECEIVER R. D. Miller DATE 14 JAN 1949

2. SHIPPED

FROM AGRC ANTWERP BELGIUM	TO USAT HAITI VICTORY
KIND OF CONVEYANCE VC. 2	NAME OF CONVOYER A. S. KIMBERLIN 1st. Lt. INF.
SIGNATURE OF SHIPPER R. D. MILLER, Lt. COL. T.C. DATE 9 MAR 1949	SIGNATURE OF RECEIVER R. S. Kimberlin DATE MAR 1949

3. SHIPPED

FROM	TO NYPE
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER [illegible] DATE [illegible]	SIGNATURE OF RECEIVER X Jacobson LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER DATE MAR 15 1949

4. SHIPPED

FROM NYPE	TO DC #08
KIND OF CONVEYANCE TRAIN	NAME OF CONVOYER Pvt Kenneth A. Bakun 6st AFTC
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER DATE MAR 22 1949	SIGNATURE OF RECEIVER Ole Supple TCN L. A. BOCKSTAHLER DATE 3/28/49

5. SHIPPED

FROM	TO for Lt. QMC Chief, Operations Br.
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

FINAL CLAIM

Declassified in accordance with E.O. 13526

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE (DAY | MONTH | YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY | MONTH | YEAR)
SUNDBY DONALD P	0-747917	1 LT	1	

CEMETERY

DISPOSITION OF REMAINS — CODE | DIST. PT.

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
Y	3	61	MARGRATEN HOLLAND	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
DONALD P SUNDBY	0-747917	1/LT		3 AUGUST 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[ ] REMAINS [X] MARKER		P	ERNEST J OGLESBY, JR 1/LT CAV (NAME AND TITLE)

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: MATTRESS COVER; REMNANTS OF UNIFORM.

CONDITION OF REMAINS: BOTH FIBULAS, TIBIAS & FEET MISSING; BOTH FEMURS PARTLY MISSING; ALL OTHER MAJOR BONES FRAC. AND/OR PARTLY MISSING; ADVANCED DECOMPOSITION.

OTHER MEANS OF IDENTIFICATION: NONE. NO CONLIFCTING EVIDENCE.

MINOR DISCREPANCIES *1*: NONE

THIS IS TO CERTIFY that the above cemetery having now been completely disinterred and no conflicting evidence whatsoever having been found, the remains of this deceased are considered adequately identified in accordance with AGRC - EA 01 11 21.

Raymond F. Johnson
1st Lt. Inf.

REMAINS PREPARED AND PLACED IN CASKET

DATE 19 AUGUST 1948 BY THOMAS H JAMES, EMBALMER

CASKET SEALED BY: THOMAS H JAMES

EMBALMER (Signature) Thomas H James

THOMAS H JAMES

CASKET BOXED AND MARKED: BRADFORD W JENNINGS

DATE 9/8/48 BY CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY ALL TAGS, PLATES & MARKINGS VERIFIED BY: ERNEST J OGLESBY, JR, 1/LT., CAV.

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

Ernest J. Oglesby, Jr
ERNEST J OGLESBY, JR, 1/LT., CAV
SIGNATURE OF GRS INSPECTOR

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

AM

QMC FORM REV 15 MAR 46 1194

3M

Declassified in accordance with E.O. 13526

RECORD OF CUSTODIAL TRANSFER

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

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

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INSPECTION CHECKLIST

NC-15879

NAME	RANK	SERIAL NO.	ARM OR SERVICE	DIRECTIVE DATE
SUNDBY, DONALD P.	1/LT	0-747917	AAF	15 JULY 48
	RACE	RELIGION	SEX	DIRECTIVE NO.
	WHITE	PROTESTANT	MALE	4650 15573 NY

CONSIGNEE AND ADDRESS

WELANDER QUIST COMPANY
2301 SOUTH DUPONT STREET
MINNEAPOLIS, MINNESOTA

NEXT-OF-KIN ADDRESS

OLGA W. SUNDBY (MOTHER)
3246 16TH AVENUE SOUTH
MINNEAPOLIS, MINNESOTA

SHIPPING CASE - General Appearance
(Check ONLY Discrepancies)

	FINISH *(Exterior)*
	FINISH *(Interior)*
	HANDLES
	HANDLE BOLTS
	STENCILING - NAMEPLATE

CONDITION OF SHIPPING CASE *(Check One)*
[✓] SATISFACTORY [ ] UNSATISFACTORY

REMARKS:
RAIL

INSPECTED BY:

CASKET - General Appearance
(Check ONLY Discrepancies)

	FINISH *(Exterior)*
	HANDLES AND FASTENINGS
	STENCILING - NAMEPLATE
	CAM LOCKS *(Sealing)*
	ODOR OR MOISTURE

CONDITION OF CASKET *(Check One)*
[✓] SATISFACTORY [ ] UNSATISFACTORY

REMARKS:

INSPECTED BY: J. Danielson

ROUTED THROUGH

[ ] **MORTUARY OPERATING ROOM**

CONDITION OF REMAINS
[ ] SATISFACTORY [ ] UNSATISFACTORY

NECESSARY DISINFECTION *(Explain)*

TIME	DATE	SIGNATURE OF MORTICIAN

[ ] **MORTUARY REPAIR SHOP**

CASKET REPAIR [ ]

CASKET EXCHANGED [ ]

SHIPPING CASE REPAIRED [ ]

SHIPPING CASE EXCHANGED [ ]

REMARKS:

TIME	DATE	SIGNATURE OF INSPECTING OFFICER

STORAGE LOCATION

FLOOR	SECTION	BAY	STORAGE NUMBER
			128

PASS. LIST NO. 026

CONTROL NUMBER
NC-15879

STAMP INCOMING OR OUTGOING
INCOMING

QMC FORM 13 Jul 48 R-5024 (Rev.) *(Reproduced by Chicago QM Depot)*

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WU B226 37/36 COLLECT 4 EXTRA

MINNEAPOLIS MINN MAR 10 1949 1052P

COMMANDING OFFICER,CHGO QM DEPOT AGRD

REFER TO CONTROL NUMBER NC-15879 RE FIRST LT DONALD P

SUNDBY STOP ORIGINAL INSTRUCTIONS ARE STILL IN EFFECT STOP

SEND REMAINS TO WELANDER QUIST COMPANY 2301 DUPONT AVE

SOUTH MINNEAPOLIS MINNESOTA

OLGA W SUNDBY 3246 16 AVE SOUTH

1111P

NC-15879 2301 3246 16.

MAR 11 8 21 PM '49
RF
TO
SIG
FR
78678 S
FILE

Declassified in accordance with E.O. 13526

MESSAGEFORM

MESSAGE CENTER No. | TRANSMITTING MEANS | CRYPTOGRAPH OR CLEAR TEXT

CALLS: V | STA. SER. No.: NR | PRECEDENCE: DAY LETTER | TRANSMISSION INSTRUCTIONS | ORIGINATOR: RT | DATE-TIME GROUP

ACTION | INFORMATION | EXEMPT | OPERATING SIGNALS: MAR 9 | GROUP COUNT: GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (*Originator*) AGR DIV., CHICAGO QUARTERMASTER DEPOT
18 19 W. PERSHING RD., CHICAGO, ILL.

SECURITY CLASSIFICATION: PH 4/9

ACTION TO:
. OLGA W. SUNDBY
. 3246 16TH AVE., SOUTH
. MINNEAPOLIS, MINNESOTA

DELIVER & REPORT ANY CHARGES

PRECEDENCE FOR ACTION | INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE — IDENTIFICATION | CLASSIFICATION

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE 1/LT DONALD P. SUNDBY

FILE 8/B

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO WELANDER QUIST COMPANY, 2301 S. DUPONT ST., MINNEAPOLIS, MINNESOTA WITH BURIAL IN FORT SNELLING NATIONAL CEMETERY

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 RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST

WESTERN UNION REV. 4H-1

SECURITY CLASSIFICATION | AUTHORIZATION — SIGNATURE

ORIGINATING AGENCY — SYMBOL | DATE-TIME GROUP | OFFICIAL TITLE | PAGE OF

WD AGO FORM 11-168 15 JUN 1945 — This form supersedes WD AGO Form 11-168, 23 Aug 41, and WD AGO Form 801, 12 Mar 43, which are obsolete.

16—45801-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

Declassified in accordance with E.O. 13526

MESSAGEFORM

MESSAGE CENTER No. | TRANSMITTING MEANS | CRYPTOGRAPH OR CLEAR TEXT

CALLS | STA. SER. No. | PRECEDENCE | TRANSMISSION INSTRUCTIONS | ORIGINATOR | DATE-TIME GROUP

NR

ACTION | INFORMATION | EXEMPT | OPERATING SIGNALS | GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (*Originator*)

SECURITY CLASSIFICATION

ACTION TO:

- OLGA W. SUNDBY
- 3246 16TH AVE., SOUTH
- MINNEAPOLIS, MINNESOTA

PRECEDENCE FOR
ACTION | INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION | CLASSIFICATION

INFORMATION TO:

THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. SUPERINTENDENT OF FORT SNELLING NATIONAL CEMETERY SHOULD BE CONTACTED BY YOU OR YOUR FUNERAL DIRECTOR FOR BURIAL ARRANGEMENTS. YOU ARE RESPONSIBLE FOR ARRANGING AND PAYING FOR DELIVERY OF REMAINS FROM MINNEAPOLIS TO GRAVESIDE IN FORT SNELLING NATIONAL CEMETERY. APPROPRIATE JOINT MILITARY HONORS AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS ORGANIZATIONS OR MILITARY OR NAVAL PERSONNEL. INTERMENT EXPENSE ALLOWANCE OF SEVENTY FIVE DOLLARS IS NOT AUTHORIZED IN ANY CASE WHERE BURIAL IS IN A NATIONAL CEMETERY. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IN TELEGRAM REPLY REFER TO CONTROL

NUMBER NC-15879 AND FULL NAME OF DECEASED.

MAR 9 1949

THOS. O. CALL
Major, QMC
Chief, A. G. R.

THOS. O. CALL
Major, QMC
Chief, A. G. R.

WESTERN UNION 2 REV. 4H-1

SECURITY CLASSIFICATION — AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL | DATE-TIME GROUP | OFFICIAL TITLE | PAGE OF

WD AGO FORM 11-168 15 JUN 1945 — This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

16—45801-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

Declassified in accordance with E.O. 13526

HEADQUARTERS
CHICAGO QUARTERMASTER DEPOT
OFFICE OF THE COMMANDING OFFICER
1819 WEST PERSHING ROAD
CHICAGO 9, ILLINOIS

IN REPLY REFER TO
QMDIG-NC

Date SEP 8 1948

SUBJECT: Final Burial of

Sundby, Donald P. (Name) | 1/Lt (Rank) | O-747917 (Serial)

AAF (Arm of Service) | White (Race) | Protestant (Religion) | Male (Sex)

TO: Superintendent

Fort Snelling National Cemetery
Route #3
Minneapolis 9, Minnesota

1. The Quartermaster General has informed this Distribution Center that the next-of-kin desires to have final burial of subject deceased in your National Cemetery. This Distribution Center will deliver the remains to the consignee.

2. The consignee and the next-of-kin in this case are:

Welander Quist Company (Consignee)
2301 South Dupont St (Address)
Minneapolis, Minnesota (City) (State)

Olga W. Sundby (Mother) (Next-of-kin)
3246 16th Ave., South (Address)
Minneapolis, Minnesota (City) (State)

3. At a later date, the next-of-kin or consignee will be advised to communicate with you to arrange a time for the funeral.

4. You will be furnished a copy of any communications to the next-of-kin originating in this Distribution Center.

5. Refer to CONTROL NO. NC-15879 and name of deceased.

FOR THE COMMANDING OFFICER:

STANLEY E. MAY
Captain, QMC
Chief, Adm. Branch
AGR Division

Form Ltr. 5-B

Declassified in accordance with E.O. 13526

REGISTER OF DENTAL PATIENTS AT

(1) SURNAME	(2) CHRISTIAN NAME
Sundby	Ronald P. O-747917

(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS
2d. Lt.	88 TCS.	438 Tc. Gp.

(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
26	W	Minn.	2

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)
16—20622

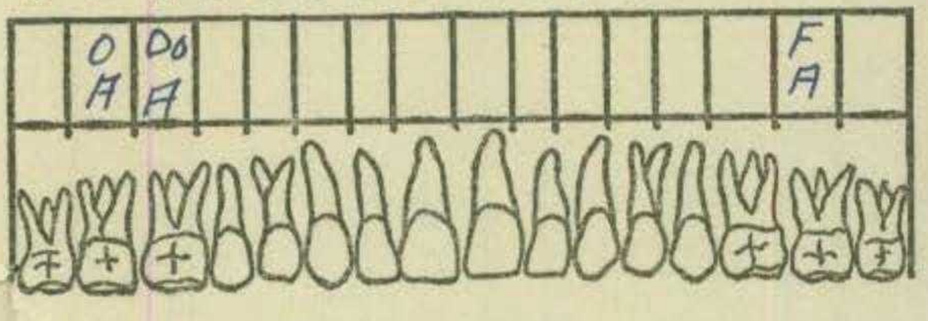
SUR
AFTAS

Declassified in accordance with E.O. 13526

*REPORT OF DENTAL SURVEY

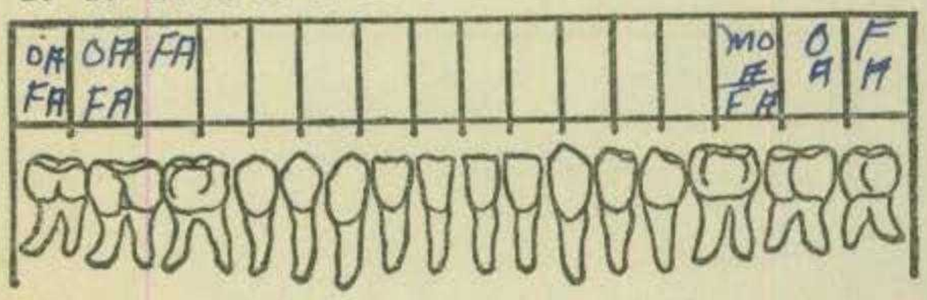
UPPER TEETH

Right 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 Left



LOWER TEETH

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



CLASS II C. R.

Occlusion N: Calculus: Slight, Medium, Heavy

Periodontoclasia None.

Dental foci suspected: ~~Yes~~ No ✓

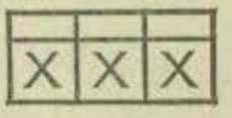
Other conditions None.

Date 11-11, 1943

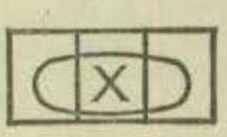
_____
Dental Corps, U. S. A.

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

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



16—20622

Declassified in accordance with E.O. 13526

REGISTER OF DENTAL PATIENTS AT

(1) Surname	(2) Christian Name
Sundby	Donald L.

(3) Rank	(4) Co.	(5) Reg. or Staff Corps
Pvt/c		

(6) Age, Yrs	(7) Race	(8) Natv	(9) Serv Years
26	W	Minn	2

(10) Disease or Injury with Location, Complications, sequelae, etc.	(11) Date and Nature of Treatments and operations	(12) Results and Remarks

Dental Corps, U.S.A.

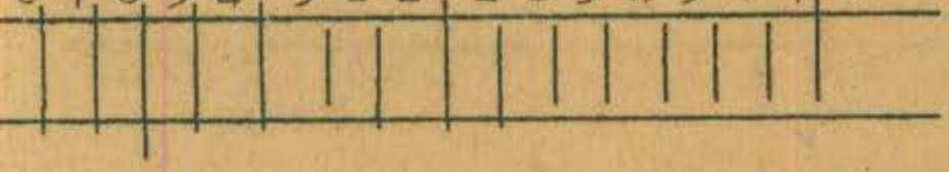
Declassified in accordance with E.O. 13526

REPORT OF DENTAL SURVEY

Upper Teeth

Right Left

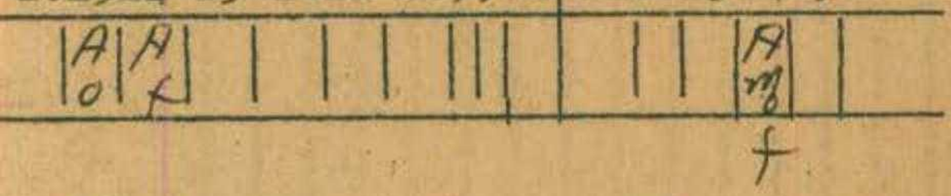
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



Lower Teeth

Right Left

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



Class IV

Occlusion normal Calculus: S, M, H.

Periodontoclasia none

Dental foci suspected: Yes - No

Other Conditions none

Date APR 4 1943, 19

R. O. KOKE, Capt. D. C.

Dental Corps, U.S.A.

Declassified in accordance with E.O. 13526

BLOOD TYPE "O"

COCCIDIOIDES Neg.

CLASS 43-F

PHYSICAL EXAMINATION FOR FLYING

(See AR 40-100, 40-105, 40-110)

O-747917

1. SUNDBY Donald Philip Avn/C Pilot A.A.F. 13054801 26 7/12 E/M 7/12 A/C
(Last name) (First name) (Middle initial) (Grade and arm or service) (Serial No.) (Age) (Years service)

2. YAAF, Yuma, Arizona App. or Comm. and EAD September 1942, Qual.
(Address) (Purpose of examination)[1] (Date and result last examination)

Avn/C Stud. Pilot Flying time as: Pilot 145:00; observer 0; pilot 145:00; observer 0
(Aeronautical ratings) (Total) (Total) (Last 6 mos.) (Last 6 mos.)

3. Temperature 98.6 Vaccinations: Typhoid series, No. 2 Last 1942; smallpox 1942; reaction Immune
(Date)

4. Medical history.

(In the case of applicant include family. Has he ever had epilepsy, enuresis, headaches, dizziness, vertigo, fainting, stammering, tic, somnambulism, pavor nocturnus, migraine, insomnia, phobias, anxiety trends, irritability, apathy, elation, depression, sensory disturbances, amnesia, spasms, unconsciousness, repeated episodes of alcoholism, encephalitis, pneumonia, syphilis, renal calculi, tuberculosis, asthma, hay fever, repeated colds, mastoiditis, sinusitis, tonsillitis, arthritis in any form, malaria, severe injuries, major operations, or other pertinent history? Explain fully.)

Chicken pox 1927; no sequelae.
Appendectomy 1939; good recovery.
Denies all other medical or surgical history.

5. Eye: Inspection Normal Nystagmus None
6. Associated parallel movements Normal Pupils: Equality Equal Reaction Normal to L/A
7. Visual acuity: R. E., 20/ 20, correctible to 20/ -- L. E., 20/ 20, correctible to 20/ --
8. Depth perception (uncorrected) 25 mm. With correction -- mm.
9. Heterophoria at 6 meters: Eso 2 Exo 0 R. H. 0 L. H. 0 Prism divergence 4
10. Red lens test Normal Angle convergence: PcB 50 mm. Pd 66 mm 67 °
11. Accommodation: R. 11 D. L. 10 D. Addition required for 50 cm. R. -- L. --
(Jaeger type): Right J. 1, correctible to J. --: Left J. 1, correctible to J. --
12. Color vision Normal to pseudo isochromatic plates(none missed in series of plate
13. Field of vision (form): R. Normal L. Normal Ophthalmoscopic: R. Normal L. Normal
14. Refraction: R. reads 20/20 with NOT SECURED CAx ° L. reads 20/20 with NOT SECURED CAx °
15. Ear: History of ear trouble Denies
16. External ear: R. Normal L. Normal Membrana tympani: R. Normal L. Normal
17. Hearing (whisper): R. 20/20. L. 20/20. Audiometer (percent loss): R. Not done L. Not done
18. Nares Normal Tonsils Normal
19. Teeth:

(a)

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

Indicate: Restorable carious teeth by ○; nonrestorable carious teeth by /; missing natural teeth by ×.

(b) Remarks, including other defects Caries L-16
(c) Prosthetic appliances None (d) Classification [2] I

SURGEON AAF WCTC MAY 28 1943
I certify that this applicant is physically qualified for appointment and extended active duty as 2nd Lt. Air Corps (Pilot), Army of the United States.

E. L. TVERSKY,
Captain, Medical Corps,
Flight Surgeon

20. History of swing, train, air, or sea sickness Denies
21. Barany chair (when indicated with results) Not done
22. Posture Good (Excellent, good, fair, bad) Figure Medium (Slender, medium, stocky, obese) Frame Medium (Light, medium, heavy)
23. Height, 69 inches. Weight, 145 pounds. Chest: Inspiration 39 Expiration 36 Rest 37 Abdomen 29
24. Skin and lymphatics 3 inch McBurneys Appen/ Endocrine system Normal
25. Bones, joints, muscles Normal dectomy scar, well healed, non-symptomatic.
Feet Normal
26. Heart Normal
27. Pulse rate, 62-88 B. P.: S. 108-112 D. 68-74 Schneider + 13 Pulse immediately after exercise 100
Two minutes after exercise 88 Character Full and regular
28. Arteries Elastic Varicose veins None

FEB 26 1943 FILE
MAY 19 1943
Call No. [illegible]
Identification Branch

[1] Semiannual, appointment as cadet, commission in the Air Corps, commission in Air Corps Reserve, transfer to the Air Corps, or any other special purpose.
[2] I, II, III, or IV; see par. 3, AR 40-510.

W. D., A. G. O. Form No. 64
(May 20, 1941)

16—32281-1

Declassified in accordance with E.O. 13526

elk

29. Respiratory system Normal
30. X-ray of chest[1] Normal, Film #1365, 4/16/43; YAAF, Yuma, Arizona
31. Abdominal viscera Normal
32. Hernia None Hemorrhoids None
33. Genito-urinary system Normal
34. Nervous system: Reflexes, gait, coordination, musculature, tension, tremor, and other pertinent tests Normal
35. Laboratory procedures: Kahn[1] Neg. 4/16/43, YAAF Wassermann[1] Not done
    Urinalysis: Reaction Acid Sp. gr. 1.020 Albumin Neg. Sugar Neg. Microscopical Neg.
36. Estimated adaptability for military aeronautics (if unsatisfactory, state reasons) Satisfactory AR 615-162
37. Remarks on conditions not sufficiently described Teeth will (a) IV class IV at time of appointment.
    Examinee states he is not drawing a pension, disability allowance or compensation or retired pay from the U. S. Government.
38. Is the examinee physically qualified for flying duty? Yes If yes, in what class? I
    If disqualified, indicate defects by paragraph number ---
39. Have defects been waived by The Adjutant General? --- If yes, give date ---
    If no, is waiver recommended? --- Is request for waiver attached? ---
40. Is the examinee incapacitated for active service? No If yes, indicate defect by paragraph number ---
41. Corrective measures or other action recommended Dental correction appointment made.
42. If applicant for appointment: Does he meet physical requirements? Yes Do you recommend acceptance with minor physical defects? --- If rejection is recommended, specify cause ---

YAAF, Yuma, Ariz. 4/16/43
(Place) (Date)

John W. La Bree 1st Lt., Medical Corps.
JOHN W. LA BREE (Name and grade)
Avn. Med. Examiner

William R. Jusko 1st Lt. Medical Corps.
WILLIAM R. JUSKO (Name and grade)
Avn. Med. Examiner

REVIEWED AND APPROVED:

Joseph F. McDonough Major, Medical Corps.
(Senior flight surgeon)
JOSEPH F. McDONOUGH

Clarence E. Johnson Capt., Medical Corps.
(Name and grade)
CLARENCE E. JOHNSON

1st Ind.[2]

Headquarters Hq AAFWCTC, 1104 W. 8th St., Santa Ana, Calif., MAY 29 1943 19
To the Commanding General, Adjutant General, Washington, D. C.
Remarks and recommendations APPROVED

For the Commanding General:

(Name) (Grade) (Organization and arm or service)
Commanding.

2d Ind.[2]

---, 19--- To The Adjutant General.

[1] Required for candidates for commission, Reserve officers reporting for extended active duty, and applicants for flying cadet.
[2] State action taken on recommendation of the board. If incapacitated for active service, state whether action by retiring board is recommended.

NOTE.—*Use typewriter if practicable. Attach additional plain sheets if required.*

U. S. GOVERNMENT PRINTING OFFICE 16—22281-1

Declassified in accordance with E.O. 13526

Date 16 April 1949

TO: Mrs. Olga W. Sundby
3246 16th Avenue, South
Minneapolis, Minnesota.

The authorized inscription for a Government headstone of the general type (furnished for all decedents except those who served only during the Civil and Spanish-American Wars) includes: (1) The State from which the veteran came; (2) religious emblem in a small circle above the inscription on the face of the headstone; and (3) the dates of birth and death.

In order that the appropriate information, as desired by the next of kin, may be shown on the headstone for the decedent whose name is listed below, it is requested that you fill in the proper spaces indicated below the data called for, and RETURN THIS FORM PROMPTLY TO THE

Supt., Ft. Snelling Natl. Cem., Rt. # 3, Minneapolis 9, Minnesota.

Superintendent of Cemetery or Commanding Officer of Post

If this form is not returned to the Superintendent within fifteen (15) days from date of mailing, the headstone will be ordered with the data as to religious emblem, State and date of birth inscribed thereon as shown in the official records, and NO CHANGE WILL BE MADE AT A LATER DATE AT GOVERNMENT EXPENSE.

To be filled in by Superintendent or Commanding Officer

Name of Veteran Sundby, Donald P. O-747917

Rank, Organization, etc. 1st Lt. Air Corps

Grave or lot No. 482-N, Section B-1

Date of death March 24th 1945

Date buried 16 April 1949

To be filled in by Next of Kin

State desired Minnesota

Religious emblem desired Latin Cross for Christian Faith
(Latin Cross for Christian Faith, Star of David for Hebrew Faith)

Date of birth December 27th - 1916

Address of kin 3246-16- ave. So

Signature Olga W. Sundby Date April 19-49

FILE 20 MAY 1949 MAY 16 1949

OQMG FORM 315
(20 March 1945)

16—41438-2 U. S. GOVERNMENT PRINTING OFFICE

Declassified in accordance with E.O. 13526

REGISTER OF DENTAL PATIENTS AT

Army Air Base

Maxton, N. C.

(1) SURNAME	(2) CHRISTIAN NAME		
Sundby	Donald P. 0747917		
(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS	
2nd Lt	88th Sqdn	438th TC Gp	
(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
27	W	Minn	2 Yrs

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
DNKB 2 Jan 45	Exam 1/12/44	N. Newman Cl. IV

C. A. Gray

Dental Corps, U. S. A.

FORM 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

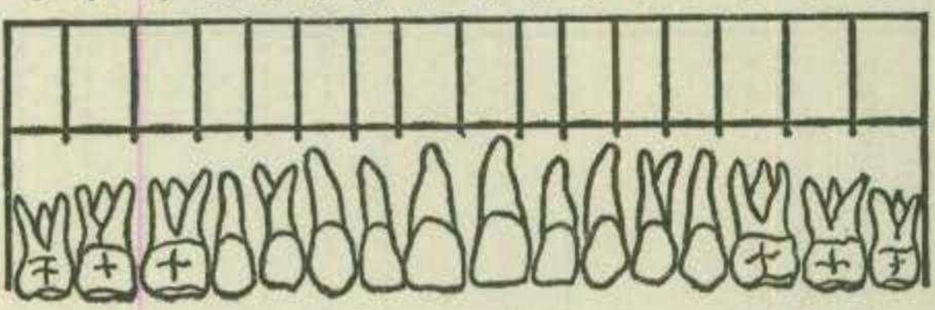
16—20622

Declassified in accordance with E.O. 13526

*REPORT OF DENTAL SURVEY

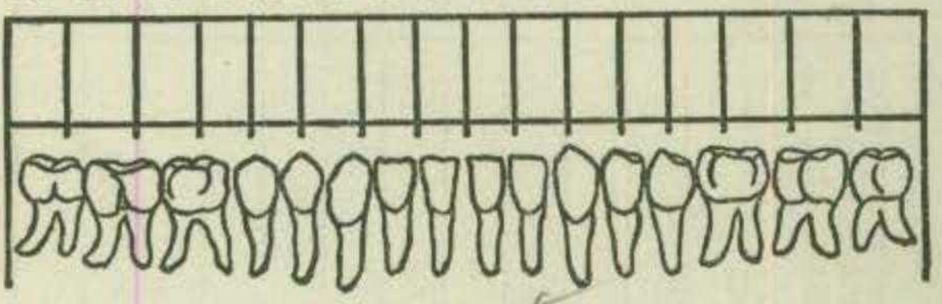
UPPER TEETH

Right 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 Left



LOWER TEETH

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



CLASS IV

Occlusion fair: Calculus: Slight, Medium, Heavy

Periodontoclasia No

Dental foci suspected: Yes (No)

Other conditions normal

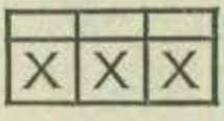
Date 1/12 41, 19____

Capt N. Newman

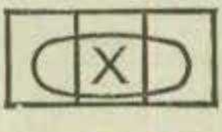
Dental Corps, U. S. A.

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

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



Declassified in accordance with E.O. 13526

REGISTER OF DENTAL PATIENTS AT

| (1) SURNAME | (2) CHRISTIAN NAME | | |

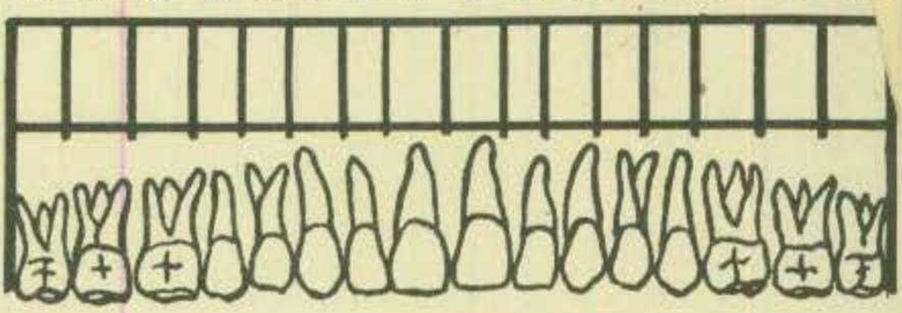
Declassified in accordance with E.O. 13526

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right Left

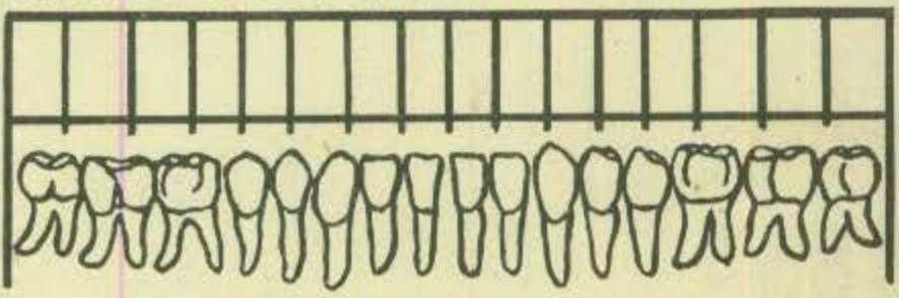
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



LOWER TEETH

Right Left

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS_____

Occlusion_____: Calculus: Slight, Medium, Heavy

Periodontoclasia_____

Dental foci suspected: Yes No

Other conditions_____

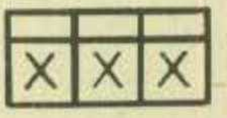
Date_____, 19____

_____

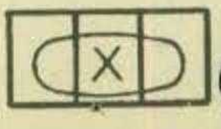
Dental Corps, U.S.A.

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

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



Hq SOS USAPP 11-43/2,000M/19143

Declassified in accordance with E.O. 13526

REGISTER OF DENTAL PATIENTS AT

LAUGHLIN FIELD, TEXAS

Denver 28 July 46

(1) SURNAME	(2) CHRISTIAN NAME
Sundby,	Donal P. O-7474917

(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS
2nd Lt.	Group 4	A. C.

(6) AGE. YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE. YEARS
26	W	Minn.	1 Yr. 4/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
	Exam. Cl-II (R) 7/7/43	
Caries R-1-D	S 7/16/43	Cl-II B.L.
" R-16-O	A "	
Calculus	C. R. (Bonded) 7/22/43	Cl-II A.Z.
Appendectomy	Ft. Worth, Texas	

Y. D. Harlan
Capt D-C
Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

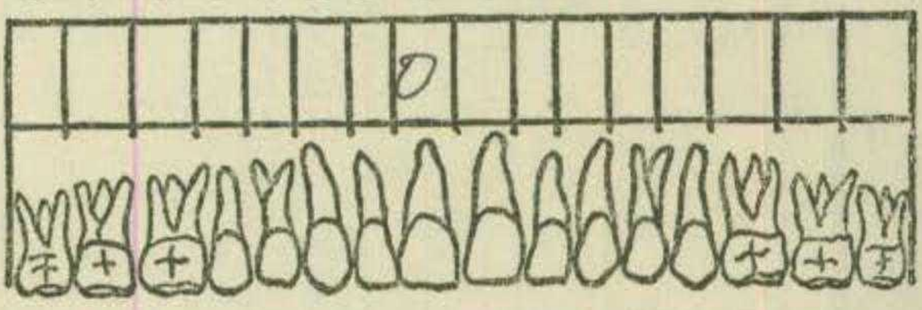
16—20622

Declassified in accordance with E.O. 13526

*REPORT OF DENTAL SURVEY

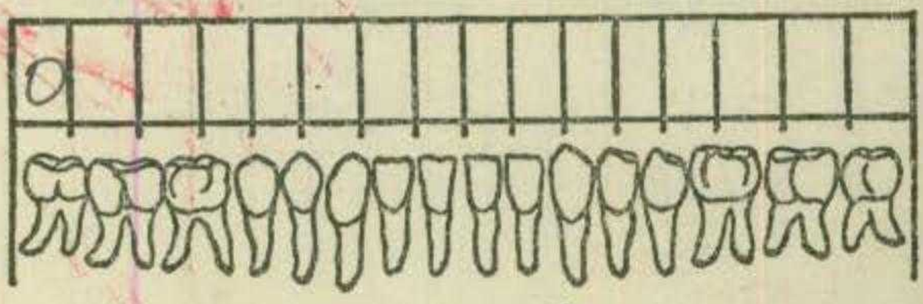
UPPER TEETH

Right 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 Left



LOWER TEETH

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



CLASS II

Occlusion ~~Normal~~: Calculus: Slight, Medium, Heavy

Periodontoclasia none

Dental foci suspected: Yes (No)

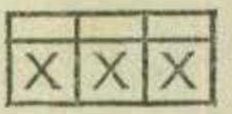
Other conditions none

Date July 7, 1943

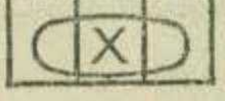
E. E. Brodhage, 1st Lt
Dental Corps, U. S. A.

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

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (removal to include abutments)



16—20622

Declassified in accordance with E.O. 13526

Y.A.A.F., Yuma, Arizona.

REGISTER OF DENTAL PATIENTS AT

Sundby, Donald P.

(1) SURNAME | (2) CHRISTIAN NAME: 13054801

(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS
A/C	43-F	

(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
26	Wh.	Minn.	1-3/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
	1943 Exam.	
Caries L-16	4/16 A-F	II EJJ.
" L-15	5/4 OA-O	" LGW.
" R-16	" A-F	II-IV "

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

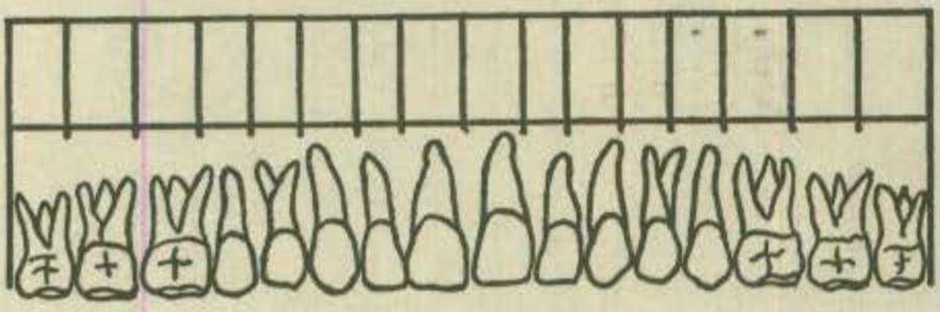
16—20622

Declassified in accordance with E.O. 13526

*REPORT OF DENTAL SURVEY

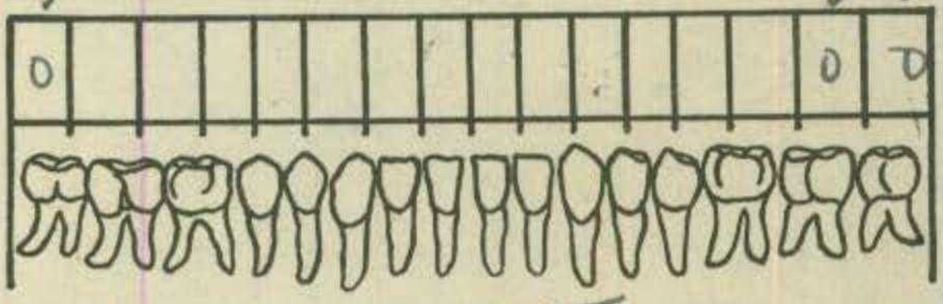
UPPER TEETH

Right 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 Left



LOWER TEETH

Right 16/ 15 14 13 12 11 10 9 | 9 10 11 12 13 14 15/ 16/ Left



CLASS II

Occlusion _____: Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date April 16, 1943

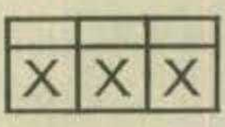
H. T. Jones

_____

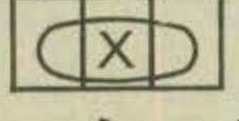
Dental Corps, U. S. A.

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

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



Declassified in accordance with E.O. 13526

REGISTER OF DENTAL PATIENTS AT

MAFS, Merced, California

(1) Surname	(2) Christian Name	
Sunby,	Donald P.	13054801

(3)Rank	(4)Co.	(5)Reg. or Staff Corps
A/C		Air Corps

(6)Age,Yrs	(7)Race	(8)Natv	(9)Serv Years
26	W	Minn.	1 2/12

(10)Disease or Injury with location, Complications, sequelae, etc.	(11)Date and Nature of Treatments and operations	(12)Results and Remarks
Caries R-6 do;	04 1-6 10,3	Add Cl 11 BEK
Caries R-6 o ;	O 1-6	BEK
Calculus	C.R. 1-6	Cl 11-1V BEK

R. O. KOKE, Capt. D. C.

Dental Corps, U.S.A.

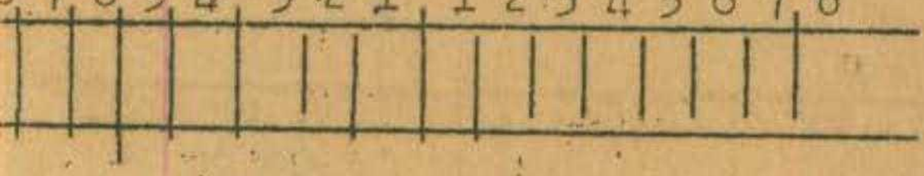
Declassified in accordance with E.O. 13526

REPORT OF DENTAL SURVEY

Upper Teeth

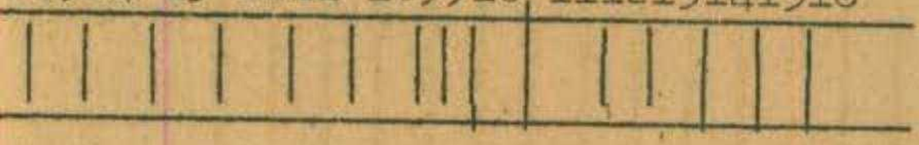
Right Left

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



Lower Teeth

Right Left



Class ____

Occlusion ____: Calculus: S,M,H.

Periodontoclasia ____

Dental foci suspected: Yes No

Other Conditions ____

Date APR 6 1943 ,19 ___

R. O. ROKE, Capt. D. C.

Dental Corps, U.S.A.

Declassified in accordance with E.O. 13526

REGISTER OF DENTAL PATIENTS AT

SAAAB, Santa Ana, California

(1) SURNAME	(2) CHRISTIAN NAME
Sundby,	Donald P. 13054801

(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS
Avn^{C}	65	Air Forces

(6) AGE. YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE. YEARS
25	W	Minn.	1 yr

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Cal Sal	Oct. 24 1942 CR	Cl I Cl I-IV JMH

#7

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)
16—20622

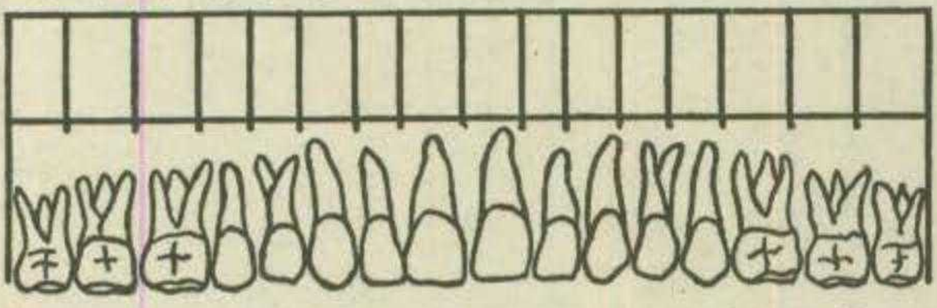
Declassified in accordance with E.O. 13526

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right Left

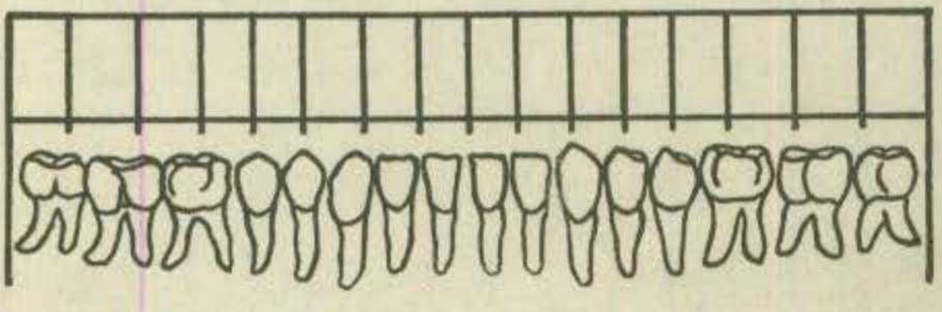
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



LOWER TEETH

Right Left

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS _____

Occlusion _____: Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

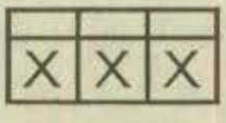
Date _____, 19_____

_____

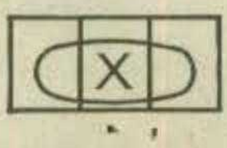
Dental Corps, U. S. A.

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

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



16—20622

Declassified in accordance with E.O. 13526

REGISTER OF DENTAL PATIENTS AT

LUKE FIELD, PHOENIX, ARIZONA

(1) SURNAME	(2) CHRISTIAN NAME
Sundby,	Donald P. 13054801

(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS
Pvt.	80th Mat.	Cad. Rec.

(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
25	W	Minn.	7/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
	Exam. 8-13-42	II H.B.M.
Caries L-7	A F "	" "
" R-14	A F "	" "
" R-15	A O "	II-IV "

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

16—20622

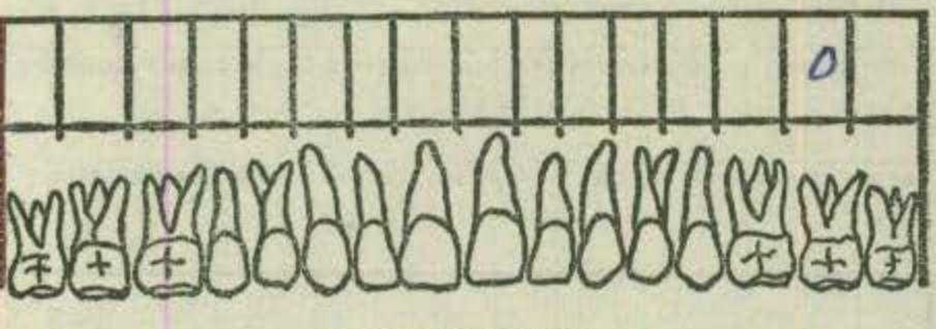
Declassified in accordance with E.O. 13526

REPORT OF DENTAL SURVEY

UPPER TEETH

Right Left

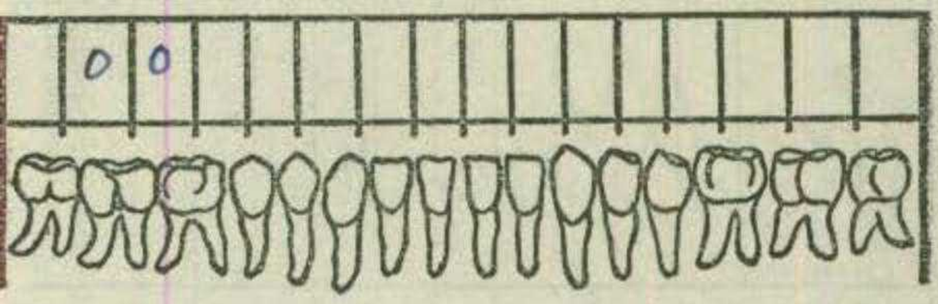
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



LOWER TEETH

Right Left

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS II

Occlusion _____: Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

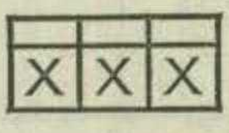
Date 8 - 13, 1942

Capt H B Noir

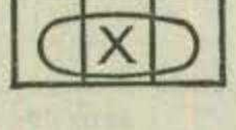
Dental Corps, U. S. A.

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

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



16—20622

Declassified in accordance with E.O. 13526

PART ONE OF TWO PARTS

MMX-FR DEM PERS REC BR AGO SL MO 10 MAR 49

103-09

FOR MAJ SEKOWSKI QM LN REUR NR 57 4 MAR

ON DONALD P SUNDBY 0747917 AND 13054801 HT 69 IN ALSO SHOWN AS 69 1/2 IN WT 142 LABS ALSO SHOWN AS 160 LBS HAIRR BLONDE EYES BLUE DOMPLEXION LIGHT FRAME MED BORN 27 DEC 16 SHOE SIZE 9 1/2 WDAGO FORM 64 16 APR 43 NO TEETH MISSING RESTORABLE CARIOUS TEETH L 16 7 FORMS 79BEING SENT

MAR
File
10 MAR 1949
P. A. McDonald
Identification Branch

Declassified in accordance with E.O. 13526

TELEPHONE CALL FROM VETERANS ADMINISTRATION	VA BRANCH NUMBER
	CLERK CALLING
	DATE OF CALL

IDENTIFYING INFORMATION FURNISHED BY THE VETERANS ADMINISTRATION		
NAME	GRADE	ARMY SERIAL NUMBER
ORGANIZATION	VA CLAIM NUMBER	

THE VA WANTS INFORMATION OR VERIFICATION ON THE ITEMS CHECKED OR ADDED BELOW	
ARMY SERIAL NUMBER	VA CLAIM NUMBER
ORGANIZATION	
INSURANCE	
DATE OF ENLISTMENT OR INDUCTION	
DISCHARGE *(Give date, reason, and character of)*	
NATURE OF DISABILITY	
DATE OF BIRTH	PLACE OF BIRTH
HAS FORM 3101 BEEN FURNISHED ?	DATE
OTHER ITEMS:	

REMARKS:

SURNAME OF CLERK HANDLING CASE IN THIS OFFICE:

THIS FORM IS TO BE FILED WITH THE PAPERS OF VETERAN IF IT FORMS THE BASIS OF A WRITTEN COMMUNICATION PREPARED IN THIS OFFICE.

(Used by Hq. Personnel Records Section and Special Service Unit. See also Arc. Div. Mim. Nos. 42, 154, and 181.)

Declassified in accordance with E.O. 13526

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE: Previously Rec'd

1/Lt Donald P. Sundby, O 747 917
Plot Y, Row 3, Grave 61,
United States Military Cemetery
Margraten, Holland

22 April 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, OLGA W. SUNDBY
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD

☐ FATHER ☒ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

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

☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.

☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

_____
(NAME AND LOCATION OF CEMETERY)

☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
(LOCATION OF CEMETERY SELECTED)

☒ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT Fort Snelling Minn
(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.)*

None

NAT. CEM.

Coded: 7-12-48
[illegible]

* D.D. Form 1300 7-12-48

16—50411-1

OQMG FORM 14 NOV 1946 345 MILITARY

7 JUN 1948

PAGE 1

Krueger

Declassified in accordance with E.O. 13526

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			
Welander Quist Co.			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
2301-So Dupont	Minneapolis 08	Henn.	Minn.
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
Minneapolis Minn	2301-So-Dupont		Kenwood 2205

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
Vaa	Madeline	S.	Sister
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
3246-16 ave. S.	Minneapolis	Hennepin	Minnesota

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

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

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

Mrs Olga W. Sundby — 3246-16-ave. So.
(SIGNATURE OF NEXT OF KIN) — (STREET AND NUMBER)

MRS. OLGA W. SUNDBY — Minneapolis Minn.
(NAME PRINTED OR TYPED) — (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 4th day of May, 19 48, at city (~~or town~~) of Minneapolis, county of Hennepin, and State (~~or Territory or District~~) of Minnesota

D. Torell
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

D. TOREL
(OFFICIAL TITLE)
Notary Public, Hennepin County, Minn.
My Commission Expires June 13, 1953.

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

16—50411-1

Declassified in accordance with E.O. 13526

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

I, THE _____, AS THE NEXT OF KIN OF THE DECEASED
(PLEASE INSERT RELATIONSHIP)

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

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

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

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN)

_____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED)

_____ (CITY AND STATE)

PART III

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

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

_____ (NAME PRINTED OR TYPED)

_____ (CITY AND STATE)

Declassified in accordance with E.O. 13526

ADDITIONAL REMARKS AND INSTRUCTIONS

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

my sons wife has remarried and I am enclosing a copy of the marriage certificate

RECEIVED
MAY 6 1948
FAMILY ALLOTMENT BR.

RECEIVED
MAY 7 1948
FAMILY ALLOTMENT BR.

U. S. GOVERNMENT PRINTING OFFICE

Declassified in accordance with E.O. 13526

1-5

CITY OF PLAINFIELD, COUNTY OF UNION, STATE OF NEW JERSEY
BOARD OF HEALTH, BUREAU OF VITAL STATISTICS

This is to Certify that the following is correctly copied from a record of Marriage in my office.

NAME OF HUSBAND	AGE	BIRTHPLACE
WILLIAM BOYD GIBSON	27	Jersey City, N. J.

MAIDEN NAME OF WIFE	AGE	BIRTHPLACE	SURNAME BY PRECEDING MARRIAGE IF ANY
DORIS MAHAN	25	Harriman, Pa.	Donald P. Sundby

DATE OF MARRIAGE	PLACE OF MARRIAGE	MARRIAGE PERFORMED BY
Sept. 6, 1947	Plainfield, N. J.	Harry James Knickle, Rector Grace Church, 130 East 6th St. Plainfield, N. J.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of said Board of Health this 9th day of January A.D. 1948

Mary E. Kiely
Deputy Registrar of Vital Statistics

January 9 1948
Date of issue

September 9 1947
Original record filed

Declassified in accordance with E.O. 13526

1/Lt Donald P. Sundby, O 747 917
Plot X, Row 3, Grave 61,
United States Military Cemetery
Margraten, Holland

22 April 1948

Mrs. Olga W. Sundby
3246 16th Avenue, South
Minneapolis, Minnesota

Dear Mrs. Sundby:

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

8 Incls.

APR 25 4 PM '48 O.Q.M.G. U.S. RECORDS BRANCH

fem

Declassified in accordance with E.O. 13526

OQMG FORM 2 APR 48 **399**

REQUEST FOR NEW LETTER OF INQUIRY

TO	FROM
LETTER OF INQUIRY SECTION *REPATRIATION RECORDS BRANCH*	*REPLY FORM ACCEPTANCE SECTION* *FAMILY CORRESPONDENCE BRANCH*

NAME OF DECEDENT (First, Middle, Last)	GRADE	SERIAL NUMBER
Donald P. Sandby	1st Lt.	0747917

GRAVE LOCATION

CEMETERY	PLOT	ROW	GRAVE
Margraten	Y	3	61

LETTER OF INQUIRY TO BE SENT TO:

~~MR.~~
~~MISS~~
MRS. Olga N. Sandby

STREET	CITY AND STATE
3246 - 16th Ave. S.	Minneapolis, Minn.

ADDRESS

AUTHORITY FOR LETTER OF INQUIRY

Reda: Widow Completed Part III

CLERK'S SIGNATURE	DATE
Davis	12 April 48

LOI SENT APR 22 1948

Declassified in accordance with E.O. 13526

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 3-19-48
333-P
DMB

1st Lt. Donald P. Sundby, 0-747 917
Plot Y, Row 3, Grave 61,
United States Military Cemetery
Margraten, Holland

1 December 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, _____ *(Please 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*) _____

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

☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.

☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

_____
(NAME AND LOCATION OF CEMETERY)

☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
(LOCATION OF CEMETERY SELECTED)

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
(LOCATION OF NATIONAL CEMETERY SELECTED)

(*Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box*)

☐ YES ☐ NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (*If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.*)

Filed Envelope
for Letter to
12 Apr 48

Rec'd L.O.L. APR 22 1948 to mother

Declassified in accordance with E.O. 13526

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.

(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this _____ day of _____, 19____, at city (or town) of _____, county of _____, and State (or Territory or District) of _____

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

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

Declassified in accordance with E.O. 13526

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

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

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

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN)

_____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED)

_____ (CITY AND STATE)

PART III

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

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 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
SUNDBY	OLGA	W
RELATIONSHIP TO THE DECEASED	MOTHER	
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY
3246 16th AVE. S.	MINNEAPOLIS	MINN.

December 16, 1947
(DATE)

Doris M. Gibson
(SIGNATURE)

6 Manor Road - APT. 1B
(STREET AND NUMBER)

DORIS M. GIBSON
(NAME PRINTED OR TYPED)

Springfield, Massachusetts
(CITY AND STATE)

Declassified in accordance with E.O. 13526

ADDITIONAL REMARKS AND INSTRUCTIONS

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

RECEIVED
RECORDS BRANCH
DEC 19 12 25 PM '47
MEMORIAL DIVISION

RECEIVED
DEC 19 1947
OCMH
WAR DEPT

Declassified in accordance with E.O. 13526

1st Lt. Donald P. Sundby, 0-747 917
Plot Y, Row 3, Grave 61,
United States Military Cemetery
Margraten, Holland

1 December 1947

Mrs. Doris M. Sundby
307 Orange Avenue
Cranford, New Jersey

Dear Mrs. Sundby:

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.

DEC 31 O.Q.M.G. WILL & RECORDS

Sincerely,

9 Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

gh

APR 22 1948

Declassified in accordance with E.O. 13526

1 November 1946

Mrs. Doris M. Sundby
307 Orange Avenue
Cranford, New Jersey

Dear Mrs. Sundby:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late First Lieutenant Donald P. Sundby, A.S.N. 0 747 917.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot Y, row 3, grave 61. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

MAY 1 10 59 AM '47
O.C.M.G.
MAIL & RECORDS BRANCH

pdj

Declassified in accordance with E.O. 13526

RESTRICTED

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1515

191 — 1 April 1945
Date

Sundby, Donald P. — 1st Lt (Unk) — [redacted] 0-747917
Last Name — First — Initial — Rank — Serial No.

9th AAF — 88 TC Sq.
Unit — Organization

Bet. Wesel & Fluren, Germany (Bet) 24 March 1945 — KIA
Place of Death — Date of Death — Cause of Death

1355-1 Apr 1945 — US Mil. Cem., Margraten, Holland — VK 645482
Time and Date of Burial — Name of Cemetery — Name or Coordinates of Location

61 — Grave Number
3 — Row Number
Y — Plot Number
Wooden Cross — 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?

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: UNKNOWN X-178 (AMERICAN) MARGRATEN — 60
Name — Serial No. — Rank — Organization — Grave No.

Deceased's Left: UNKNOWN X-179 (AMERICAN) MARGRATEN — 62
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.

SUNDBY, DONALD
0-747917 T43-44 0

If print of identification tag is not affixed fill in below:

Emergency Addressee: Unkn own
Name

Address

Religion

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

NONE

39

Edwin J. Donovan
Signature of Officer reporting burial
EDWIN J. DONOVAN
1st Lt. QMC GRS Officer
611 QM Gr. Reg. Co.
Typed by G.R.S. Officer

FILED JUL 31 1945

file
10/26/45
M. Lomnyak

RESTRICTED

Declassified in accordance with E.O. 13526

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:
Weight:
Color of Eyes:
Color of Hair:
Race:

Laundry Marks:
Number of Rifle:
Wear Glasses?
Is Tooth Chart Attached?

(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.:

Left Hand				Right Hand
4				4
3				3
2				2
1				1
Thumb				Thumb

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.

TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by ○; fillings by □; Bridges by ⊃ linking anchor teeth; replacements by artificial teeth ⊼

*Characteristics: .....

*Other Data: .....

AG P BR HQ SOS /22560

Declassified in accordance with E.O. 13526

WAR DEPARTMENT

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

REPORT OF DEATH DATE 14 May 1945 blh/ 3831

FULL NAME	ARMY SERIAL NUMBER	GRADE
SUNDBY, DONALD P.	0747917	1st/ Lt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Minneapolis Minn.	AC	27 Dec 1916
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in Action	24 Mar 1945
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	22 June 1943	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs Doris M. Sundby, wife, 307 Grange Avenue, ~~Greenbrook,~~ Cranford, New Jersey

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Doris M. Sunby Wife, same as above

Mrs Olga Wahlund Sundby 3025 Park Ave, So. Minneapolis, Minn., mother

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			

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 24 March 1945 until such absence was terminated on 30 April 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

FILED
MAY 24 1945

BY ORDER OF THE SECRETARY OF WAR:

R E Hinkleiom

ADJUTANT GENERAL

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

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

Declassified in accordance with E.O. 13526

Declassified in accordance with E.O. 13526

473295

WAR DEPARTMENT

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

REPORT OF DEATH DATE 14 May 1945 blh/ 3831

FULL NAME	ARMY SERIAL NUMBER	GRADE
SUNDBY, DONALD P.	0747917	1st/ Lt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Minneapolis Minn.	AC	27 Dec 1916
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in Action	24 Mar 1945
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	22 June 1943	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs Doris M. Sundby, wife, 307 Orange Avenue, Cranford, New Jersey

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Doris M. Sunby Wife, same as above

Mrs Olga Wahlund Sundby 3025 Park Ave, So. Minneapolis, Minn., mother

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			

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 24 March 1945 until such absence was terminated on 30 April 1945, 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.
A.G.O.M.G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
C. A. C.	VET. ADMIN.	A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:

R E Hinkle

ADJUTANT GENERAL.

WD AGO FORM 52-1
1 FEBRUARY 1945

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Declassified in accordance with E.O. 13526

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

473295

—BATTLE CASUALTY REPORT

AG 201

NAME: SUNDBY DONALD P
ASN O- 747 917

GRADE: 1 LT
HUS

DATE CAS. REPORT RECEIVED: 6

NAME AND ADDRESS OF E. A.:
MRS. DORIS M SUNIBY
307 ORANGE AVENUE
CRANFORD, NEW JERSEY

DATE TELEGRAM SENT: 7 APRIL 1945 gcm

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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

RELATIONSHIP - HUSBAND

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
1 LT	SUNDBY DONALD P	O-747917	AC	ETO	A	093

TYPE OF CASUALTY	PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	CASUALTY CODE
MISSING IN ACTION	HAS BEEN OVER IN GERMANY SINCE	24	MAR	45	9

IF FURTHER DETAILS OR OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY NOTIFIED

REMARKS:

☐ CORRECTED COPY

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

CASUALTY BRANCH FILE ATTACHED ✓ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO ✓ YES _____ (AS INDICATED BELOW):

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

FORWARDED TO →

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

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE ✓ CHECKED BY Gillespie 4/5 REVIEWED BY [illegible]

DISTRIBUTION "A" ☐ 36 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.

W.D. A.G.O. Form 0365
1 JANUARY 1945

This form supersedes W.D. A.G.O. Form 0365, 16 June 1944, and W.D. A.G.O. Forms 802-1, 802-3, 802-4, of 1 February 1944, and 802-5, 802-6, 1 August 1944, which may be used until existing stocks are exhausted.

Declassified in accordance with E.O. 13526

473295

RTB:LD:mcb
October 22, 1945

Mrs. Doris M. Sunby
307 Orange Avenue
Cranford, New Jersey

Dear Mrs. Sunby:

The Army Effects Bureau has received some additional property of your husband, First Lieutenant Donald P. Sunby.

These effects, contained in two cartons, 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 decedent's legal residence.

Sincerely,

R. T. BROWN
1st Lt., QMC
Chief, Adm. Division

Corrected Copy

Declassified in accordance with E.O. 13526

473,295

RTB:LD:ms
October 19, 1945

Mrs. Doris M. Sunby
307 Orange Avenue
Cranford, New Jersey

Dear Mrs. Sunby:

The Army Effects Bureau has received some additional property of your husband, First Lieutenant Donald P. Sunby.

These effects, contained in two cartons, 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 decedent's legal residence.

Sincerely,

R. T. BROWN
1st Lt., QMC
Chief, Adm. Division

AA-83

Declassified in accordance with E.O. 13526

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Doris M. Sunby

307 Orange Avenue

Cranford, New Jersey

Effects of:
Name 1st Lt. Donald P. Sunby

ASN 0747917

Case No. 473,295-D

Wt.

DATE 19 October 1945

FOR: Effects Quartermaster

L.Dinwiddie:ms

REMARKS:

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

____ Remove G. I.
X Note discrepancey in ASN
____ Films removed
____ Diary removed
____ Laundry removed

ROUTING:

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

OCT 25 1945

REMARKS

Franked _____
Ext. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of package 2

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

Declassified in accordance with E.O. 13526

473,295

142085

LAUNDRY INVENTORY

S-7017E

ARMY EFFECTS BUREAU

	DRY CLEANING	Do not use			LAUNDRY S-7017E	Do not use	
	TROUSERS, WOOL				SHIRTS, WOOL		
	COAT, SERVICE, WOOL				TROUSERS, COTTON		
	OVERCOAT, LONG				TIE, COTTON		
	OVERCOAT, SHORT, WOOL			2	UNDERSHIRTS, COTTON ✓✓ 08		2
	CAP, GARRISON				SHIRTS, DRESS, COTTON		
	CAP, SERVICE			4	DRAWERS, COTTON ✓✓ 16		4
	TIES, WOOL				SWEATSHIRTS, COTTON OR WOOL		
	GLOVES, LEATHER OR WOOL				DRAWERS, WOOL		
	SCARFS, SILK, RAYON, OR WOOL			1	SOCKS, COTTON, PR. ✓✓ 04		1
	SWEATERS			4	SOCKS, WOOL, PR. ✓✓ 04		4
	TRUNKS, SWIM				PAJAMA TOPS		
	LEGGINGS				PAJAMA BOTTOMS		
	BATHROBES				FATIGUES, 1 PC., COTTON		
	BED ROLL				FATIGUES, TOPS, COTTON		
	COMFORTER				FATIGUES, TROUSERS, COTTON		
1	chevron ✓				FATIGUES, CAP		
					BELT, COTTON		
					TOWEL, HAND		
				2	TOWEL, BATH ✓✓ 08		2
					CLOTH, WASH		
					GLOVES, COTTON		
					JACKET, FIELD		
					SUPPORTERS, ATHLETIC		
				14	HANDKERCHIEFS ✓✓ 28		14
					SCARFS, COTTON		
				2	CASE, PILLOW ✓✓ 06		2
					TRUNKS, GYM		
					SHEETS, COTTON		
					BAGS, BARRACKS		

94

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET ____ OF ____ SHEETS
		28 Sept 45 ✓		

NAME DONALD P. SUNDBY ✓ A. S. N.

ORGANIZATION RANK O-746[illegible]7 CASE NO.

WAREHOUSE SPACE	EXAMINED BY	SUPERVISOR'S OK	LAUNDRY REMOVED FROM FOOTLOCKER
1865 SR	Monahan	VF	
PACKAGE DESCRIPTION: 1 Ctn	LISTED BY Dawson	SHIPPED	
WEIGHT:	CHECKED BY Bradley	DATE: OCT 25 1945	BY WHOM: VF
10-9	CHECKED AND PACKED BY Barney BEB		

EFF. QM FORM 11L (15 JUNE 45) 20M LA RUE, K. C. 7-9-45

Declassified in accordance with E.O. 13526

S-70172

S-70172

Declassified in accordance with E.O. 13526

ATTACHMENTS	
X	INBOUND INVENTORY
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
/	TALLY IN FORM 43

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

STATUS	
DECEASED	
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

	BAGS, CLOTH OR TRAVEL		BELT		OVERCOATS			
	BELT, MONEY (NO MONEY)		BOOKS, ADDRESS		PAPERS, PERSONAL			
	BILLFOLD (NO MONEY)		BOOKS, PILOT LOG		PENCIL, MECHANICAL			
	BOOKS		BRUSHES		PEN, FOUNTAIN			
	BRACELET, IDENT.		CASE		PHOTOS			
	CAMERAS		CLOTH, WASH		PIPES			
X	CLOTHING		COATS		RINGS			
X	MISC. ARTICLES		FOOTLOCKER		SCARFS			
	RELIGIOUS ARTICLES		FOOTWEAR, PR.		SHIRTS			
	RIBBONS, DECORATION		GLASSES		SOCKS, PR.			
	SHORT SNORTER		GLOVES, PR.		STATIONERY			
	SOUVENIR MONEY		HANDKERCHIEFS		TIES			
	SOUVENIRS		HEADWEAR		TOBACCO			
	TESTAMENTS		JACKETS		TOILET ARTICLES			
	TOWELS & WASHCLOTHS		KITS		TOWELS			
$32	U. S. MONEY (AMOUNT)		KNIVES		TROUSERS, PR.			
	WATCH		LETTERS		TRUNKS, PR.			
	WINGS		LIGHTERS		UNDERWEAR			

CONTAINERS ADDRESSED TO

none.

INFORMATION

Mrs Doris M. Sundby Wife.
307 Orange Ave
Crawford N.J

LAUNDRY

NAME AND STATUS VARIATIONS

CROSS REFERENCE

	CHECK	REC'D BY	NUMBER		BUREAU CHECK
	MONEY ORDER				TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY				TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET ____ OF ____ SHEETS
		28 Sept 45		

NAME: DONALD R. SUNDBY

A. S. N.: 0-744709

ORGANIZATION

RANK: 1st Lt

CASE NO.:

WAREHOUSE SPACE: 1567X

PACKAGE DESCRIPTION	WEIGHT
#1 Ctn	59

EXAMINED BY: Manahan

PACKED BY: Hall

INSPECTED BY:

STORED BY:

	DIARY REMOVED
	PHOTO FILM REMOVED
	MOTION PICTURE FILM REMOVED

SHIPPED

DATE: OCT 25 1945

BY WHOM: WS

EFF. QM FORM 11 (15 JUNE 45) 360M LA RUE, K. C. 8-17-45

Declassified in accordance with E.O. 13526

ADDITIONAL REMARKS

REMOVALS (*other than G. I.*)	DAMAGES (*List type of damage-extent*)

SHORTAGES

1 Short master

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

Manahan

INVENTORY CLERK

La Fleur

SUPERVISOR

G. I. REMOVED

Declassified in accordance with E.O. 13526

NAME ~~KIRK SUNDBY~~, DONA[redacted] P. LT. 7917
SUNDBY

BAY	PALLET	BOX	TALLY
44	24		2933

[redacted]PE OF PKG.	WHSE. SPACE	INVENTORIED
BOX		

Eff. QM Form 43

Declassified in accordance with E.O. 13526

RESTRICTED

~~11 April 1945.~~
(Date)

SUBJECT: Inventory of Personal Effects of:

~~Sundby~~ (Last Name) ~~Donald~~ (First Name) ~~P.~~ (MI) ~~1st Lt~~ (Rank) ~~O-743917~~ (ASN)

TO: Effects Quartermaster, ~~Communication Zone, APO [illegible] US Army~~ Personal Effects and Baggage Depot, Depot Q-290, Folembray, France.

The above named individual of ~~68th Troop Carrier Squadron, 438th Troop Carrier Group~~ (Unit) (Organization) was reported ~~MIA~~ (Status-Killed, MIA, Hospitalized etc.) about ~~24 March~~ (Date) 1945. Designated Beneficiary if information [illegible] accessible ~~Mrs. Doris M. Sundby, 307 Orange Avenue, Cranford, New Jersey.~~

INVENTORY OF EFFECTS

4 Cotton drawers
6 Cotton undershirts
3 Wool Undershirts
43 pr socks
27 Handkerchiefs
1 pr Suspenders
1 ea Pillow Case
1 Nylon Scarf
2 pr Pyjamas
6 pr Khaki Pants (1)
1 Hood for Field Coat
1 Sweater
1 Belt
3 Khaki Garrison Caps
1 Green Garrison Cap
1 pr Boots
1 Wallet containing short snorter notes, membership cards, etc.
1 Box containing campaign ribbons, rank insignia, branch of service insignia.
1 Box containing 3 picture folders, 1 cribbage board, 1 baby cap, 1 baby boot, 1 pr Captains Bars.
1 AAF Form 5

1 Manicuring set
1 sewing kit
2 boxes of cuff links
1 pipe
1 address book
1 pr scissors
2 cigarette lighters
1 box containing assorted coins
2 pr low quarter shoes
1 field coat
1 blouse
1 green shirt
1 tropical blouse
1 tropical trousers
10 khaki shirts
8 ties
1 pr green pants
2 pr pink pants
1 bag of dirty laundry containing:
14 handkerchiefs
2 towels
2 undershirts
4 drawers
5 pr of socks

Declassified in accordance with E.O. 13526

Money in the amount of ~~$177.77~~ has been turned into

~~H. H. Burkett, Capt., FD, Sym 212-035~~. Form WDFD 38 enclosed.
(Name of finance officer and symbol number)

~~None~~
(Names and addresses of any Banks in which accounts may be carrier)

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by ~~Truck~~ on ~~16 April~~ 194~~5~~.
(Rail, Truck, etc.)

Name George W. Schult

Rank & ASN ~~1st Lt, O-1557081~~ GEORGE W. SCHULT

Organization ~~88th Troop Carrier Squadron.~~

Any additional pertinent information:

Declassified in accordance with E.O. 13526

473295

RTB:HS:gk
September 11, 1945

Mrs. Doris M. Sundby
307 Orange Avenue
Cranford, New Jersey

Dear Mrs. Sundby:

I am inclosing a check for $177.77, representing funds of your husband, First Lieutenant Donald P. Sundby.

No other property belonging to him has been received at the Army Effects Bureau to date.

Our action in transmitting funds does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the decedent's legal residence.

Money ordinarily is sent from overseas by mail in advance of other effects; therefore, it is probable that additional belongings of the decedent will reach this Bureau at a later date. As it is intended to forward any such property to you promptly upon receipt here, I ask that you please notify this Bureau if there is a change in your address within the next few months.

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

Yours very truly,

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

78

1 Incl—
Check

Declassified in accordance with E.O. 13526

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Doris M, Sundby
307 Orange Avenue
Cranford, New Jersey

Effects of:

Name 1st Lt. Donald P. Sundby

ASN 0-747917

Case No. 473295 D

Wt.

DATE 11 September 1945
RTB:HS :gk

W. A. Leuschadt
FOR: Effects Quartermaster

REMARKS:

x Inclose Bureau Check
Acct. No. 141605
Amount $177.77
_____ Inclose "Valuables" item
_____ Ship "Valuables" item(s)

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

141595 emh

ROUTING:

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

141605

473295

September 13 45

Doris M. Sundby

177.77

One Hundred Seventy-Seven and 77/100

REMARKS:

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

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

Declassified in accordance with E.O. 13526

ARMY EFFECTS BUREAU
INVENTORY

CASE NO. 473295

TYPED BY hmc

DATE 7/21/45

STATUS DEC

NAME Donald P. Sundby

A.S.N. O-747917

RANK 1st Lt

ORGANIZATION -

AMOUNT $177.77

ACCOUNT NO. 141605 mtw

LIST NO. F-280

PAID-Check No. 141595 mtw.

REMARKS

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

Eff. QM Form 11a (10 Feb 45)

Declassified in accordance with E.O. 13526

JEM:HS:gk

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

Case No. 473295

Date 8 September 1945

SUBJECT: Report of transaction in disposing of the effects of

Donald P. Sundby (Name of deceased), 0-747917 (Army Serial Number) late a

First Lieutenant (Grade), Air Corps (Organization, Army or Service) who died

on the 24 day of March, 19 43, at in European Area

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

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

a. No legal representative or widow of decedent being present at decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate $' none, of which the sum of $ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl._____.)

c. Decedent owed 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

21 August 1945, pursuant to Special Orders 228, Headquarters

KCQM Depot, dated 25 September 1943, the application or affidavit of

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

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

307 Orange Avenue (Number, Street or Avenue), Cranford (City, Town or Village) State of

New Jersey, is the widow (Relationship or Capacity) 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)
SUMMARY COURT MARTIAL

Eff. QM Form 75

Declassified in accordance with E.O. 13526

Mrs. Doris M. Sundby
307 Orange Ave.
Cranford, New Jersey

August 13, 1945

SHIPMENT CLEARED

Army Effects Bureau
Kansas City Quartermaster Depot
Kansas City, Missouri

Attention - 2nd Lt. Harry Niemiec

Reference - 473,295

Dear Sir,

This is in reply to your letter dated August 10, 1945.

I am the legal widow of First Lt. Donald P. Sundby and my address is 307 Orange Ave., Cranford, New Jersey.

Yours truly,

Doris M. Sundby

Declassified in accordance with E.O. 13526

SAVE CONSERVATION

FOR VICTORY
BUY UNITED STATES WAR BONDS AND STAMPS

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

IN REPLY REFER TO 475.295

RTE:LD:ggc
August 25, 1945

Dear Mrs. Sundby:

The Army Effects Bureau has received certain funds belonging to your husband, First Lieutenant Donald P. Sundby.

This is the only property of your husband received here to date, however money ordinarily is transmitted to this Bureau by mail, in advance of other personal effects.

In making application for these funds, it is necessary only that you confirm your address, stating that you are the legal widow of Lieutenant Sundby.

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

Sincerely yours,

1 Incl—
Envelope

HARRY NIEMIEC
2nd Lt., QMC
Chief, Correspondence Branch

Declassified in accordance with E.O. 13526