RECEIPT OF REMAINS

DISTRIBUTION CENTER: CHARLOTTE QUARTERMASTER DEPOT, CHARLOTTE, N. C.

ROUTINE: 22 OCTOBER 1948

REMAINS CONSIGNED TO: GARRETT'S FUNERAL HOME
MAIN STREET
WAYNESVILLE, NORTH CAROLINA

REMAINS OF LATE PRIVATE MARION C. GREEN SN 34 601 180

WILL BE DELIVERED TO YOU TWENTY SIX OCTOBER BY GOVERNMENT MOTOR CAR ACCOMPANIED BY MILITARY ESCORT. REMAINS WILL DEPART FROM THIS DISTRIBUTION CENTER AT EIGHT AM AND WILL ARRIVE ON OR ABOUT THREE PM _____. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS UPON DELIVERY. REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN.

FREDERIC W. DENNIS, JR.
LT. COL., QMC

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

THIS 26 (DAY) DAY OF October (MONTH), 19 48

Sgt Donald L Dawn
WITNESS (Escort)

Ernest Edwards
Garrett Funeral Home
CONSIGNEE

(B)

NAT
FILE
RECORDS ANNOTATED
DATE 11-16-48
NAME [illegible]
R & R BR.

QMC FORM 15 NOV 46 1193

16—52073-1 U. S. GOVERNMENT PRINTING OFFICE



SB

1

DISINTERMENT DIRECTIVE

53-4

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 4650 06398

DATE: 15 (DAY) 04 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
GREEN MARION C	34601180	PVT	1	

CEMETERY		DISPOSITION OF REMAINS
MARGRATEN - AACHEN	1	4600 (CODE) 04 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
Z	4	100	HOLLAND	1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

GARRETT'S FUNERAL HOME
MAIN STREET
WAYNESVILLE, NORTH CAROLINA

NAME AND ADDRESS OF NEXT OF KIN

RUTH C. GREEN (MOTHER)
501 WALNUT STREET
WAYNESVILLE, NORTH CAROLINA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
MARION C. GREEN	34601180	PVT		3 AUGUST 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[X] REMAINS [X] MARKER	USAGF	P	FRITZ J. TOLTZIEN 1/LT MI (NAME AND TITLE)

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: MATTRESS COVER

CONDITION OF REMAINS: ALL MAJOR BONES FRACTURED AND/OR PARTLY MISSING - ADVANCED STAGE OF DECOMPOSITION

OTHER MEANS OF IDENTIFICATION: NONE

MINOR DISCREPANCIES *1*: NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX

DATE: 4 AUGUST 48 BY: THOMAS H. JAMES EMBALMER

CASKET SEALED BY: RICHARD N CONRAD, EMB. SUPV.

EMBALMER (Signature): RICHARD N CONRAD, EMB. SUPV

CASKET BOXED AND MARKED

DATE: 30/8/48 BY: CHARLES R CARDER, CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY: X ALL TAGS, MARKINGS AND PLATES VERIFIED BY

R. B. LEES, CAPT., CAV.

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

ERNEST J. OBLESBY JR 1/LT CAV
SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 1194

A.D.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO
USMC MARGRATEN, HOLLAND	ANTWERP, PORT PIER 140
KIND OF CONVEYANCE: RAIL	NAME OF CONVOYER: M/SGT. ORMA C. PATTERSON RA 6412170
SIGNATURE OF SHIPPER: LLOYD L. E. MEYER 2nd Lt. Inf. 01627166 — DATE: 26/9/48	SIGNATURE OF RECEIVER: [illegible] — DATE: 27 AOUT 1948

2. SHIPPED

FROM	TO
AGRC ANTWERP BELGIUM	USAT CARROLL VICTORY
KIND OF CONVEYANCE: ZEC	NAME OF CONVOYER: K. W. WHEREOTT CAPT. T. C.
SIGNATURE OF SHIPPER: L E Butler Lt Col Inf — DATE: 16 SEPT 19[illegible]	SIGNATURE OF RECEIVER: K W Wherecatt — DATE: 1[illegible] SEPT 1948

3. SHIPPED

FROM	TO
	NYPE
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER — DATE	SIGNATURE OF RECEIVER: for JAMES L. McKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER — DATE: 6 OCT 1948

4. SHIPPED

FROM	TO
NYPE	DC #04
KIND OF CONVEYANCE: Train	NAME OF CONVOYER: Vernon Chase
SIGNATURE OF SHIPPER: JAMES L. McKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER — DATE: 14 OCT 1948	SIGNATURE OF RECEIVER: FREDERIC W. DENNIS, JR. Lt. Colonel, QMC — DATE: OCT 15 1948

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

WU D327 15 COLLECT

WAYNESVILLE NCAR OCT 1 112P

COMMANDING OFFICER

ATTN AMERICAN GRAVES REG DIVN CHARLOTTE QMD

ORIGINAL INSTRUCTIONS FOR THE REMAINS OF THE LATE PRIVATE

ARION C GREEN ARE UNCHANGED

BUTH
~~URCH~~ C GREEN



MESSAGEFORM

MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT

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

ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT
				GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (*Originator*)
CHARLOTTE QUARTERMASTER DEPOT, CHARLOTTE, N. C.

SECURITY CLASSIFICATION

ACTION TO:
. RUTH C. GREEN
. 501 WALNUT STREET
. WAYNESVILLE, N. C.

PRECEDENCE FOR

ACTION	INFORMATION
DAY LETTER	

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE

IDENTIFICATION	CLASSIFICATION

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE PRIVATE MARION C. GREEN ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO GARRETT'S FUNERAL HOME, MAIN STREET, WAYNESVILLE, N. C. WITHIN FORTY EIGHT 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 CHARLOTTE QUARTERMASTER DEPOT CHARLOTTE NORTH CAROLINA ATTENTION AMERICAN GRAVES REGISTRATION DIVISION. 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 FORTY EIGHT 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 THE DATE AND APPROXIMATE HOUR REMAINS WILL BE DELIVERED TO HIM AT ASHEVILLE, N. C. 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 THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER.

SECURITY CLASSIFICATION — AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE	PAGE 1 OF 2

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
Revised 29 July 1948 (ADVANCE TELEGRAM J)

MESSAGEFORM

MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT
	-	

CALLS	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
• V	NR				

ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT
				GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)
CHARLOTTE QUARTERMASTER DEPOT, CHARLOTTE, N. C.

SECURITY CLASSIFICATION

ACTION TO:

•

•

•

PRECEDENCE FOR

ACTION	INFORMATION
DAY LETTER	

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE

IDENTIFICATION	CLASSIFICATION

INFORMATION TO:

REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE AR-RANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

FREDERIC W. DENNIS, JR.
LT. COL., QMC

SECURITY CLASSIFICATION — AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE	PAGE 2 OF 2
QMDVI CHIEF AGR DIVISION	SEP 30 1948	FREDERIC W. DENNIS, JR. LT. COLONEL, QMC	

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

Revised 29 July 1948 (ADVANCE TELEGRAM J)

INCOMING OCT 15 1948

INSPECTION CHECKLIST

4052

(FOR USE AT OVERSEAS PORT, U.S. PORT, AND DISTRIBUTION CENTER)

NAME	GRADE	SERIAL NUMBER
GREEN, Marion C.	Pvt	34 601 180 E-203

SOURCE: Margraten - Aachen, Holland

CONSIGNEE: Garrett's Funeral Home
Main Street
Waynesville, N. C.

SHIPPING CASE - General Appearance *(Check ONLY Discrepancies)*

✓	FINISH *(Exterior)*
	HANDLES
	DRAW BOLTS
	STENCILING - NAMEPLATE
	HEALTH PERMIT MARKER
	HEALTH PERMIT NUMBER

CONDITION OF SHIPPING CASE *(Check one)*: ☐ SATISFACTORY ☑ UNSATISFACTORY

REMARKS: Repair & Paint -

CASKET - General Appearance *(Check ONLY Discrepancies)*

✓	FINISH *(Exterior)*
	HAND RAILS AND FINIALS
	NAMEPLATE
	CAM LOCKS *(Sealing)* AND GASKET
	ODOR OR MOISTURE

CONDITION OF CASKET *(Check one)*: ☐ SATISFACTORY ☑ UNSATISFACTORY

REMARKS: Refinish Top Pad & Base -

ROUTED TO

☐ MORTUARY SECTION

☑ MAINTENANCE AND REPAIR SECTION

CONDITION OF REMAINS: ☐ SATISFACTORY ☐ UNSATISFACTORY

NECESSARY DISINFECTION *(Explain)*

CASKET REPAIRED: ☑ YES ☐ NO

CASKET EXCHANGED: ☐ YES ☐ NO

SHIPPING CASE REPAIRED: ☑ YES ☐ NO

SHIPPING CASE EXCHANGED: ☐ YES ☐ NO

REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
				10/20/48	

REMARKS

OK-OUTGOING

10-20-48

U.S.A.T. CARROLL VICTORY N.Y.-017-R

OCT 26 1948

QMC FORM R-5054
REV 18 JUN 47

REPATRIATION
RECORDS BRANCH

Nov 10 1 23 PM '48

MEMORIAL DIVISION

"To honor a life time for life times to come"



Phone HIghland 8320

J. R. COSTA MONUMENT CO

5301 PROSPECT AVENUE
KANSAS CITY 4, MISSOURI

Major J. M. Fellbaum
Washington, D. C.

Dear Sir

In reply to G. M. G. M. H. 293
GREEN, MARION C.
SN. 3 77 374

I will pick up the marker the day it arrives and see that it is installed within a few days. I am Sincerely Yours.

Julian R. Costa

FILE 25 OCT 1950
MBandy
Hdst
nal


RECEIVED
OCT 24 1950
O.O.M.A.
M A R Bldg


HUST BLDG.
MEDL DIV.

CORRESPONDENCE ACTION SLIP

NAME	SERIAL NUMBER	INITIALS	DATE
Grimes Marion C	3771374	Cmm	OCT 12 1950 10/11/50

						LETTER TO:
	NAME OF DECEDENT		ADDRESS		IDENTIFYING DATA	
	BRONZE		NO UPRIGHT GRANITE	✓	CONSIGNEE	
	DISHONORABLE--DRAFT		NOT PERMANENTLY INTERRED		NOT RECOVERED	
	CEMETERY REGULATIONS		AGO		MARINE	
	NAVY		COAST GUARD		VETERANS ADMINISTRATION	
	STATE PENSION		AUTHORIZED INSCRIPTION		ADDITIONAL INSPECTION	
	APPLICATION FOR PROOF		NO AGENT		NO STATION	
	DUE TO DISTANCE		UNCLAIMED		BROKEN	
	DAMAGED		CERTIFICATE IN LIEU		LOST	
	FOREIGN		TRUCK		RESHIPMENT	

OQMG FORM 22 DEC 47 **393**

50 4934

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

IN REPLY REFER TO QMGMH 293

16 October 1950

293 Green, Marion C.
SN 3 771 374

Costa Monument Company
5301 Prospect Avenue
Kansas City, Missouri

Gentlemen:

This office is in receipt of an application for a Government stone to mark the grave of the late Marion C. Green, who died 20 March 1950.

The applicant has requested the stone be shipped direct to you. Before shipping the stone this office desires to know if arrangements have been made with you by the applicant regarding the removal of the stone and erection at the grave of the decedent.

Upon assurance from you that the stone will be removed promptly from the freight station upon arrival, steps will be taken to place the order with the contractor. Unless such assurance is given the stone will not be ordered, as the Government is not responsible for storage charges which accrue when stones are not promptly removed from freight stations.

Further action toward ordering this stone is suspended until your reply is received.

A return envelope is inclosed for your reply.

Sincerely yours,

mh

Incl
env

L. M. FELLBAUM
Major, QMC
Memorial Division

34601180

(1) SURNAME	(2) CHRISTIAN NAME
Green	Marion C.

(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS
Pvt.		

(6) AGE. YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE. YEARS
21	W.	N. C.	2 Yrs.

DENTAL IDENTIFICATION RECORD

(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.

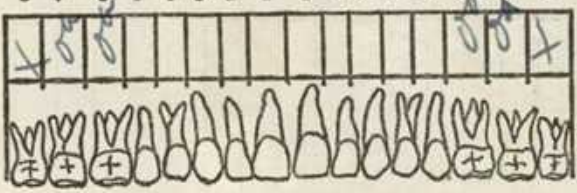
Form 79—Medical Department, U. S. A.
(Revised Feb. 24, 1941)

16—20622

*REPORT OF DENTAL SURVEY

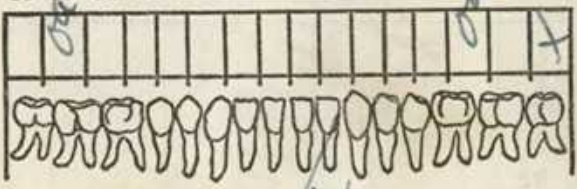
UPPER TEETH

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



LOWER TEETH

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



CLASS 1V

Occlusion .....: Calculus: Slight, Medium, Heavy

Periodontoclasia .....

Dental foci suspected: Yes No

Other conditions .....

DEC 18 1944 JAN 11 1945

Date ....., 19.....

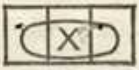
V. K. PRATORIUS
CAPT. D.C. Dental Corps, U.S.A.

*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

REGISTER OF DENTAL PATIENTS AT

D.C.-1 CAMP BOWIE, TEXAS

(1) SURNAME	(2) CHRISTIAN NAME
Green,	Marion C.(34601180)

(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS
Pvt.	A	93rd Cav,

(6) AGE. YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE. YEARS
21	W	N.C.	20/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
	1944	
L-7	Exam	R-Cl-2
o	A	7/17EDBuettell, Maj
Calc	CR -2x4	7/17KBHook, Capt.
		7/17KBH., Capt.

Dental Corps, U. S. A.

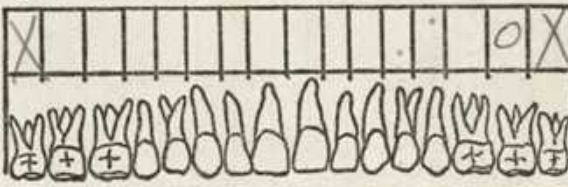
Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

16—20622

*REPORT OF DENTAL SURVEY

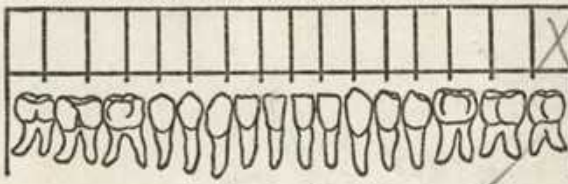
UPPER TEETH

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 RA

Occlusion .....: Calculus: Slight, Medium, Heavy

Periodontoclasia .....

Dental foci suspected: Yes No

Other conditions .....

Date JUL 17 1944, 19.....

May Buettell

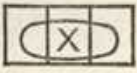
Dental Corps, U. S. A.

*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

PART 2 OF 3

87

FOR MAJ SEKOWSKI QM LN

OUTGOING DEM PERS REC BR AGO SL MO 8 MAR 43

ON MARION C ~~RREEN~~ Green 34601180 HT 67 1/4 IN WT 133 1/2 LBS HAIR BROWN EYES GRAY COMPLEXION FAIR FRAME MED BORN 19 SEP 23 SHOE SIZE 8C DENTAL CHART AT INDCTN 15 JAN 43 TEETH MISSING R 8 16 L 8 16 2 FORMS 79 BEING SENT

LB

213 Green, Marion C. (34601/180)

MAR
Files 29 MAR 1949

P. A. McDonnell

Identification Branch

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.)

WD AGO FORM 0511
1 NOV 1944

25-9882-5M

WW II
1727-R

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE: 10-26-48 210-352

NAME OF DECEDENT (*Last, First, Middle Initial*)	BRANCH OF SERVICE	RANK OR GRADE	SERIAL NO.
GREEN, Marion C.	USA	Pvt	34 601 180

TO BE FILLED IN BY CLAIMANT

A. [X] INTERMENT EXPENSES *(Civilian or Private Cemetery)*

B. [ ] TRANSPORTATION EXPENSES *(National or Post Cemetery)*

G. A. SUMNER
COL., F.D.
NOV 1948
Mt. McPherson, Ga.
Sta. No. 841

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of $ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: Green Hill Cemetery

CITY OR COUNTY: Waynesville

STATE: North Carolina

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of $ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: *(City, town, or place from which remains were shipped)*

TO: *(Name and location of National or Post Cemetery)*

DO NOT USE

RETURN FOUR COPIES TO

AMERICAN GRAVES REGISTRATION DIVISION
CHARLOTTE QUARTERMASTER DEPOT
CHARLOTTE 6, N. C.

SIGNATURE OF CLAIMANT: Ruth C Green

ADDRESS *(Street number or RFD, City and State)*: 501 Walnut Street, Waynesville, N.C.

RELATIONSHIP TO DECEDENT: Mother

REMARKS

"CLAIM VALID, REPATRIATION"

FREDERIC W. DENNIS, JR.
Lt. Colonel, QMC

OCT 29 1948

Amt Rd. 75.00

NOV 9 1948

59619

Atlanta, Ga.

Paid on Voucher ..... Money

Accounts of ..... Fin. Dept.

Check No. 282484

QMC FORM REV 5 MAR 48 1236 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

16—54733-1

PART A

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed $75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The $75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the Government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the $75 maximum must be borne by the person who incurred or paid the additional expenses.

PART B

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.

3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

RECEIVED
FINANCE OFFICE
U.S.A.
ATLANTA, GA.
OCT 28 1948

U. S. GOVERNMENT PRINTING OFFICE 16—54738-1

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMA

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

DATE: 3-22-48

333-P

JMB

Pvt Marion C. Green, 34 601 180
Plot Z, Row 4, Grave 100,
United States Military Cemetery
Margraten, Holland

28 November 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, Ruth C. Green
(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

Green Hill Cemetery — Waynesville, N.C.
(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.)*

None

DD Rec'd MAY 3 1948

CODED 2/6/48 Bmgr

OQMG FORM 14 NOV 1946 345 MILITARY

16—50411-1

PAGE 1

31 MAR

PART I (*Continued*)

If on Page 1 of this form you have selected ___, tion 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			
Garrett's Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY ~~OR PROVINCE~~	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Main, St.	Waynesville,	Haywood	N. C.
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
Waynesville, N.C.	Waynesville, N.C.		1-J or 1-W

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
Green	William	Capers	Brother
NUMBER AND STREET	CITY OR TOWN	COUNTY ~~OR PROVINCE~~	STATE OR TERRITORY OF U. S. A., OR COUNTRY
501 Walnut, St	Waynesville	Haywood	N.C.

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.

Ruth C Green
(SIGNATURE OF NEXT OF KIN)

Ruth C. Green
(NAME PRINTED OR TYPED)

501 Walnut Street
(STREET AND NUMBER)

Waynesville, N. C.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 19th day of Dec.,

19 47 at city (or town) of Waynesville, county of Haywood, and State (or Territory or District) of North Carolina

My commission expires: Dec. 21, 1948.

Effie Davis
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

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

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)

(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)

DDITIONAL REMARKS AND INSTRUCTION!

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



U. S. GOVERNMENT PRINTING OFFICE

Pvt Marion C. Green, 34 601 180
Plot Z, Row 4, Grave 100,
United States Military Cemetery
Margraten, Holland

28 November 1947

Mrs. Ruth C. Green
501 Walnut Street
Waynesville, North Carolina

Dear Mrs. Green:

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,

Encls.

THOMAS B. LARKIN
Major General
The Quartermaster General

bk

DEC 2 2 14 PM '47
O.Q.M.G.
MAIL & RECORDS BRANCH

18 October 1946

Mrs. Ruth C. Green
501 Walnut Street
Waynesville, North Carolina

Dear Mrs. Green:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Marion C. Green, A.S.N. 34 601 180.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot Z, row 4, grave 100. 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. IARKIN

Major General
The Quartermaster General

bn


IN
APR 14 1947
IDENTIFICATION
SECTION



RESTRICTED

848

Grave Registration Form No. 1
Modified 2 Sept. 1943

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

31 March 1945
Date

Green,	Marion	C.	Pvt Unknown-	34601180
Last Name	First	Initial	Rank	Serial No.

507 PARA INF REGT — 17th ABn Div.
Unit — Organization

Vic. Fluren, Germany — 24 March 1945 — KIA
Place of Death — Date of Death — Cause of Death

1030 31 March 1945 — U.S. Mil. Cem., Margraten, Holland — VK 645482
Time and Date of Burial — Name of Cemetery — Name or Coordinates of Location

100 — 4 — Z — wooden cross
Grave Number — Row Number — Plot Number — Type of Marker

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

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Arcangeli, Bruno	33610997	Unknown	17th ABn Div.	99
Deceased's Left:	End of Row.				

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

GREEN, MARION C.
34601180 T43 44 0
P

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

Emergency Address: Unknown
Name

Address

Religion P

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

NONE.

RESTRICTED

Edwin J. Donovan
Signature of Officer or other person reporting burial

FILE

EDWIN J. DONOVAN
1st. Lt., QMC GRS Officer
611 QM Gr. Reg. Co.
Title of G.R.S. Officer

JUN 21 1945

#79

title 10 Dec 1945 M. Tonzyk

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	3	2	1	Thumb	Thumb	1	2	3	4

TOOTH CHART

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

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

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.

AG P BR HQ 5M 122560

SENSITI[illegible] SURFACE - HANDLE[illegible]GES ONLY

WAR DEPARTMENT

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

743

DATE 13 April 45 rc

REPORT OF DEATH

FULL NAME	ARMY SERIAL NUMBER	GRADE
Green, Marion C.	34 601 180	Pvt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Waynesville, N.C.	Infantry	19 Sept 23
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action	24 Mar 45
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	15 Jan 43	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Ruth C. Green (mother) 501 Walnut St. Waynesville, N.C.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Ruth C. Green (mother) same as above
William C. Green [illegible] (brother) same as above

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

[X] BATTLE [ ] NON-BATTLE

*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 24 Mar 45 until such absence was terminated on 9 April 45 when evidence considered sufficient to establish the fact of [illegible] was received by the Secretary of War from a commander in the European Area.

APR 18 1945

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

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulio
ADJUTANT GENERAL.

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.

SENSITI SURFACE - HANDLE ..GES. ONLY

WAR DEPARTMENT

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

469386

REPORT OF DEATH

DATE 13 April 45 rc

FULL NAME	ARMY SERIAL NUMBER	GRADE
Green, Marion C.	34 601 180	Pvt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Waynesville, N.C.	Infantry	19 Sept 23
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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

[X] BATTLE [ ] NON-BATTLE

*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 24 Mar 45 until such absence was terminated on 9 April 45 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.
2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

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1 FEBRUARY 1945

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

03 22 59

WAR DEPARTMENT

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

4699386

—BATTLE CASUALTY REPORT

AG 201	NAME GREEN MARION C ASN 34601180	GRADE PVT SGN	DATE CAS. REPORT RECEIVED 3 APR 45
NAME AND ADDRESS OF E. A.	MRS RUTH C GREEN 501 WALNUT STREET WAYNESVILLE NORTH CAROLINA		DATE TELEGRAM SENT 3 APRIL 1945

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 SON

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
PVT	GREEN MARION C HAS BEEN	34601180	INF	ETO	J	091

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

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

REMARKS:

☐ CORRECTED COPY

MEA

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ✓ AG 201 REQ.
CASUALTY BRANCH FILE ATTACHED ____ COR 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 ____ REVIEWED BY ____

DISTRIBUTION "A" ☐ 88 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 (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

169386

RTE:WN:vw
October 19, 1945

Mrs. Ruth C. Green
501 Walnut Street
Waynesville, North Carolina

Dear Mrs. Green:

The Army Effects Bureau has received from overseas some property of your son, Private Marion C. Green.

This property, consisting of a few small items, is being sent you.

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

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

Yours very truly,

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Branch

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Ruth C. Green

SHIP TO: 501 Walnut Street

Waynesville, North Carolina

Effects of: Pvt. Marion C. Green

Name 34601180

ASN 469386 D

Case No.

Wt.

DATE 19 October 1945

RTB:WN:vw

FOR: Effects Quartermaster

REMARKS:

_____ Inclose Bureau Check
Acct. No. _____
Amount _____
_____ Inclose "Valuables" item
_____ Ship "Valuables" item(s)
_____ Remove G.I.
_____ Note discrepancy in _____
_____ Films removed
_____ Diary removed
_____ Laundry removed

ROUTING:

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

REMARKS:

Franked OCT 25 1945
Est. Dep. Chgs. _____
Est. Frt. Chgs. _____
No. of packages 1

Shipping Clerk

Eff. QM Form 14 (28 Dec 44)

9386
1 BK

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

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

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		
	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		
	U. S. MONEY (AMOUNT)		KNIVES		TROUSERS, PR.		
	WATCH		LETTERS		TRUNKS, PR.		
	WINGS		LIGHTERS		UNDERWEAR		

CONTAINERS ADDRESSED TO (M)

Mrs Ruth C Green
501 Walnut St.
Waynesville, N. Carolina

INFORMATION (M)

Mrs Ruth C Green
501 Walnut St.
Waynesville, N. Carolina

NAME AND STATUS VARIATIONS

CROSS REFERENCE

		REC'D BY			
	CHECK		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 BF

REMITTER OR DRAWER

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET ____ OF ____ SHEETS
		12 Oct 45		

NAME MARION-C-GREEN

A. S. N. 34601480

ORGANIZATION

RANK Pvt

CASE NO.

WAREHOUSE SPACE 1053

EXAMINED BY Moyer

PACKED BY D Johnson

INSPECTED BY C

STORED BY RC

PACKAGE DESCRIPTION	WEIGHT
#1 Pkg	

	DIARY REMOVED
	PHOTO FILM REMOVED
	MOTION PICTURE FILM REMOVED

SHIPPED

DATE

BY WHOM

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

ADDITIONAL REMARKS

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

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

NAME GREEN, MARION C PVT

BAY	PALLET	BOX	TALLY
11	6	11	3414

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

Ef. QM Form 48

HEADQUARTERS 507TH PARACHUTE INFANTRY
APO 452 U. S. ARMY

1 June 1945
Date

SUBJECT: Inventory of Personal Effects of:

Green (Last Name) Marion (First Name) C. (MI) Pvt (Rank) 34601180 (ASN)

TO: Effects Quartermaster, Communication Zone, APO 513, U.S. Army.

The above named individual of Hq Co 2d Bn, 507th Prcht Inf., was reported Killed In Action (Status-Killed, MIA, Hosp. Etc) about 24 March 1945 (Date) 1944

Designated Beneficiary if information readily accessible Mrs Ruth C. Green (Mother) 501 Walnut St., Waynesville, N. C/

INVENTORY OF EFFECTS

New Testament
1 Parachute Wings
Kamouro Perfume
1 Eversharp Fountain Pen

Money in the amount of None has been turned into _____

(Name of finance officer and symbol number). Form WDFD 38 enclosed.

Names and addresses of any Banks in which accounts may be carried:

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 (Rail, Truck, etc.) on about 1 Jun 45 1944.

Anthony Baker

Name ANTHONY D. BAKER

Rank & ASN 1st Lieut., 01286007

Organization 507th Prcht Inf

Any additional pertinent information:

R-E-S-T-R-I-C-T-E-D

Summary Court-Martial JRM:WN:vw
ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT Case No. 469386
601 Hardesty Avenue
Kansas City 1, Missouri Date 19 October 1945

SUBJECT: Report of transaction in disposing of the effects of

Marion C. Green, 34601180 late a
(Name of deceased) (Army Serial Number)

Private, Infantry who died
(Grade) (Organization, Army or Service)

on the 24 day of March, 1945, at European Area

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

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

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

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

c. Decedent owed undisputed local creditors the sum of $ none which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt_____, Incl._____)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 18 October 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Ruth C. Green 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. Ruth C. Green
(Name of person found entitled)
of 501 Walnut Street, Waynesville
(Number, Street or Avenue) (City, Town or Village)
State of North Carolina, is the mother of the above-named decedent and appears to be entitled to receive his or her effects.
(Relationship or Capacity)

(Signature of Summary Court Officer)
JOHN R. MURPHY, Colonel, QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL