

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

T/4 James N. Bone, 38 079 587
 Plot Q, Row 7, Grave 164,
 United States Military Cemetery
 Hamm, Luxembourg

31 July 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, Mansfield BONE (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) (Please indicate relationship to the deceased by placing an "X" in the proper box.)

- | | | | |
|--|----------------------------------|--|---|
| <input type="checkbox"/> WIDOW | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input checked="" type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD |
| <input type="checkbox"/> RELATIONSHIP OTHER THAN ABOVE (Specify) _____ | | | |

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

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Kemp Cemetery, Kemp, Oklahoma Bryan County.
(NAME AND LOCATION OF CEMETERY)

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

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT Kemp, Oklahoma
(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

APR 17 1948

DD Proc 3/18/48

Coded
 10 mch 48
 m/Baker

OQMG FORM 345 MILITARY
 14 NOV 1946

16-50411-1

PAGE 1

FEB 9

Baker
1/30

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
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		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 HOLMES FUNERAL HOME			
NUMBER AND STREET 223 North Third Ave.	CITY OR TOWN Durant	COUNTY OR PROVINCE Bryan	STATE OR TERRITORY OF U. S. A., OR COUNTRY Oklahoma
EXPRESS OFFICE (Nearest railroad passenger station) M. K. and T. Railroad.	TELEGRAPH ADDRESS Durant, Oklahoma		TELEPHONE No. 59

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 BONE,	FIRST NAME Lowell	MIDDLE INITIAL	RELATIONSHIP TO DECEASED brother
NUMBER AND STREET Route #1	CITY OR TOWN Kemp	COUNTY OR PROVINCE Bryan	STATE OR TERRITORY OF U. S. A., OR COUNTRY Oklahoma

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.

Mansfield Bone (SIGNATURE OF NEXT OF KIN) Route 1 (STREET AND NUMBER)
Mansfield Bone (NAME PRINTED OR TYPED) Kemp, Oklahoma (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 21 day of August,

1947, at city (or town) of Durant, county of Bryan, and State (or Territory or District) of Oklahoma

My com. expires June 31/1949

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

Jack Holmes Jr. (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public (OFFICIAL TITLE)

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)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR THE STATE OF CALIFORNIA, DO HEREBY CERTIFY THAT THE SIGNATURE OF THE DECEASED AND THE SIGNATURE OF THE PERSONS WHOSE NAMES ARE SET FORTH IN THE ABOVE LISTED ARE THE TRUE AND CORRECT SIGNATURES OF THE SAID DECEASED AND SAID PERSONS, AND THAT THE SAID DECEASED WAS AT THE TIME OF HIS OR HER DEATH A RESIDENT OF THE STATE OF CALIFORNIA.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL OF OFFICE AT THE CITY AND COUNTY OF _____, CALIFORNIA, THIS _____ DAY OF _____, 19____.

NOTARY PUBLIC

STATE OF CALIFORNIA

MY COMM. EXPIRES _____



NAME

BONE, JAMES N. 9587

BAY

PALLET

BOX

TALLY

14

77

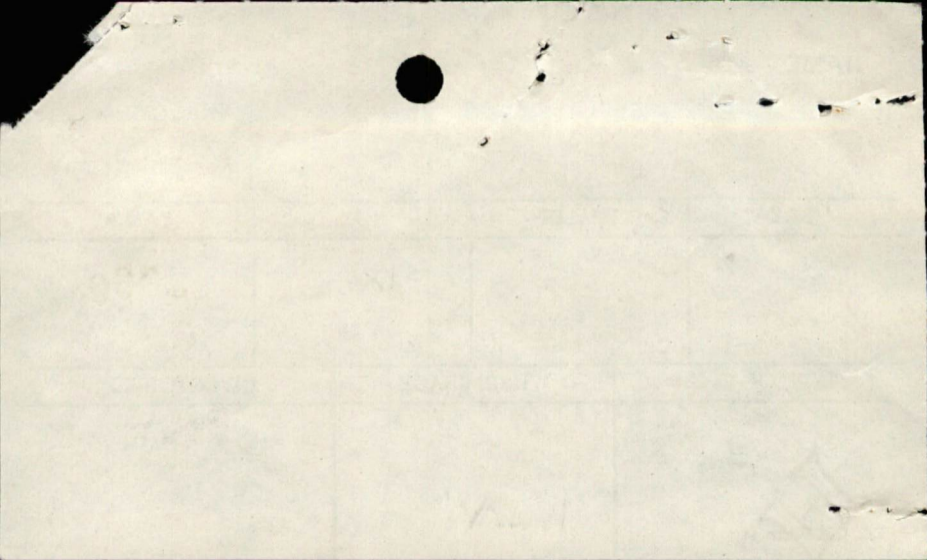
9900

TYPE OF PKG.

WHSE. SPACE

INVENTORIED

GRB



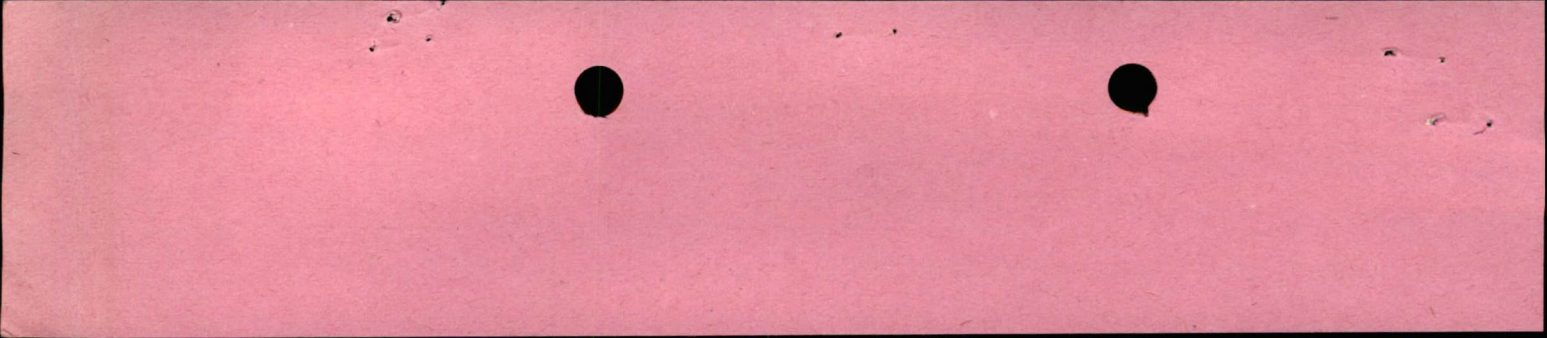
293

Bone, James N.

38079587

1/4

e



DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL

Att

IN REPLY REFER TO QMGMH 293
Bone, James N.
SN 38 079 587

WASHINGTON 25, D. C.

IMPORTANT

30 August 1948

Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the official who signed the communication.

Holmes Funeral Home

Durant, Oklahoma

Gentlemen:

This office is in receipt of an application for a Government stone to mark the grave of the late James N. Bone, who died 23 December 1944.

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,

[Signature]

G. L. ROTH
Memorial Division

Incl
env

FILE 7 SEP 1948
Duffin
not
at
all

all proper arrangements of removal + erection of stone have been made.

Holmes Funeral Home
Jacobs Holmes

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON, D.C.

URGENT

THE QUARTERMASTER GENERAL
OFFICE OF THE QUARTERMASTER GENERAL

This office is in receipt of an application for a Government stock
to which you are the legal owner.

The applicant has requested the same be placed direct to your
office and you are asked to advise this office of any instructions
you may wish to give in this regard. The applicant is requesting the removal of the
same from the office of the applicant.

Your response to this office will be received promptly
and the applicant will be advised accordingly. If you have any questions
order with this office, please contact the office for further
information. The applicant is not responsible for the
transfer of the same to the office of the applicant.

Your attention is directed to the fact that the same is requested until you
reply is received.

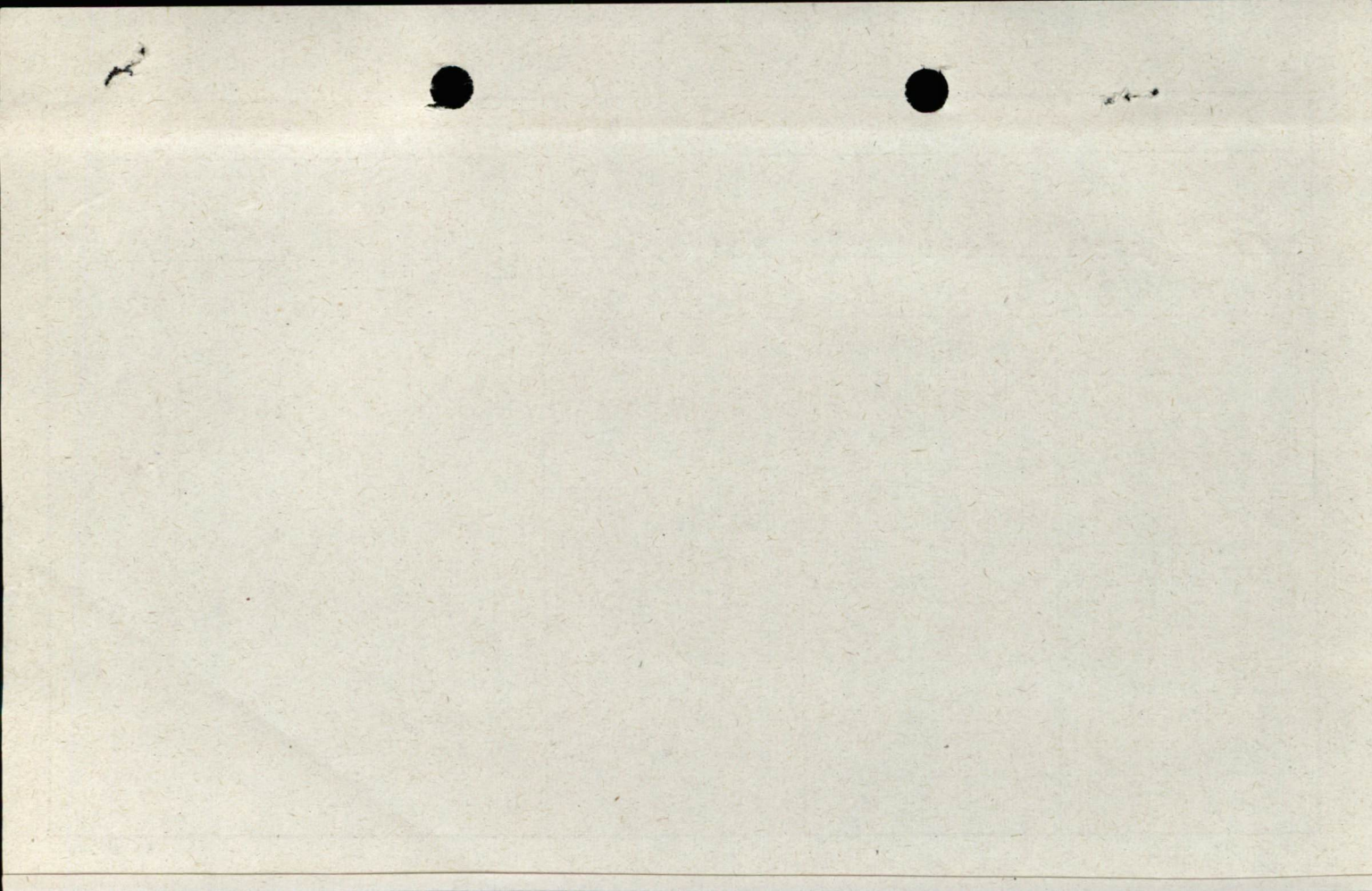
FILE 3 22 1948



CORRESPONDENCE ACTION SLIP

NAME		SERIAL NUMBER	INITIALS	DATE
Bone, James N.		38079581	L.M.O.	8-19-48
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO:	
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		

AUG 20 1948



DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO QUONH 293

WASHINGTON 25, D. C.

Bone, James N.
SN 38 079 587

IMPORTANT

30 August 1948

Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the
official who signed the communica-
tion.

Holmes Funeral Home
Durant, Oklahoma

Gentlemen:

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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,

G. L. RUTH
Memorial Division

Incl
env
ic

Aug 31 9 37 AM '48
MAIL & RECORDS DIVISION

RECEIPT OF REMAINS

NY 012 R

DISTRIBUTION CENTER
FORT WORTH QUARTERMASTER DEPOT FORT WORTH TEXAS

ROUTINE

DAY LETTER

REMAINS CONSIGNED TO: HOLMES FUNERAL HOME
223 NORTH THIRD AVENUE
DURANT OKLAHOMA

DLR AND REPORT
ANY CHARGES

REMAINS OF LATE T4 JAMES N. BONE

BEING SHIPPED TO YOU

ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER TWENTY SIX DASH SIX MISSOURI KANSAS
AND TEXAS
RAILROAD DUE TO ARRIVE DURANT STATION ELEVEN / TWENTY TWO AM RAILROAD TIME 30 JULY.

REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND
THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN.

S. H. Partridge

S. H. PARTRIDGE
Lt. Colonel, QMC
Chief, AGR Division

JUL 26 1948

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

THIS 30 DAY OF July MONTH, 1948

Robert L. Anderson
WITNESS (Escort)

Holmes Funeral Home
By J.C. McCoy as mgr.
CONSIGNEE

NAT
FILE
RECORDS ANNOTATED
DATE 24 Aug 48
NAME J. Mitchell
R & R BR.

REGIMENT OF NEW YORK

NO. 110

POST NORTH QUARTERS, DEPOT FORT WORTH TEXAS

DAY LETTER

DIR AND REPORT
MY CHIEF

DEPT OF THE ARMY
WASHINGTON D.C.

BEING SHIPPED TO YOU

REMAINS OF LATE ...

ACCOMMODATED BY MILITARY REPORT OF TRAIN NUMBER ...

RAILROADS DUE TO ARRIVE ...

PLEASE YOU MAKE ARRANGEMENTS TO ACCEPT ...

LET YOU IMMEDIATELY THIS INFORMATION ON TO ...

[Handwritten signature]

S. H. BURRIDGE
1st Colonel, 110th
Chief, 110th Division

[Handwritten notes]
110th Division
7/2/1918

[Handwritten notes]
110th Division
7/2/1918

RRE Form #39
13 Jul 48

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

Jm
BONE James N. Tec 4 38 079 587
(Last Name) (First Name) (Initial) (Rank) (ASN)

Repatriated to the United States: 28 JUN 1948

STATION FILE

Incl #

CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

Only PART I should be completed, if identification tags are available.

Both PART I & II should be completed if identification tags are not available.

If information is unavailable, so indicate.

14 March 1945

Date

PART I (Positive identification)

1. BONE, JAMES N. Unknown 38079587 Unknown
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached Two around neck
3. Give exact location from which disintered, furnishing coordinates and map series used In village of Crombach, Bel. P 808864 Bel. & NE France 1:100000 Marche Sheet 13
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
- Full name of cemetery (if buried in an organized cemetery) None
- Approximate or established date of death (state which & give basis for date selected) Unknown
6. Approximate or established date of burial (give basis for date established) 22 Dec 1944 According to paper tag attached to marker by the Germans who buried body.
7. Manner in which grave was marked and all information contained on the marker Wooden Cross with name and date of burial
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information). None

PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)
11. _____
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc.

RESTRICTED

13. Give as detailed description as possible of condition and amounts of remains
14. Give probable cause of death, type and location of wounds (is there evidence that body was burned)
15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, designs markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:
16. Give description of any vehicle found in the area that could be connected with the death of the deceased
- | (Type) | (WD Serial No.) | (Organization) | (Serial No. and |
|-------------------|-----------------|----------------|-----------------|
| Type of each gun) | | | |
17. Give exact location of remains in vehicle before removal
18. If buried in a coffin, give description and markings
19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of these remains

A TRUE COPY

W.T. Kelly

WM. T. KELLY

1st Lt QMC

609th QM Gr Reg Co.

20. Other pertinent information which would aid in establishing identity

/s/ George B Thorbrogger
(Individual in Charge of Disinterment)

s/Sgt
(Rank)

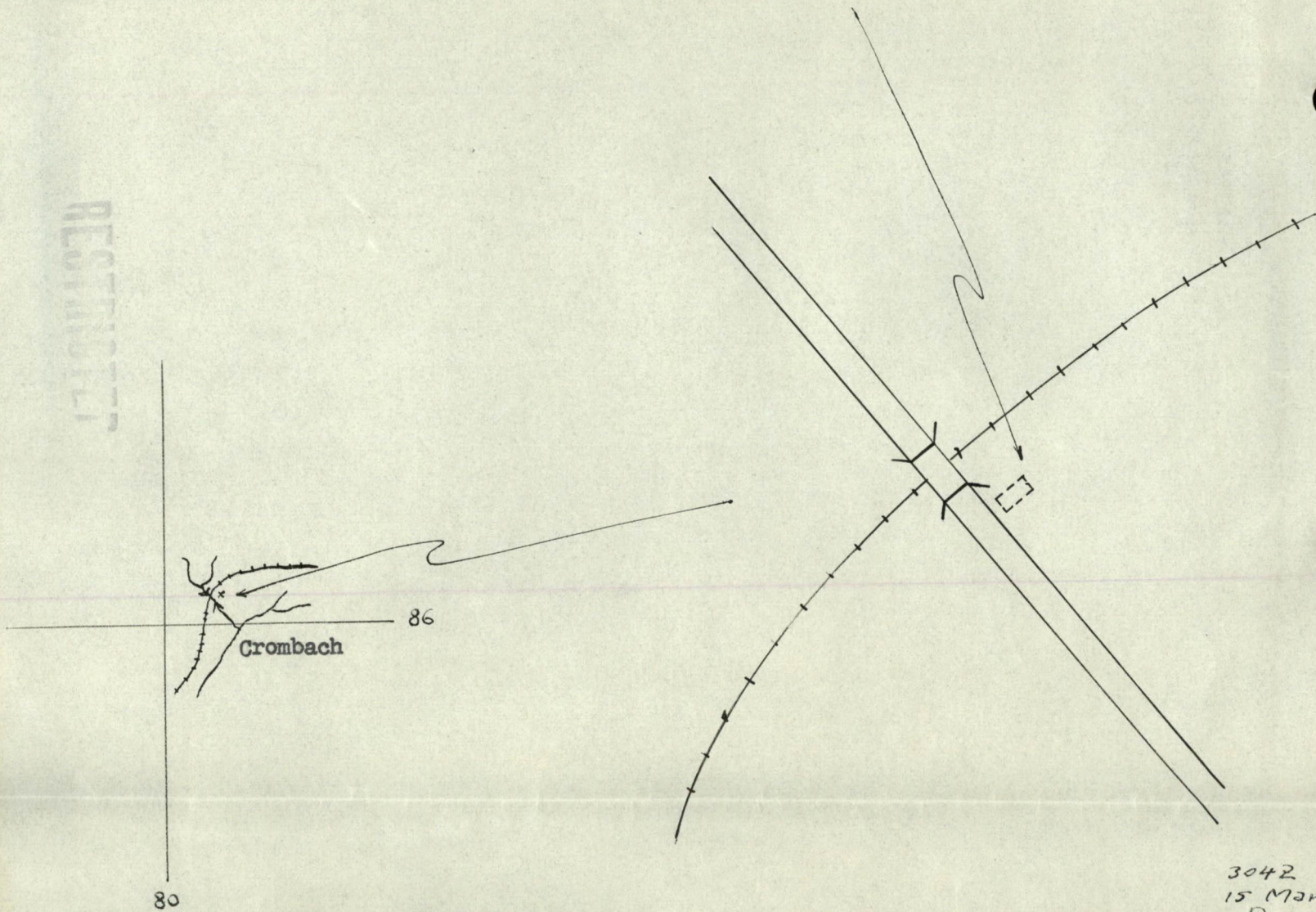
375150
(ASN)

3042nd
3018th QM C.R.
WTK (Organization)

Central Europe - 1:100000 - BONN - Sheet S. 1.

Group IV
14 Mar 1945

Body of James N Bone, 38079587, disinterred at "X", northwest of Crombach, Belgium.
Coord: P808864.



3042
15 Mar 45
Dennis

1

NY-012-R DISINTERMENT DIRECTIVE

79-15

NY-012-R

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 6020 00837		DATE 15 03 48 DAY MONTH YEAR			
NAME BONE JAMES N			SERIAL NUMBER 38079587		RANK TEC 4		ARM 1		
CEMETERY HAMM - LUXEMBOURG				1		DATE OF DEATH 8400 10 DAY MONTH YEAR			
PLOT Q				ROW 7		GRAVE 164		COUNTRY LUXEMBOURG	
								DISPOSITION OF REMAINS 8400 10 CODE DIST. PT.	
								CAUSE OF DEATH 1	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HOLMES FUNERAL HOME 223 NORTH THIRD AVENUE DURANT OKLAHOMA (F/B KEMP, OKLAHOMA)				NAME AND ADDRESS OF NEXT OF KIN MANSFIELD BONE (FATHER) ROUTE 1 C/O HOLMES FUNERAL HOME KEMP, OKLAHOMA DURANT, OKLA.			
---	--	--	--	---	--	--	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME JAMES N. BONE		SERIAL NUMBER 38079587		RANK TEC4		DATE OF DEATH EST 23 DEC 1944		DATE DISTINTERRED 26 MAY 1948	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS.		ORGANIZATION USAGF			RELIGION P		IDENTIFICATION VERIFIED BY CHARLES L. WALLS CAPT, QMC NAME AND TITLE		

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM		CONDITION OF REMAINS BODY COMPLETE LEFT FEMUR FRACTURED ADVANCED DECOMPOSITION			
OTHER MEANS OF IDENTIFICATION NONE					
MINOR DISCREPANCIES 1 NONE					

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX		<i>Floyd C. Teske</i>			
DATE 28 MAY 1948		BY FLOYD C. TESKE, EMBALMER			
CASKET SEALED BY BYRON F JOHNSTON, MORGUE DIRECTOR			EMBALMER (Signature) <i>Byron F Johnston</i> BYRON F JOHNSTON, MORGUE DIRECTOR		
CASKET BOXED AND MARKED 18/6/48		CHARLES R CARDER CLERK RECORDER			
DATE 18/6/48		BY CHARLES R CARDER CLERK RECORDER			
IDENTIFICATION VERIFIED BY all markings, tags and plates verified by: <i>F. B. MacDonals</i> F. B. MACDONALS, CAPT., QMC.					

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

Fritz J. Toltzien
FRITZ J. TOLTZIEN, 1ST LT, FA
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC HAMM, LUXEMBOURG	TO ANTWERP PORT - PIER 140
KIND OF CONVEYANCE <i>R/17</i>	NAME OF CONVOYER S/SGT EDWARD N. KNOLL RA 12039880
SIGNATURE OF SHIPPER <i>L.R. Meyer</i> LLOYD L.R. MEYER 1/LT INF., 0-1327166	SIGNATURE OF RECEIVER <i>[Signature]</i> 16 JUN 1948
DATE 14/6/48	DATE 16 JUN 1948

2. SHIPPED

FROM AGRC ANTWERP BELGIUM	TO USAT OGLETHORPE VICTORY
KIND OF CONVEYANCE ZEC	NAME OF CONVOYER ROBERT W. WILSON, 1ST LT. T. C.
SIGNATURE OF SHIPPER <i>[Signature]</i> L E Butler Lt Col Inf	SIGNATURE OF RECEIVER <i>[Signature]</i> 22 JUN 1948
DATE 22 JUN 1948	DATE 22 JUN 1948

3. SHIPPED

FROM <i>[Faint]</i>	TO <i>[Signature]</i>
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER <i>[Signature]</i> JAMES L. MCKINNON COLONEL, T. C.
DATE	DATE JUL 9 1948

4. SHIPPED

FROM <i>[Faint]</i>	TO <i>[Signature]</i>
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i> JAMES L. MCKINNON COLONEL, T. C.	SIGNATURE OF RECEIVER <i>[Signature]</i> H. C. SAUNDERS, CAPT., QMC.
DATE JUL 15 1948	DATE JUL 18 1948

5. SHIPPED

FROM <i>[Faint]</i>	TO <i>[Faint]</i>
KIND OF CONVEYANCE <i>[Faint]</i>	NAME OF CONVOYER <i>[Faint]</i>
SIGNATURE OF SHIPPER <i>[Faint]</i>	SIGNATURE OF RECEIVER <i>[Faint]</i>
DATE	DATE

6. SHIPPED

FROM <i>[Faint]</i>	TO <i>[Faint]</i>
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Faint]</i>	SIGNATURE OF RECEIVER <i>[Faint]</i>
DATE	DATE

7. SHIPPED

FROM <i>[Faint]</i>	TO <i>[Faint]</i>
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Faint]</i>	SIGNATURE OF RECEIVER <i>[Faint]</i>
DATE	DATE

MESSAGEFORM

MESSAGE CENTER No. TRANSMITTING MEANS CRYPTOGRAPH OR CLEAR TEXT

NY-012-R

CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS DAY LETTER 3 58 1948 JUL 2 PNR	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)
FORT WORTH QUARTERMASTER DEPOT, FORT WORTH, TEXAS

SECURITY CLASSIFICATION

ACTION TO:

- MR. MANSFIELD BONE ✓
- C/O HOLMES FUNERAL HOME DLR AND REPORT ANY CHARGES
- DURANT, OKLAHOMA

PRECEDENCE FOR
ACTION INFORMATION ORIGINAL MESSAGEREFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF THE LATE
TEC 4 JAMES N. BONE ✓ ARE ENROUTE TO THE UNITED STATES.
WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY
DATE. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO
HOLMES FUNERAL HOME, 223 NORTH THIRD AVENUE, DURANT, OKLAHOMA. ✓

WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT
TO FORT WORTH QUARTERMASTER DEPOT ATTENTION AGR DIVISION, FORT WORTH, TEXAS
ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE
ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY
DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE FORTY-EIGHT HOUR
PERIOD. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING
FINAL DELIVERY. FOUR DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL
DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME
REMAINS WILL ARRIVE AT RAILROAD STATION AND WILL BE REQUESTED TO PASS THIS
INFORMATION ON TO YOU. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS
AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY
ESCORT. IF YOU SHOULD DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY

LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. PLEASE

INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

SYMBOL C	ORIGINATING AGENCY	DATE-TIME GROUP JUL 2 1948	OFFICIAL TITLE LT. COLONEL, Q.M.C. S. S. Partridge	PAGE OF
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WD AGO FORM 11-168
JUN 1945This 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

CRYPTOGRAPHIC OR CLEAR TEXT		MESSAGE CENTER NO.		TRANSMITTING METHOD	
CALLS		RECEIVED		RECEIVED	
DAY LETTER		58		58	
ACTION		IN ACTION		IN ACTION	

SECURITY CLASSIFICATION		PORT WORTH QUARTERMASTER DEPOT, FORT WORTH, TEXAS	
PRECEDENCE FOR		DIR AND REPORT	
ACTION		ANY CHANGES	
ORIGINAL MESSAGE			
REFLECT TO ANOTHER MESSAGE			
CLASSIFICATION			

THE HANDOUTS HAS BEEN ADVISED THAT THE REMAINS OF THE LATE
 ARE ENROUTE TO THE UNITED STATES.
 WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY
 DATE. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO
 WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONTACT BY TELEGRAM COLLECT
 TO FORT WORTH QUARTERMASTER DEPOT AIRPORT AGR DIVISION, FORT WORTH, TEXAS
 ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE
 ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY
 DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE FORTY-EIGHT HOUR
 PERIOD. YOUR BEST COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING
 FINAL DELIVERY. YOUR FIVE PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL
 DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF EXACT HOUSING AND SCHEDULED TIME
 REMAINS WILL ARRIVE AT BALIBOARD STATION AND WILL BE REQUESTED TO PASS THIS
 INFORMATION ON TO YOU. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS
 AT BALIBOARD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY
 ESCORT. IF YOU SHOULD DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY
 LOCAL PATRIOTIC OR VETERAN ORGANIZATION TO MAKE ARRANGEMENTS. FUNERAL
 INCLUDE WILL BE OR DEPOSED IN REPLY TELEGRAM.

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTERN UNION

(15)

JOSEPH L. EGAN
PRESIDENT

SYMBOLS

DL = Day Letter

NL = Night Letter

LC = Deferred Cable

NLT = Cable Night Letter

Ship Radiogram

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin Time of receipt is STANDARD TIME at point of destination

FWD 45DD573 =D

D. RJA051 10 COLLECT=DURANT OKLA 2 449P= 1948 JUL 2 PM 5 22

FORT WORTH:QUARTERMASTER DEPOT=

NY.012-R

:ATTN AGR DIVISON FTW=

JAMES

:CONFIRMING PAST INSTRUCTIONS CONCERNING TEC 4 JAMS N BONE=

:MANSFIELD BONE.

.TEC 4.

1948 JUL 2 PM 5 23

8-1

RECEIVED JUL 2 1948

B-0-3

INSPECTION CHECKLIST (FOR USE OVERSEAS PORT, U.S. PORT, AND DISTRIBUTION CENTER) NY-012-R

NAME Bone, James N.		RANK Tec. 4		SERIAL NUMBER 38079587			
SOURCE HAMM Luxembourg Luxembourg		CONSIGNEE Holmes Funeral Home, 223 North Third Avenue Durant, Okla.					
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)		CONDITION OF SHIPPING CASE (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
FINISH (Exterior)		REMARKS					
FINISH (Interior)							
HANDLES							
HANDLE BOLTS							
STENCILING - NAMEPLATE							
HEALTH PERMIT MARKER							
HEALTH PERMIT NUMBER							
CASKET - General Appearance (Check ONLY Discrepancies)		CONDITION OF CASKET (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
FINISH (Exterior)		REMARKS					
HANDLES AND FASTENINGS							
STENCILING - NAMEPLATE							
CAM LOCKS (Sealing)							
ODOR OR MOISTURE							
ROUTED THROUGH							
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input checked="" type="checkbox"/> REPAIR SHOP					
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		CASKET REPAIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
NECESSARY DISINFECTION (Explain)		CASKET EXCHANGED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
		SHIPPING CASE REPAIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
		SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
		REMARKS					
TIME	DATE	SIGNATURE OF MORTICIAN		TIME	DATE	SIGNATURE OF INSPECTOR	
				1500	7-28-48	<i>Henry P. Coste</i>	
REMARKS							

CERTIFICATE

WW 11

(AR 30-1830)

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

PART A - CIVILIAN OR PRIVATE CEMETERY

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
JAMES N. BONE	TEC 4	38079587	USAGF

I certify that the sum of \$ 75⁰⁰ was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

CLAIM VALID REPATRIATION

INSERT NAME OF CEMETERY <u>Highland Rest</u>	CITY OR COUNTY <u>Waco</u>	STATE <u>Ohio</u>
SIGNATURE OF CLAIMANT <u>[Signature]</u>		

- INSTRUCTIONS TO PERSON SIGNING THIS FORM
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.
 2. Return four copies to:
DEPARTMENT OF THE ARMY
FORT WORTH QUARTERMASTER DEPOT
FORT WORTH 1, TEXAS

ADDRESS OF CLAIMANT (City, Street or RFD, and State) <u>Mr. F. Bone</u>	DATE <u>July 30-48</u>
RELATIONSHIP TO DECEDENT <u>Father</u>	

PART B - NATIONAL OR POST CEMETERY

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT

I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:

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

INSTRUCTIONS TO PERSON SIGNING THIS FORM	SIGNATURE OF CLAIMANT
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.	ADDRESS OF CLAIMANT (City, Street or RFD, and State)
2. Return four copies to:	RELATIONSHIP TO DECEDENT
	DATE

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

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

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

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

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

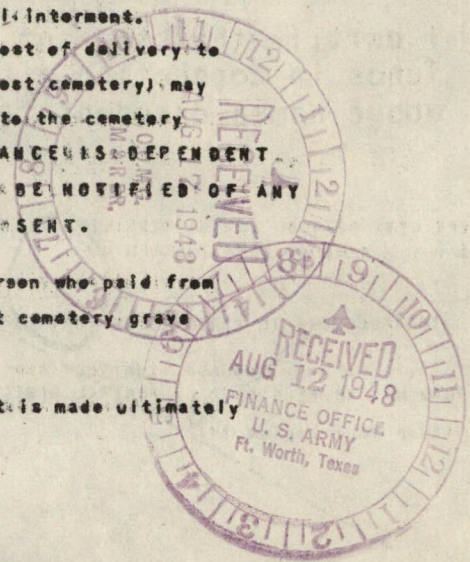
EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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

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

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

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



cc
T/4 James W. Bone, 38 079 587
Plot C, Row 7, Grave 164,
United States Military Cemetery II
Hamm, Luxembourg

31 July 1947

Mr. Mansfield Bone
Route #1
Hendrix, Oklahoma

Dear Mr. Bone:

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 *agl*
The Quartermaster General

Incls.

JUL 31 1947
MAIL & RECORDS

1941

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D.C.

OFFICE OF THE ASSISTANT
SECRETARY FOR LAND
MANAGEMENT

WASHINGTON, D.C.

The purpose of this report is to provide a detailed description of the land area described in the title hereof. The land is situated in the State of California, County of Santa Clara, and is bounded on the north by the State of California, on the south by the State of California, on the east by the State of California, and on the west by the State of California.

The land is situated in the State of California, County of Santa Clara, and is bounded on the north by the State of California, on the south by the State of California, on the east by the State of California, and on the west by the State of California. The land is situated in the State of California, County of Santa Clara, and is bounded on the north by the State of California, on the south by the State of California, on the east by the State of California, and on the west by the State of California.

The land is situated in the State of California, County of Santa Clara, and is bounded on the north by the State of California, on the south by the State of California, on the east by the State of California, and on the west by the State of California.

The land is situated in the State of California, County of Santa Clara, and is bounded on the north by the State of California, on the south by the State of California, on the east by the State of California, and on the west by the State of California.

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D.C.

1941

14 October 1946

Mr. Mansfield Bone
Route #1
Hendrix, Oklahoma

Dear Mr. Bone:

*293
line*

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Technician Fourth Grade James N. Bone, A.S.N. 38 079 587.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Hamm, plot Q, row 7, grave 164. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located two and one half miles east of the city of Luembourg, 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

21

293

OCT 15 10 22 AM '46

MAIL & RECORDS BRANCH

10 October 1944

Mr. [Name]
[Address]
[City]

Dear Mr. [Name]:

The War Department is very anxious that you be furnished with
information regarding the [subject] of your [request], the late [name]
[Address] [City] [State]

The records of this office indicate that [name] was [status]
in the U. S. Military Service [date] to [date]. You
may be assured that the [subject] and [subject] have been
completed with [status] and [status].

This [subject] is [status] and [status] [status] of the
of [subject] and [status] [status] and [status] of [status]
[status] [status].

The War Department has not been authorized to [status] of [status]
[status] with the [status] [status] of [status]
[status] [status] [status] of [status] [status] [status] [status]
[status] [status] [status] [status] [status] [status] [status] [status]
[status] [status] [status] [status] [status] [status] [status] [status]

Yours very truly,

[Signature]

The [Name]
[Address]
[City]

119
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

15 March 45

Date

BONE **James N** **Unknown** **38079587**

Last Name First Initial Rank Serial No.

Unknown **23 Nord de Guerre Zone** **Unknown**

Coord VP 808864 Nord De Guerre Zone x 23 Organization

Crombach, Belgium **UNK (Estimated to be 22 Dec 44)** **Body too decomposed to determine**

Place of Death Date of Death Cause of Death

1100-15 March 45 **U.S. Military Cemetery, Hamm, Luxembourg**

Time and Date of Burial Name of Cemetery Name or Coordinates of Location

164 **7** **Q** **Cross**

Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags
How were remains identified?

See Attached sketch and check list for disinterment for additional information

REBURIAL

What means of identification were buried with the body?

Previously buried in isolated grave located at
Coord VP 808864 Nord de Guerre
Crombach, Belgium Zone

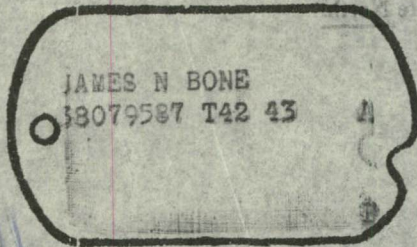
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	PAPAJCIK Name	35525194 Serial No.	Pvt Rank	Unknown Organization	163 Grave No.
Deceased's Left:	KOSINSKI Name	32773125 Serial No.	Pfc Rank	Unknown Organization	165 Grave No.

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

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



Emergency Addressee **Unknown**
Name

Address

Religion **Protestant**

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

Per. ltr. ltr. 31 Aug. 45 (314.6 T/O European, Corr. to Report of Bn).

RESTRICTED

FILE

For The Commanding Officer: Signature of Officer or other person reporting burial

JUN 15 1945

WM. T. KELLY *W. T. Kelly*
1st Lt QMC Verified by G.R.S. Officer
609th QM Gr Reg Co.

29

IF DECEASED UNIDENTIFIED

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

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

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

Left Hand

4	2	1	Thumb
163	163	163	163
Unknown	Unknown	Unknown	Unknown
163	163	163	163
Unknown	Unknown	Unknown	Unknown

Right Hand

4	2	1	Thumb
163	163	163	163
Unknown	Unknown	Unknown	Unknown
163	163	163	163
Unknown	Unknown	Unknown	Unknown

REBURIAL

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

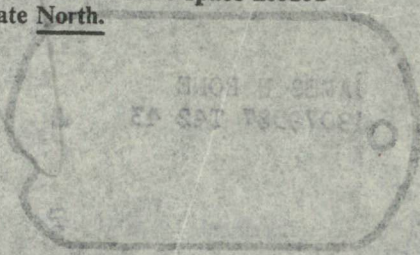
Previously buried in isolated grave located at

Coord VP 808884 Word de Guerre

Grombach, Belgium Zone

TOOTH CHART

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.



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

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

Characteristics:

Other Data:

For The Commanding Officer:

AG P BR HQ SCS /22560

JAMES H. KELLY
1st Lt OMC
Coastal GM Gr Reg Co.

CHE LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

Only PART I should be completed, if identification tags are available.

Both PART I & II should be completed if identification tags are not available.

If information is unavailable, so indicate.

14 March 1945

Date

PART I (Positive identification)

- 293
1. BONE, JAMES N. Unknown 38079587 Unknown
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached Two around neck
3. Give exact location from which disintered, furnishing coordinates and map series used In village of Crombach, Bel. P 808864 Bel. & NE France 1:100000 Marche Sheet 13
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) None
5. Approximate or established date of death (state which & give basis for date selected) Unknown
6. Approximate or established date of burial (give basis for date established) 22 Dec 1944 According to paper tag attached to marker by the Germans who buried body.
7. Manner in which grave was marked and all information contained on the marker Wooden Cross with name and date of burial
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information). None

PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)
11. _____
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc.

RESTRICTED

file 45
86-118

13. Give as detailed description as possible of condition and amounts of remains

14. Give probable cause of death, type and location of wounds (is there evidence that body was burned)

15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, designs markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

(Type)

(WD Serial No.)

(Organization)

(Serial No. and

Type of each gun)

17. Give exact location of remains in vehicle before removal

18. If buried in a coffin, give description and markings

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of these remains

A TRUE COPY

W. T. Kelly

WM. T. KELLY

1st Lt QMC

609th QM Gr Reg Co.

20. Other pertinent information which would aid in establishing identity

/s/ George B Thorbrogger
(Individual in Charge of Burial)

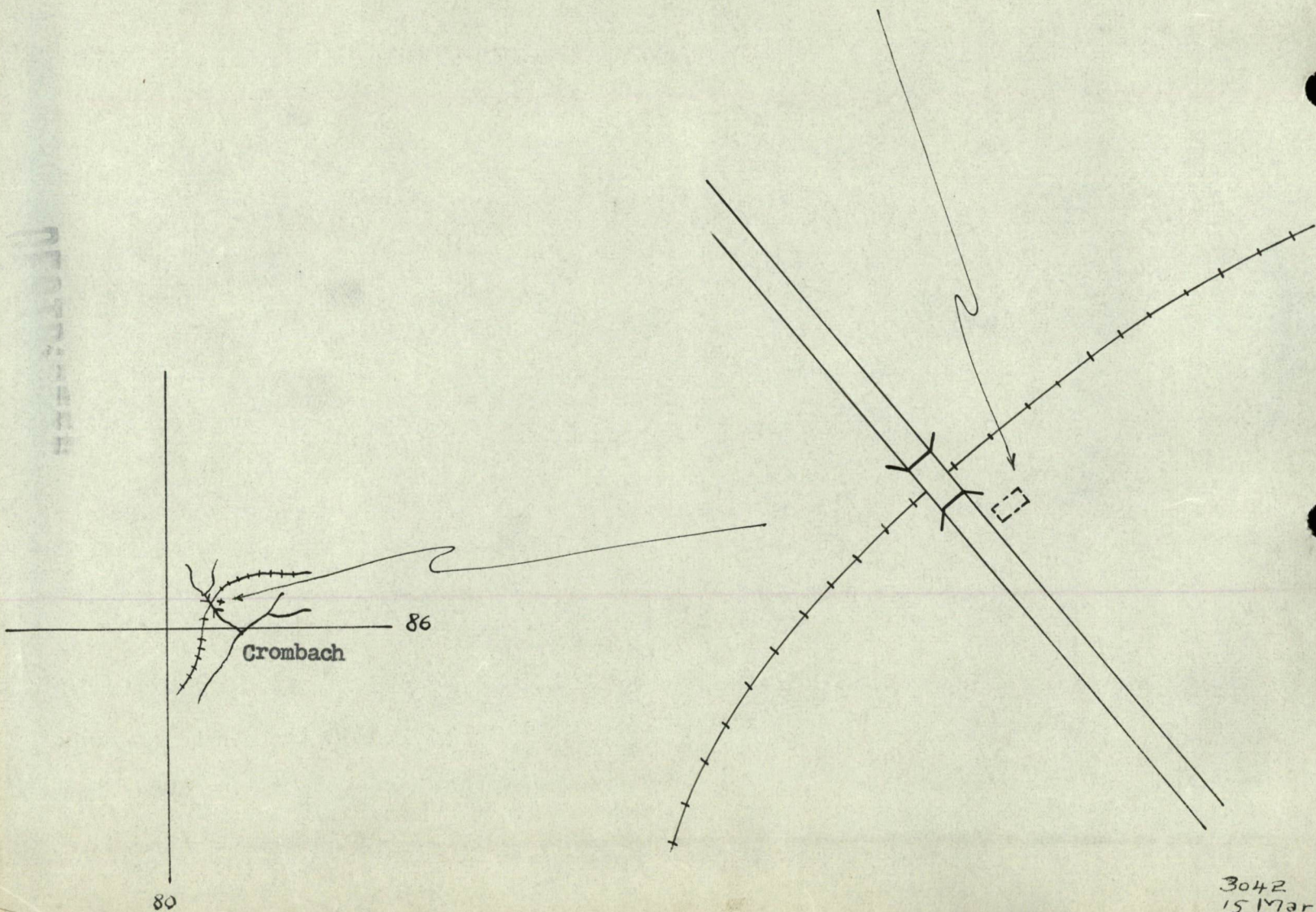
S/Sgt
(Rank)

37545093
(ASN)

3042nd
3048th QM G.R.
WTK (Organization)

Group IV
14 Mar 1945

Body of James N Bone, 38079587, disinterred at "X", northwest of Crombach, Belgium.
Coor: VP808864.



3042
15 Mar 45
Dennis

SENSITIVE SURFACE - HANDLE LOGS ONLY

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

REPORT OF DEATH

Bone, James N.

DATE 23 Apr 1945

FULL NAME <i>Bone, James N.</i>		ARMY SERIAL NUMBER 38 079 587		LIBRARY 7/4	
HOME ADDRESS <i>Hendrix, Oklahoma</i>		ARM OR SERVICE <i>Infantry</i>		DATE OF BIRTH 25 Jun 1920	
PLACE OF DEATH <i>European Area</i>		CAUSE OF DEATH <i>Killed in action</i>		DATE OF DEATH 23 Dec 1944	
STATION OF DECEASED <i>European Area</i>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 11 Feb 1942		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <i>Mr. Mansfield Bone, Father, Route 1, Hendrix, Okla.</i>					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <i>Mansfield Bone, Father, Route 1, Hendrix, Okla. Lowell Mathew Bone, Brother, same as above</i>					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
				WAS DECEASED ON DUTY STATUS	
				YES	NO
				AUTHORIZED ABSENCE	
				YES	NO
				IN FLYING PAY STATUS	
				YES	NO
				OTHER PAY STATUS (SPECIFY BELOW)	
				YES	NO

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

*Awarded Combat Infantryman Badge, per GO #66, Hq. 7th Armd. Inf., dated 20 Oct 1944.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 Dec 1944 until such absence was terminated on 14 Apr 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General in the European Area.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
S. O. C. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VEY. ADMIN.	CASUALTY BRANCH FILE
		A. G. SOI FILE

30 APR 1945
BY ORDER OF THE SECRETARY OF WAR
James W. Rankin
ADJUTANT GENERAL

STATE OF TEXAS
COUNTY OF []

[Faint, mostly illegible text, possibly a letter or report body]

[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]

[Faint, mostly illegible text, possibly a signature block or concluding remarks]

[Faint text in the bottom right corner, possibly a date or reference]

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

JRM:VM:md

Case No. 377078

Date 8 August 1945

SUBJECT: Report of transaction in disposing of the effects of

James N. Bone, 38079587 late a
(Name of decedent) (Army Serial Number)
T/4, Infantry who died
(Grade) (Organization, Army or Service)
on the 23 day of Dec, 19 44, 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 decedent's 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 \$ ne 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 2 August 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mansfield Bone 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, Mansfield Bone of (Name of person found entitled)

Route #1, Hendrix State of (Number, Street or Avenue) (City, Town or Village)

Oklahoma, is the father of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, CMC

SUBJECT: Report of transaction in disposing of the effects of

James N. Bone, 38079587 late a
(Name of decedent) (Army Serial Number)
T/4, Infantry who died
(Grade) (Organization, Army or Service)
on the 23 day of Dec, 19 44, 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 decedent's 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 \$ ne 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 2 August 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mansfield Bone 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;

Wherupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mansfield Bone of (Name of person found entitled)

Route #1, Hendrix State of (Number, Street or Avenue) (City, Town or Village)

Oklahoma, is the father of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, CMC

(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Mansfield Bone

SHIP TO:

Route #1

Effects of: T/4 James N. Bone
Name 38079587

Hendrix, Oklahoma

ASN 377078 D

Case No.

Wt.

DATE 6 August 1945

RTB:VM:md

FOR: Effects Quartermaster

SCREENED
S-5-48wc

Bones

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 **FRANKED** AUG 10 1945
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages

SE

Shipping Clerk

577078

RTB:VM:md
August 6, 1945

Mr. Mansfield Bone
Route #1
Hendrix, Oklahoma

Dear Mr. Bone:

The Army Effects Bureau has received from overseas some property of your son, Technician Fourth Grade James N. Bone.

This property, consisting of a ring, 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 Unit

67

AB

1941

1941

1941

1941

1941

1941

1941

1941

1941

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASED
MISSING
P.O.W.
ABANDONED

X

#1 env

377,078

TALLY NO. 9900

INV. DATE 2 July 45

ORIG. NO. OF PKGS. 1

NAME James N Bone

A.S.N. 28079587 RANK

BOX NO. 77

SHEET 1

OF SHEETS ORGANIZATION

Belt	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
Cloth, wash	BRACELET IDENT.	BILLFOLD, (NO MONEY)
Coats	Brushes	Case
Footwear, Pr.	CAMERAS	Foot locker
Gloves, Pr.	Glasses	KIT, SEW, TLT, OR WRITING
Handkerchiefs	Knives	BOOKS
Headwear	Lighters	Books, Address
Jackets	MISC.	Books, Pilot Log
Overcoats	Pen, Fountain	DIARY (REMOVED FOR DUR)
Scarfs	Pencil, Mechanical	FILMS
Shirts	Pipes	Letters
Socks, Pr.	RELIGIOUS ARTICLES	Papers, Personal
Ties	RIBBONS, DECORATION	Photos
Towels	Rings	Shoe shine articles
Trousers, Pr.	Tobacco	SHORT SNORTER
Trunks, Pr.	Toilet articles	SOUVENIRS
Underwear	WATCH	SOUVENIR MONEY
		stationery
		TESTAMENTS
		U.S. MONEY (AMOUNT)

ALP 8 17

REMARKS

ATTACHMENTS

FORM #54

FORM #100

no information
Rechecked

Inventory Report & Serial List of Disposition
is labeled

C.A.T. none

WAREHOUSE SPACE S

STORED BY W

DATE SHIPPED AUG 10 1945

INVENTORIED BY M. M. ...

G.I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LAUNDRY REMOVED

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

#1 env

377078

P.O.W. ABANDONED

TALLY NO. 9900

INV. DATE 24 July 45

ORIG. NO. OF PKGS. 1

BOX NO. 77

SHEET 1 OF 1 SHEETS

ORGANIZATION

NAME James N Bone

A.S.N. 38079587 RANK

Belt	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
Cloth, wash	BRACELET IDENT.	BILLFOLD, (NO MONEY)
Coats	Brushes	Case
Footwear, Pr.	CAMERAS	Footlocker
Gloves, Pr.	Glasses	KIT, SEW, TLT, OR WRITING
Handkerchiefs	Knives	BOOKS
Headwear	Lighters	Books, Address
Jackets	MISC.	Books, Pilot Log
Overcoats	Pen, Fountain	DIARY (REMOVED FOR DUR)
Scarfs	Pencil, Mechanical	FILMS
Shirts	Pipes	Letters
Socks, Pr.	RELIGIOUS ARTICLES	Papers, Personal
Ties	RIBBONS, DECORATION	Photos
Towels	Rings	Shoe Shine Articles
Trousers, Pr.	Tobacco	SHORT SNORTER
Trunks, Pr.	Toilet Articles	SOUVENIRS
Underwear	WATCH	SOUVENIR MONEY
		stationery
		TESTAMENTS
		U.S. MONEY (AMOUNT)

HP 8 17

REMARKS no information

ATTACHMENTS

FORM #54

FORM #100

Rechecked

Inventory Report prepared

Check for inventory terms

is labeled

C.A.T. none	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE S	STORED BY W	SHORTAGE ON REVERSE
INVENTORIED BY M. Manabon	DATE SHIPPED AUG 10 1945	IDENT. TAGS REMOVED
PACKED BY	CHECKED BY	DIARY REMOVED
		LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED
		<input checked="" type="checkbox"/> #43 OR ADDITIONAL

KA

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

Serial No.

~~380745~~ 877

Name

James N.

Grade

Rank

Organization

Address

Nearest Relative

Address

Killed in Action

Died of Disease

Date

Hospital

Battle Area

Information

Place of Burial

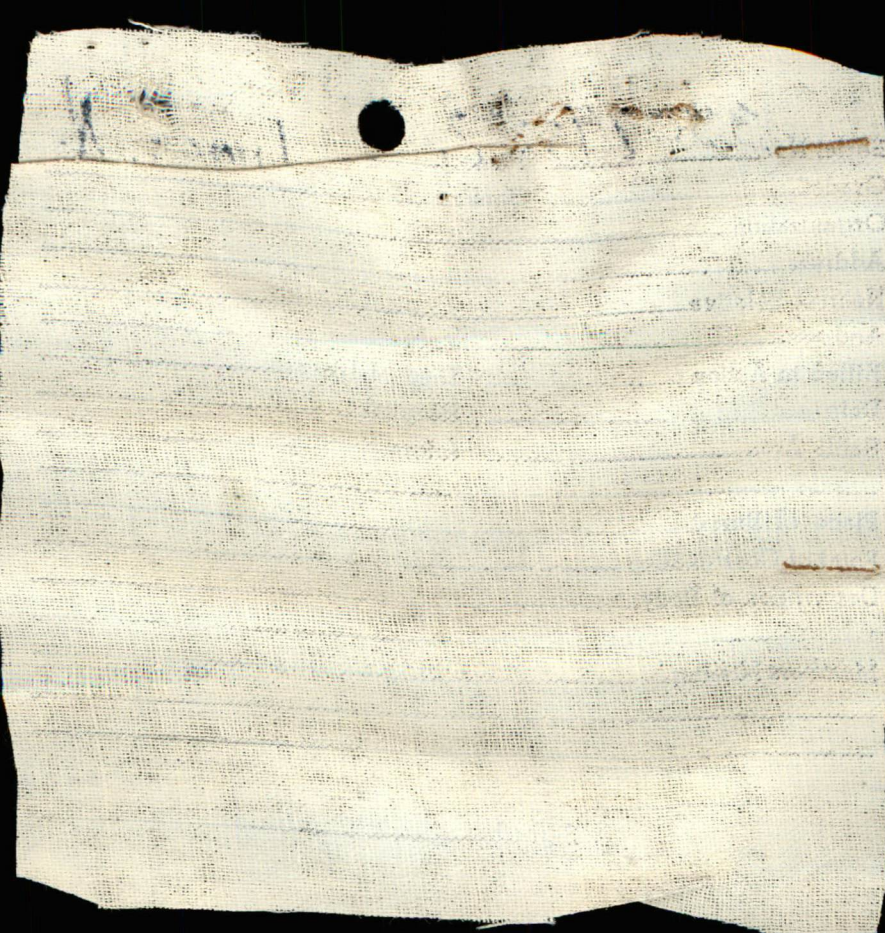
Point of Coordination

Description of Body

Members Missing

Signed

[Handwritten signature]



BONE James N.

38079587

TIF 324

PEB

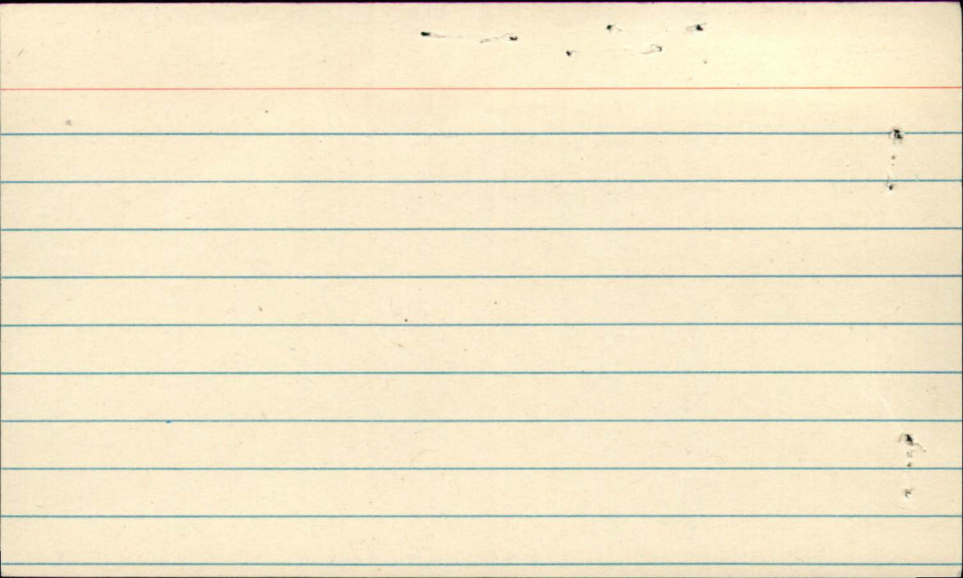
DECEASED

N.I. DATE 19 Apr. 45

T/O# F.D. 1639

K.C.

377 078



RESTRICTED
INVENTORY FORM

15 March 45

DATE

SUBJECT: Inventory of Personal Effects of:

None James II Unknown 38079-87
(LAST NAME) (FIRST NAME) (MI) (RANK) (ASN)

TO: Effects Quartermaster, Communications Zone, APO 507 US Army

The above named individual of Unknown Unknown
(UNIT) (ORGANIZATION)

was reported deceased about UNK (Estimated to be 22 Dec 44) 1944.
STATUS (KIA, MIA, Hosp. etc.) (DATE)

Designated Beneficiary if information readily accessible Unknown

INVENTORY OF EFFECTS

1 Ring, gold color
No Currency

File deep

Money in the amount of none has been turned into none
(NAME OF FINANCE OFFICE AND

Form #DFD 38 enclosed.

SYMBOL NUMBER)

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 on 4 April 1945.
(RAIL, TRUCK, ETC.)

For The Commanding Officer:

Name W-F. Kelly
W. F. KELLY
Rank & ASN 1st Lt - O-536262
Organization 609th QM Gr Reg Co.

Any additional pertinent information:

R E S T R I C T E D
I N V E N T O R Y F O R M

17 APR 1945

25 March 1945
Date

SUBJECT: Inventory of Personal Effects of:

BONE JAMES N T/4 38 079 587
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO 871 US Army

The above named individual of Co. "A" 23d Armd Inf Bn
(Unit) (Organization)

was reported MIA about 23 December 19 44
Status (KIA, MIA, Hosp. etc.)

Designated Beneficiary if information readily accessible Mr. Mansfield Bone (Father)

Route #1, Hendrix, Okla

I N V E N T O R Y O F E F F E C T S

Nothing

Money in the amount of None has been turned into _____
(Name of Finance Office)

_____ Form WDFD 38 enclosed.
and symbol number)

Unknown

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 _____ on _____ 19____.
(Rail, Truck, etc.)

Stephen M. Kew
Name STEPHEN M. KEW

Rank & ASN 1st Lt. 0-441672

Organization 23d Armd Inf Bn

Any additional pertinent information:

SECRET

CONFIDENTIAL

TO: [Illegible] (S)

FROM: [Illegible] (S)

SUBJECT: [Illegible] (S)

1. [Illegible] (S)

2. [Illegible] (S)

3. [Illegible] (S)

4. [Illegible] (S)

5. [Illegible] (S)

6. [Illegible] (S)

7. [Illegible] (S)

8. [Illegible] (S)

9. [Illegible] (S)

10. [Illegible] (S)

11. [Illegible] (S)

12. [Illegible] (S)

13. [Illegible] (S)

14. [Illegible] (S)

15. [Illegible] (S)

16. [Illegible] (S)

17. [Illegible] (S)

18. [Illegible] (S)

19. [Illegible] (S)

20. [Illegible] (S)

SECRET

CONFIDENTIAL