

293 FOSTER, ROBERT C. 0-1011520 CPT. INF. EUROPEAN AREA (PA.) 45rs

RHS FBJ

1

USMC HAMM
PLOT: G ROW: 11 GRAVE: 27
DATE OF BURIAL: 15/7/49

DISINTERMENT DIRECTIVE

VERIFIED BY: *[Signature]*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
GRS OFFICER
[Signature] ST4FA

DIRECTIVE NUMBER: 6020 02578
DATE: 15 05 49
DAY MONTH YEAR

NAME: FOSTER ROBERT C
SERIAL NUMBER: 01011320
GRADE: CAPT
ARM: 1
RACE: 1
RELIGION: 1

CEMETERY: HAMM LUXEMBOURG
PLOT: C ROW: 1 GRAVE: 7
DISPOSITION OF REMAINS: 6001 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
HAMM, LUXEMBOURG

NAME AND ADDRESS OF NEXT OF KIN
FRANK M. FOSTER (FATHER)
1210 PANAMA STREET
PHILADELPHIA, PENNSYLVANIA
FLAG SENT: 21 JUL 1949

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISINTERRED:

IDENTIFICATION TAG ON: ORGANIZATION: USAGF
RELIGION: IDENTIFICATION VERIFIED BY: 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:

CASKET SEALED BY: EMBALMER (Signature):

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY:
DATE: BY:

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
19 AUG 1949
REPATRIATION
BRANCH
MEM. DIV.

FINAL LETTER SENT 17 AUG 1949 (132)

RECEIVED MAIL ROOM 15 AUG 1948

RECORD OF CUSTODIAL TRANSFER

MAIL ROOM
RECEIVED

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

OK

DISINTERMENT DIRECTIVE

1-57

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER	DATE	
FOSTER ROBERT C		01011320	CAPT	1
SERIAL NUMBER		RANK	ARM	DATE OF DEATH
C 1				
Cemetery		DISPOSITION OF REMAINS		DAY MONTH YEAR
ROW GRAVE		COUNTRY		CODE DIST. PT.
C 1		7 HAMM LUXEMBOURG		CAUSE OF DEATH

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
ROBERT C. FOSTER	01011320	CAPT	EST 26 JAN 45	15 MAR 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS		P	RAYMOND G JOHNSON	
<input checked="" type="checkbox"/> MARKER			1ST LT	INF NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

COURSE OF BURIAL	CONDITION OF REMAINS
UNIFORM	ADVANCED DECOMPOSITION. SKULL FRACTURED. MANDIBLE FRACTURED.
OTHER MEANS OF IDENTIFICATION	
ID TAG FOUND IN REMAINS. NO CONFLICTING EVIDENCE	
OTHER DISCREPANCIES	
NONE	

REMAINS PREPARED AND PLACED IN CASKET transfer box	<i>Richard S Holiver</i>
19 MARCH 1948	RICHARD S HOLIVER, EMBALMER
BY	
CASKET SEALED BY	EMBALMER (Signature)
JAMES L SMITH	<i>James L Smith</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
16 JUN 48 ROBERTE KREPS CLBRK RECORDER	ALL MARKINGS TAGS & PLATES VERIFIED BY
BY	<i>W B Owen</i>
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	
<i>Raymond G Johnson</i>	
RAYMOND G JOHNSON	
1ST LT INF	
SIGNATURE OF GRS INSPECTOR	

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

M		TO	
D OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

M		TO	
D OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

M		TO	
D OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

M		TO	
D OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

M		TO	
D OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

M		TO	
D OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

M		TO	
D OF CONVEYANCE		NAME OF CONVOYER	
NATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

REPAIRS
 RECORDS BR
 10 10 50 AM '48

1-24

17 August 1949

RF
~~Capt. Robert C. Foster, ASN 01 011 320~~
Plot G, Row 11, Grave 27
Headstone: Cross
Hamm (Luxembourg) U. S. Military Cemetery

Mr. Frank M. Foster
1210 Panama Street
Philadelphia, Pennsylvania

Dear Mr. Foster:

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,

W. H. MIDDLESWART
Major General
Acting The Quartermaster General

AUG 18 11 31 AM '49
U. S. M. C.
MAIL & RECORDS BRANCH

csb

REQUEST FOR NEW LETTER OF INQUIRY *Telegram*

TO <i>295</i> LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM	
NAME OF DECEDENT (First, Middle, Last) <i>Robert C. Foster</i>		GRADE <i>Capt.</i>	SERIAL NUMBER <i>01011320</i>
GRAVE LOCATION			
CEMETERY <i>Hamm</i>	PLOT <i>C</i>	ROW <i>1</i>	GRAVE <i>7</i>
LETTER OF INQUIRY TO BE SENT TO: MR. <i>Frank M. Foster</i> MISS MRS.		RELATIONSHIP <i>Father</i>	
ADDRESS			
STREET <i>1210 Panama St.</i>		CITY AND STATE <i>Philadelphia, Pa.</i>	

AUTHORITY FOR LETTER OF INQUIRY AND REMARKS

Reference "Disposition Form" remains your son the late Capt. Robert C. Foster 01011320 your unsigned Reply Form 345 Military has been accepted for final interment overseas in U.S. Military Cemetery Hamm Luxembourg

(End)

File-17
unsigned reply form

File
NAT
6-10-49
FR.
B. Little
E. Slaughter

DATE: *5-27-49*

CLERK'S SIGNATURE
B. Little

REQUEST FOR DISPOSITION OF REMAINS

15/57/49
L. R. Rada

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

DATE:

Capt Robert C. Foster, 01 011 320
Plot C, Row 1, Grave 7,
United States Military Cemetery
Ham, Luxembourg

18 April 1949

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, FRANK M. FOSTER

(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. HAMM, Luxembourg
- 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 _____
(FOREIGN COUNTRY) (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.)

DD Case
9 JUN 1949

Coded 6-3-49
Alcott

MAY 31 1949

B. Little
5-27-49

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.)

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.

Frank M. Foster
 (SIGNATURE OF NEXT OF KIN)

 (NAME PRINTED OR TYPED)

1210 Panama St
 (STREET AND NUMBER)
Philadelphia, Pa.
 (CITY AND STATE)

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

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

 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

 (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)
_____	_____ (CITY AND STATE)
(NAME PRINTED OR TYPED)	

PART III

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

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



RECORDS BRANCH
MAY 31 2 04 PM '49
GENERAL DIVISION

QMGW DEPT OF ARMY WASH DC ARROWSMITH X-75837

UNCLASSIFIED

MR FRANK M FOSTER
1210 PANAMA STREET
PHILADELPHIA PENNSYLVANIA

PRIORITY

CHARGE GRAVES WW II

YOUR DISPOSITION FORM ON REMAINS OF YOUR SON COMMA CAPTAIN ROBERT C
FOSTER COMMA O-1011320 COMMA HAS BEEN RECEIVED AND ACCEPTED FOR
PERMANENT OVERSEAS INTERMENT. YOU WILL BE NOTIFIED LATER OF EXACT GRAVE
LOCATION END

CAPT VOGL
Memorial Division
OQMG

grs

TEL & CAB
SECTION

JUN 9 6 15 PM '49

RECEIVED
JUN 26 1949
OQMG

REPEAT
RECORD

UNCLASSIFIED

QMGW 293
Foster, Robert C., O-1011320

09 Jun 49 J. F. VOGL
Captain, OMC, Memorial Division

UNCLASSIFIED
ORIGIN DEPT OF ARMY WASH DC ARROWHEAD X-75837

PRIORITY
MR FRANK W FOSTER
1210 PANAMA STREET
PHILADELPHIA PENNSYLVANIA

CHARGE GRAVE NO 11

YOUR DISPOSITION FORM ON REMAINS OF YOUR SON COMMA CAPTAIN ROBERT O
FOSTER COMMA O-1011320 COMMA HAS BEEN RECEIVED AND ACCEPTED FOR
PERMANENT OVERSEAS INTERMENT. YOU WILL BE NOTIFIED LATER ON EXACT GRAVE
LOCATION END

CAPT VOEL
Memorial Division
OSAS

ERS

RECEIVED
MAIL
US BRANCH
4 12 PM '49
MEMORIAL DIVISION

SECTION
LET & CAP
M 3 6 PM '49

UNCLASSIFIED

ORIGIN 203
Foster, Robert O., O-1011320
OS for 49 Captain, OMC, Memorial Division
J. F. VOEL

Capt Robert C. Foster, OI 011 320
Plot C, Row 1, Grave 7,
United States Military Cemetery
Hamm, Luxembourg

18 April 1949

Mr. Frank M. Foster
1210 Panama Street
Philadelphia, Pennsylvania

Dear Mr. Foster:

The records in this office have been amended to show you as the next of kin of the above-named decedent, and the person authorized to request disposition of the remains.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your wishes in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your wishes as indicated thereon.

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.

It is urged that you complete the "Request for Disposition of Remains" form, and return it to this office without delay in order that prompt action may be taken toward the final disposition of the remains. A self-addressed envelope which requires no postage is inclosed for your convenience.

Sincerely yours,

JAMES F. SMITH
Major, QMC
Memorial Division

APR 18 3 09 PM '49
OQMG:MSR:BR
Incls. *[initials]*

29W

SPECIAL DELIVERY

New L.O.I. SENT APR 18 1949 To father
[signature]

18 April 1949

Genl Robert C. Foster, OI 011 320
Box 6, Row 1, Grave 7,
United States Military Cemetery,
Frank, Luxembourg

Mr. Frank M. Foster
1210 Pennock Street
Philadelphia, Pennsylvania

Dear Mr. Foster:

The records in this office have been examined to show you as the next of kin of the above-named decedent, and the person authorized to request disposition of the remains.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your wishes in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your wishes as indicated thereon.

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.

It is urged that you complete the "Request for Disposition of Remains" form, and return it to this office without delay in order that prompt action may be taken toward the final disposition of the remains. A self-addressed envelope which requires no postage is inclosed for your convenience.

Sincerely yours,

JAMES V. SMITH
Major, GPO
Memorial Division

NEW YORK
APR 18 1949
COMMUNICATIONS SECTION

SPECIAL DELIVERY

New York L.O.I. SENT APR 18 1949
To father
Dad

REQUEST FOR NEW LETTER OF INQUIRY

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH FROM

NAME OF DECEDENT (First, Middle, Last) GRADE SERIAL NUMBER
297 ROBERT C. FOSTER Capt. 0-1011320

CEMETERY GRAVE LOCATION PLOT ROW GRAVE
HAMM LUX C 1 7

LETTER OF INQUIRY TO BE SENT TO: MR. FRANK M FOSTER. RELATIONSHIP FATHER.
MISS
MRS.

ADDRESS STREET CITY AND STATE
7210 PANAMA ST. PHILADELPHIA, PENNA.

AUTHORITY FOR LETTER OF INQUIRY AND REMARKS
Widow remarried
Please send L.O.I to Father, special
Delivery.
New L.O.I. SENT 18 APR 1949 to Father file Nat
BM 18 April 49
Orkeloni
FLC

DATE 13 apr 49 CLERK'S SIGNATURE J. Veronich

QM
PENTAGON LIAISON
MEMORIAL DIVISION

DATE 4 April 49

Requested By:

<u>Name</u>	<u>Section</u>	<u>Room No.</u>	<u>Telephone</u>
T. V. Thompson	Unit #2	2417	71672

¹⁹⁴²
Request:

FOSTER ROBERT C CAPT O-1011320 HAMM CI-7

X.C. member
Branch office
marital status of Justine W Foster (Widow)

Information Received From: V. H.

KC-3810260
District Office #3

PRIORITY CEM

Widow remarried 9 May 1947
Justine W. Simon
3rd + Asbury St.
National Park, N. J. 12 May 1946

For 293 File

MEMORANDUM FOR THE RECORD

100-444444

MEMORANDUM

MEMORANDUM

MEMORANDUM

MEMORANDUM

MEMORANDUM

MEMORANDUM

MEMORANDUM

Pentagon Liaison

C APR 1949

MEM. DIV. OQMG

DEPARTMENT OF THE ARMY
////////////////////

QMCMF 293
Foster, Robert C.
SN 01 011 320

at

5 March 1948

Mr. Frank M. Foster
1210 Panama Street
Philadelphia, Pennsylvania

Dear Mr. Foster:

The inclosed form, "Request for Disposition of Remains," pertaining to the final interment of the remains of your son, the late Captain Robert C. Foster, is returned for completion of those parts checked in red pencil.

Inasmuch as you state that your son's widow has remarried, it is kindly requested that you advise the widow to complete all lines of Part III on the lower half of page 3, giving her new name and present address.

It is also necessary that your signature and complete address be indicated in the space provided for that purpose on the lower part of page 2, checked in red.

Your cooperation and promptness in forwarding the completed Disposition form to our office will prevent further delay and will be greatly appreciated.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

- 2 Incls
- 1. Disposition
- 2. Envelope

cc: Mr. Arrowsmith

leh



RBC

DEPARTMENT OF THE ARMY
// // // // //

OMM 293
Foster, Robert G.
SN of OIL 320

2 March 1948

Mr. Frank M. Foster
1210 Panama Street
Philadelphia, Pennsylvania

Dear Mr. Foster:

The enclosed form, "Request for Disposition of Remains," pertaining to the final interment of the remains of your son, the late Captain Robert G. Foster, is returned for completion of those parts checked in red pencil.

Inasmuch as you state that your son's widow has remarried, it is kindly requested that you advise the widow to complete all lines of Part III on the lower half of page 2, giving her new name and present address.

If it is also necessary that your signature and complete address be indicated in the space provided for that purpose on the lower part of page 2, checked in red.

Your cooperation and promptness in forwarding the completed Disposition form to our office will prevent further delay and will be greatly appreciated.

Sincerely yours,

RICHARD B. DOOMBS
Major, GMC
Memorial Division

2 Incls
1 Disposition
1 Envelope

cc: Mr. Armstrong

Job



CORRESPONDENCE ACTION SHEET

Mr. ~~Miss.~~ FRANK M. FOSTER Father
 Addressee: ~~Mrs.~~ 1210 PANAMA ST Relationship
 State PHILADELPHIA, PA Date letter '47
 City, State
 Cemetery
 Temporary: _____
 Permanent: _____
 Plot Row Gr Cem. Name or No. City Country

Decedent:

FOSTER
 ROBERT E.
 Capt
 01011320

PARAGRAPHS (sequence)

--- ADDITIONAL --- DATA --- MODIFICATIONS ---

The inclosed form, "Request for Disposition of Remains", pertaining to the final interment of the ~~XXXXXX~~ remains of your son, the late...., is returned for completion of those parts checked in red pencil.

~~XXXXXXXXXXXXXXXXXXXX~~

~~In order that official action may be taken to comply with your desires, it will be necessary for you to advise the widow~~

Inasmuch as you state that your son's widow has remarried, it is kindly requested that you advise the widow to complete all lines of Part III on the lower half of page 3, giving her new name and present address.

It is also necessary that your signature and complete address be indicated in the space provided for that purpose on the lower part of page 2, checked in red.

Your cooperation and promptness in forwarding the completed Disposition Form to our office will prevent further delay and will be greatly appreciated.

Incl Disposition Form

Hindman

Analyst Typist Reviewer

Modifications

OKed

2-25-48

FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

FOSTER, ROBERT C. CAPT. 0-1011320 Father
Name RANK ASN 345 Signed by the

2
Option Selected

HAMM, LUXEMBOURG C-1-7
Cemetery Plot Row Grave

Consignee

Address

Write NOK Mr. JUSTINE W. FOSTER
Mrs. Miss Name

WIFE
Relationship

922 PARRY AVE. (Address)

PALMYRA, N. J. (City and State)

A. Action to Family Letters Section

- 1. () Indicate RELATIONSHIP
- 2. () Indicate OPTION desired
- 3. () Indicate CEMETERY in which interment desired
- 4. () Indicate Country (HOVELAND) of deceased or NOK
- 5. () Indicate CONSIGNEE- Name and/or Address
- 6. () Obtain SIGNATURE of NOK
- 7. () Obtain NOTARIZATION
- 8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA:

- 9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
- 10. () Reply to REMARKS on IRF
- 11. () SPECIAL INSTRUCTIONS: Request evidence of widow's remarriage as per remarks on page 1.

- 12. () Inform Party Listed Below of Action taken by This Office

Name _____ Relationship _____
 _____ (Address) _____
 _____ (City and State) _____

44

Orig- With 345
Dup- M&R for 293 File

S. Kravay
Acceptance Clerk's Name

17 Feb 48
Date

FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

293 ~~FOSTER, ROBERT E.~~ ~~Rank U.S. 345~~ ~~345~~ ~~signed by the~~ ~~Option Selected~~ 2

2 ~~HANN, LOYEM BURG~~ ~~Plot Row Grave~~ ~~Consignee~~

Address

Write NOK Mr. JUSTIN W. FOSTER WIFE
Miss Relationship
922 PARRY AVE (Address)
PALMYRA, N.J. (City and State)

A. Action to Family Letters Section

- 1. () Indicate RELATIONSHIP
- 2. () Indicate OPTION desired
- 3. () Indicate CEMETERY in which interment desired
- 4. () Indicate Country (HOME LAND) of deceased or NOK
- 5. () Indicate CONSIGNEE- Name and/or Address
- 6. () Obtain SIGNATURE of NOK
- 7. () Obtain NOTARIZATION
- 8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA:

- 9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
- 10. () Reply to REMARKS on IRF
- 11. () SPECIAL INSTRUCTIONS: Request evidence of
wedding remarriage as per remarks
on page 1,

12. () Inform Party Listed Below of Action taken by This Office

Name _____ Relationship _____

(Address)

(City and State)

Orig- With 345
Dup- M&R for 293 File

A. Reagan
Acceptance Clerk's Name

17 Feb 48
Date

*File - 744
17 Feb 48
S. Brennan
JK*

2

Capt. Robert C. Foster, O1 011 320
Plot C, Row 1, Grave 7,
United States Military Cemetery
Hansa, Luxembourg

31 July 1947

Mrs. Justine W. Foster
922 Parry Avenue
Palmyra, New Jersey

Dear Mrs. Foster:

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.

ACO
11
27 PH
M&R
BFF
OQMG

ocs

B

New L.O.I. SENT 18 APR 1949 to Falck
B M

792

SPQYG 293
Foster, Robert C.
SN 01 011 320

22 April 1946

Mrs. Justine W. Foster
922 Parry Avenue
Palmyra, New Jersey

Dear Mrs. Foster:

The War Department is most desirous that you be furnished the burial location of your husband, the late Captain Robert C. Foster, A.S.N. 01 011 320.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Hamm, Luxembourg, plot C, row 1, grave 7.

This cemetery is located approximately two miles east of the city of Luxembourg, and is under the constant care and supervision of United States military personnel.

It is anticipated that, in the near future, the War Department will receive authority to return the remains of your husband, at Government expense, to the final resting place which you select. When the necessary arrangements have been completed, this office will, without any action on your part, give full information and solicit your detailed desires.

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

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

LMS

JUN 23 4 11 PM '46

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

293
N.C.
GRAVES REGISTRATION
FORM No. 1
(Revised 1 Sept. 1948)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

RESTRICTED
Feb. 45

293 Foster Robert C. 385859

1. Last Name: Unknown First: Unknown Initial: Unknown Rank: Unknown Serial No.: 0-1011320

2. Unit: Unknown Organization: 44

3. Place of Death: St. Vith, Belgium Date of Death: 21 DEC 45 Cause of Death: SW. Abdomen

4. Time and Date of Burial: 1500/45 Name of Cemetery: US Military Cemetery Name or Coordinates of Location: Hamm, Luxembourg

5. Grave Number: 7 Row Number: 1 Plot Number: 6 Type of Marker: Cross

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

If No Identification Tags
How were remains identified?

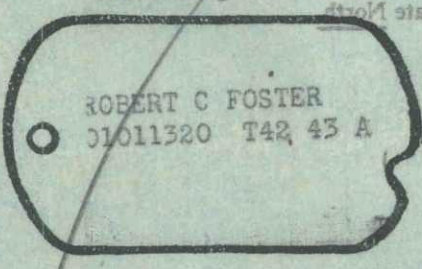
What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	<u>GAEDE</u>	<u>38580110</u>	<u>Pvt</u>	<u>Unknown</u>	<u>6</u>
Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.
	<u>SKALSKI</u>	<u>33021017</u>	<u>Unknown</u>	<u>Unknown</u>	<u>8</u>

Signature of 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: Mrs. Justine W. FOSTER Name

922 Parry Ave., Palmyra, N.J. Address

Religion: Protestant

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

293 Foster, Robert C. 0-1011320

RESTRICTED

FILE
NOV 19 45

Signature of Officer or other person reporting burial: [Signature]

For the Commanding Officer: [Signature]

Verified by G.R.S. Officer: CARL D. TRUAX
1st Lt. GMC
609th QM Gr. Reg. Co.

IF DECEASED UNIDENTIFIED

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

- Height: _____
- Weight: _____
- Color of Eyes: _____
- Color of Hair: _____
- Race: _____
- Laundry Marks: _____
- Number of Rifle: _____
- Wear Glasses? Yes No
- Is Tooth Chart Attached? Yes No

(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.

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

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

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

TOOTH CHART

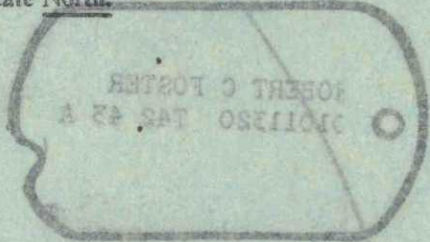
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

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

Characteristics:

Other Data:



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

AG P BR HQ 505

22560

85171

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

4 Feb. 45

Date

0-1011320

Serial No.

Last Name: ~~FOSTER~~ ^{ent} FOSTER Robert C.
 First: ~~Unknown~~ ³¹ Janke Bn.
 Initial: ~~Unknown~~ ^{Unknown}

Rank: ~~Unknown~~ ^{Capt.}
 Organization: ~~Unknown~~ ^{4 Arm d. Div.}

Unit: St. Vith, Belgium

Organization: ~~Unknown~~ ^(Estimated to be 26 Jan. 45)

Place of Death: 1500 ft 4 Feb. 45

Date of Death: 21 Dec. 44

Cause of Death: SW. Abdomen

Time and Date of Burial: 7

Name of Cemetery: US Military Cemetery

Name or Coordinates of Location: Hamm, Luxembourg

Grave Number: 7

Row Number: 7

Plot Number: 6

Type of Marker: Cross

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

If No Identification Tags

How were remains identified?

293 Foster, Robert C. (Capt 0-1011320)

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

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

Who is buried on:

Deceased's Right: GAEBE 38580410 Pvt Unknown 6
 Name Serial No. Rank Organization Grave No.

Deceased's Left: SKALSKI 33021017 Unknown Unknown 8
 Name Serial No. Rank Organization Grave No.

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

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



Emergency Addressee: Mrs. Justine W. FOSTER
 Name

Address: 922 Parry Ave., Palmyra, N.J.

Religion: Protestant

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

293 Foster, Robert C. (0-1011320) Capt FILE

RESTRICTED

Signature of Officer or other person reporting burial
 For the Commanding Officer

CARL D. TRUAX Verified by G.R.S. Officer
 1st Lt. QMC
 609th QM Gr. Reg. Co.

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
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47	47
48	48
49	49
50	50

Inc #62

MAY 7 1945

1128

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

(If possible, have medical personnel take a tooth chart, if no one on or near the burial site is present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Left Hand

4

3

2

1

Thumb

Right Hand

4

3

2

1

Thumb

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

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

Who is buried on:

Deceased's Right: _____

Deceased's Left: _____

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

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

Characteristics:

Other Data:

Name: _____

Emergency Address: _____

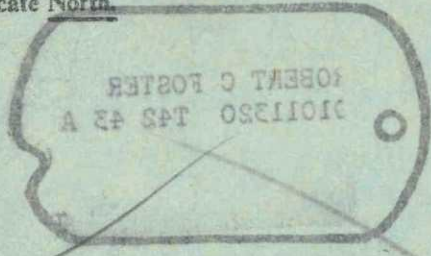
Address: _____

Religion: Protestant

Signature of Officer or other person reporting burial: _____

For the Commanding Officer: _____

Verified by G.S. Officer: _____



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

RESTRICTED

AG P BR HQ SOS

22560

South Cm Gr. Reg. Co.
Lat It. OMC
CARL D. THUAUX
Verified by G.S. Officer

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

REPORT OF DEATH

DATE 20 Jan. 45 vjb

FULL NAME <u>Foster, Robert C.</u>		ARMY SERIAL NUMBER <u>0-1011320</u>		GRADE <u>Captain</u>	
HOME ADDRESS <u>Philadelphia, Pennsylvania</u>		ARM OR SERVICE <u>Infantry</u>		DATE OF BIRTH <u>7 Dec. 17</u>	
PLACE OF DEATH <u>European Area</u>		CAUSE OF DEATH <u>Killed In Action</u>		DATE OF DEATH <u>21 Dec. 44</u>	
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>4 July 42</u>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Justine W. Foster (Wife) 922 Parry Avenue, Palmyra, New Jersey</u>					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Justine Walker Foster 922 Parry Ave. Palmyra, N.J. (Wife)</u> <u>Robert Lefferts Foster (Son) same as above</u> <u>Camilla Louise Foster (Mother) 1210 Panama St. Philadelphia, Pa. *</u>					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
					X
OTHER PAY STATUS (SPECIFY BELOW) YES NO					

ADDITIONAL DATA AND/OR STATEMENT

*Frank Mitchell Foster (Father) 1210 Panama St. Philadelphia, Pa.

BATTLE NON-BATTLE

Evidence of death rec'd in WD 14 Jan 45

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

BY ORDER OF THE SECRETARY OF WAR.
John [Signature]
 ADJUTANT GENERAL
 JAN 26 1945

22



385859

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

REPORT OF DEATH

DATE 20 Jan. 45 vjb

FULL NAME Foster, Robert C.		ARMY SERIAL NUMBER 0-1011320	GRADE Captain
HOME ADDRESS Philadelphia, Pennsylvania		ARM OR SERVICE Infantry	DATE OF BIRTH 7 Dec. 17
PLACE OF DEATH European Area	CAUSE OF DEATH Killed In Action		DATE OF DEATH 21 Dec. 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 4 July 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)
Ref Mrs. Justine W. Foster (Wife) 922 Parry Avenue, Palmyra, New Jersey

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
Justine Walker Foster 922 Parry Ave. Palmyra, N.J. (Wife)
Robert Lefferts Foster (Son) same as above
Camilla Louise Foster (Mother) 1210 Panama St. Philadelphia, Pa. *

INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

*Frank Mitchell Foster (Father) 1210 Panama St. Philadelphia, Pa.

BATTLE NON-BATTLE

Evidence of death rec'd in WD 14 Jan 45



CB

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

BY ORDER OF THE SECRETARY OF WAR.
John L. ...
ADJUTANT GENERAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Justine W. Foster
922 Parry Avenue

Effects of: Palmyra, New Jersey
Name: Capt. Robert C. Foster

ASN: 0-1011320

Case No.: 385859 D

Wt.

DATE: 31 August 1945
RTB:KD:nec

[Signature]
FOR: Effects Quartermaster

REMARKS:

- | | |
|---|--|
| <input type="checkbox"/> Inclose Bureau Check | <input type="checkbox"/> Remove G. I. |
| <input type="checkbox"/> Acct. No. _____ | <input type="checkbox"/> Note discrepancy in _____ |
| <input type="checkbox"/> Amount _____ | <input type="checkbox"/> Films removed |
| <input type="checkbox"/> Inclose "Valuables" item | <input type="checkbox"/> Diary removed |
| <input type="checkbox"/> Ship "Valuables" item(s) | <input type="checkbox"/> Laundry removed |

ROUTING:

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

REMARKS

Franked SEP 5 1945
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of package 1

[Signature]
Shipping Clerk

305,859

ATTACHMENTS <input checked="" type="checkbox"/> INBOUND INVENTORY <input checked="" type="checkbox"/> G. R. OR SUB GR LABEL <input type="checkbox"/> WILL OR POWER OF ATTY. <input checked="" type="checkbox"/> TALLY IN FORM 45	EFFECTS INVENTORY ARMY EFFECTS BUREAU	STATUS <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/> MISSING <input type="checkbox"/> P. O. W. <input type="checkbox"/> ABANDONED <input type="checkbox"/> UNKNOWN
---	--	--

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

CONTAINERS ADDRESSED TO <p style="font-size: 2em; text-align: center;">None.</p>	INFORMATION <p style="font-size: 2em; text-align: center;">None. rechecked</p>
NAME AND STATUS VARIATIONS	CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL
BOND		AMOUNT	ORIG. REG. MAIL
TRAV. CHECK		DATE	TO G. A. O.
FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	MUTILATED
U. S. CURRENCY		PAYEE	TO ISSUING AGENCY
		REMITTER OR DRAWER	

TALLY NO. 9491	ORIG. NO. OF PKGS. 1	EXAMINING DATE 13 Aug 45	BOX NO. —	SHEET 1 OF 1 SHEETS
NAME Robert C. Foster			A. S. N. 0-1011320	
ORGANIZATION Co A. 31 Tank Bn.			RANK capt. CASE NO.	
WAREHOUSE SPACE 3539		EXAMINED BY Gibler		
PACKAGE DESCRIPTION 100		PACKED BY Couch		
WEIGHT		INSPECTED BY H		
		STORED BY OC		
		DATE SEP 5 1945		BY WHOM ER

ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

NAME FOSTER, ROBERT C. 1950 capt

BAY	PALLET	BOX	TALLY
11	57		9491
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PKG			

EE. QM Form 48

RESTRICTED

3 Feb. 45
Date

SUBJECT: Inventory of Personal Effects of:

Foster ROBERT C Capt 01011320
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of Co. A 31 Tank Bn.
(Unit)

7th Amd. Div. was reported Killed
(Organization) (Status-Killed, MIA,

about 21 Dec. 1944
Hospitalized, etc.) (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

- 1 ea Blouse, Wool ✓
- 1 pr Trousers, Pink ✓
- 2 ea Shirts, Cotton ✓

see file

RESTRICTED

RESTRICTED

Money in the amount of None has been turned into

Form WDFD 38

(Name of finance officer and symbol number)

enclosed.

None
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 _____ (Rail, Truck, etc.)

_____ 194__.

Name John J. Drennon
Rank & ASN 1st Lt 0-1019119
Organization AH-31st Td Bn

Any additional pertinent information:

RESTRICTED



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

RTB:KD:ncc
September 1, 1945

385859

IN REPLY REFER TO _____

Mrs. Justine W. Foster ✓
922 Parry Avenue ✓
Palmyra, New Jersey ✓

Dear Mrs. Foster: ✓

The Army Effects Bureau has received from overseas some more property of your husband, Captain Robert O. Foster.

This property, contained in one container, is being sent you for distribution. If, for some reason, it has not been received within the next thirty days, this Bureau should be informed so that tracer may be instituted.

Yours very truly, ✓

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Justine W. Foster
922 Parry Avenue
Palmyra, New Jersey

SHIP TO:

Effects of: **Capt. Robert C. Foster**
Name
ASN **0-1011320**
Case No. **385859 D**
Wt.

DATE 24 August 1945
RTB:BT:dt

Balle
FOL: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

#1 pkg Inw 8-9-45
- 2 1/2 - 7-28-45

REMARKS:

"SHIP DAMAGED PROPERTY"

Franked **AUG 30 1945**
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages **2**

He
Shipping Clerk

ATTACHMENTS		EFFECTS INVENTORY		STATUS	
X	INBOUND INVENTORY ✓	EFFECTS INVENTORY ARMY EFFECTS BUREAU			DECEASED
X	G. R. OR SUB GR LABEL ✓			MISSING	
X	WILL OR POWER OF ATTY.			P. O. W.	
X	TALLY IN FORM 43 ✓			ABANDONED	
X	<i>Form 191 Transmitted Approved 7/24</i>			UNKNOWN	
X	<i>Form 191 Transmitted Approved 7/24</i>				
	BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS		
	BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL		
/	BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL		
	BOOKS	BRUSHES	PEN, FOUNTAIN		
/	BRACELET, IDENT. ✓	CASE	PHOTOS		
	CAMERAS	CLOTH, WASH	PIPES		
	CLOTHING	COATS	RINGS		
X	MISC. ARTICLES ✓	FOOTLOCKER	SCARFS		
	RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS		
	RIBBONS, DECORATION	GLASSES	SOCKS, PR.		
	SHORT SNORTER	GLOVES, PR.	STATIONERY		
	SOUVENIR MONEY	HANDKERCHIEFS	TIES		
	SOUVENIRS	HEADWEAR	TOBACCO		
	TESTAMENTS	JACKETS	TOILET ARTICLES		
	TOWELS & WASHCLOTHS	KITS	TOWELS		
	U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.		
	WATCH	LETTERS	TRUNKS, PR.		
	WINGS	LIGHTERS	UNDERWEAR		

CONTAINERS ADDRESSED TO

None

INFORMATION

*Mrs. Justine W. Foster
922 Parry ave
Palmyra N.J.*

NAME AND STATUS VARIATIONS

CROSS REFERENCE

*File
mbb*

DAMAGED

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER			TRANSMIT ORIGINAL
BOND		SYMBOL	ORIG. REG. MAIL
TRAV. CHECK			TO G. A. O.
FOREIGN CURRENCY		AMOUNT	MUTILATED
U. S. CURRENCY			TO ISSUING AGENCY
		DATE	
		BANK OR PLACE OF ISSUE	
		PAYEE	
		REMITTER OR DRAWER	
TALLY NO. <i>77</i>	ORIG. NO. OF PKGS. <i>1</i>	EXAMINING DATE <i>9-Aug-45</i>	BOX NO. <i>72</i>
		SHEET <i>1</i> OF <i>1</i> SHEETS	
NAME <i>ROBERT C. FOSTER</i> ✓		A. S. N. <i>0-1011320</i> ✓	
ORGANIZATION		RANK <i>Capt.</i> ✓	CASE NO. <i>385859</i>
WAREHOUSE SPACE <i>509</i>	EXAMINED BY <i>Davidson</i>	DIARY REMOVED <i>1/1</i>	
	PACKED BY <i>W. C. D. G.</i>	PHOTO FILM REMOVED	
	INSPECTED BY <i>E</i>	MOTION PICTURE FILM REMOVED	
PACKAGE DESCRIPTION <i>Hipsey</i>	WEIGHT	SHIPPED	
		DATE <i>AUG 30 1945</i>	BY WHOM <i>[Signature]</i>

KH

ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

1-pen-end broken.
1-half fold slightly mouldy.

SHORTAGES

U. S. GOV'T CHECK SHORT

361 Masks.
#1.00 U.S.
Sym # 211-226
1- form 38.

NUMBER
DATE
SYMBOL
AMOUNT

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

Davidson
INVENTORY CLERK

Nolan
SUPERVISOR

G. I. REMOVED

~~1st Lt.~~
CAPT.

FOSTER

Serial No. 0-1011370 Name FOSTER, Robert C.

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 _____

7-1-0

La Rue - Kansas City - 8-26-45-30M

NAME FOSTER, ROBERT C. 1320

BAY	PALLET	BOX	TALLY
	8	72	79
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Eff. QM Form 48

RESTRICTED
INVENTORY FORM

4 Feb. 45
Date

SUBJECT: Inventory of Personal Effects of:

FOSTER Robert C Capt. 0-1011320
(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 26 Jan. 45) 1944.
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Mrs. Justine W. FOSTER
922 Parry Ave., Palmyra, N.J.

INVENTORY OF EFFECTS

- 21 Photos ✓
 - 1 Cigarette Lighter ✓
 - 1 Pen Knife ✓
 - 2 Fountain Pens, Conklin, Sheaffer ✓
 - 1 Ring, Gold Color ✓
 - 1 Wallet, Brown ✓
 - 1 Photo Folder ✓
 - 6 Keys ✓ *up*
- Currency listed below

Money in the amount of 361 Marks \$1.00 US. has been turned into Chas. S. McCormick Jr. Lt. Col.
(Name of finance office and

F.D. 211 - 226 Form WDFD 38 enclosed. 0
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 23 Feb. 1945
(Rail, Truck, etc.)

For the Commanding Officer
Name Carl D. Thruax
Rank & ASN 1st Lt. 0-1595875
Organization 609th QI Gr. Reg. Co.

Any additional pertinent information:

RESTRICTED

RECEIVED
COMMUNICATIONS SECTION

INVENTORY OF MATERIALS

[Faint, mostly illegible text and markings on aged paper, including lines and bleed-through from the reverse side.]

RESTRICTED
INVENTORY FORM

5 Feb 45
Date

C 1 7

SUBJECT: Inventory of Personal Effects of:

FOSTER Robert G. Capt O- 1011320
(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 26 Jan 45) 1944.
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible
Mrs. Justine W. Foster 922 Parry Ave. Palmyra, New Jersey

INVENTORY OF EFFECTS

1 identification bracelet, silver color
no currency

Money in the amount of none has been turned into _____
(Name of finance office and symbol number)
none Form WDFD 38 enclosed.

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

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they ^{were} forwarded to the Effects Depot by truck on 23 Feb 45 194____.
(Rail, Truck, etc.)

For the Commanding Officer:
Name Carl D. Truax
Rank & ASN _____
Organization 609th QM Gr Reg Co.

Any additional pertinent information:

RESTRICTED

PACKAGE DESCRIPTION <i>#1 First Locker</i>	ARMY EFFECTS BUREAU INVENTORY		DECEASED
	<i>385,859</i>		MISSING
			P.O.W. ABANDONED
			TALLY NO. <i>9265</i>
			INV. DATE <i>28 July 45</i>
			ORIG. NO. OF PKGS. <i>1</i>
NAME <i>Robert C. Foster</i>			BOX NO. <i>—</i>
A.S.N. <i>0-1011320</i> RANK <i>LT.</i>			SHEET <i>1</i>
			OF SHEETS
			ORGANIZATION

Belt	<input checked="" type="checkbox"/>	<u>PENCILS & WASHCLOTHS</u>	<input type="checkbox"/>	<u>WINGS</u>
<u>BELT, MONEY (NO MONEY)</u>	<input checked="" type="checkbox"/>	<u>CLOTHING</u>	<input type="checkbox"/>	<u>BAGS, CLOTH OR TRAVEL</u>
Cloth, wash	<input type="checkbox"/>	<u>BRACELET IDENT.</u>	<input type="checkbox"/>	<u>BILLFOLD, (NO MONEY)</u>
Coats	<input type="checkbox"/>	Brushes	<input type="checkbox"/>	Case
Footwear, Pr.	<input type="checkbox"/>	<u>CAMERAS</u>	<input type="checkbox"/>	Footlocker
Gloves, Pr.	<input type="checkbox"/>	Glasses	<input type="checkbox"/>	<u>KIT, SEW, TLF, OR WRITING</u>
Handkerchiefs	<input type="checkbox"/>	Knives	<input checked="" type="checkbox"/>	<u>BOOKS</u>
Headwear	<input type="checkbox"/>	Lighters	<input type="checkbox"/>	Books, address
Jackets	<input checked="" type="checkbox"/>	<u>MISC.</u>	<input type="checkbox"/>	Books, Pilot Log
Overcoats	<input type="checkbox"/>	Pen, Fountain	<input type="checkbox"/>	<u>DIARY (REMOVED FOR DUR)</u>
Scarfs	<input type="checkbox"/>	Pencil, Mechanical	<input type="checkbox"/>	<u>FILMS</u>
Shirts	<input type="checkbox"/>	Pipes	<input type="checkbox"/>	Letters
Socks, Pr.	<input type="checkbox"/>	<u>RELIGIOUS ARTICLES</u>	<input type="checkbox"/>	Papers, Personal
Ties	<input type="checkbox"/>	<u>RIBBONS, DECORATION</u>	<input type="checkbox"/>	Photos
Towels	<input type="checkbox"/>	Rings	<input type="checkbox"/>	Shoe shine articles
Trousers, Pr.	<input type="checkbox"/>	Tobacco	<input type="checkbox"/>	<u>SHORT SHORTER</u>
Trunks, Pr.	<input type="checkbox"/>	Toilet articles	<input type="checkbox"/>	<u>SOUVENIRS</u>
Underwear	<input type="checkbox"/>	<u>WATCH</u>	<input type="checkbox"/>	<u>SOUVENIR MONEY</u>
			<input type="checkbox"/>	Stationery
			<input type="checkbox"/>	<u>TESTAMENTS</u>
			<input type="checkbox"/>	<u>U.S. MONEY (AMOUNT)</u>

DAMAGED

REMARKS *No Information* ATTACHMENTS *1 Encl* FORM #50 *—* FORM #100 *—*

rechecked

pyjamas have pink stain, appears to be from shoes, trench coat has red stain appears to be paint.

C.A.T. *none*

WAREHOUSE SPACE *805K* STORED BY *HHH*

INVENTORIED BY *Cowden*

PACKED BY *M. Wood* CHECKED BY *J*

WEIGHT <i>HHH</i>	G.I. REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED <i>AUG 30 1945</i>	LOCKED STORAGE
	LAUNDRY REMOVED
<i>43</i> OR ADDITIONAL	FILM REMOVED

ADDITIONAL REMARKS

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

LA RUE - KANSAS CITY - 1-9-45-50M

NAME FOSTER, ROBERT C. T 1320

BAY	PALLET	BOX	TALLY
58	27		9265

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
F.L.		

ENT. QM Form 48

EFFECTS QUARTERMASTER, U.K.
QM BRANCH DEPOT Q-114,
APO 407,
United States Army.

Storage No.
O.L. 50618.

26 January, 1945.

Inventory of personal property belonging to Lt. Robert C.
FOSTER, O-1011320. Deceased. left in storage with Effects QM,
UK.

1 box	Games.	✓
1 pr	Shoes, Lo Cut.	✓
1 pr	Trunks.	✓
1 ea	Cap, Garr.	✓
3 pr	Trousers.	✓
1 ea	Shirt.	✓
1 ea	Jacket, Field.	✓
1 ea	Towel.	✓
1 pr	Pajamas.	✓
1 ea	Trench coat.	✓
1 ea	Val Pak.	✓
1 ea	Sweater, wool.	✓


W.T. MITCHELL,
1st Lt., Q.M.C.

100

385859

RTB:BT:dt
August 24, 1945

Mrs. Justine W. Foster
922 Parry Avenue
Palmyra, New Jersey

Dear Mrs. Foster:

The Army Effects Bureau has received some additional property of your husband, Captain Robert C. Foster.

These effects, contained in one footlocker and one package, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the officer's legal residence.

Sincerely yours,

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

ES

66

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Justine W. Foster
922 Parry Avenue
Palmyra, New Jersey

Effects of:
Name Captain Robert C. Foster
ASN O-1011320
Case No. 385859 D
Wt.

DATE 23 August 1945
RTB:LGW:aob

Wineland
Effects Quartermaster

REMARKS:

x Inclose Bureau Check
Acct. No. 127837
Amount \$37.06
Inclose "Valuables" item
Ship "Valuables" item (s)

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

ROUTING:

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

127837
385859

129211 emh

August 27 45

Mrs. Justine W. Foster

37.06

Thirty-Seven and 06/100

REMARKS:

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

Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

BW
385,859

CASE NO.

TYPED BY **Park**

DATE **6-30-45**

STATUS **Deceased**

NAME **Foster, Robert C.,** ✓

A.S.N. **0-1011320** ✓

RANK **Capt.** ✓

ORGANIZATION **Unk.**

AMOUNT **\$37.06**

LIST NO. **F-203**

127837 A.F.

PAID-Check No. 129211

REMARKS

mw

ACCOUNTING INVENTORY



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

RTB:LGW:aob
August 23, 1945

IN REPLY REFER TO 385859

Mrs. Justine W. Foster
922 Parry Avenue
Palmyra, New Jersey

[Handwritten initials]

Dear Mrs. Foster:

I am inclosing a check for \$37.06, representing funds of your husband, Captain Robert C. Foster.

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

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

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

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

Sincerely,

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

1 Incl--Check

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

RTB:LGW:poob
Case No. 385859
Date 23 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Robert C. Foster, 0-1011320 late a
(Name of deceased) (Army Serial Number)
Captain, Infantry who died
(Grade) (Organization, Army or Service)
on the 21 day of December, 1944, 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 \$ None was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. _____.)

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 25 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Justine W. Foster for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

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

922 Parry Avenue, Palmyra State of (Number, Street or Avenue) (City, Town or Village)
New Jersey, is the widow 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, QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

