



RES310141009

WNR-01-09-020-1-007-07-003

Transfer#: W092-70A0001

Box: 264 CC:00

ARR1-297921724

Asset#: AAC1-23781482

7878
Whole Container: N

C/F: RUSSELL, CLARKSON 31241290

Created: 10/14/2010

Transfer

On-Site Review

Standard

On-Site Review

N/A

To:

REVIEW

7660 (7878)

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

TRANSFER SLIP

No. A6 362489

DATE OF REQUEST

8-14-53

✓ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	290. Russell Clarkson a 31241290									REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE McLaughlin - Leptidge					DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER JOMC				
RETURN TO	TECHNICAL RECORDS SECTION DRB, TAGO					DATE RETURNED		TO RETURN FILE, INITIAL HERE		
INSTRUCTIONS	219 N. ... Street Alexandria, Virginia When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.									

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

293 Russell, Clarkson

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

8/14/53

SIGNATURE

edent
m p

No. A6 362489

DEPARTMENT OF THE ARMY
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON



DEPARTMENTAL RECORDS BRANCH, A.G.O.

TECHNICAL RECORDS SECTION

DRB, TAGO

219 N. Lee Street

Alexandria, Virginia

JEW

USMC NEUVILLE EN CONDROZ

Plot D, Row 5, Grave 8
Date of Burial: April 49
Verified by GRS officer
Roger E Lewis, Capt. CAV

DISINTERMENT DIRECTIVE

1

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1260 10021

DATE

15 12 48

DAY MONTH YEAR

NAME

RUSSELL CLARKSON A

SERIAL NUMBER

31241290SGT

GRADE

ARM

RACE

RELIGION

1

1

1

CEMETERY

NEUVILLE BELGIUM

PLOT

GG

ROW

4

GRAVE

79

DISPOSITION OF REMAINS

1202

80

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN Flag sent: 13 April 49

NAME AND ADDRESS OF CONSIGNEE

NEUVILLE-EN-CONDROZ, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN

MARGERY H. RUSSELL (WIFE)
621 MAIN STREET
WEST MEDWAY, MASSACHUSETTS

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

USAGF

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

FILE

SIGNATURE OF AGRS INSPECTOR

13 MAY 1949

REGISTRATION
BRANCH
MEM. DIV.

REMARKS AND SPECIAL INSTRUCTIONS

I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of Form 1194 concerned

Raymond G Johnson 1ST LT INF

4104

MAY 11 1964

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER		DATE		
NAME RUSSELL CLARKSON A		SERIAL NUMBER 31241290	GRADE SGT	ARM 1	DAY	MONTH
CEMETERY NEUVILLE BELGIUM		PLOT GG	ROW 4	GRAVE 79	RACE	RELIGION 1
				DISPOSITION OF REMAINS		
				CODE	DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME CLARKSON A. RUSSELL	SERIAL NUMBER 31241290	GRADE SGT	DATE OF DEATH	DATE DISTINTERRED 9 DECEMBER 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS & <input checked="" type="checkbox"/> EMB <input type="checkbox"/> MARKER <input type="checkbox"/> EMB	ORGANIZATION	RELIGION P	IDENTIFICATION VERIFIED BY FRITZ J. TOLTZIEN 1ST LT, MI NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER.	CONDITION OF REMAINS ADVANCED STATE OF DECOMPOSITION. COMPLETE.
OTHER MEANS OF IDENTIFICATION NONE.	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
ID TAG OMITTS MIDDLE INITIAL.

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

DATE **10 JANUARY 1949** BY **JAMES W. ROBERTSON, EMBALMER**

CASKET SEALED BY **GEORGE R. REED** EMBALMER (Signature)
GEORGE R. REED, LICENSED EMBALMER

CASKET BOXED AND MARKED
 DATE **2 FEB 49** BY **PVT DONALD L. GREGORY CLK RECORDER**
 SHIPPING ADDRESS VERIFIED BY TAGS, PLATES, MARKINGS
 VERIFIED BY: **ROGER E. LEWIS, 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

ROGER E. LEWIS, CAPT, CAV.
 SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F-1194 concerned

Raymond G Johnson 1ST LT INF

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

RECORDS BRANCH
 3 12:00 PM '40
 FEDERAL BUREAU OF INVESTIGATION

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

9 May 1949

7431
Sgt Clarkson A. Russell, ASN 31 241 290
Plot D, Row 5, Grave 8
Headstone: Cross
Neuville-en-Condroz (Belgium)
U. S. Military Cemetery

Mrs. Margery H. Russell
621 Main Street
West Medway, Massachusetts

Dear Mrs. Russell:

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

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

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

Sincerely yours,

H. FELDMAN
Major General
The Quartermaster General

MAY 9 12 12 PM '49

O. D. M. C.
MAIL & RECORDS BRANCH

REQUEST FOR DISPOSITION OF REMAINS

11/10/48

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

DATE:

Next of Kin 11/10/48

Sgt. Clarkson A. Russell, 31 241 290
Plot GG, Row 4, Grave 79,
United States Military Cemetery
Neuville-en-Condroz, Belgium

26 October 1948
8700 W. Williams
Chap. G.F.

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, Margery H. Russell

(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. *Neuville, Belgium*
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A 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

Coded 12-20-48

30 DEC 1948

J. Williams

Barber 710026

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

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

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

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

If possible, a picture of the United States Military Cemetery at Neuville-en-Condroz, Belgium

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.

Margery H. Russell (SIGNATURE OF NEXT OF KIN) 621 Main Street (STREET AND NUMBER)

Margery H. Russell (NAME PRINTED OR TYPED) West Medway, Massachusetts (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 12th day of November 1948, at city (or town) of Boston, county of Suffolk, and State (or Territory or District) of Massachusetts

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

Elsie M. Lacey (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 _____ (PLEASE INSERT RELATIONSHIP) _____ AS THE NEXT OF KIN OF THE DECEASED

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
	3A 113 TEM/LS/ae/2408	
RELATIONSHIP TO DECEASED	DATE	
Chief, Chief, 26 Nov Accept. Family 1948		
NUMBER OF LETTERS	SUBJECT:	
Section Letters F/C F/C Br. Br.	Reply to Remarks on OCMG Form 345	
	CITY OR TOWN	STATE OR COUNTRY
TO :	Family Letters Section	
	Family Correspondence Branch	

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

THRU
M & R

THRU : Mail and Records Branch for
Attaching 293 File

1. Request that letter be sent to next of kin replying to remarks on Form 345 (copied below). The 345 Form has been accepted.

2. Extract of Form 345

- A. Name of Deceased Russell, Clarkson A. Sgt. 31241290
Neuville-en-Condroz, Belgium, Plot GG, Row 4, Grave 79
- B. Next of Kin Mrs. Margery H. Russell, (Widow)
Address 621 Main Street, W. Medway, Mass.
- C. Option Selected Option #1
- D. Name of Consignee Neuville-en-Condroz, Belgium
Address

E. Date 345 received in Memorial Division 16 November 1948

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

3. Copy of Remarks: If possible, a picture of the United States Military Cemetery at Neuville-en-Condroz, Belgium.

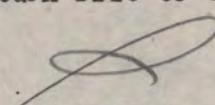

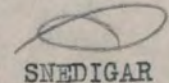
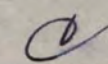
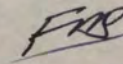

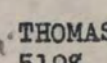
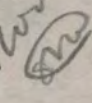
LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED	MULLIGAN	
	5057	
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

638
 QMGM FORM
 REV 1 APR 48

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

Russell, Clarkson 31241290 DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
3	Chief Rec Sec R/R Br Mem Div	Chief Fam Cor Br	19 Oct 48	<p>Request dispatch of Grave Location Letter to NOK of RUSSELL, CLARKSON A. Return file to Capt. Snedigar.</p> <p style="text-align: right;">  SNEDIGAR 5198 </p> <p>1 Incl 293 File</p> <p style="text-align: right;">Thomas 5198</p>
4	Major Smith	Capt Snedigar	22 Oct 48	<p>Forwarded for Necessary Action. Grave Location Letter written to NOK. Copy attached.</p> <p style="text-align: center;">  SMITH </p> <p style="text-align: right;">SAWYER</p>
5	Chief Rec Sec R/R Br Mem Div	Chief LOI Sec R/R Br	25 Oct 48	<p>1. Request dispatch of LOI to Next of Kin. 2. Hand carry this file to Capt. Snedigar.</p> <p style="text-align: right;">  SNEDIGAR 5198 </p> <p>1 Incl 293 File</p> <p style="text-align: right;">Thomas 5198</p>
6	Chief, LOI Sec R/R Br. Mem Div	Chief, Records Section, R/R Br. Mem Div ATTN: Miss Thomas	27 Oct. 1948	<p>LOI has been sent. Copy is attached.</p> <p style="text-align: right;">  CUNNINGHAM 71507 </p> <p>1 Incl; 293: Russell, Clarkson ASN: 31241290</p> <p style="text-align: right;">  Snowden 6535 </p>
7	Chief Rec Sec R/R Br Mem Div	Exec Office R/R Br	29 Oct 48	<p>Records corrected in Records Section. Grave Location Letter and LOI have been dispatched. Copies are attached.</p> <p style="text-align: right;">  SNEDIGAR </p> <p style="text-align: right;">  THOMAS 5198 </p> <p style="text-align: right;">ids</p> <p style="text-align: center;"> <i>WAT</i> <i>for file re Br</i> <i>may bill re Br</i> <i>Nov 48</i>  </p>

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

Sgt. Clarkson A. Russell, 31 241 290
Plot GG, Row 4, Grave 79,
United States Military Cemetery
Neuville-en-Condroz, Belgium

26 October 1948

Mrs. Margery Russell
Main Street
Medway, Massachusetts

Dear Mrs. Russell:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

8 Incls. pdf

lhc

OCT 29 10 17 AM '48
MAIL & RECORDS BRANCH

REQUEST FOR NEW LETTER OF INQUIRY

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM RL-2	
NAME OF DECEDENT (First, Middle, Last) CLARKSON A. RUSSELL		GRADE SGT	SERIAL NUMBER 31241290
GRAVE LOCATION			
CEMETERY U.S.M.C. NEUVILLE-EN-CONDROZ BEL.	PLOT GG	ROW 4	GRAVE 79
LETTER OF INQUIRY TO BE SENT TO: MR. MISS MRS. MARGERY RUSSELL		RELATIONSHIP WIFE	
ADDRESS			
STREET MAIN STREET		CITY AND STATE MEDWAY; MASS.	

1 Extra Copy

L.O.I. SENT 26 OCT 1948 JVB

Initial For

July
200 Section
10/26/48
L. Colley

DATE 26 Oct	CLERK'S SIGNATURE Acauto
----------------	-----------------------------

QMGMF 293
Russell, Clarkson A.
SN 31 241 290

21 October 1948

Mrs. Elizabeth E. Russell
66 Greenleaf Avenue
Medford Hillside, Massachusetts

Dear Mrs. Russell:

Our office promised to communicate with you further upon receipt of information concerning your son, the late Sergeant Clarkson A. Russell.

At this time I may inform you that the official report of burial discloses that his remains were originally buried in the Military Cemetery at Gorlitz, Poland, but were later disinterred by our American Graves Registration Personnel and moved to a more suitable location. His remains have been properly identified as a result of a subsequent investigation and I am, therefore, gratified to inform you the report discloses further that the remains of your son are now resting in Plot GG, Row 4, Grave 79, in the United States Military Cemetery Neuville-en-Condroz, Belgium.

You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

The United States Military Cemetery Neuville-en-Condroz is located nine miles southwest of Liege, Belgium, and is under the constant care and supervision of our government and, you may be interested to know, has been designated as a permanent American Military Cemetery dedicated in grateful remembrance of our World War II Dead.

Please be assured of my continued sympathy in your great loss.

Sincerely yours,

JAMES F. SMITH
Major, QMC
Memorial Division

[Handwritten signature]
Oct 22 11 41 AM '48
MAIL ROOM

RK
KK
D
JFS

QMCMF 293
Russell, Clarkson A.
SN 31 241 290

21 October 1948

Mrs. Margery Russell
Main Street
Medway, Massachusetts

Dear Mrs. Russell:

We are desirous that you be furnished information regarding the burial of the remains of your husband, the late Sergeant Clarkson A. Russell.

The official report of burial discloses that his remains were originally buried in the Military Cemetery at Gorlitz, Poland, but were later disinterred by our American Graves Registration Personnel and moved to a more suitable location. His remains have been properly identified as a result of a subsequent investigation and I am, therefore, gratified to inform you the report discloses further that the remains of your husband are now resting in Plot GG, Row 4, Grave 79, in the United States Military Cemetery Neuville-en-Condroz, Belgium.

You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

The United States Military Cemetery Neuville-en-Condroz is located nine miles southwest of Liege, Belgium, and is under the constant care and supervision of our government and, you may be interested to know, has been designated as a permanent American Military Cemetery dedicated in grateful remembrance of our World War II Dead.

The Department of the Army has been authorized to comply, at government expense, with the feasible wishes of the next of kin regarding the final interment, here or abroad, of the remains of your loved one. Within the near future, our office will provide you with full information and solicit your detailed desires.

May I extend my sincere sympathy in your great loss.

Sincerely yours,

JAMES F. SMITH
Major, QMC
Memorial Division



KK
KK
JFS

Handwritten signature of James F. Smith and a circular stamp with the text 'OCT 22 11 01 AM' and 'U.S. ARMY'.

LS

293 FILE

DATA ON REMAINS NOT YET RECORDED OR IDENTIFIED

NAME (Last, First, Middle Initial) Russell, Clarkson A.		GRADE Sgt. Col	PRESENT SERIAL NUMBER 31 241 290
ORGANIZATION Inf Co A. 23 Armd Inf Bn.		RACE W	CREED Prot.
DATE OF DEATH/MIA 30 Jan 45	CAUSE OF DEATH oedema Lungs. ^{white} Pow.	PLACE OF DEATH OR PLACE LAST SEEN IF MIA stalag. 4B.	
DATE OF FOD	HEIGHT 72 1/2	WEIGHT 198	COLOR EYES Brown
		COLOR HAIR Brown	SHOE SIZE 12 B

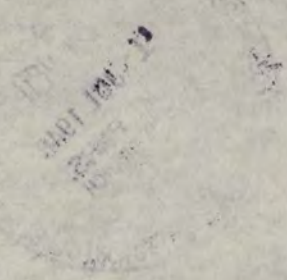
INDUCTION DENTAL CHART DATE 26 Dec 42

UPPER RIGHT 8 X X 6 5 X 3 X 1	UPPER LEFT 1 2 X X X 6 X X 8
LOWER RIGHT X X 16 X 14 X 12 11 10 X 9	LOWER LEFT 9 10 11 X 12 X 14 X 15 16

X = Extracted O = Carious 1 = Carious Non-Restorable

FRACTURES AND/OR BREAKS None	TATTOOS AND/OR BIRTHMARK None
---------------------------------	----------------------------------

ADDITIONAL INFORMATION
3 forms 79 atched



FILE
SEP 23 1948
E. J. Sullivan, 1st Lt., QMC
IDENTIFICATION BRANCH

REGISTER OF DENTAL PATIENTS AT

CAMP CROFT, S. C. DC # 1

(1) SURNAME (2) CHRISTIAN NAME
 RUSSELL, CLARKSON A. - 31241290
 (3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS
 Cpl C 35th ITB
 (6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS
 33 W Mass 1-2/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Dtr Pr Der	March 11 Dtr Pr Rpd	TD to 4 X OEB

Dental Corps, U. S. A.

REGISTER OF DENTAL PATIENTS AT

Dental Clinic #1, 162nd. St.

(1) SURNAME (2) CHRISTIAN NAME
 Russell, Clarkson A. #31241290
 (3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS
 Cpl A, 150th. Bn. 91st. I.T.F.
 (6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS
 33 W Mass. 1-4/12

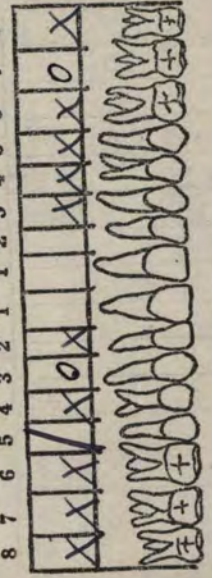
(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
<p>4/19/44 R3E</p> <p>4/20/44 R3E</p> <p>4/21/44 R3E</p> <p>4/22/44 R3E</p> <p>4/23/44 R3E</p> <p>4/24/44 R3E</p> <p>4/25/44 R3E</p> <p>4/26/44 R3E</p> <p>4/27/44 R3E</p> <p>4/28/44 R3E</p> <p>4/29/44 R3E</p> <p>4/30/44 R3E</p> <p>5/1/44 R3E</p> <p>5/2/44 R3E</p> <p>5/3/44 R3E</p> <p>5/4/44 R3E</p> <p>5/5/44 R3E</p> <p>5/6/44 R3E</p> <p>5/7/44 R3E</p> <p>5/8/44 R3E</p> <p>5/9/44 R3E</p> <p>5/10/44 R3E</p> <p>5/11/44 R3E</p> <p>5/12/44 R3E</p> <p>5/13/44 R3E</p> <p>5/14/44 R3E</p> <p>5/15/44 R3E</p> <p>5/16/44 R3E</p> <p>5/17/44 R3E</p> <p>5/18/44 R3E</p> <p>5/19/44 R3E</p> <p>5/20/44 R3E</p> <p>5/21/44 R3E</p> <p>5/22/44 R3E</p> <p>5/23/44 R3E</p> <p>5/24/44 R3E</p> <p>5/25/44 R3E</p> <p>5/26/44 R3E</p> <p>5/27/44 R3E</p> <p>5/28/44 R3E</p> <p>5/29/44 R3E</p> <p>5/30/44 R3E</p> <p>5/31/44 R3E</p>	<p>4/11/44</p> <p>4/12/44</p> <p>4/13/44</p> <p>4/14/44</p> <p>4/15/44</p> <p>4/16/44</p> <p>4/17/44</p> <p>4/18/44</p> <p>4/19/44</p> <p>4/20/44</p> <p>4/21/44</p> <p>4/22/44</p> <p>4/23/44</p> <p>4/24/44</p> <p>4/25/44</p> <p>4/26/44</p> <p>4/27/44</p> <p>4/28/44</p> <p>4/29/44</p> <p>4/30/44</p> <p>5/1/44</p> <p>5/2/44</p> <p>5/3/44</p> <p>5/4/44</p> <p>5/5/44</p> <p>5/6/44</p> <p>5/7/44</p> <p>5/8/44</p> <p>5/9/44</p> <p>5/10/44</p> <p>5/11/44</p> <p>5/12/44</p> <p>5/13/44</p> <p>5/14/44</p> <p>5/15/44</p> <p>5/16/44</p> <p>5/17/44</p> <p>5/18/44</p> <p>5/19/44</p> <p>5/20/44</p> <p>5/21/44</p> <p>5/22/44</p> <p>5/23/44</p> <p>5/24/44</p> <p>5/25/44</p> <p>5/26/44</p> <p>5/27/44</p> <p>5/28/44</p> <p>5/29/44</p> <p>5/30/44</p> <p>5/31/44</p>	<p>TD to 4 X</p> <p>OEB</p>

OCIE D. KUTCH
 MAJ. D. C. Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

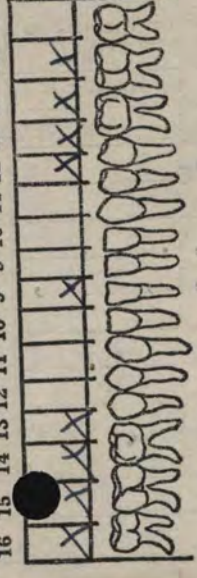
UPPER TEETH

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



CLASS 1

Occlusion *Post*: Calculus: Slight, Medium, Heavy *yes*

Periodontoclasia *yes*

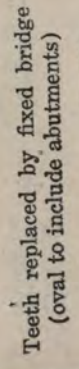
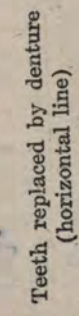
Dental foci suspected: Yes No *No*

Other conditions

Date *9 Feb*, 19 *44*

Dental Corps, U. S. A.

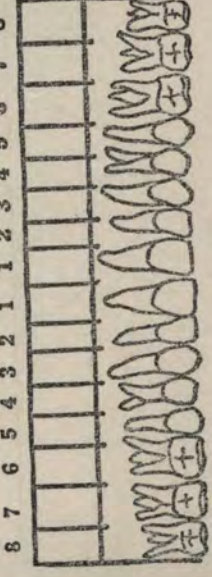
*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X



*REPORT OF DENTAL SURVEY

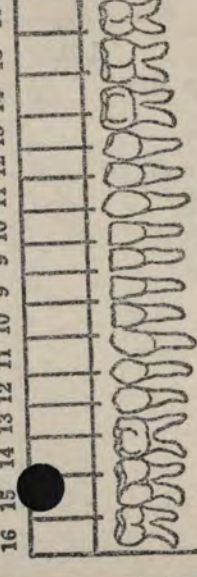
UPPER TEETH

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



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

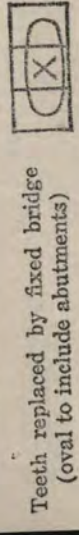
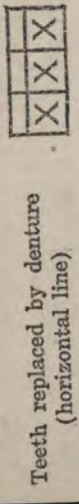
Dental foci suspected: Yes No

Other conditions

Date _____, 19____

Dental Corps, U. S. A.

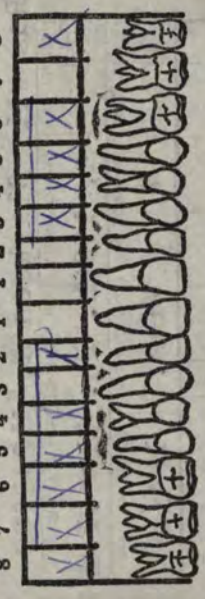
*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X



*REPORT OF DENTAL SURVEY

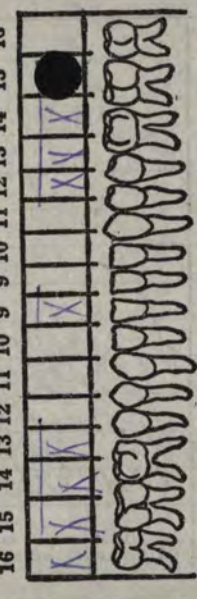
UPPER TEETH

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



CLASS *II*

Occlusion *Post*: Calculus: Slight, Medium, Heavy

Periodontoclasia *neg*

Dental foci suspected: Yes No *None*

Other conditions

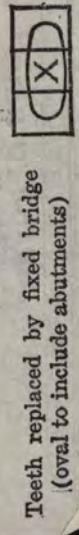
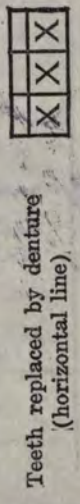
*Def fly R2 ✓ up: upper part
12/44 D.C.
D.Y. A. dtor.*

Date *4/11/44*, 19____

Maj. O. D. Kutch

Dental Corps, U. S. A.

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



att

me

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

RRE 293.9 (IB)

2 September 1948

SUBJECT: Burial Information

TO: The Quartermaster General
Washington 25 D. C.

293 Russell, Clarkson A.
31, 241, 290
293

1. Reference is made to OQMG Form 371 for Sergeant Clarkson A. Russell, 31 241 290.

2. The remains of the above have been recovered and reburied in US Military Cemetery Neuville-en-Condroz, plot GG. row 4, grave #79.

3. Report of Burial was forwarded your office by Letter of Transmittal #2930, dated 2 August 1948.

FOR THE COMMANDING GENERAL:

R. E. DeVe
R. E. DEVE
Major QMC
Actg Asst Adj Gen



7
20 Sept 48
X. Hospital
Ed

293 FILE <i>m</i>		DATA ON REMAINS NOT YET RECORDED OR IDENTIFIED		
NAME (Last, First, Middle Initial) <i>Russel, Clarkson A</i>		GRADE <i>CPL</i>	PRESENT SERIAL NUMBER <i>31241290</i>	
ORGANIZATION <i>Co "A" 23 Arm'd INF BN</i>	RACE <i>W</i>	CREED	FORMER SERIAL NUMBER (If applicable)	
DATE OF DEATH/MIA	CAUSE OF DEATH <i>oedema lungs</i>	PLACE OF DEATH OR PLACE LAST SEEN IF MIA <i>Stalag III A Goerlitz, Ger.</i>		
DATE OF FOD <i>30 Jan 45</i>				
HEIGHT <i>72 1/2"</i>	WEIGHT <i>198</i>	COLOR EYES <i>brown</i>	COLOR HAIR <i>brown</i>	SHOE SIZE <i>12 B.</i>
DENTAL CHART <i>4-11-44</i>				
UPPER RIGHT <i>X 8 X 7 X 6 5 X 4 3 X 2 1</i>		UPPER LEFT <i>1 2 X 3 X 4 X 5 6 X 7 X</i>		
LOWER RIGHT <i>X 6 X 5 X 4 X 3 2 11 10 9 1</i>		LOWER LEFT <i>9 10 11 X 12 X 13 X 14 15 16</i>		
<p style="text-align: center;">X = Extracted O = Carious 1 = Carious Non-Restorable</p>				
FRACTURES AND/OR BREAKS <i>NONE</i>		TATTOOS AND/OR BIRTHMARK <i>NONE</i>		
ADDITIONAL INFORMATION <i>D/B/30 Jan/11</i>				

FILE
JUL 23 1948
E. J. Collins, 1st Lt., USA
IDENTIFICATION BRANCH

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

In Reply Refer to AGY 293

Russell, Clarkson A.
31 241 290

7 August 1946

(63)

BRIEF INFORMATION

NAME: Russell, Clarkson A. **GRADE:** Sergeant **A.S.N.:** 31 241 290

DATE OF DEATH: 30 January 1945.

The following information has been received in this office, and is forwarded for aid in recovering this deceased.

PLACE OF DEATH: Stalag VIII A, Goerlitz, Germany.

PLACE OF BURIAL: Old Community Cemetery, Field 9, Grave No. 114, at Goerlitz-Moys, Germany.

Above information has been obtained from: Captured German Records and from German List of American Casualties No. 71/165.



Transmittal Ltr No. 314.6 Graves Reg (European) 37/E, dtd 7 August 1946

Incl 6

file
12-19-47
KH

293 Russell, Clarkson 31241290 MB

Name: Russell, Clarkson A. USA.
 Russell, Clarkson A. Stalag VIII A, Görlitz
 31, 241, 290
 377811.
 ser. 31, 241, 290
 DNB 30 Jan. 47
 include POW
 Death notice
 Sterbefallanz.
 A. K. B. 288/48
 Tommie
 Mapped Engl. in America
 File in Enl. Br.
 28 Mar 46

19	20	21	22	23	24	25
Beschreibung der Erkennungsmarke						
Nr. 317811						
er: St. IV-B						
USA						
WBL						
Komp. usw.:						
Berufs-Gr.:						
s Heimatstaates): 31241290						
atum): GERMANY 22-12-40						
Det eingeliefert:						
eibung						

525



Fingerabdruck des rechten! Zeigefingers



Name und Anschrift der zu benachrichtigenden Person in der Heimat des Kriegsgefangenen

WIFE:
 MAIN ST.
 WEST MIDWAY.
 MASS. USA

File
 8- Aug 46
 MAF
 Smith

Wenden!

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

Personalkarte I: Personelle Angaben

Beschreibung der Erkennungsmarke

Nr. **317811**

Lager: **St. IV-B**

Kriegsgefangenen-Stammlager: **VIII a, Görlitz**

Name: **RUSSELL**
 Vorname: **CLARKSON**
 Geburtstag und -ort: **30-1-11, MASS.**
 Religion: **Prot. Protestant**
 Vorname des Vaters: **+**
 Familienname der Mutter: **ELWELL**

Staatsangehörigkeit: **USA**
 Dienstgrad: **Sgt (FWBL)**
 Truppenteil: **INF** Komp. usw.:
 Zivilberuf: **SCHREIBER clerk** Berufs-Gr.:
 Matrikel Nr. (Stammrolle des Heimatstaates): **31241290**
 Gefangennahme (Ort und Datum): **Taken captive - GERMANY 22-12-40**
 Ob gesund, krank, verwundet eingeliefert:

Des Kriegsgefangenen

Bild



ht. hair

Größe	Haarfarbe
6-1	BROWN
AUGEN	BROWN - eyes



Nähere Personalbeschreibung

Besondere Kennzeichen:
 Name und Anschrift der zu benachrichtigenden Person in der Heimat des Kriegsgefangenen:
WIFE: -
MAIN ST. WEST
WEST MIDWAY.
MASS. USA

*File
8-Aug-46
MATT
Smith*

Wenden!

CI.W-Erlohl v. 10.1.40 bestätig.

7. JAN 1945

Bemerkungen:

Name: Lager: Beschreibung der Erkennungsmarke Nr.

QMGYG 293
Russell, Clarkson A.
SN 31 241 290

21 June 1946

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

Mrs. Elizabeth E. Russell
66 Greenleaf Avenue
Medford Hillside, Massachusetts

Dear Mrs. Russell:

Your letter concerning your son, the late Sergeant Clarkson A. Russell, has been received and made a part of the official records in this office.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WM. B. CHRISTENSEN
1st Lieut., QMC
Assistant

[Handwritten signature]
pmh

21 JUN 1946
QMG
RECEIVED

[Handwritten signature]
WBC

JUN 21 9 59 AM '46
RECORDS BRANCH
MEMORIAL DIVISION

201 Sent to Wife 26 Oct 48

66 Greenleaf Ave, Medford Hillside, Mass.

Apr. 24, '46.

MRS. ELIZABETH E. RUSSELL
31 WILLIAMS STREET
WEST-MEDWAY, MASS.

Dear Mr. Christensen,
1st Lt. & Inj. Assist.

I want to express my
deep appreciation to you for your
early reply to my letter.

Also for the knowledge of my
sons burial.

Having been unable to learn
any thing regarding him,
I understand full well the difficulties
you face.

His bring in an enemys camp +
without a Chaplain, means no
reports.

Thanks so much to the Adj. Gen.
and you, for kind sympathy and
message. Very Sincerely

Mrs. Elizabeth E. Russell

no B
6/6/46
Brow

SPQYG 293
Russell, Clarkson A.
31 241 290

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

15 April 1946

Mrs. Elizabeth E. Russell
66 Greenleaf Avenue
Medford Hillside, Massachusetts

Dear Mrs. Russell:

Your letter concerning your son, the late Sergeant Clarkson A. Russell, has been received in this office.

The official German burial report, received in this office through captured enemy records, indicates that the remains of your son were interred in Gorlitz-Moys, Germany. When this reported burial has been verified by the American Graves Registration Service, and your son's remains have been removed to an established American Cemetery, you will be advised.

A copy of your letter has been forwarded to The Adjutant General's Office for direct reply relative to circumstances surrounding the death of your son as that office has jurisdiction over matters of this nature.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WM. B. CHRISTENSEN
1st Lt., QMC
Assistant

WBC

erb

APR 15 11 50 AM '46
RECORDS BRANCH
APR 15 1946

File
29 May 46
17 May 46
5-17-46
main B. D.
70

SPQYG 293, Russell, Clarkson A., 31 241 290

1st Ind.

ASF, OQMG, Washington, D. C.

15 April 1946

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

Forwarded for reply to so much thereof as pertains to your office.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Cpy ltr e/d
erb

XXXXXXXXXX	WM. B. CHRISTENSEN
Captain, QMC	1st Lt., QMC
Assistant	Assistant

WBC

APR 15 11 00 AM '46
MAIL & RECORDS DIVISION

APR 15 8 30 AM '46
RECORDS BRANCH
MAIL & RECORDS DIVISION

70

Greenleaf Ave, Medford Hillside, Mass.

MRS. ELIZABETH E. RUSSELL
21 WILLIAMS STREET
WEST MEDWAY, MASS.

Apr. 3, '46

Graves Registration
Washington, D. C.

Dear Sir,

I am writing to you
hoping you may give me some
information regarding my son,
²⁹³
Sgt. Clarence C. Russell, 31241290
A. P. O. #257 N. Y. Co A. 23 Armd. Inf.
was attached to Gen. Patton's Seventh
Armored Inf. Division, overseas.

Reported missing in action Dec. 22,
1944, in Battle of Bulge, & reported
died Jan. 30, 1945 in a German Prison
Camp, of "Odemas Lung".

No other reports have ever come
to me from the Govt.

His wife received a postal from

at/ef

BURIAL INFORMATION REPORTED BY GERMAN GOVERNMENT
 RECEIVED THROUGH ~~AMERICAN LEGATION, BERNE, SWITZERLAND~~ U.S. ARMY

NAME (Last, First, Middle) RUSSELL, CLARKSON A.	GRADE Sgt.	ORGANIZATION S.N. 31 241 290 Infantry
DATE OF BIRTH	PLACE	

EMERGENCY ADDRESSEE
Mrs. Russell, Main St. Midway, Mass.

DATE OF DEATH OR CAPTURE Died 30 January 1945 (AGO)	PLACE
-------------------------------------------------------------------------	-------

PLACE OF BURIAL Old Community Cemetery at Górlitz-Moys Germany Górlitz-Moys on report?	ROW NO.	GRAVE NO. 114 Field 9	TYPE OF BURIAL <input type="checkbox"/> SINGLE <input type="checkbox"/> COMRADE	DATE OF BURIAL
--------------------------------------------------------------------------------------------------	---------	-------------------------------------------	---------------------------------------------------------------------------------------	----------------

OTHER MEMBERS OF CREW OF _____

1.	NAME	GRADE	NAME	GRADE
2.				
3.				
4.				
5.				

PERSONAL EFFECTS

SOURCE OF INFORMATION: GERMAN LIST OF AMERICAN CASUALTIES NO. 71/165	PAGE NO.
--------------------------------------------------------------------------------	----------

PLACE Meiningen, Germany	DATED 24 May 1945
------------------------------------	-----------------------------

REMARKS
Burial information as received in the German language:-
*** Górlitz-Moys, alter Gemeindefrdhf. Feld 9 Grab 114**

*reburial
 20B Row B-2 file
 4/9/46
 DE*

*File
 5-14-45
 RAH*

AGRC FORM No. 1
Revised 16 Sept. 1946
Formerly "Check List
of Unknowns")

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
of Report of Interment WD QMC Form 1042)

Known : RUSSELL , CLARKSON
Sgt. 31241290

~~Unknown X~~

Cemetery Neuville en Condroz Belgium

Plot G G Row 4 Grave 79

Date processed

1. ~~Arrived at cemetery~~ 7 July, 1948
(Hour) (Date)

2. Place of death Unk.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered or disinterred by~~ processed by I.S. First Zone
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	None		
	(Type)		
Raincoat	None		
Overcoat	None		
Jacket, Field	None		
Jacket, Combat	None		
Mackinaw	None		
Sweater	None		
Jacket, HBT	None		
* Shirt, Wool OD	None		
Undershirt, Wool	None		
Undershirt, Cotton	None		
Trousers, HBT	None		
* Trousers, Wool OD	None		

File 29 Sept 48

Belt, web None

Drawers, wool None

Drawers, cotton None

Leggings, wool None

Socks, ~~cotton~~ ^{wool} One pair heavy wool knit(knee lenght)

* Shoes None (type)

Overshoes None

Web Equipment None (type)

(Other item) None

(Other item) None

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia None
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? A.G.F.

R. Humerus	37.4	R. Femur	51.0
R. Radius	27.7	R. Tibia	42.5
R. Ulna	28.8	R. Fibula	41.7

6. Description of Remains :
 Age UTD Est. Height 6' 2" Weight UTD Description of wounds UTD

Bandages or dressings None found Scars UTD
(Length, width, location)

..... UTD Tattoos
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks UTD
(Yes-no; description, location)

Sunburn or tan, other than hand and face UTD

Complexion UTD
(Light, medium, dark, clear, pimples, pocks, freckles)

Build UTD
(Large, fat, thin, muscular)

Hair Brown. Approx. 3" long. Slightly wavy
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair UTD
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache UTD Beard or UTD
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee UTD
(Light, color, extent)

Eyes UTD Eyebrows UTD
(Color, setting, shape) (Color, bushiness, extent across nose)

Nose UTD Ears UTD
(Size, shape, straight) (Size, set close to or far from head)

Mouth UTD Lips UTD
(Large, medium, small) (Small, large, full)

Teeth See tooth chart
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin UTD
(Prominent, receding, pointed, dimples, double)

Jaw UTD Circumference of head in inches 21 $\frac{1}{2}$ " (Hat band)
(Large, small, normal)

Neck UTD Larynx UTD
(Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders UTD Arms UTD
(Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands Too decomposed

Fingers Too decomposed
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

(Unusual characteristics of fingernails)

Chest UTD
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist UTD
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back UTD Circumcision UTD Pubic Hair Brown
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty UTD
(Yes-no; location)

Legs UTD UTD
(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet UTD Toes UTD
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures None found
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

RUSSELL CLARKSON
Sgt. 31241290

7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain Too decomposed

8. Has tooth chart been prepared? Yes If not, explain
(Yes-no)

9. Remarks Remains received disarticulated, small amount of decomposed flesh in final stage of decomposition. Teeth intact in skull(see tooth chart) Remnants of wool socks recovered without markings. One I.D. Tag (See imprint below) recovered from P.S. Bag. Fluoroscopic examination negative. Estimated weight of processed remains : 15 lbs. On evidence of case papers, statement of disinterring team , that I.D. Tag was found around the neck , and finding no contradictory evidence , these remains are identified as RUSSELL CLARKSON 31241290 , Sgt. Listed in casualty book as a member of 23 Armd Inf. Bn.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

I.D. TAG IMPRINT

CLARKSON RUSSELL
31241290 T43 44 B
MAGERY RUSSELL
MAIN ST
MEDWAY, MASS. P

/s/ Bernard Henley
(Officer's Name)
DA CIV. SP-6 Ident Tech.
Rank Service
H.Q. FIRST ZONE IDENT. SEC.
(Organization)

Disposition of I.D. Tag :
(1) pinned to mattress cover .

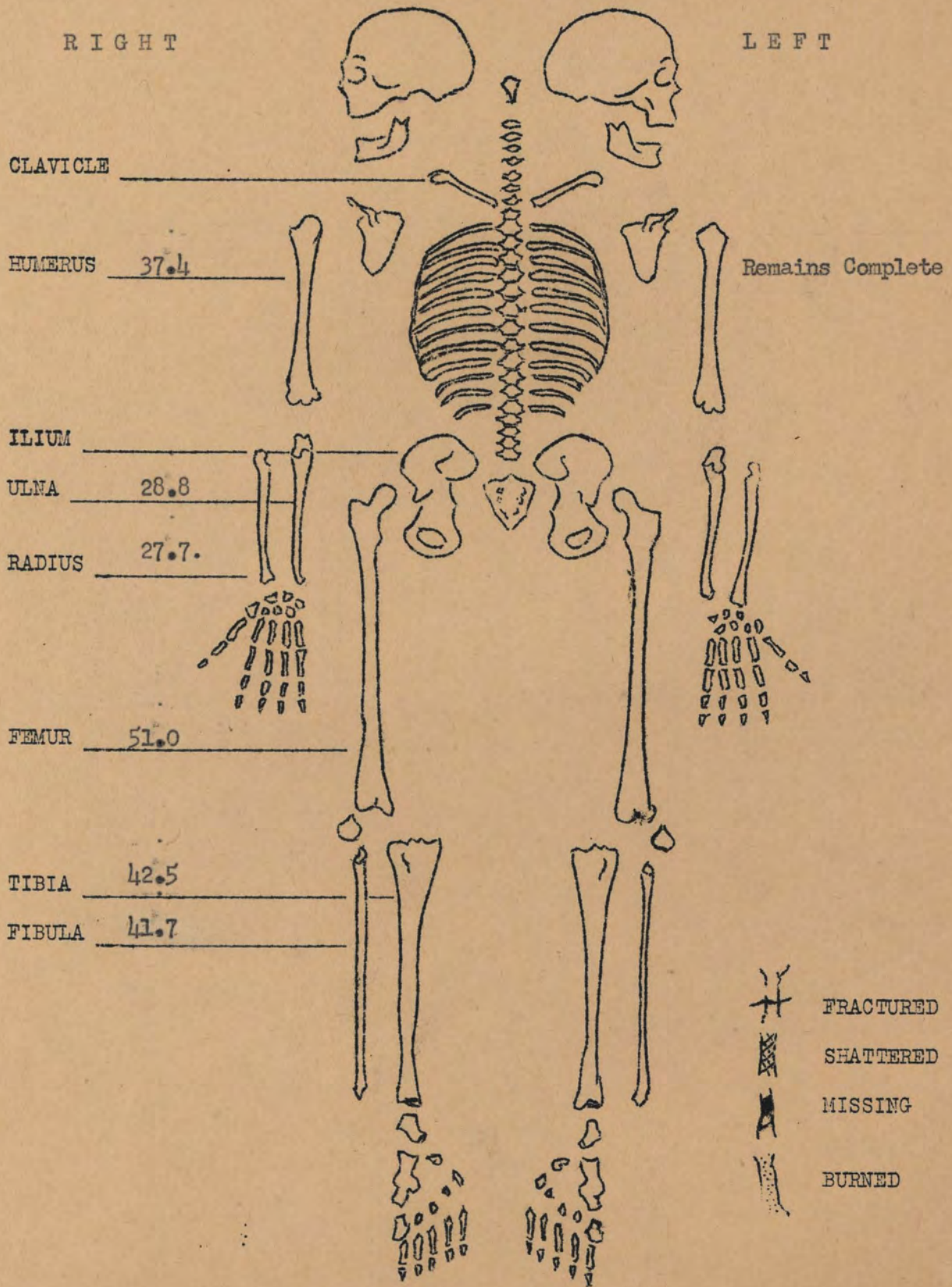
A CERTIFIED TRUE COPY .

Clyde V. Carlson
CLYDE V. CARLSON
WOJG USA

SKELETAL CHART

IF: 10.224
RUSSELL CLARKSON
Sgt. 31241290
Neuville en Condroz

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

7 July, 1948

Date

RUSSELL CLARKSON

Sgt.

312412390

Last Name
23 Armd Inf. Bn.

First

Initial

Rank

A.G.F.

Serial No.

Unk. Unit

Unk.

Organization

Unk.

Place of Death

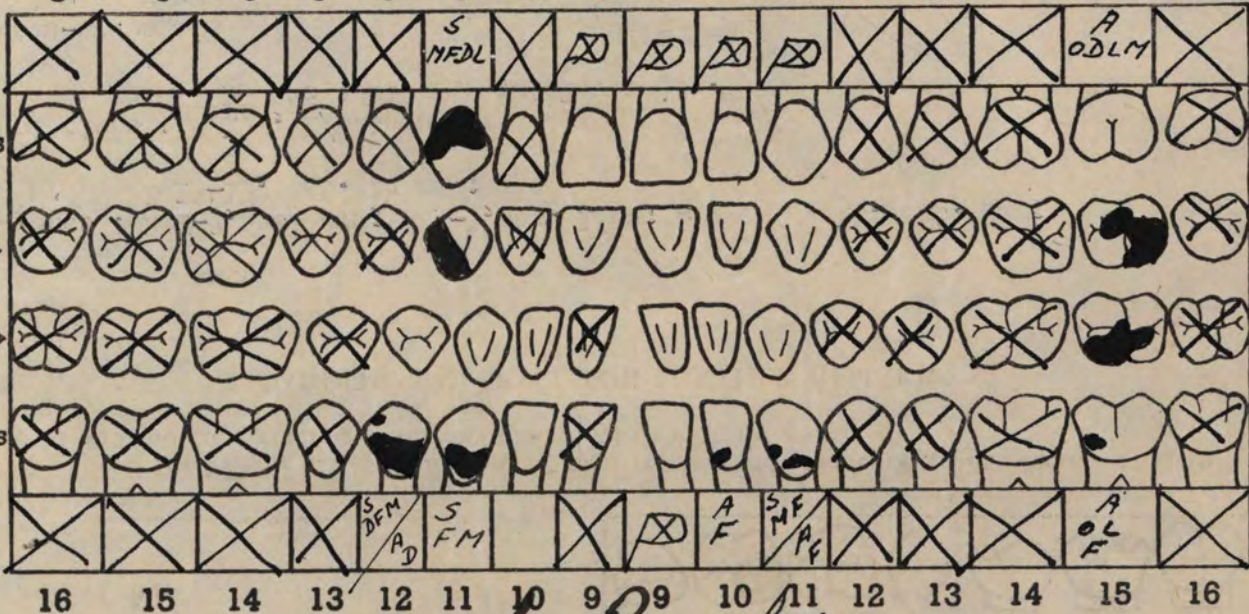
Date of Death

Cause of Death

Right

Left

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



See Remarks

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions : Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

LARRY DE SHAW
US DA CIV IS

/s/ Larry De Shaw

Signature of Officer or other person who prepared Tooth chart

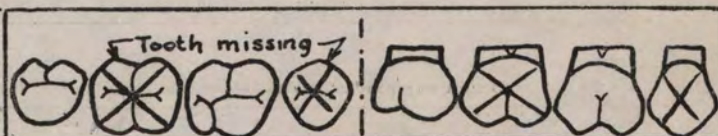
Clyde V. Carlson

Verified by G. R. S. Officer

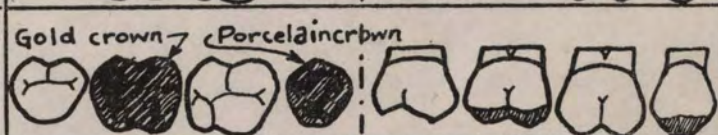
CLYDE V. CARLSON
WOJG USA

*File
29 Sept 48
No. 1000*

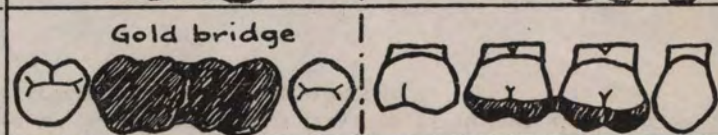
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



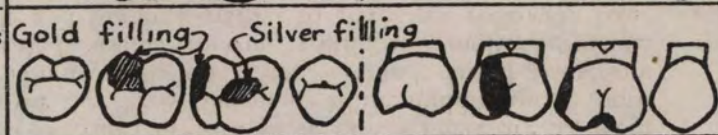
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



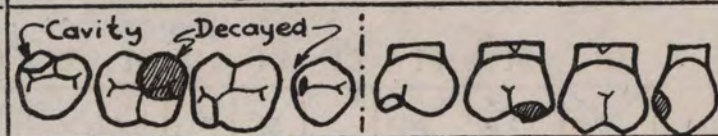
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS . . . Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES) . . . Outline location and size of cavity, shade in thus:



DENTURES (PLATES) . . . Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

ADDITIONAL SPACE FOR FURTHER REMARKS

Spaces : R 1-3, Est. 6mm; L 3-7, Est. 16mm; L 9 and R 10, est. 3mm;
L 11-15, est. 24 mm.;

Rotations : R 12 , 1/8 turn distally
L 15 has a slight mesial version.

Size - average
Color - Ivory.

Note : In all probably there was a partial upper and lower denture present during life. However there were no dentures recovered with remains.

REPORT OF INVESTIGATION

AREA SEARCH

29 April 1948
(Date)

Case Number 4245
Name RUSSELL CLARKSON Rank Sgt. ASN 31241290
Means of Identification One I.D. Tag found around the neck of the deceased by disinterring team.

SECTION A — GENERAL

(To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? NO
If so, state the following information:

a. NAME _____ RANK _____ ASN _____
b. ORGANIZATION _____

2. Was partial identification established? YES If so, state the facts as to whom you believe the deceased to be:

a. NAME CLARKSON A. RUSSEL RANK Sgt. ASN 31241290
b. ORGANIZATION 23rd Armd. Inf. Bn.

3. Names of other deceased buried in immediate vicinity Unknown POWs

(Use reverse side for listing of crew members from MACR)

a. Date of above burials Unknown Common graves? YES

4. Name and type of Cemetery Military Cemetery (POW)
(Military or civilian)

5. Map Coordinates of the Cemetery 0-52/B-00 1:250,000
a. Town Gorlitz (Zgorzelec) Country Poland

6. Give exact location in cemetery of the remains:

a. Section - Row - Grave -

b. Is sketch attached? YES

*File
29 Sept 48
Sahner*

7. If remains are not located in a cemetery, give exact location.
 - a. Town Investigation revealed no data to complete this page.
Coordinates
 - b. Is sketch attached?
 - c. Is area mined?

8. How is grave marked?

9. If grave is marked with cross, give exact markings thereon
.....
.....
 - a. From what source was this information obtained?
(Identification Tags, Personal effects, etc.)

10. Where are the cemetery records?
(Town Hall, Cemetery, Burgomasters Office)
 - a. What information was contained thereon?

11. What is the date of death?
 - a. Give basis

12. What is the cause of death?
 - a. Give basis

13. What is the date of burial?
 - a. Give basis

14. What was the place of death?
Coordinates

15. Where were the remains found?
Coordinates

16. Was casket used? Who furnished the casket?

17. Who made the burial?
(Civilians, American military, German military, etc.)
 - a. What are the names and addresses?
 - b. Are certificates and statements attached?

SECTION B — AIR CORPS DECEASED

(To be completed only if deceased is believed to be a member of the A.A.F.)

Not applicable.

18. Were remains found in the plane wreckage?
- a. Give location in plane from which the bodies were removed
-
(Tail gunner, pilot, radio, turret, etc., or front side of plane)
- Near wreckage?
19. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
- a. Type of plane
- b. Markings and/or name of plane
- c. Give numbers on motors, machine guns, instruments, radios or other equipment:
-
-
20. How did crash occur? Anti-Aircraft?
- Enemy Planes? Collision?
21. Did plane explode in the air? On ground?
22. Did plane burn in the air? On ground?
23. What was the direction of the flight?
24. What was the civilian opinion regarding destination of plane?
-
25. Had bombs been released prior to the crash?
26. Does specific time and date of crash correspond with the date of death of above-named deceased?
-
27. Number of planes in formation prior to the crash?
28. State precise time and date of plane crash
- (Night? Day?)
29. Were parachutists seen? How many?
- Escaped? Prisoners?

SECTION C — ARMORED CORPS DECEASED

(To be completed only if deceased is believed to have been a member of the Armored Corps)

Not applicable

30. Were remains found in wreckage of a tank?
- a. Give specific position in tank from which deceased was removed:
-
(Radio man, driver, assistant driver or front, side or back)
- b. Near wreckage?
31. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank
- b. Markings and / or name of tank
- c. Numbers on motors, machine guns, ammunition, instruments, etc.
-
32. What was the type of enemy action that resulted in the tank's disablement?
-
33. Did tank explode?
- Burn?
34. Numbers of tanks in immediate vicinity at time of disablement?
35. Does specific time and date of disablement correspond with date of death of above-named deceased?
36. Precise time and date of destruction of tank
- (Night? Day?)
37. Did any of the crew members escape?
- Prisoners?

SECTION D — OTHER BRANCH
(To be filled out if B & C are not applicable)

38. Did death occur from any other means? (Truck, jeep, mines, or small arms fire) **YES**
-
- If so, give complete and thorough results of the investigation
- a. Are all certificates and statements of people who possessed knowledge of the case attached?
- None available**
39. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **None**
-

SECTION E - GENERAL

(To be completed by investigation in all cases)

40. Were personal effects recovered by the investigation team? NO
 If not, state reason None available
 a. Were Identification Tags found at the time of death? Unknown
 Where? By whom?
 Present disposition?
 b. Were personal effects found at the time of death? Unknown
 Where? By whom?
 Present disposition?
 c. Was deceased identified by living members of the crew at the time of death? NO
 d. Did cemetery register or cross indicate the immunization shot? NO
41. Was deceased given first aid? Unknown If so, where?
 By whom? Are statements from the medical people attached?

42. Was deceased evacuated to a German civilian hospital? Unknown
 Where? Names of people concerned
43. It is possible on surface investigation to obtain from civilian sources a physical description of the deceased? NO
44. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?
NO
 (Burnt, decapitated, ect.)
45. Do facts surrounding death show any evidence that it might be an atrocity case? NO

 a. If so, give basis for positive assumption

 b. If so, has higher Headquarters been notified?
46. Was case previously investigated? NO By whom?
 When?

47. Give full names, addresses, and information obtained from each person interviewed:
 Unable to contact anyone who could give information. Old
 population evacuated to Germany.

48. Are all positive statements regarding identification and particulars surrounding death attached?
 .. NO
49. Has any information been given concerning isolated burials in the area outside the immediate
 vicinity? .. NO
50. Was investigation preceded by advance publicity? .. NO ..
 (If special investigation, give case number)
51. Give brief narrative .. See attached narrative

(Use attached sheets if necessary)

Wilmer C. Fason
 Wilmer C. Fason *WCF*
 (Signature of Investigator)

(Signature of Interpreter)

Rank

ASN

T/Sgt

37107768

Rank

ASN

(Organization)

FFC Poland Detachment AGRC

(Organization)

INVESTIGATION CASES # 5760 and 3330.

21 April 1948

1. At Gorlitz (Zgorzelec) (052/B-00) Poland we departed for Military Cemetery which is a mile or more from the Old Stalag 8A, Camp Gorlitz.

Arrived at the cemetery where we started uncovering the common grave. We were in hopes of finding Ed.G.Bundy, case #5760 and James L.Halbach, case #3330. The remains of two other deceased were disinterred from here on 27 November 1947.

2. Many unknowns were disinterred without clothing who could not be identified as Americans. Finally an identification tag was found around the neck of a deceased with the name Clarkson Russel, 31241290 (Case #4245). The deceased was buried in an unmarked grave in a wooden coffin, and was wrapped in a blanket with no clothing on except a pair of heavy socks which are not American. The teeth of this deceased were very bad, some appear to have been missing a long time.

3. We went to the Polish Red Cross as manager Najhajt promised to try to locate information on American burials in this area, when our unit was here before. He states that he was unable to locate information concerning Bundy and Halbach or any other American who might be buried in the area.

4. Went to the Stalag Cemetery for Prisoners of War, which is near the prison camp. Here most of the graves are marked with a wooden cross with date of burial and name. The name of Halbach and Bundy were not found. An unmarked grave was found next to one with a cross with the date 8-2-1945. We opened the grave and found the deceased buried in a coffin without clothing and badly decomposed. A prison tag was found attached to a string around the neck of the deceased with the number 317100, Stalag 4 B. We believe these are the remains of James L.Halbach as this is his stalag number, and the upper set of teeth correspond with the tooth chart of Halbach. The lower teeth are broken and some are missing.

5. We uncovered all of the unmarked graves in this plot but were unable to find a set of teeth that would correspond with the tooth chart of S/Sgt.Bundy. All of the deceased uncovered here were without clothing.

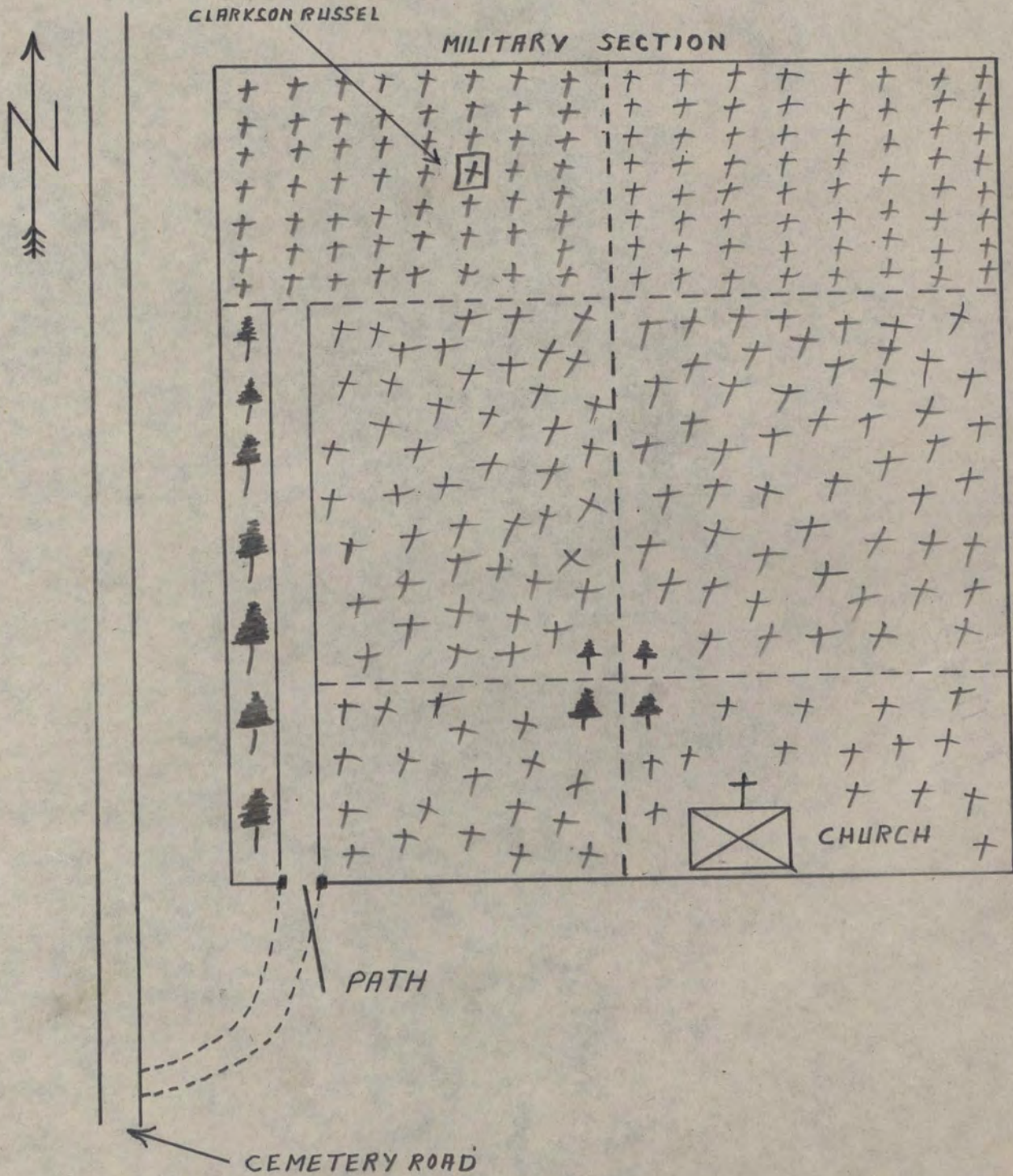
6. The remains of unknowns X-7221 and X-7242 buried at Neuville, were shipped to the CIP as IF-10,141 (B.T.B. Clarkson A.Russel) and IF-10,142 (B.T.B. Bruce F.Schwalm Jr.). Our assumption was based on the fact these deceased were reported buried in the numbered graves from which they were exhumed. Since we have now located Sgt. Russel it is apparent that IF-10,141 (X-7221) is not Russel but may be S/Sgt.Edward G.Bundy who was also reported as buried at Gorlitz.

7. It is suggested that the CIP findings on these two unknowns be reviewed in an effort to associate one of them with S/Sgt. Edward G. Bundy, 15055976, whom we now believe was buried in the grave reported to contain the remains of Sgt. Russel.

8. Case papers (4245) of Sgt. Russel were forwarded to CIP with IF-10,041.

Wilmer C. Fason RLB
T/Sgt. Wilmer C. Fason
Investigator AGRC
FFC Poland Detachment

GORLITZ (ZGORZELEC) POLAND
O-52/B-00



CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS TAKEN FROM AG CAS CARD *

CEMETERY NEUVILLE EN CONDOZ PLOT GG ROW 4 GRAVE 79

NAME : RUSSELL Clarkson A.

RANK : SGT

ASN : 31 241 290

ORGANIZATION : 23 AFMD INF BNDATE OF DEATH : 30 JAN 45

PLACE OF DEATH : ---

CAUSE OF DEATH : DOC

TC 27 JULY 48

(Signature)

FORM #13

293 RUSSELL, CLARKSON A. 31 241 290 SGT. INF. EUROPEAN AREA (M.A.S.S.) 45rs

*File
1800
2/2/48
R. Byers
etc**3/ Ireland*

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1948)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

IF-10,224

12 July 1948

Date

293/ Russell, Clarkson Sgt. 31241290
 Last Name First Initial Rank Serial No.
 23 Armd Inf. Bn AGF Organization
 Unk. Unk. Unk.
 Place of Death Date of Death Cause of Death
 1500 15 July 1948 USMC, Neuville-en-Condroz, Belgium (VK-390187)
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
 79 4 GG Temp. Wdn. 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 Ident. accepted per decision made by the acting Chief Memorial
 How were remains identified? One ID tag found around the neck of the deceased by
 25 Feb 48 mnl disinterring team.

What means of identification were buried with the body?

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

Who is buried on: Farren, G.F. 32751437 Sgt. 398 Bomb Co. 78
 Deceased's Right: Name Serial No. Rank Organization Grave No.
 Halbach 35519326 T/5 27 Armd Inf. 80
 Deceased's Left: Name Serial No. Rank Organization Grave No.

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

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

CLARKSON RUSSELL

31241290 T43 44

MAGERY RUSSELL

MAIN ST

MEDWAY, MASS.

Emergency Addressee Magery Russell
NameMain St., Medway, Mass.
Address

Religion Protestant

List only Personal Effects Found on Body and disposition of same: None

Remains previously buried in
 Military Cemetery, Gorlitz, Poland.
 (O-52/B-00 1:250,000)

LEO H. LAMPRECHT
US DA CIV ISCLYDE V. CARLSON
WOJG USA

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

File
 48
 18 Oct 48
 9/29/48

REPORT OF BURIAL

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.

One ID tag found around the neck of the deceased.

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

Left Hand

4	3	2	1
3	2	1	Thumb
2	1	Thumb	
1	Thumb		

Right Hand

4	3	2	1
3	2	1	Thumb
2	1	Thumb	
1	Thumb		

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.

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

Indicate: missing natural teeth by X; crowns by C; fillings by □; Bridges by ○; missing artificial teeth; replacements by artificial teeth by ○

Who is buried on: _____
 Deceased's Right: _____
 Deceased's Left: _____

Name: _____
 Rank: _____
 Organization: _____

Name: _____
 Rank: _____
 Organization: _____

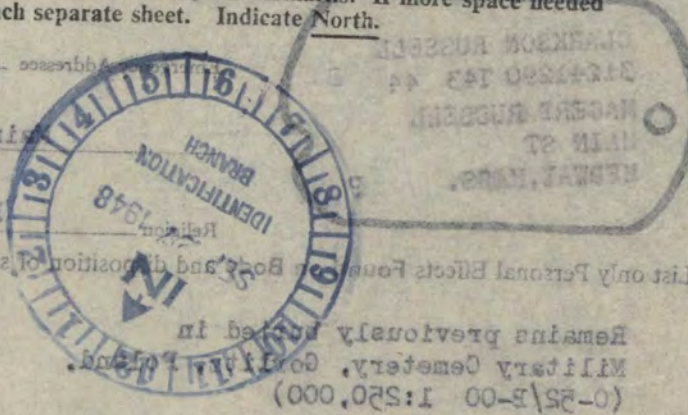
Religion: _____
 Position of same: _____

Other Data: _____

Characteristics: _____

AG P BR HQ SOS 1/22560

26 JUL 1948



SENSITIVE SURFACE - HANDLED EDGES ONLY

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

DATE 22 May 1945 GH J

REPORT OF DEATH

FULL NAME Russell, Clarkson A. (POW German Government)		ARMY SERIAL NUMBER 31 241 290	GRADE SGT			
HOME ADDRESS Norfolk, Massachusetts		ARM OR SERVICE INF	DATE OF BIRTH 30 Jan 11			
PLACE OF DEATH Staleg 4B European Area	CAUSE OF DEATH Result of oedema lungs		DATE OF DEATH 30 Jan 45			
STATION OF DECEASED European Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 26 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS				
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Margery Russell, wife, Main Street, Medway, Massachusetts						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Margery Russell, wife, same as above. Robert Russell son, same as above. Mrs. Elizabeth Russell, mother, 4 Williams Street, West Medway, Massachusetts.*						
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	X	X		X	

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

*Beneficiary Cont:

Miss Madeline Russell, sister, same as mother's.

"The individual named in this report of death is held by the War Department to have been in a missing in action status from 22 December 19 44 until such absence was terminated on 3 March 1945, when evidence considered sufficient to establish the fact of death on 30 January 1945 was received by the Secretary of War from the German Government through the International Red Cross."

FILE
 JUN 2-1945
 VZ

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

E. J. Shultz
 ADJUTANT GENERAL

SENSITIVE SURFACE - HANDLE EDGES ONLY

378,106
D.C.

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

REPORT OF DEATH

DATE 22 May 1945 GH 3

FULL NAME Russell, Clarkson A. (POW German Government)				ARMY SERIAL NUMBER 31 241 290		GRADE SGT							
HOME ADDRESS Norfolk, Massachusetts				ARM OR SERVICE INF		DATE OF BIRTH 30 Jan 11							
PLACE OF DEATH Staleg 4B European Area			CAUSE OF DEATH Result of oedema lungs			DATE OF DEATH 30 Jan 45							
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 26 Dec 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS							
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Margery Russell, wife, Main Street, Medway, Massachusetts													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Margery Russell, wife, same as above. Robert Russell son, same as above. Mrs. Elizabeth Russell, mother, 4 Williams Street, West Medway, Massachusetts.*													
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			X	X					X		

ADDITIONAL DATA AND/OR STATEMENT

*Beneficiary Cont:

 BATTLE NON-BATTLE

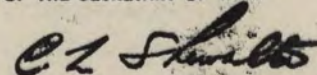
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COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:



ADJUTANT GENERAL

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

378106

1780

—**BATTLE CASUALTY REPORT**—

NAME				SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
RUSSELL CLARKSON A				31241290		SGT	INF	ETO
PLACE OF CASUALTY			DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
			DAY	MONTH	YEAR			
BELGIUM9			22	DEC	44		MIA	005

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME		RELATIONSHIP	DATE NOTIFIED
MRS MARGERY RUSSELL		WIFE	16 JAN 45
NO. AND NAME OF STREET—CITY—STATE			
MAIN STREET		MEDWAY MASSACHUSETTS	1m

REMARKS:

 CORRECTED COPY


ACTION BY PROCESSING AND VERIFICATION SECTION:		REPORT VERIFIED <input checked="" type="checkbox"/>	FORM 43 <input checked="" type="checkbox"/>	AG 201 REQ. <input checked="" type="checkbox"/>
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/>	OR CHARGED TO <input type="checkbox"/>	DATE _____		
PREVIOUSLY REPORTED	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	(AS INDICATED BELOW):	
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
FORWARDED TO →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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 <i>W. J. W. J.</i>	REVIEWED BY <i>W. J. W. J.</i>

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

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(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
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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.

378106

SZ/LL/mjo'c
7 February 1950

XXXXXXXXXXXX

Mrs. Elizabeth E. Russell
Wheeler House, 35 Hampden Street
Wellesley, Massachusetts

Dear Mrs. Russell:

In reviewing the Bureau case file of your son, Sergeant Clarkson A. Russell, I note that you were never furnished a report concerning his personal effects.

We did not receive any of his belongings, or any information regarding them. Since he was an Infantryman, he probably carried most of his possessions with him, and it is likely that they were confiscated by the German army at the time of his capture. Apparently, he did not store any of his personal effects prior to entering combat duty, as an inventory was not submitted by his overseas organization.

I realize the sentimental value you naturally would attach to the property your son had with him overseas, and regret that I cannot send you a more favorable report. Permit me to extend my sympathy in the loss you have sustained.

Sincerely yours,

STANLEY ZABLOCKI
Captain, QMC
Effects Quartermaster

AGRS-DC-S 201 Russell, Clarkson A.
(1 Dec 48)

22 March 1949

Mrs. Elizabeth E. Russell
Wheeler House, 35 Hampden Street
Wellesley, Massachusetts

Dear Mrs. Russell:

Reference is made to your letter addressed to The Adjutant General, Washington 25, D. C., requesting additional information regarding the death of your son.

I deeply regret that no information other than that previously furnished regarding the death of your son, Sergeant Clarkson A. Russell, Army serial number 31 241 290, Infantry, has been received. The official records show that he died 30 January 1945 at Stalag IV-B, Germany, while a prisoner of war, as the result of oedema of the lungs. I am sure you will understand how extremely difficult it was to obtain complete reports concerning casualties based on reports compiled by a government with which we were at war. However, it has been the experience of the Department of the Army that such reports, while unfortunately brief, have proved to be authentic and reliable.

There are listed below the names and latest addresses of record of two former members of your son's organization who were captured the same day and were prisoners of war for a period of time:

William J. Boles
Duluth, Georgia

Robert D. Davis
2322 7th Street
Portsmouth, Texas

The Kansas City Quartermaster Depot, Army Effects Bureau, 601 Hardesty Avenue, Kansas City 1, Missouri, has jurisdiction over the personal effects of our military personnel who die overseas

378/06

AGRS-DC-S 201 Russell, Clarkson A.
(1 Dec 48)

22 March 1949

and a copy of your letter has been forwarded to that office for appropriate action regarding the matter.

Permit me to extend my sympathy.

Sincerely yours,

CHARLES D. CARLE
Colonel, AGD
Commanding

COPY FOR:

The Kansas City Quartermaster Depot
Army Effects Bureau
601 Hardesty Avenue
Kansas City 1, Missouri

1 Incl

Copy of ltr dtd 1 Dec 48

C
O
P
Y

35 Hampden St.
Wellesley, Mass.

To The Adjutant General,
Munitions Bldg.
Washington 25, D. C.

Dear Sir:

Word was received by my daughter-in-law, that you had recovered the body of my son, Sgt. Clarkson A. Russel, 31 241 290, and have by her permission buried him in the National Cemetery at Neuville en Condroz, Belgium. I wish to thank you for the information. We felt if he could make a choice, he would prefer to remain with his comrades, with whom he fought and died.

Margery has written for a picture of his grave and also of the cemetery which I trust will be granted. He had a lovely ruby ring, and a beautiful shell shock proof watch, given by his firm he worked for. Is there any possible chance of recovering them for his son. I hardly expect it but if any I would be pleased.

Could you give me any information regarding circumstances of his death? Have you any names of boys that survived that terrible ordeal, that I could correspond with? The slightest information would be gratefully received. We never have received the slightest information, only that he died in a German prison camp, Stalag No 4, Jan 30, 1945, with oedema lung.

Could you give any information to relieve the heart ache of a loving mother.

Sincerely yours,

Mrs. Elizabeth E. Russell
Wheeler House, 35 Hampden Street
Wellesley, Massachusetts

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