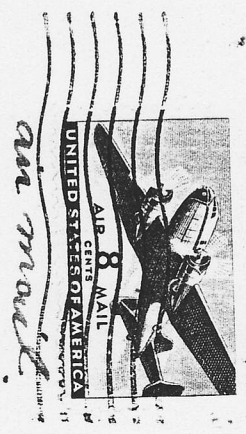


# INDIVIDUAL DECEASED PERSONNEL FILE

Miss Betty ...  
...  
... Pa.

Army Service Forces  
Kansas City Quartermaster's  
Depot  
601 Handeely Avenue  
Kansas City 1, Missouri



air mail





Nov. 19, 1945.

260, ~~302~~  
me

Dear Sir: gh

I would like to obtain the personal belongings that belonged to

Pvt. Fred M. Skilling

A.S.N. 33764590

Co. B. 38th ARMB. Inf.

A.P.O. 257 1/2 P.M. New York

He died while a prisoner  
of war of the German  
of Stalag II A. He had  
a wallet with pictures of the  
family and a graduation  
ring from Beniston High School  
and 207 pages. We would



II

like to have them if poss-  
ible and his pins he had  
too. Thank you.

Mrs. Helen Skilling  
9 Juniata St.

Demerston  
Pa.

260502

RTB:JS:sh  
December 4, 1945

Dear Mrs. Shilling:

This acknowledges your recent letter relative to the personal effects of your son, Private Fred M. Shilling.

3

We have carefully checked our records and regret to state that we have not received any information regarding his belongings.

54

All War Department agencies have instructions to forward the personal effects of military personnel to the Army Effects Bureau for disposition, and it is reasonable to assume that his property ultimately will be received here. However, because of transportation difficulties, considerable time may elapse before shipment arrives.

41

You may be assured that upon the receipt of any property, prompt disposition will be made.

16

With reference to the identification tags about which you inquired, Army Regulations do not provide for the forwarding of those tags to the soldier's family.

37

Yours very truly,

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



260502 ✓

S-7 Sept 46 ✓  
CHE/WB/os ✓  
7 August 1946 ✓

Mrs. Helen Shilling ✓  
9 Juanita Street ✓  
Lewistown, Pennsylvania ✓

Dear Mrs. Shilling: ✓

The Army Effects Bureau has received from  
overseas some personal property of your son, Private  
Fred M. Shilling. ✓

To make proper disposition of this property,  
it is necessary that we have certain information regarding  
your son's family. I would like to know whether he was  
married and, if so, the name and address of his widow; also  
the name and address of his father, if he is living.

In addition, if an executor or administrator  
of his estate has been appointed, the original or a  
certified copy of the Letters Testamentary or Letters  
of Administration should be sent here for inspection.  
Any papers that you send us will be returned promptly.

Please mail your reply in the inclosed self-  
addressed envelope which needs no postage, as this will  
accelerate delivery of the property.

Yours very truly, ✓

1 Incl-- ✓  
Envelope

C. H. ESSERT ✓  
Adm. Assistant  
Army Effects Bureau

8 ✓

76

78

20

260,502<sup>10</sup>

Lewistown Pa.  
Aug. 10-1946

Sir:

In reply to your letter pertaining  
to the property of the Late Fred M.  
Shilling.

My son was not married therefore  
leaving all his personal to his  
Mother + Father

There is no Executor or administrator  
in this case if more information is  
needed I will gladly supply it  
at your request. The father name:

William Frank Shilling  
yours truly 9 Juniata St  
Lewistown Pa.

Helen Shilling  
— 9 Juniata St.  
Lewistown Pa.



INBOARD INVENTORY  
 G. R. OR SUB GR LABEL  
 WILL OR POWER OF ATTY.  
 TALLY IN FORM 43

EFFECTS INVENTORY  
 ARMY EFFECTS BUREAU

260502

MISSING  
 P. O. W.  
 ABANDONED  
 UNKNOWN

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

DAMAGED

CONTAINERS ADDRESSED TO

none.

INFORMATION

Helen Shilling  
 9 Juniata St.  
 Lewistown, Pa.

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     |                   |

*File per ✓*

TALLY NO. #9724    ORIG. NO. OF PKGS.    EXAMINING DATE 19 July 1946    BOX NO.    SHEET OF SHEETS

NAME FRED M. SHILLING    A. S. N. 3764590

ORGANIZATION    RANK P.t.    CASE NO.

WAREHOUSE SPACE 819    EXAMINED BY [Signature]

PACKED BY    PHOTO FILM REMOVED

INSPECTED BY [Signature]    MOTION PICTURE FILM REMOVED

STORED BY [Signature]    SHIPPED

PACKAGE DESCRIPTION    WEIGHT    DATE AUG 28 1946    BY WHOM 7716



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. I. REMOVED

SUPERVISOR

INVENTORY CLERK

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

Pvt Fred M. Shilling, 3764590

1 WD AGO Form 28 ✓

1 photograph holder ✓

24 photographs ✓

1 testament ✓

1 Social Security card ✓

AMOUNT

SYMBOL

DATE

NUMBER

U. S. GOV'T CHECK SHORT

SHORTAGES

DAMAGES (List type of damage-extent)

REMOVALS (other than G.I.)

ADDITIONAL REMARKS

|   |                     |                              |                          |
|---|---------------------|------------------------------|--------------------------|
| AMOUNT OF CHECK   | NOTE DISCREPANCY IN | INCLOSE VALUABLE             | RECIPIENT FROM           |
| ACCOUNT NUMBER  | SERIAL NUMBER       | SHIP VALUABLES               | CASUALTY REPORT          |
|   | RANK                | VALUABLES SHIPPED BY (clerk) | INVENTORY                |
| <p>Mr. William Frank Shilling</p> <p>9 Juniata Street</p> <p>Lewistown, Pennsylvania</p> <p>vt Fred M. Shilling</p> <p>33 764.590</p> <p>260502 D -</p> |                     |                              | FORM 20                  |
|   |                     |                              | LETTER                   |
|   |                     |                              | NO. & TYPE OF CONTAINER  |
|   |                     |                              | ENVELOPE                 |
|   |                     |                              | CARTONS                  |
|   |                     |                              | PACKAGE                  |
|   |                     |                              | FOOT LOCKER              |
|   |                     |                              | SPECIAL INSTRUCTIONS     |
|   |                     |                              | REMOVE GI                |
|   |                     |                              | SHIP BLOODSTAINED        |
| SHIP DAMAGED  |                     |                              |                          |
| REMOVE BL'DSTAINED  |                     |                              |                          |
| REMOVE DAMAGED  |                     |                              |                          |
| FILMS REMOVED   |                     |                              |                          |
| DIARY REMOVED   |                     |                              |                          |
| CLR/WB/ww   | SUMMARY COURT DATA  |                              | DATE ACTION TAKEN        |
| DATE OF FINDING   | APPLICANT           |                              | MAIL REVIEWER (initials) |
| REMARKS   |                     |                              | SHIPPED                  |
|   |                     |                              | FRANKED                  |
|   |                     |                              | EXPRESS                  |
|   |                     |                              | FREIGHT                  |
|   |                     |                              | DATE SHIPPED             |
|   |                     |                              | 11G 28 1946              |
|   |                     |                              | SHIPPING CLERK           |
|   |                     |                              | JMK                      |
|   |                     |                              | ROUTING                  |
|   |                     |                              | ACCOUNTING BRANCH        |
| WAREHOUSE   |                     |                              |                          |
| FILE  |                     |                              |                          |
| ORDER FOR ACTION  |                     |                              |                          |

EFF QM FORM 14  
10 OCT 1945

260502

CLR/WB/mf  
26 August 1946

Mr. and Mrs. William F. Shilling  
9 Juniata Street  
Lewiston, Pennsylvania

*MS  
8-26*

Dear Mr. and Mrs. Shilling:

Thank you for the information furnished the Army Effects Bureau in connection with personal effects belonging to your son, Private Fred M. Shilling.

These effects are being forwarded to you in one package.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

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

Sincerely yours,

C. L. RUMFIELD  
2nd Lt., QMC  
Asst. Effects Quartermaster



601 Hardesty Avenue  
Kansas City 1, Missouri

Case No. \_\_\_\_\_

Date 22 August 1946

SUBJECT: Report of transactions in disposing of the effects of

Fred M. Shilling, 33 764 590 late a  
(Name of deceased) (Army Serial Number)

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

on the 26th day of February, 19 45, at European Area  
Washington

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

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

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

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

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 none, Incl none.)

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 20 August 1946, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Helen Shilling

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,

William Frank Shilling of  
(Name of person found entitled)

9 Juniata Street, Lewistown State of  
(Number, Street or Avenue) (City, Town or Village)

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

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

\_\_\_\_\_  
(Signature of Summary Court Officer)

P. H. MAXEY, Lt. Col., MC  
(Name, Rank, Organization)

SUMMARY COURT MARTIAL

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

200502

**BATTLE CASUALTY REPORT**

|                   |  |  |                  |       |      |                        |                  |                   |
|-------------------|--|--|------------------|-------|------|------------------------|------------------|-------------------|
| NAME              |  |  | SERIAL NUMBER    |       |      | GRADE                  | ARM OR SERVICE   | REPORTING THEATRE |
| SHILLING FRED M   |  |  | 33764590         |       |      | PVT                    | INF              | ETO               |
| PLACE OF CASUALTY |  |  | DATE OF CASUALTY |       |      | FLYING OR JUMPING STAT | TYPE OF CASUALTY | SHIPMENT NUMBER   |
|                   |  |  | DAY              | MONTH | YEAR |                        |                  |                   |
| FRANCE 9          |  |  | 21               | SEP   | 44   |                        | MIA              | 211               |

**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 HELEN SHILLING                                | MOTHER       | 11 Oct 44 o.i. |
| NO. AND NAME OF STREET—CITY—STATE                 |              |                |
| 9 JUNIATA STREET LEWISTOWN PENNSYLVANIA           |              |                |

REMARKS:

CORRECTED COPY

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

CASUALTY BRANCH FILE ATTACHED  OR CHARGED TO  DATE

PREVIOUSLY REPORTED NO  YES  (AS INDICATED BELOW):

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

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

REPORT NOT VERIFIED  NO FORM 43  NO CAS. BR. FILE  CHECKED BY  REVIEWED BY

**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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 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

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 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.



m  
260,502

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

-BATTLE CASUALTY REPORT

RC 6 FEB 45

|                   |  |                  |               |                        |                  |                 |                   |
|-------------------|--|------------------|---------------|------------------------|------------------|-----------------|-------------------|
| NAME              |  |                  | SERIAL NUMBER |                        | GRADE            | ARM OR SERVICE  | REPORTING THEATRE |
| SHILLING FRED M   |  |                  | 33 764 590    |                        | PVT              | INF             |                   |
| PLACE OF CASUALTY |  | DATE OF CASUALTY |               | FLYING OR JUMPING STAT | TYPE OF CASUALTY | SHIPMENT NUMBER |                   |
| STALAG 2A         |  | DAY              | MONTH         | YEAR                   |                  | POW             | 024091-8-U-3      |

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 HELEN SHILLING                                |  | MOTHER                | 3 FEB 45      |
| NO. AND NAME OF STREET-CITY-STATE                 |  |                       |               |
| 9 JUNIATA STREET                                  |  | LEWISTON PENNSYLVANIA | MEC           |

REMARKS: AG 383.5 (22 Jan 45)  CORRECTED COPY

US 2730 Thru PMG IRC GERMANY. Entered 2 Oct. POW #75022.



Verified

|  |                          |                                     |                          |                          |                          |                          |                          |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED _____ FORM 43 _____ AG 201 REQ. _____ |                          |                                     |                          |                          |                          |                          |                          |
| CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____  |                          |                                     |                          |                          |                          | DATE _____               |                          |
| PREVIOUSLY REPORTED NO _____ YES _____ (AS INDICATED BELOW):   |                          |                                     |                          |                          |                          |                          |                          |
| FILE NO.   | MESSAGE NO.              | TYPE                                | DATE AND AREA            | E. A. NOTIFIED           |                          |                          |                          |
| Shipment   | 211                      | MIA                                 | 21 Sep 44 ETO            | 11 Oct 44                |                          |                          |                          |
| FORWARDED TO →   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 _____                   |                          |                                     |                          |                          |                          | REVIEWED BY _____        |                          |

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. |             | 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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COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.



260,502

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

REPORT OF DEATH

DATE **12 Apr 1945** mbl

|  |  |                               |   |   |   |
|--|--|-------------------------------|---|---|---|
| FULL NAME<br><b>Shilling, Fred M.</b>        |  | German Government<br>(P.O.W.) |   | ARMY SERIAL NUMBER<br><b>33,764,590</b>                     | GRADE<br><b>Pvt</b>                                     |
| HOME ADDRESS<br><b>Lewistown, Pa.</b>        |  |                               |   | ARM OR SERVICE<br><b>Infantry</b>                           | DATE OF BIRTH<br><b>30 Jul 25</b>                       |
| PLACE OF DEATH<br><b>Stalag 2A, POW Camp</b> |  |                               | CAUSE OF DEATH<br><b>Diphtheria &amp; pneumonia</b> |   | DATE OF DEATH<br><b>26 Feb 45</b>                       |
| STATION OF DECEASED<br><b>European Area</b>  |  |                               |   | DATE OF ENTRY ON CURRENT ACTIVE SERVICE<br><b>28 Aug 43</b> | LENGTH OF SERVICE FOR PAY PURPOSES<br>YEARS MONTHS DAYS |

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

**Mrs. Helen Shilling (mother) 9 Juanita St., Lewistown, Pa.**

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

**Helen Shilling (mother) same as above**  
**William Shilling (father) same as above**

| INVESTIGATION MADE? |          | IN LINE OF DUTY |    | OWN MISCONDUCT |          | WAS DECEASED ON DUTY STATUS |    | AUTHORIZED ABSENCE |    | IN FLYING PAY STATUS |          | OTHER PAY STATUS (SPECIFY BELOW) |    |
|---------------------|----------|-----------------|----|----------------|----------|-----------------------------|----|--------------------|----|----------------------|----------|----------------------------------|----|
| YES                 | NO       | YES             | NO | YES            | NO       | YES                         | NO | YES                | NO | YES                  | NO       | YES                              | NO |
|                     | <b>X</b> | <b>X</b>        |    |                | <b>X</b> | <b>X</b>                    |    |                    |    |                      | <b>X</b> |                                  |    |

ADDITIONAL DATA AND/OR STATEMENT

BATTLE  NON-BATTLE

The individual named in this report is held by the War Department to have been in a missing in action status from 21 Sept 1944 until such absence was terminated by a report from the German Government through the International Red Cross of a prisoner of War status on 3 Feb 1945. The prisoner of War status was terminated on 26 Mar 1945, died as a result of diphtheria and pneumonia,  on which date evidence considered sufficient to establish the fact of death was received by the Secretary of War from the German Government through the International Red Cross.

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

*C. J. Whitcroft*

ADJUTANT GENERAL

# WAR DEPARTMENT

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

47  
REPORT OF DEATH

DATE 12 Apr 1945 mbb

|  |    |   |    |   |                     |                             |    |                    |    |                      |    |                                  |    |
|--|----|---|----|---|---------------------|-----------------------------|----|--------------------|----|----------------------|----|----------------------------------|----|
| FULL NAME<br><b>Shilling, Fred M.</b>  |    | German Government<br>(P.O.W.)                               |    | ARMY SERIAL NUMBER<br><b>33,764,590</b> | GRADE<br><b>Pvt</b> |                             |    |                    |    |                      |    |                                  |    |
| HOME ADDRESS<br><b>Lewistown, Pa.</b>  |    | ARM OR SERVICE<br><b>Infantry</b>                           |    | DATE OF BIRTH<br><b>30 Jul 25</b>       |                     |                             |    |                    |    |                      |    |                                  |    |
| PLACE OF DEATH<br><b>Stalag 2A, POW Camp</b>   |    | CAUSE OF DEATH<br><b>Diphtheria &amp; pneumonia</b>         |    | DATE OF DEATH<br><b>26 Feb 45</b>       |                     |                             |    |                    |    |                      |    |                                  |    |
| STATION OF DECEASED<br><b>European Area</b>  |    | DATE OF ENTRY ON CURRENT ACTIVE SERVICE<br><b>28 Aug 43</b> |    | LENGTH OF SERVICE FOR PAY PURPOSES      |                     |                             |    |                    |    |                      |    |                                  |    |
|  |    |   |    | YEARS                                   | MONTHS              |                             |    |                    |    |                      |    |                                  |    |
|  |    |   |    |   | DAYS                |                             |    |                    |    |                      |    |                                  |    |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)<br><b>Mrs. Helen Shilling (mother) 9 Juanita St., Lewistown, Pa.</b>                |    |   |    |   |                     |                             |    |                    |    |                      |    |                                  |    |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)<br><b>Helen Shilling (mother) same as above<br/>William Shilling (father) same as above</b> |    |   |    |   |                     |                             |    |                    |    |                      |    |                                  |    |
| 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

The individual named in this report is held by the War Department to have been in a missing in action status from 21 Sept 1944 until such absence was terminated by a report from the German Government through the International Red Cross of a prisoner of War status on 3 Feb 1945. The prisoner of War status was terminated on 26 Mar 1945, died as a result of diphtheria and pneumonia, [REDACTED] on which date evidence considered sufficient to establish the fact of death was received by the Secretary of War from the German Government through the International Red Cross.

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:

*C. J. Whitecroft*

APR 13 1945

ADJUTANT GENERAL



## DENTAL COMPARISON CHART

| UNKNOWN<br>(Grave 32)x-9031, AGRS MAUS., LIEGE, BEL.  |       | NAME<br>SHILLING, Fred M., Pvt., 33 764 590, Inf.  |  |
|---|-------|--|--|
| R-8   | X     | R-8  | #1 #2 X  |
| R-7   | OA    | R-7  | OA   |
| R-6   | OA    | R-6  | X  |
| R-5   | X     | R-5  | X  |
| R-4   |       | R-4  |  |
| R-3   |       | R-3  |  |
| R-2   |       | R-2  |  |
| R-1   | dS    | R-1  | dS   |
| L-1   | mS dS | L-1  | mS dS  |
| L-2   |       | L-2  |  |
| L-3   |       | L-3  |  |
| L-4   |       | L-4  |  |
| L-5   |       | L-5  |  |
| L-6   | X     | L-6  | X X  |
| L-7   | OA    | L-7  | X  |
| L-8   | X     | L-8  | OA X   |
| R-16  |       | R-16   | X X  |
| R-15  | X     | R-15   | X X  |
| R-14  | X     | R-14   | X X  |
| R-13  |       | R-13   |  |
| R-12  |       | R-12   |  |
| R-11  |       | R-11   |  |
| R-10  |       | R-10   |  |
| R-9   |       | R-9  |  |
| L-9   |       | L-9  |  |
| L-10  |       | L-10   |  |
| L-11  |       | L-11   |  |
| L-12  |       | L-12   |  |
| L-13  | OA    | L-13   | OA   |
| L-14  | X     | L-14   | X X  |
| L-15  | OA    | L-15   | OA O   |
| L-16  |       | L-16   | X  |
| ESTIMATED HEIGHT<br>5'6-5/8"  |       | HEIGHT<br>5'5"   | Chart #1: 79 dtd 12-4-43<br>Chart #2: dtd 28 Aug. 43 |
| ESTIMATED WEIGHT<br>130-150   |       | WEIGHT<br>137  |  |
| ESTIMATED AGE<br>20-21 Years  |       | AGE<br>19 Years, 6 Months, 26 Days   |  |
| HAIR<br>Brown   |       | HAIR<br>Brown  | Shoe Size<br>8 1/2-B                                 |
| REMARKS<br>Reprocessed 12 June 1951<br>Remains are complete with a small amount of flesh; teeth for SHILLING are intact in the skull and complete articulation exists throughout. <u>Two (2) ID tags for SHILLING were recovered with this remains.</u> No visible evidence exists by which cause of death may be determined. Death as the result of disease in a POW hospital is in agreement with the condition of the remains. Disinterred from Funfeichen POW Cemetery, Grave 345, marked: "Shilling, Fred H. (USA)." |       | Born 30 July 1925<br>Died 26 February 1945, Stalag 2A POW Camp, diphtheria and pneumonia. Buried 28 February 1945, Camp Cemetery, Grave 345. |  |



HEADQUARTERS  
7887 GRAVES REGISTRATION DETACHMENT  
APO 757 (LIEGE) US ARMY

SPECIAL ORDERS )  
:  
NUMBER 32 )

10 April 1951

E-X-T-R-A-C-T

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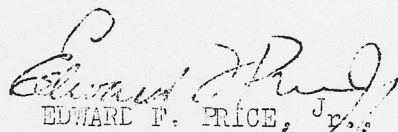
4. PAC, Ltr., WD-AGO-S 293.9, dtd 9 Apr 47, Subj: "Establishment of Boards of Review for Identification of Unknown Dead Overseas", and par 118 b, SR 830. 110-5, DA, dtd 7 Mar 49, a Board of O's as follows, is hereby apt to meet at the call of the President thereof, for the purpose of reviewing case records pertaining to the Identification of Deceased. Determination of non-recoverability of Remains and for the purpose of reviewing Major Discrepancy cases.

LT COL JAMES C. MacFARLAND, O 1 576 321, QMC., President  
MAJOR GEORGE GUILLETIAN, Jr., O 1 239 071, INF/QMC.,  
CAPT CLYDE W. STEINBIEK, O 1 040 511, QMC.,  
CAPT ALLAN L. LAWSON, O 1 288 075, QMC.,  
1ST LT ROBERT W. GANSEL, O 1 599 085, QMC.,  
2D LT JOHN A. BOUTIN, O 947 298, QMC.,

BY ORDER OF COLONEL AMLONG:

EDWARD F. PRICE, Jr.,  
CAPT., QMC,  
Adjutant.

OFFICIAL:

  
EDWARD F. PRICE, Jr.,  
CAPT QMC,  
Adjutant.

E-X-T R-A-C-T

HEADQUARTERS  
7887 GRAVES REGISTRATION DETACHMENT  
APO 757 (Liege) US ARMY

10 July 1951

SHILLING, Fred M. Pvt 33 764 590  
(Name) (Rank) (ASN)

previously buried as Unknown X-9031, USMC Liege Mausoleum

Identification is approved in accordance with letter, WD AGAO-S 293.9, Subject: Establishment of Boards of Review for Identification of Unknown Dead Overseas, dated 9 April 1947, and par 118b, SR-830-110-5, DA, dated 3 March 1949, by the following members of the Board of Review, appointed by par 4, SO No. 32, this headquarters, dated 10 April 1951.

James C. MacFarland George GUNDERMAN, Jr.  
Lt Col James C. MacFARLAND, O-1576321, JMC Maj George GUNDERMAN, Jr, O-1289071, JMC

Clyde W. Steinsiek Allan L. Lawson  
Capt Clyde W. STEINSIEK, O-1040311, JMC Capt Allan L. LAWSON, O-1288075, JMC

Robert W. Gansel John A. Boutin  
1st Lt Robert W. GANSEL, O-1599085, JMC 2nd Lt John A. BOUTIN, O-947298, JMC

IDENTIFICATION ACCEPTED

Initial Hansen  
10 August 51

J. E. Cox  
APPROVED  
13 131  
J. E. COX, Maj., JMC  
Identification Branch  
Memorial Division, GPO

IDENTIFICATION  
RECOMMENDED AUG 10 1951  
J. M. N.



| IDENTIFIC. ON CHECK LIST   |                 | L e 9 July 1951 |         |       |
|--|-----------------|-----------------|---------|-------|
| Unknown X-No. or other designation   | Cemetery        | Plot            | Row     | Grave |
| 9031   | Liege Mausoleum | ---             | ---     | 32    |
| Identified as SHILLING, Fred M., Pvt, 33 764 590, Co "B", 38th Armd Inf Bn   |                 |                 |         |       |
| ITEM   | FAVORABLE       | UNFAVORABLE     | UNKNOWN |       |
| <del>DATE</del> place of death   | X               |                 |         |       |
| Cause of death   |                 |                 | X       |       |
| Dental Chart   | X               |                 |         |       |
| Color Hair   | X               |                 |         |       |
| Estimated Height and age   | X               |                 |         |       |
| Estimated Weight.  | X               |                 |         |       |
| Scars, Fractures, etc.   |                 |                 | X       |       |
| Laundry Marks  |                 |                 | X       |       |
| Shoe Size  |                 |                 | X       |       |
| Type Clothing  |                 |                 | X       |       |
| Identification Tag   | X               |                 |         |       |
| Personal Effects   |                 |                 | X       |       |
| Statement of Civilians   | X               |                 |         |       |
| Enemy Records  | X               |                 |         |       |
| Emergency Medical Tag  |                 |                 | X       |       |
| Pay Book (HI/OFF)  |                 |                 | X       |       |
| Signed Statement of Identity   |                 |                 | X       |       |
|  |                 |                 |         |       |
|  |                 |                 |         |       |
|  |                 |                 |         |       |
| <p>REMARKS Unknown X-9031 was recovered from grave 345 in POW cemetery at Funfeichen, Germany, where captured German Records showed that Pvt Shilling was buried and near Stalag IIA at Neu Brandenburg where Pvt Shilling was reported a POW. Identifying media listed above indicate that X-9031 represents the remains of Pvt Shilling.</p> |                 |                 |         |       |
| S. O. FUSEY  |                 |                 |         |       |

CORRECTED COPY

Graves Registration Form No. 1 (Revised 1 Sept. 1945)

# REPORT OF BURIAL

16 July 1951

**S H I L L I N G**

**Fred**

**M.**

33 764 590

Co "B", 38th Armd Inf Bn

7th Armd Div

Vic. POW Cem. Funfeichen, Germany

26 February 1945

1500 hrs - 15 June 1951

Liege Mausoleum

32

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

SEE ATTACHED SHEET FOR MEANS OF IDENTIFICATION

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.

**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 tags not affixed fill in below:

Emergency Addressee: **Unknown**

Name

**Unknown**

Address

Religion: **Unknown**

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

This corrected copy of Report of Burial prepared at Hq, 7887 Graves Registration Detachment, APO 757, US Army.

Signature of Officer or other person reporting burial

*C. W. Steinsiek*

C. W. STEINSIEK  
Major QMC

1951-7-16



SR-863

Graves Registration  
Form No. 1  
(Revised 1 Sept. 1945)

# REPORT OF BURIAL

12 June 1951  
Date

~~Shilling~~ Fred M. Pvt.  
Last Name First Initial Rank

33 764 590  
Serial No.

Unit: vic POW Cemetery Funfeichen, Germany  
Organization:   
Place of Death:   
Date of Death:   
Cause of Death:   
Time and Date of Burial: 1500 hrs - 15 June 1951  
Name of Cemetery:   
Name of Coordinates of Location:   
Grave Number: 32  
Row Number:   
Plot Number:   
Type of Marker:   
Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags  
How were remains identified?

Associated by Field, accepted by Maj. Cox 13 August 1951.....utm

What means of identification were buried with the body?

One copy of G.S. Form # 1, placed in burial bottle and buried with remains

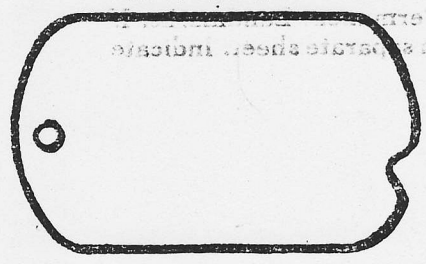
To determine Right or Left use **Deceased's** Right and Left.

Who is buried on :

Deceased's Right : Name Serial No. Rank Organization Grave No.

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 :

Emergency Addressee: Unk  
Name

Unk  
Address

Religion: Unknown

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

*Beville*  
Signature of Officer or other person reporting burial  
DANO S. BEVILLE, E/SGT., USA

Verified by G.R.S. Officer

CLYDE A. STANLEY, Captain,

MAN  
7/19/51  
JUN 25 1951  
JUN 25 1951

Personalkarte I: Personelle Angaben

Beschriftung der Erkennungsmarke

253 Shilling, Fred

Nr. 75022

Kriegsgefangenen-Stammlager: II A, Neubrandenburg

Lager: XIIA

Des Kriegsgefangenen

Name: SHILLING ✓  
 Vorname: FRED ✓  
 born -  
 Geburtstag und -ort: 30.7.25 PENN.  
 Religion: EVANGELISCH  
 Vorname des Vaters:  
 Familienname der Mutter:

Staatsangehörigkeit: U.S.A.  
 Dienstgrad: SCHUTZE  
 Truppenteil: Komp. usw.:  
 Zivilberuf: STUDENT Berufs-Gr.:  
 Matrikel Nr. (Stammrolle des Heimatstaates):  
 Gefangennahme (Ort und Datum):  
 Ob gesund, krank, verwundet eingeliefert:

| Bild   | Nähere Personalbeschreibung             |           |  |
|--------|---|-----------|--|
|        | Größe                                   | Haarfarbe | Besondere Kennzeichen:   |
| (over) |   |           |  |
|        | Fingerabdruck des rechten! Zeigefingers |           | Name und Anschrift der zu benachrichtigenden Person in der Heimat des Kriegsgefangenen |
|        |   |           | (MOTHER) MRS. HELEN SHILLING<br>9 JUNIATA AVE.<br>LEWISTOWN, PENN.                     |

Wenden!

DNB - 26 Feb 45

33 744 590

Shilling, Fred 1111  
33,764,590

Hermann

Bemerkungen: Am 26.2.45. im Lazarett des Kgl.-M.-Stammlagers II A infolge Diphtherie und Lungentzündung verstorben und am 28.2.45 im Grab Nr. 345 auf dem hiesigen Lagerfriedhof beigesetzt.  
 Bild - On 26 Feb. 45 in Capt. P.M. Camp II A - Lewistown, Pa. + Pennsylvania - and on 27 Feb. 1945  
 was buried in the Camp Cemetery -  
 Camp II A. Neubrandenburg -

Beschriftung der Erkennungsmarke Nr. 75022 Lager: XIIA Name: SHILLING, FRED



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

In Reply Refer to OMGYG 293

Shilling, Fred M.  
33 764 590

31 July 1946

**BURIAL INFORMATION**

**NAME:** Shilling, Fred M.

**GRADE:** Private

**A.S.N.:** 33 764 590

**DATE OF DEATH:** 26 February 1945.

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

**PLACE OF DEATH:** Hospital, Prisoner of War Camp Stalag II A, Neu Brandenburg, Germany.

**PLACE OF BURIAL:** Prisoner of War Camp Cemetery, Stalag II A, Grave No. 345, at Neu Brandenburg, Germany.

Above information has been obtained from: Captured German Record.

Transmittal Ltr No. \_\_\_\_\_

32/B

dtd

31 July 1946

Incl 3

314.6 Graves Reg (European)



293 FILE

## DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

|   |   |  |   |
|---|---|--|---|
| NAME (Last, First, Middle Initial)<br><b>SHILLING, FRED H.</b>  |   | GRADE<br><b>PVT</b>  | PRESENT SERIAL NUMBER<br><b>3370590</b> |
| ORGANIZATION<br><b>CO B<br/>38TH ABD INF BN<br/>7TH ABD DIV</b> | RACE<br><b>WHITE</b>                                | CREED<br><b>NONE</b>   | FORMER SERIAL NUMBER (If applicable)    |
| DATE OF DEATH/MIA<br><b>26 FEB 45</b>                           | CAUSE OF DEATH<br><b>DIPHTHERIA &amp; PNEUMONIA</b> | PLACE OF DEATH OR PLACE LAST SEEN IF MIA<br><b>HOSPITAL, POW CAMP STALAG<br/>II A NEU BRANDENBURG, GERMANY</b> |   |
| DATE OF FOD   |   |  |   |
| HEIGHT<br><b>5'5"</b>   | WEIGHT<br><b>137</b>                                | COLOR EYES<br><b>HAZEL</b>   | COLOR HAIR<br><b>BROWN</b>              |
|   |   |  | SHOE SIZE<br><b>8 1/2</b>               |

## DENTAL CHART

28 AUG 43

|  |   |
|--|---|
| UPPER RIGHT<br>X X<br>8 7 6 5 4 3 2 1          | UPPER LEFT<br>X X<br>1 2 3 4 5 6 7 8          |
| LOWER RIGHT<br>X X X<br>16 15 14 13 12 11 10 9 | LOWER LEFT<br>X O X<br>9 10 11 12 13 14 15 16 |

X = Extracted

O = Carious

1 = Carious Non-Restorable

|  |   |
|--|---|
| FRACTURES AND/OR BREAKS<br><b>NONE SHOWN</b> | TATTOOS AND/OR BIRTHMARK<br><b>NONE SHOWN</b> |
|--|---|

ADDITIONAL INFORMATION

**AGE: 20**

**BURIED: POW CAMP CEMETERY, STALAG II A, GRAVE NO. 345, AT NEU BRANDENBURG, GERMANY - CAPTURED GERMAN RECORD**

BEST COPY POSSIBLE  
POOR QUALITY ORIGINAL



A I R M A I L

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

In Reply Refer to  
QMGM 293

9 JUL 1947

**SHILLING, FRED M.,  
SN 33764590**

SUBJECT: Additional Information That May Lead to the Recovery and  
Identification of Remains Not Yet Accounted For

TO: Commanding General  
American Graves Registration Command  
European Area  
APO 58, c/o Postmaster  
New York, New York

1. There is attached hereto, in duplicate, OQMG Form 371  
(covering all available information in the Office of The Quartermaster  
General and is in addition to any previous information forwarded by  
this office to your headquarters) for the following deceased individual:

| <u>NAME</u>              | <u>GRADE</u> | <u>SERIAL NO</u> |
|--------------------------|--------------|------------------|
| <b>SHILLING, FRED M.</b> | <b>PVT</b>   | <b>33764590</b>  |

2. It is requested that information on the above deceased be  
furnished this office in accordance with provisions of Letter, The  
Adjutant General's Office, file AGAO 293.9 (27 Mar 47) D-M, subject  
Establishment of Boards of Review for Identification of Unknown Dead  
Overseas, dated 9 April 1947.

FOR THE QUARTERMASTER GENERAL:

Incl  
Form 371 (5 cys)

MARTIN G. RILEY  
Major, QMC  
Memorial Division

RVS

A I R M A I L

VI  
VD  
Ja



IDENTIFICATION SECTION  
MEMORIAL DIVISION

18360 ✓

IDENTIFICATION DATA

|  |                      |                            |                                       |                           |                                       |
|--|----------------------|----------------------------|---------------------------------------|---------------------------|---------------------------------------|
| LAST NAME - FIRST NAME - MIDDLE INITIAL<br><i>Shilling Fred M.</i> |                      |                            | ARMY SERIAL NUMBER<br><i>33764590</i> |                           | GRADE<br><i>Plt.</i>                  |
| HEIGHT<br><i>5ft. 5in.</i>   | WEIGHT<br><i>137</i> | COLOR EYES<br><i>hazel</i> | COLOR HAIR<br><i>brown</i>            | SHOE SIZE<br><i>8½-B.</i> | DATE OF DEATH<br><i>Feb. 26, 1945</i> |

LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation)

*Co. B, 38<sup>th</sup> Arm. Inf. Bn.*

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

*R.O.W. German Government, Camp Stalag 27.  
Died results of Diphtheria and pneumonia*

LIST ALL CAMPS IN WHICH STATIONED IN U.S. PRIOR TO SERVICE OVERSEAS, WITH INCLUSIVE DATES AT EACH.

| STATION   | DATES                 |
|---|-----------------------|
| <i>1301<sup>st</sup> Serv. Unit, R.C., New Cumberland Pa.</i> | <i>Sept. 23, 1943</i> |
| <i>A.A. RIC, Ft. Eustis, Va.</i>                              | <i>Sept. 23, 1943</i> |
| <i>AGF, RD #1, Ft. Meade, Md.</i>                             | <i>Jan 28, 1944</i>   |
| <i>125<sup>th</sup> Inf. Regt., Co. M, Ft. Sill, Texas.</i>   | <i>April 8, 1944</i>  |

FROM: W.D. AGO CLINICAL RECORDS BRANCH  
NO RECORDS ON FILE

FRACTURES AND/OR BREAKS

TATTOOS AND/OR BIRTH MARKS

DENTAL CHART

*Aug. 28, 1943*

*X* 7 6 *X* 4 3 2 1  
UPPER RIGHT

1 2 3 4 5 *X* 7 *X*  
UPPER LEFT

*X X X* 13 12 11 10 9  
LOWER RIGHT

9 10 11 12 13 *X* (15) *X*  
LOWER LEFT

*Handwritten* X - EXTRACTED

O - CARIOUS

/ - CARIOUS NON-RESTORABLE



OFFICE OF THE QUARTERMASTER GENERAL  
MEMORIAL DIVISION  
IDENTIFICATION BRANCH

QMGHU 293

Name: SHILLING, Fred M.  
Rank: Pvt  
Serial: 33 764 590

Date 3 February 1950

DEFERRED SEARCH CERTIFICATE

1. Information received from American Graves Registration Command, European Area (file reference: ltr, QMGMP 293 AGRS-EA, subj: Procedure For Handling Residual Cases of Unlocated Remains of World War II Deceased, dtd 25 Oct 49; and 1st Ind thereto, dtd 18 Nov 49, with incls) indicates that the case involving the recovery of the remains of the above named decedent cannot be resolved until further field investigation is conducted in the area specified below:

Russian Zone of Germany, Map Sheet N-54, Neubrandenburg. Specific burial information (Per German Records): Remains interred in Prisoner of War Cemetery, Grave No. 345, Stalag II-A, at Neubrandenburg. Date of Death, 26 Feb 45.

2. Due to the political situation in the area cited above, the American Graves Registration Command, European Area, considers it impracticable to conduct the necessary field investigation at this time.

3. Information on this case, and all similar cases known to the Identification Branch, has been forwarded to the Liaison Office, Memorial Division, for continuation of action to obtain entry into the area involved for performing the required field investigation.

4. Under the provisions of Memorial Division Information Bulletin No 21, dtd 27 Dec 49, further action on this case has been deferred until such time as it is possible to perform field investigation in the area involved.

Cys to: 293 file  
Liaison Office, Mem Div  
AGO  
Pentagon Liaison

*William R. DeWeese*  
WILLIAM R. DEWEESE  
1st Lt QMC  
Chief, Final Determination  
Section

NOTE: Dental Data, OQMG 371, Casualty Report,  
and Report of Death in 293 File.

CASUALTY INTERROGATION FORM  
THE ADJUTANT GENERAL'S OFFICE

THE FAMILIES OF MANY OF YOUR COMRADES HAVE NOT BEEN AS FORTUNATE AS YOURS. THEIR SONS AND HUSBANDS HAVE BEEN REPORTED MISSING IN ACTION AND THEY ARE ANXIOUSLY WAITING TO LEARN THEIR FATE. YOU MAY BE ABLE TO SUPPLY THE INFORMATION WHICH WILL HELP TO TERMINATE THE SUSPENSE AND ANXIETY THEY ARE SUFFERING.

IF YOU HAVE INFORMATION CONCERNING THE DEATH IN ACTION OR DURING IMPRISONMENT OF ANY MEMBER OF THE ARMED FORCES YOU ARE REQUESTED TO FURNISH THE FOLLOWING INFORMATION ABOUT THE DECEASED:

FULL NAME OF DECEASED PVT. SHILLING, (FRED M. 33,764,590)

HOME TOWN OR STATE LEWISTOWN, PA.

GRADE OR RANK PVT.

ORGANIZATION

DATE AND PLACE OF DEATH EARLY PART OF 1945

CAUSE OF DEATH DIED FROM DISEASE

PLACE OF BURIAL NEAR BERLIN (NEAUBRANDENBURG)

WERE YOU AN EYEWITNESS TO HIS DEATH NO

NAMES OF PERSONS BELIEVED TO HAVE WITNESSED HIS DEATH DO NOT REMEMBER HIS NAME

IF YOUR INFORMATION IS HEARSAY GIVE NAME AND ADDRESS OF YOUR INFORMANT DO NOT KNOW HIS ADDRESS

SIGN HERE/s/ Dominick De Luer  
Name and Serial Number

5811-Hudson Ave. W. NY., N.J.  
Your home address

NOTE; THIS FORM IS FOR USE BY CASUALTY BRANCH, THE ADJUTANT GENERAL'S OFFICE, WASHINGTON 25, D. C. ADDITIONAL COPIES OF THE FORM ARE AVAILABLE TO YOU, PLEASE FILL ONE OUT FOR EACH MEMBER OF THE ARMED FORCES WHOM YOU KNOW OR BELIEVE TO BE DEAD.



er/kh

AG 201 Shilling, Fred M.  
PC-W 076138

2 April 1945 *8 Mar. 5815*

Mrs. Helen Shilling  
9 Juniata Street  
Lewistown, Pennsylvania

Dear Mrs. Shilling:

It is with deep regret that I am writing to confirm the recent telegram informing you of the death of your son, Private Fred M. Shilling, 33,764,590, Infantry, who was previously reported a prisoner of war.

Information has now been received from the German Government through the International Red Cross stating that your son died on 26 February 1945 as the result of diphtheria and pneumonia.

I realize the burden of anxiety that has been yours and deeply regret the sorrow this report brings you. May the knowledge that he made the supreme sacrifice for his home and country be a source of sustaining comfort.

I extend to you my deepest sympathy.

Sincerely yours,

J. A. ULIO  
Major General,  
The Adjutant General.

1 Inclosure  
Bulletin of Information.

C. OF S. CARD SENT

*Roy*  
(INITIALS)

**\*REPORT OF DENTAL SURVEY**

**UPPER TEETH**

| Right |   |   |   |   |   |   |   |   |   | Left |   |   |   |   |   |  |  |
|-------|---|---|---|---|---|---|---|---|---|------|---|---|---|---|---|--|--|
| 8     | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3    | 4 | 5 | 6 | 7 | 8 |  |  |
| 0     | \ |   |   |   |   |   | 0 | 0 |   |      |   |   | X | X | 0 |  |  |
|       |   |   |   |   |   |   |   |   |   |      |   |   |   |   |   |  |  |

**LOWER TEETH**

| Right |    |    |    |    |    |    |   |   | Left |    |    |    |    |    |    |
|-------|----|----|----|----|----|----|---|---|------|----|----|----|----|----|----|
| 16    | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10   | 11 | 12 | 13 | 14 | 15 | 16 |
| X     | X  | X  |    |    |    |    |   |   |      |    |    | 0  | X  | 0  |    |
|       |    |    |    |    |    |    |   |   |      |    |    |    |    |    |    |

CLASS 1

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

Periodontoclasia .....

Dental foci suspected: Yes No

Other conditions .....

*6 posterior on left side ch difficult eating*

*31 Specto my*

*cc 1 9/43*

Date 10/4, 1943

*[Signature]*

Dental Corps, U. S. A.

\*Restorable carious teeth by 0

Nonrestorable carious teeth by /

Missing natural teeth by X

Teeth replaced by denture  
(horizontal line)

|   |   |   |
|---|---|---|
| X | X | X |
|---|---|---|

Teeth replaced by fixed bridge  
(oval to include abutments)

|     |
|-----|
| [X] |
|-----|



REGISTER OF DENTAL PATIENTS AT

Dental Clinic No. 1, Fort Belvoir

(1) SURNAME (2) CHRISTIAN NAME  
 Shilling, Fred M. 33864590  
 (3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS  
 Pvt. A 3rd Bn AARTC  
 (6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS  
 18 W OHEO 11/23/52

| (10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC. | (11) DATES AND NATURE OF TREATMENTS AND OPERATIONS | (12) RESULTS AND REMARKS   |
|---|--|----------------------------|
| Ad. Per. R-6<br>Car. R-7-0  | Exam.<br>9.3. 10/11<br>1943                        | 22-1 199m<br>21-2a 9/20/43 |
| Car. L-1-50   | 04   | 22-1 MCK                   |
| Car. R-1-d  | 11/17  |                            |
| Car. L-1-m  | S  |                            |
| Car. L-1-d  | S  |                            |
| Car. L-1-3-0  | OS   |                            |
| Car. L-8-d  | A  |                            |
|   | A  |                            |
|   | Exam.  |                            |
|   | 11/18  |                            |
|   | 11/19  |                            |
|   | 10-30  |                            |
|   | 11/19  |                            |

J. Russell Baker  
 Dental Corps, U. S. A.

Co. B, 58th ARMORED INFANTRY

DNB - 26 FEB. 43  
DIPHTHERIA + PNEUMONIA INSTALAE 2A, GERMANY

NAME: SHILLING, FRED M. ASN: 33764590 RANK: PVT.

PHYSICAL AT TIME OF INDUCTION:

DATE 28 AUG. 43

RACE: WHITE

RELIGION: NONE

BORN: 30 JULY 1925

PLACE: ORRIVILLE, OHIO

WEIGHT: 137#

HEIGHT: 5' 5"

EYES: HAZEL

HAIR: BROWN

COMPLEXION: RUDDY

SHOE SIZE: 7 1/2 B

ACNE SCARS FACE + BACK  
NO FRACTURES.

DENTAL 28 AUG. 1943

Right

Left

Upper

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

Lower

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

Teeth: Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.

ONE

JUN 1 1950

Identification Branch



60

293 Shilling, Fred M.  
337-64-590

QM  
PENTAGON LIAISON  
MEM. DIV.

31 May 1950

Inclosed herewith all information found in the  
AGO Casualty and the DPRB 201 files on Pvt. Fred M.  
Shilling, 33764590.

~~DEFERRED SEARCH CASE~~

For 293 File.

NS4

*Larsh*  
Larsh  
5550

FILE

JUN 1 1950

Identification Record

CASES X-9020 thru X-9037 INCLUSIVE

1. Seventeen US POW casualties who died in German hospitals were buried in the POW cemetery near Funfeichen (Five Oaks) were recovered along with one additional (eighteenth remains) which had a cross indicating that deceased was Pfc Leo Fairchild an American POW.

2. As no Form 371 was available for Leo Fairchild no comparison could be made at time of processing. The other seventeen(17) remains all compare very favorably with Forms 371 submitted as shown below:

|                  | <u>AGE</u> | <u>HEIGHT</u> | <u>WEIGHT</u> | <u>HAIR</u> |
|------------------|------------|---------------|---------------|-------------|
| X-9020 (Remains) | 30-35      | 6-0 3/4       | 160-180       | Brown       |
| HUBER (371)      | —          | 5-10          | 178           | Brown       |

Remains are complete; teeth intact in skull with complete articulation throughout; teeth agree with dental information for HUBER; one (1) ID tag recovered for HUBER. CAUSE OF DEATH: There is no visible evidence by which cause of death can be determined. This substantiates information that PFC HUBER died of disease in a POW hospital.

|                  |           |     |         |       |
|------------------|-----------|-----|---------|-------|
| X-9021 (Remains) | Approx 30 | 6-4 | 180-200 | Brown |
| PREDOVIC (371)   | 32        | 6-2 | 187     | Brown |

Remains are complete in skeletal form; teeth for PREDOVIC are intact in skull and complete articulation exists. CAUSE OF DEATH: There is no visible evidence by which cause of death can be determined. This substantiates information that T/5 PREDOVIC died of disease in a POW hospital.

|                  |       |          |         |       |
|------------------|-------|----------|---------|-------|
| X-9022 (Remains) | 26-28 | 6-2 3/8  | 150-170 | Brown |
| WINEBURN (371)   | 27    | 5-11 1/2 | 153     | Brown |

Remains are complete with right leg still intact; teeth favorable for WINBURN are intact in the skull and there is complete articulation throughout. One stalag tag marked "IIA-161165" was found with this remains. CAUSE OF DEATH: There is no visible evidence by which cause of death can be determined with the exception of a shattered left ulna. Death may have been caused as a result of improper medical attention for this wound.

|                  |       |         |         |     |
|------------------|-------|---------|---------|-----|
| X-9023 (Remains) | 22-24 | 6-1 1/2 | 150-170 | Red |
| WEAVER (371)     | 23    | 6-0     | 143     | Red |

Remains are complete with a small amount of flesh; teeth for WEAVER are intact in the skull and complete articulation exists throughout. One stalag tag marked "IV B-314659" was recovered with this remains. CAUSE OF DEATH: There is no visible evidence by which cause of death can be determined. This agrees with information that Pvt WEAVER died of disease in a POW hospital.

|                  |       |         |         |       |
|------------------|-------|---------|---------|-------|
| X-9024 (Remains) | 22-23 | 6-3 1/2 | 160-180 | Brown |
|------------------|-------|---------|---------|-------|

No Form 371 available at time of processing

Remains are complete; teeth are all present and intact in the skull with only one small silver amalgam filling on the occlusal surface of I-8. There is evidence of a healed fracture at the sternal 1/3 of the left clavicle. Although the skull sutures are closed sufficiently to indicate an age of approximately 35 years it is believed that these skull sutures are abnormally advanced in closure because all other portions of the remains indicate an age of 22 to 23 years of age. A wooden cross was found over this grave which bore the following markings: 3281 FAIRCHILD, Leo

GRF  
GWST  
12-2-45

CAUSE OF DEATH: There is no evidence by which cause of death might be determined. This indicates that deceased died as a result of disease in a POW hospital.

|                  |       |         |         |       |
|------------------|-------|---------|---------|-------|
| X-9025 (Remains) | 35-40 | 6-0 3/8 | 170-190 | Brown |
| LAUFFER (371)    | 37    | 5-9 1/2 | 193     | Brown |

Remains are complete; teeth for LAUFFER are intact in skull and complete articulation exists throughout. One (1) ID tag for LAUFFER was recovered with this remains. Skull shows evidence of a cranial post-mortem having been performed. CAUSE OF DEATH: There is no evidence by which cause of death can be determined. This agrees with information that casualty died of disease in a POW hospital.



|  | <u>AGE</u> | <u>HEIGHT</u> | <u>WEIGHT</u> | <u>HAIR</u>   |
|--|------------|---------------|---------------|---------------|
| X-9026 (Remains)   | approx 28  | 5-8           | 140-160       | Brown         |
| BRADFORD (371)   | 26         | 5-9 1/2       | 135           | Brown         |
| Remains are complete with a small amount of flesh; teeth for BRADFORD intact in skull and complete articulation exists except for missing 6th cervical vertebra. One (1) ID tag for BRADFORD was recovered with this remains. CAUSE OF DEATH: There is no visible evidence which might indicate the cause of death. This agrees with information that casualty died as the result of wounds in a POW hospital. The wounds could have been such that they did not effect any skeletal portion.  |            |               |               |               |
| X-9027 (Remains)   | 23-24      | 5-4 3/8       | 110-130       | Reddish brown |
| WELGAMOTT (371)  | 24         | 5-4           | 111           | Brown         |
| Remains are complete with a small amount of flesh; teeth for WELGAMOTT are intact in the skull and complete articulation exists throughout. One stalag tag was recovered with this remains which is marked as follows: "II-A - 95233". There is evidence of a cranial autopsy having been performed. CAUSE OF DEATH: There is no visible evidence by which cause of death can be determined. This indicates that casualty died of disease in a POW hospital.                                   |            |               |               |               |
| X-9028 (Remains)   | 24-25      | 5-10          | 140-160       | Brown         |
| LOWRY (371)  | 24         | 5-9           | 151           | Brown         |
| Remains are complete in skeletal form; teeth for LOWRY are intact in the skull and complete articulation exists throughout. Skull sutures are closed abnormally (advanced) indicating age 40. One (1) ID tag for LOWRY was recovered with this remains. CAUSE OF DEATH: There is no visible evidence by which cause of death may be determined. There is an indication that casualty died as the result of disease in a POW hospital.  |            |               |               |               |
| X-9029 (Remains)   | 28-30      | 5-6 1/4       | 165-185       | Lt. Brown     |
| MOSHER (371)   | 28         | 5-9 1/2       | 185           | Brown         |
| Remains are complete with a small amount of flesh; teeth for MOSHER are intact in the skull and complete articulation exists throughout. The 6th and 7th cervical vertebrae are fused together. One (1) ID tag for MOSHER was recovered with this remains. There are six (6) lumbar vertebrae. CAUSE OF DEATH: There is no visible evidence by which cause of death might be determined. This condition agrees with information that Pvt MOSHER died as a result of disease in a POW hospital. |            |               |               |               |
| X-9030 (Remains)   | 22-23      | 5-11 3/4      | 170-190       | Lt. Brown     |
| SMITH (371)  | 21         | 5-9           | 184           | Brown         |
| Remains are complete in skeletal form; teeth for SMITH are intact in the skull and complete articulation exists. There is evidence of a cranial autopsy having been performed. One stalag tag "II A - 07770X" was recovered with this remains. CAUSE OF DEATH: There is no visible evidence by which cause of death may be determined. This agrees with information that Pfc SMITH died from disease while in a POW hospital.  |            |               |               |               |
| X-9031 (Remains)   | 20-21      | 5-6 5/8       | 130-150       | Brown         |
| SHILLING (371)   | 20         | 5-5           | 137           | brown         |
| Remains are complete with a small amount of flesh; teeth for SHILLING are intact in the skull and complete articulation exists throughout. Two (2) ID tags for SHILLING were recovered with the remains. CAUSE OF DEATH: No visible evidence exists by which cause of death may be determined. Death as the result of disease in a POW hospital is in agreement with the condition of the remains.   |            |               |               |               |
| X-9032 (Remains)   | approx 32  | 5-5 1/2       | 120-140       | Blond         |
| MANNING (371)  | 31         | 5-7 1/2       | 135 1/2       | Blond         |
| Remains are complete in skeletal form; teeth for MANNING are intact in the skull and complete articulation exists throughout. CAUSE OF DEATH: There is no visible evidence which would indicate the cause of death. This indicates that Pvt MANNING died from disease or flesh wounds not affecting the skeletal parts and was a hospital case like the rest of the casualties found in this particular cemetery.  |            |               |               |               |

|                  |       |         |         |           |
|------------------|-------|---------|---------|-----------|
| X-9033 (Remains) | 23-25 | 5-5 1/2 | 120-140 | Brown     |
| ROBINSON (371)   | 24    | 5-8     | 121     | Dk. Brown |

Remains are in complete skeletal form; teeth for ROBINSON are intact in the skull with complete articulation existing throughout. There is evidence of a healed fracture at the proximal end of the right ulna and distal tip right humerus. One (1) ID tag for ROBINSON was recovered with this remains. CAUSE OF DEATH: No visible evidence noted by which the cause of death might be determined. This is in agreement with information that PFC ROBINSON died of disease in a POW hospital.

|                  |       |         |         |       |
|------------------|-------|---------|---------|-------|
| X-9034 (Remains) | 25-28 | 5-9 3/8 | 140-160 | Brown |
| SMALL (371)      | 24    | 5-9     | 142     | Brown |

Remains are complete with a large amount of flesh. Lower torso and femora are intact. Teeth for SMALL are intact in the skull and complete articulation exists throughout. CAUSE OF DEATH: There is no visible evidence which might indicate the cause of death. This condition is in agreement with information that M/Sgt SMALL died from disease in a POW hospital.

|                  |       |         |         |            |
|------------------|-------|---------|---------|------------|
| X-9035 (Remains) | 30-35 | 5-10    | 140-160 | Brown      |
| BEACH (371)      | 33    | 5-8 3/4 | 156     | Dark brown |

Remains are in complete skeletal form; teeth for BEACH are intact in the skull and complete articulation exists throughout. One (1) ID tag for BEACH was recovered with this remains. The right humerus is shorter than the left, bowed out antero-laterally and appears to have been injured in youth. CAUSE OF DEATH: There is no visible evidence by which cause of death can be determined which indicates that S/Sgt BEACH died of disease in a POW hospital as reported.

|                   |       |          |         |       |
|-------------------|-------|----------|---------|-------|
| X-9036 (Remains)  | 28-30 | 6-0 3/4  | 170-190 | Blond |
| ROUNSAVILLE (371) | 27    | 5-11 1/2 | 196     | Brown |

Remains are in complete skeletal form. Teeth for ROUNSAVILLE are intact in the skull and complete articulation exists throughout. There was a rubber drain tube found with this remains which indicates that casualty was a hospital case. CAUSE OF DEATH: No visible evidence could be found on the skeletal parts which might indicate cause of death but the rubber drain tube conforms with information that Sgt ROUNSAVILLE died in a POW hospital.

|                  |       |         |         |       |
|------------------|-------|---------|---------|-------|
| X-9037 (Remains) | 23-24 | 5-6 5/8 | 120-140 | Brown |
| TRAPNELL (371)   | 24    | 5-7     | 123     | Brown |

Remains are in complete skeletal form; teeth for TRAPNELL are intact in the skull and complete articulation exists throughout. A stalag tag marked "LUF 16- No 2418" was recovered with this remains. CAUSE OF DEATH: There is no visible evidence which might determine the cause of death. This condition is in agreement with information that casualty died from disease in a POW hospital.

*Wesley A. Neep*  
 WESLEY A. NEEP  
 Lab. Ident. Tech.

*Frans Vandervael*  
 FRANS VANDERVAEL  
 M.D., Professor of  
 Anatomy and Anthropology  
 Liege University

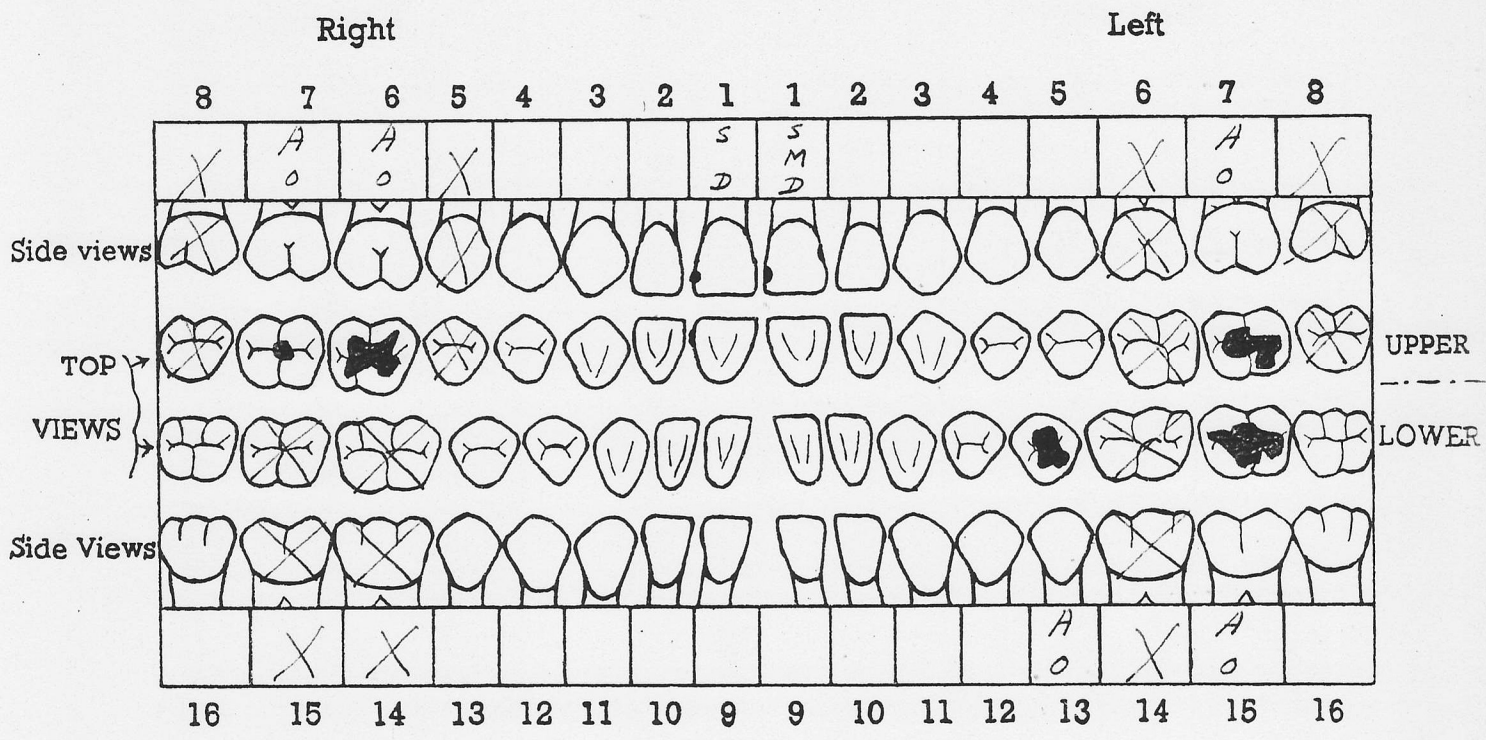


SR 863  
 X-9031  
 Grave 32  
 AGRS Mausoleum  
 Liege, Belgium  
 25 May 1951  
 Date

# TOOTH CHART

SHILLING, Fred M. Put. 33 764 590  
 Last Name First Initial Grade Serial No.  
 \_\_\_\_\_  
 Unit Organization

Place of Death Date of Death Cause of Death



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.

size - Average  
 color - Ivory  
 Spaces - R5 3mm  
           L4-5 1mm  
           L6 6mm  
           R15-13 15mm  
           R13-12 2mm  
           R12-11 2mm  
           L14 5mm

*W. A. Neef*  
 Signature of Officer or other person who prepared Tooth chart

R4 Rotated Approx. 35° distally,  
 L13 " " 70° " "

Verified by G. R.C. Officer

ET FORM 1-22 (29 AUG. 46)

(OLD GRAVE REGISTRATION FORM 1-A)

gum tissue - slight  
 wear - slight

CHART "A"

SKELETAL CHART

SR 863

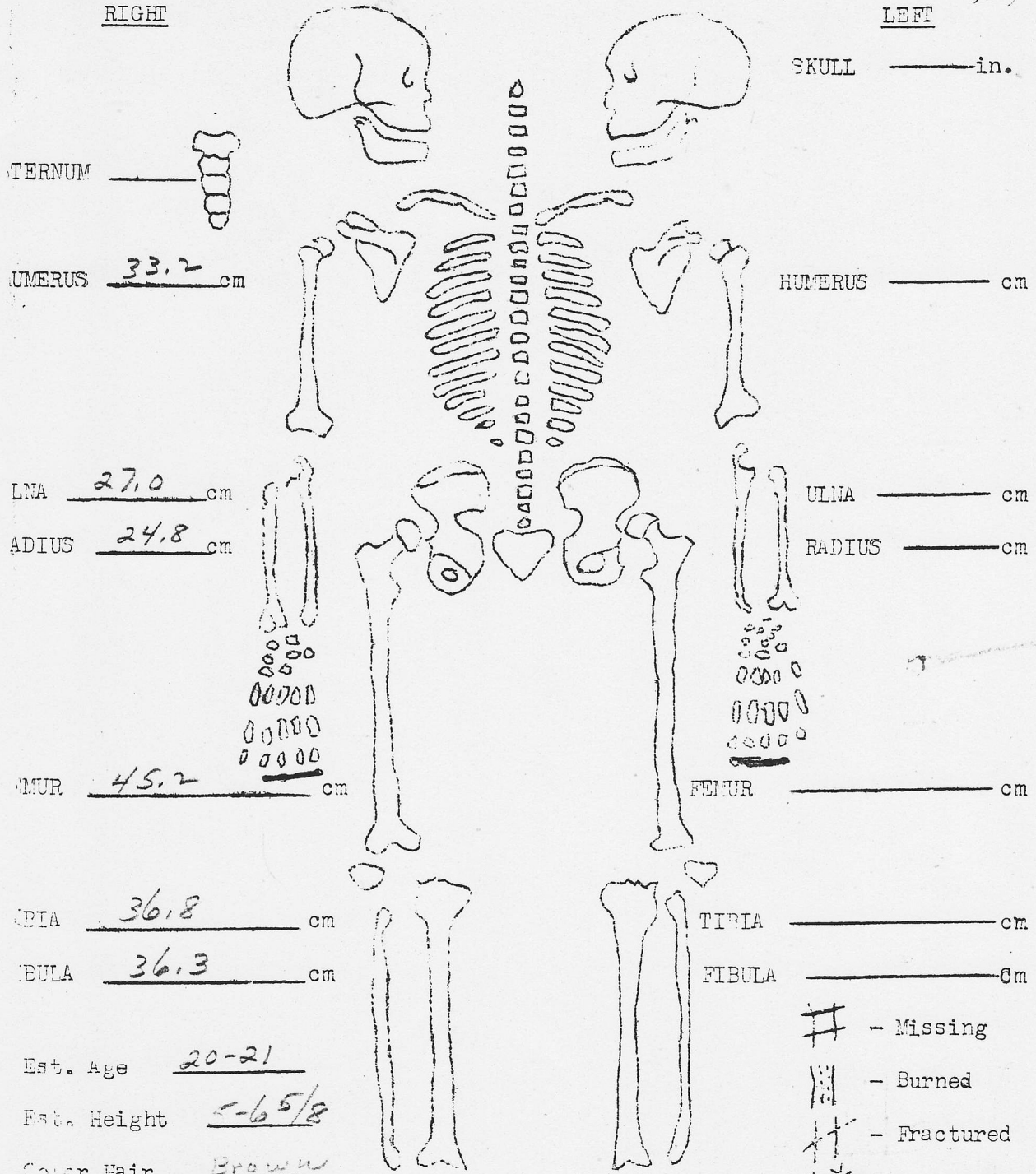
X-9031

Grave 32  
AGRS Mausoleum  
Liege, Belgium

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT



STERNUM

HUMERUS

ULNA

RADIUS

FEMUR

TIBIA

FIBULA

SKULL

HUMERUS

ULNA

RADIUS

FEMUR

TIBIA

FIBULA

Est. Age

Est. Height

Color Hair

Healed Fractures

Two ID Tags (SHILLING)  
 Small Amt. Flesh  
 Not burned  
 Complete Articulating  
 Remains Complete  
 Est. Age 20-21

\_\_\_\_\_ in.

33.2 cm

27.0 cm

24.8 cm

45.2 cm

36.8 cm

36.3 cm

\_\_\_\_\_ cm

\_\_\_\_\_ cm

\_\_\_\_\_ cm

\_\_\_\_\_ cm

\_\_\_\_\_ cm

\_\_\_\_\_ cm

# - Missing

|||| - Burned

++ - Fractured

\*\*\* - Shattered

SIGNATURE

J. A. Neep  
 25 May '51



19. Black out parts of body not recovered

(SEE SKELETAL CHART)

X-9031

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I certify that the group remains consist of parts of \_\_\_\_\_ decedents based on the presence of one or more of the following anatomical parts:

\_\_\_\_\_  
Signature of medical officer

21. Remarks and additional information

Remains are complete with a small amount of flesh. Teeth received with remains (see tooth chart).

Est. Age: 20-21

Est. Height: 5-6 5/8

Est. Weight: 130-150

Color of Hair: Brown

Technician:

Mr. Neep

Mr. Miller

Clerk Recorder:

Miss Kempen

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

Typed Name, Grade, Arm or Service and  
Organization

Signature

| SR-863   |  | IDENTIFICATION DATA            |                                   |                            |   |
|--|--|--------------------------------|-----------------------------------|----------------------------|---|
| 1. REMAINS OF UNKNOWN<br>Unknown X-9031  |  |                                | 2. DATE OF REPORT<br>12 June 1951 |                            |   |
| 3. NAME OF CEMETERY<br>AGRS Mausoleum, Liege, Belgium  |  | 4. PLOT                        | 5. ROW                            | 6. GRAVE<br>32             | 7. DATE OF<br>DISINTERMENT<br>REINTERMENT<br>XXXX<br>XXXX |
| PHYSICAL DESCRIPTION   |  |                                |                                   |                            |   |
| 8. ESTIMATED <del>WEIGHT</del> age<br>20-21  |  | 9. ESTIMATED HEIGHT<br>5-6 5/8 |                                   | 10. COLOR OF HAIR<br>Brown |   |
| 11. RACE<br>UTD  |  |                                |                                   |                            |   |
| 12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS<br>FIELD # 33764590 T4343 AF<br><div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin: 10px auto;">I.D. tag found with remains</div>  |  |                                |                                   |                            |   |
| 13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES<br><br>None   |  |                                |                                   |                            |   |
| 14. WAS BODY BURNED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | TO WHAT EXTENT?                |                                   |                            |   |
| 15. WAS BODY MANGLED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | TO WHAT EXTENT?                |                                   |                            |   |
| 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS<br><br>None evident   |  |                                |                                   |                            |   |
| 17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)<br><br>None |  |                                |                                   |                            |   |



REPORT OF INVESTIGATION

AREA SEARCH

AGRC Form # 10 (Revised)  
1 January 1946.

17 May 1951

Date

NAME SR # 863 RANK \_\_\_\_\_ ASN \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

MEANS OF IDENTIFICATION Grave marker reads " SHILLING Fred H. (USA)  
identification Tags.

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point).

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? If so, state the following information:
  - a. NAME Shilling, Fred H. RANK \_\_\_\_\_ ASN \_\_\_\_\_
  - b. ORGANIZATION \_\_\_\_\_
2. Was partial identification established? If so,  
state the facts as to whom you believe the deceased to be:
  - a. NAME \_\_\_\_\_ RANK \_\_\_\_\_ ASN \_\_\_\_\_
  - b. ORGANIZATION \_\_\_\_\_
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY 18 Americans buried in  
cemetery  
(Use reverse side for listing of crew members from MACR)
  - a. Date of above burials Varied
4. Common Graves? No
5. Name and Type of Cemetery Funfeichen Military Cemetery  
(Military or Civilian)
6. Map Coordinates of the Cemetery 6062 1/250,000 N-54/U-66
7. Give exact location in cemetery of the remains.
  - a. Section \_\_\_\_\_ Row \_\_\_\_\_ Grave 345
  - b. Is Sketch attached? No
8. If remains are not located in a cemetery, give exact location.
  - a. Town \_\_\_\_\_ Coordinates \_\_\_\_\_
  - b. Is Sketch attached? \_\_\_\_\_
  - c. Is area mined? \_\_\_\_\_

9. How is the grave marked? \_\_\_\_\_
10. If grave is marked with cross, give exact markings thereon \_\_\_\_\_  
 "Shilling, Fred H. (USA) "
- a. From what source was this information obtained? Identification tags  
 \_\_\_\_\_  
 (Identification tags, personal effects)
- b. By Whom Unk
11. Where are the cemetery records? All records destroyed.  
 (Town Hall, cemetery, burgermeister's  
 office)
- a. What information was contained thereon? \_\_\_\_\_  
 \_\_\_\_\_
- b. Where was the information obtained? \_\_\_\_\_  
 \_\_\_\_\_
- c. By Whom? \_\_\_\_\_
12. What is the date of death? See OCMG Form 371
- a. Give basis \_\_\_\_\_
13. What is the cause of death? See OCMG Form 371
- b. Give basis \_\_\_\_\_
14. What is the date of burial? See OCMG Form 371
- a. Give basis \_\_\_\_\_
15. Where was the place of death? Funfeichen POW Camp  
 Coords N-54/U-66  
 Give basis \_\_\_\_\_
16. Where were the remains found? Funfeichen Cemetery  
 Coords N-54/U-66
- a. By Whom? \_\_\_\_\_
- b. Is sketch attached? No
17. Was a casket used? Yes How marked? \_\_\_\_\_
18. Who made the burial? German Military  
 (Civilian, American Mil., or German Mil.)
- 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 AAF).

19. 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)  
b. Near wreckage? \_\_\_\_\_
20. 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 on plane \_\_\_\_\_  
c. Give numbers on motors, machine guns, instruments, radios or other equipment: \_\_\_\_\_  
\_\_\_\_\_
21. How did crash occur? \_\_\_\_\_ Anti-aircraft \_\_\_\_\_  
Enemy Planes? \_\_\_\_\_ Collision? \_\_\_\_\_
22. Did plane explode in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
23. Did plane burn in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
24. What was the direction of the flight? \_\_\_\_\_
25. What was the civilian opinion regarding destination of plane? \_\_\_\_\_  
\_\_\_\_\_
26. Had bombs been released prior to the crash? \_\_\_\_\_
27. Does specific time and date of crash correspond with date of death of above named deceased?  
\_\_\_\_\_
28. Number of planes in formation prior to crash \_\_\_\_\_
29. State precise time and date of plane crash \_\_\_\_\_  
(Night? Day?)
30. 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 Force).

31. 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? \_\_\_\_\_

32. 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. Number on motors, machine guns, ammunition, instruments, etc. \_\_\_\_\_
33. What was the type of enemy action that resulted in the tank's disablement? \_\_\_\_\_
34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_
35. Number of tanks in immediate vicinity at time of disablement \_\_\_\_\_
36. Precise time and date of destruction of tank \_\_\_\_\_  
(Night? Day?)
38. Did any of the crew members escape? \_\_\_\_\_  
Prisoners? \_\_\_\_\_

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

39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arms fire) Died in POW Camp
- a. Are all certificates and statements of people who possessed knowledge of the case attached? \_\_\_\_\_
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? No
- If not, state reason \_\_\_\_\_
- a. Were identification tags found at the time of death? Yes
- Where? Around neck By Whom? \_\_\_\_\_
- Present disposition With remains
- If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.
- b. Were personal effects found at the time of death? No
- Where? \_\_\_\_\_ By Whom? \_\_\_\_\_
- Present disposition \_\_\_\_\_



- c. Was deceased identified by living members of his family at the time of death? No
- d. Did Cemetery register or cross indicate the immunization shot? No
42. Was deceased given first aid?          If so, where?           
By whom?          Are statements from the medical people attached?
43. Was deceased evacuated to a German civilian hospital?           
WHERE?          Names of people concerned
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?           
(Burnt? Decapitated? etc)
46. 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?
47. Was case previously investigated? Yes  
By Whom? Various AGR Teams When? 1949
48. Give full names, addresses, and information obtained from each person interviewed
49. Are all positive statements regarding identification and particulars surrounding death attached?
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No isolated graves in area
51. Was investigation preceded by advanced publicity? no
- (If special investigation, give case number)

52. Give Brief Narrative \_\_\_\_\_

See Attached Narrative

(Use attached sheets, if necessary)

\_\_\_\_\_  
Signature of Interpreter

I. S. EISEINSMITH  
\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Rank ASN

~~Capt. OMC 0-1587230~~  
Rank ASN

\_\_\_\_\_  
Organization

Hq. 7887 Gr. Reg. Det.  
\_\_\_\_\_  
Organization



SR-863  
Russian Zone  
N-54/4099  
I.D. 731-R

HEADQUARTERS  
7887 GRAVES REGISTRATION DETACHMENT  
OPERATIONS DIVISION  
APC 757 (Liege) US ARMY

17 May 1951

NARRATIVE OF INVESTIGATION

1. Authority:

In compliance with instructions contained in I.D. # 731, an investigation was conducted in the vicinity of Funfeichen (N-54/U-66) Germany, in an effort to locate the following remains:

|                           |       |          |
|---------------------------|-------|----------|
| 1. Beach, Harold E.       | S/Sgt | 37427349 |
| 2. Bradford, Joe W.       | S/Sgt | 18177453 |
| 3. Huber, Harry L.        | Pfc   | 39558218 |
| 4. Laufer, Harry E.       | Pvt   | 33705347 |
| 5. Lowry, Leroy M.        | S/Sgt | 37068702 |
| 6. Manning, Joe E.        | Pvt   | 20835419 |
| 7. Mosher, Carrol L.      | Pvt   | 31459692 |
| 8. Predovic, Peter J.     | T/5   | 15101326 |
| 9. Robinson, Irving L.    | Pfc   | 20109509 |
| 10. Rounsaville, Frank P. | Sgt   | 33022788 |
| 11. Shilling, Fred M.     | Pvt   | 33764590 |
| 12. Small, Harmon L.      | M/Sgt | 18037795 |
| 13. Smith, Glenn A.       | Pfc   | 36815436 |
| 14. Trapnell, Robert M.   | M/Sgt | 13068648 |
| 15. Weaver, Barton E.     | Pvt   | 17053436 |
| 16. Winburn, Elmer        | Pfc   | 35134365 |
| 17. Welgamott, George E.  | Pfc   | 36184606 |

2. Facts and circumstances;

The above listed decedents were members of German POW camps who had died in German Military Hospitals. After death the decedents were buried in the Funfeichen POW Cemetery.

3. Findings:

A visit was made to the Burgermeister of Neubrandenburg, Germany, regarding the whereabouts of Funfeichen Cemetery. The Burgermeister furnished a guide and information of the location of the cemetery.

A visual reconnaissance of the cemetery showed 19 markers with USA personnel to be buried there. This reconnaissance tallied with the

17 May 1951

list as made by either the French or British on 20 January 1949.

The graves were opened and the remains found agreed with the markers, except in the cases of Mosher, Carrol L. and Rounsaville, Frank P. The markers on these two were transposed. Mosher was buried under Rounsaville's marker and vice versa. This was verified by finding I.D. tags with Mosher and Rounsaville. Both compared favorably with the 371 as to physical characteristics.

The grave of Johnson, William J. Pvt 36803952 was dug, but no remains was found. The casket had been opened, body removed, and the grave closed again.

About 50% of the remains had ID tags and all compared favorably as to physical characteristics. The remains were all buried in wooden caskets but were unclothed. Three of the remains had been " posted " as the skulls had cranial autopsies performed. One man had his left arm in a cast.

The remains of Fairchild, Leo, Pfc were removed from grave 328, although no 371 was available, as the marker stated that he was American. The marker was placed with the remains. The plan attached hereto as enclosure # 1 reflects grave numbers for all the deceased as well as assigned evacuation numbers.

There was no list of the remains buried in the cemetery. However, it was stated that there were no other American grave in the area.

#### 4. Conclusions:

From the visual reconnaissance and talking with the Burgermeister of Neubrandenburg, it can safely be concluded that there are no other Americans either in Funfeichen Cemetery and also in the surrounding area. William J. Johnson Pvt 36808952 was found recovered and identified and is now permanently interred in a US Military Cemetery.

s/t/ I. EISENSMITH  
Capt, QMC  
O 1587250



THE FOLLOWING REMAINS WERE DISINTERRED AT FUNFEICHEN, GERMANY

| Grave # | Grave Marker   | Identification tags found with the remains | Remains found in wooden box | Physical Comparison                     | Clothing | Pers. effects | S.R. # Given |
|---------|--|--|-----------------------------|---|----------|---------------|--------------|
| 277     | Bradford, Joe<br>W. 18177453<br>(USA)<br>Geb. 11-2-18<br>Gest. 22-7-44 | Yes  | Yes                         | Okay                                    | None     | None          | #858         |
| 317     | Smith, Glenn<br>A. (USA)   | No   | Yes                         | Okay                                    | None     | None          | #862         |
| 321     | Huber, Harry<br>L. O-98195<br>(XII A) (USA)                            | Yes  | Yes                         | Okay                                    | None     | None          | #852         |
| 323     | Winburn,<br>Elmer (USA)  | No   | Yes                         | Left<br>arm<br>found<br>in cast<br>Okay | None     | None          | #854         |
| 324     | Prevodic,<br>Peter,<br>160949? (USA)<br>(IIA)<br>Gest. 9-2-45          | No   | Yes                         | Okay                                    | None     | None          | #853         |
| 327     | Lauffer,<br>Harry (USA)  | Yes  | Yes                         | Okay                                    | None     | None          | #857         |
| 328     | Fairchild,<br>Leo (USA)  | No   | Yes                         | No<br>form<br>371<br>avail-<br>able     | None     | None          | #856         |
| 330     | Weaver,<br>Barton, (USA)   | No   | Yes                         | Okay                                    | None     | None          | #855         |
| 345     | Shilling,<br>Fred H.<br>(USA)  | Yes  | Yes                         | Okay                                    | None     | None          | #863         |

The following remains were disinterred at Funfeichen, Germany (Cont'd)

|     |                                    |     |     |      |      |      |      |
|-----|------------------------------------|-----|-----|------|------|------|------|
| 351 | Mosher,<br>Carroll L.<br>(USA)     | Yes | Yes | Okay | None | None | #861 |
| 352 | Rounsaville,<br>Frank, P.<br>(USA) | No  | Yes | Okay | None | None | #868 |
| 359 | Trapnell,<br>Robert M. USA         | No  | Yes | Okay | None | None | #869 |
| 363 | Robinson,<br>Irving, USA           | Yes | Yes | Okay | None | None | #865 |
| 364 | Shall,<br>Harmon L.<br>USA         | No  | Yes | Okay | None | None | #866 |
| 371 | Manning, Joe<br>E. (USA)           | No  | Yes | Okay | None | None | #864 |
| 383 | Lowry, Larcy<br>USA                | Yes | Yes | Okay | None | None | #860 |
| 386 | Welgamott,<br>George E.<br>USA     | No  | Yes | Okay | None | None | #859 |
| 303 | This grave was empty.              |     |     |      |      |      |      |
| 376 | Beach, Harold<br>USA               | Yes | Yes | Okay | None | None | #867 |

NOTE: Graves of Rounsaville and Mosher were transposed.



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

In Reply refer to QMGMP 295

**SHILLING, Fred M.**  
**Pvt., 33 764 590**

**SUBJECT: Identification of Former UNKNOWN Deceased.**

**TO: Commanding Officer**  
**Quartermaster Activity**  
**Kansas City Records Center**  
**Kansas City 1, Missouri**  
**Attn: Effects Quartermaster**

1. The remains which were previously interred as UNKNOWN X-9031,  
Plot \_\_\_\_\_, Row \_\_\_\_\_, Grave 32, <sup>AGHS</sup>~~XXXX~~ Mausoleum, Liege, Belgium,  
have been identified by a GMS Field Board of Review as those of \_\_\_\_\_

Pvt. Fred M. Shilling, 33 764 590, Infantry

whose Next of Kin, according to the records of this Office, is \_\_\_\_\_

MR. William Shilling - Father - 9 JUNIATA STREET,  
LEWISTOWN, PENNSYLVANIA

2. The identification has been approved by this Office.

BY COMMAND OF MAJOR GENERAL ENLDMAN:

WORK SHEET

LESLIE W. ALLEN  
Lt. Col. QMG  
Memorial Division

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

| 1<br>NO. | 2<br>FROM—                                       | 3<br>TO—   | 4<br>DATE              | 5<br>MESSAGE  |
|----------|--|--|------------------------|---|
| 1        | <p><del>Chief</del><br/>Ident Br<br/>Mem Div</p> | <p>Regist Br<br/>Records<br/>Section<br/>Mem Div</p> | <p>26 AUG 1951</p>     | <p>1. Attached case files forwarded for necessary amendment of records and deflagging action.</p> <p>2. All records in Investigation Section have been amended.</p> <p>3. It is requested that the Disinterment Directive be annotated under the "Remarks" section, "Previously X-9031, AGRS Mausoleum, Liege, Belgium. Identification approved."</p> <p>1. For necessary Grave Location Letter to NOK.</p> <p>2. For dispatch of notification letter to Effects QM.</p> <p style="text-align: right;">COX<br/>74059</p> <p style="text-align: right;">NEFF<br/>52462</p> <p>2 Incls<br/>1. 293 file Shilling, Fred M. Pvt., 33764590<br/>2. " " Unk X-9031, AGRS Maus. (Liege)</p> |
| 2        | <p>Rec Sec<br/>Reg Br<br/>Mem Div</p>            | <p>Corres Sec<br/>Reg Br<br/>Mem Div</p>             | <p>22 Aug<br/>1951</p> | <p>1. Records corrected in this Section.</p> <p>2. Forwarded for compliance with Comment #1.</p> <p style="text-align: right;">2 Incls<br/>n/c</p> <p style="text-align: right;">Lay<br/>73836</p> <p style="text-align: right;">Franke<br/>53975</p> <p style="text-align: right;">FILE</p> <p>Acceptance Section</p>  |
|          |  | <p>In Turn</p>                                       |                        |   |
|          |  | <p>Corres<br/>Section</p>                            |                        |   |
|          |  | <p>IN TURN</p>                                       |                        |   |
|          |  | <p>Rec Sec<br/>Attn: Mrs Franke</p>                  |                        |   |



OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

(33764590)

993 Shilling Fred M.

DUE, HOUR AND DATE \_\_\_\_\_

| 1<br>NO. | 2<br>FROM-                      | 3<br>TO-  | 4<br>DATE    | 5<br>MESSAGE   |
|----------|---------------------------------|---|--------------|--|
| 3        | Corres Sec<br>Reg Br<br>Mem Div | Rec Sec<br>Reg Br<br>Mem Div<br><br>Attn<br>Mrs. Franke<br><br>ATTN: MR<br>DENNIS | 28 Aug<br>51 | <p>ms</p> <p>1. Returned herewith is 293 file for SHILLING, Fred M.</p> <p>2. Combination Grave Location - Letter of Inquiry and letter to Effects QM have been dispatched.</p> <p>Incls n/c</p> <p>WARDLE 55641</p> <p>CAGE 54428</p> |

FILE

Section \_\_\_\_\_

Date \_\_\_\_\_

Acceptance Section

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

In Reply Refer to QMGMF 293

**Shilling, Fred M.**  
**SN 33 764 590**

28 August 1951

SUBJECT: Identification of former UNKNOWN deceased

TO: Chief, Army Effects Bureau  
801 Hardesty Avenue  
Kansas City 1, Missouri

1. The remains which were previously interred as UNKNOWN X 9031  
Plot \_\_\_\_\_, Row \_\_\_\_\_, Grave 32, <sup>AGRS</sup> ~~USMC~~ Mausoleum, Liege, Belgium  
have been identified by a GRS Field Board of Review as those of \_\_\_\_\_

Pvt. Fred M. Shilling, 33 764 590, Infantry

whose next of kin, according to the records of this Office, is \_\_\_\_\_

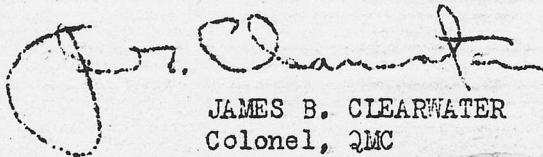
Mr. William Shilling - father - 9 Juniata Street, Lewistown, Pennsylvania

2. The identification has been approved by this Office.

BY COMMAND OF MAJOR GENERAL FELDMAN:

rb/eil

AUG 28 4 35 PM '51  
O. Q. M. G.  
MAIL & RECORDS BRANCH



JAMES B. CLEARWATER  
Colonel, QMC  
Chief, Memorial Division



LOT

| CORRESPONDENCE ACTION SHEET  |  |                            |                             | NAME OF DECEDENT (Last, First, Middle)<br>Shilling, Fred M. |
|--|--|----------------------------|-----------------------------|---|
| PREVIOUS BURIAL LOCATION (Cemetery and Country)                    | PLOT   | ROW                        | GRAVE                       |   |
| PRESENT BURIAL LOCATION (Cemetery and Country)                     | PLOT   | ROW                        | GRAVE                       |   |
| ADDRESSEE<br>MR.<br><del>MISS &amp;</del><br>MRS. William Shilling | ADDRESS (Street, City, State)<br>9 Juniata Street<br>Lewistown, Pennsylvania   |                            |                             |   |
| RELATIONSHIP<br>Parents  |  |                            |                             |   |
| PARAGRAPHS (Sequence)  | ADDITIONAL DATA — MODIFICATIONS  |                            |                             |   |
|  | <p>This Office is desirous that you be furnished information concerning your son, the late Private Fred M. Shilling.</p> <p>An official report of burial has now been received from our Overseas Command and discloses that the remains of your son were originally buried in the Prisoner of War Cemetery located at Funfeichen, Germany, but were later disinterred by our American Graves Registration personnel, and removed to the AGRS Mausoleum, located at Liege, Belgium.</p> <p>The remains have been properly identified, casketed and are now being held in an overseas mortuary pending disposition instructions from the next of kin, either for return to the U.S. or for permanent burial in an overseas cemetery.</p> <p>There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which Mr. Shilling may indicate his desires in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will make every effort to comply with the instructions as indicated thereon.</p> <p>In order that this Office may take immediate action toward the final disposition of the remains of your son, it is urged that the inclosed</p> <p style="text-align: center;">- over -</p> |                            |                             |   |
| ANALYST INITIALS AND DATE<br>D. [Signature] 12/3/51                | TYPYST INITIALS  | REVIEWER INITIALS AND DATE |                             | GRADE<br>Private  |
|  |  |                            | SERIAL NUMBER<br>53 764 590 |   |

form, "Request for Disposition of Remains", be completed and returned to this Office in the inclosed self-addressed envelope which requires no postage.

INCLS:

INITIAL LOI

SEE ACTION SHEET FOR LETTER TO EFFECTS QM

*Note IRS to Rec*



QMCMF 293  
Shilling, Fred M.  
SN 33 764 590

28 August 1951

Mr. and Mrs. William Shilling  
9 Juniata Street  
Lewistown, Pennsylvania

Dear Mr. and Mrs. Shilling:

This Office is desirous that you be furnished information concerning your son, the late Private Fred M. Shilling.

An official report of burial has now been received from our Overseas Command and discloses that the remains of your son were originally buried in the Prisoner of War Cemetery located at Funfsichen, Germany, but were later disinterred by our American Graves Registration personnel, and removed to the American Graves Registration Service Mausoleum, located at Liege, Belgium.

The remains have been properly identified, casketed and are now being held in an overseas mortuary pending disposition instructions from the next of kin, either for return to the United States or for permanent burial in an overseas cemetery.

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

In order that this Office may take immediate action toward the final disposition of the remains of your son, it is urged that the inclosed form, "Request for Disposition of Remains", be completed and returned to this Office in the inclosed self-addressed envelope which requires no postage.

Sincerely yours,

JAMES B. CLEARNATER  
Colonel, QMC  
Chief, Memorial Division

Incls

rb/

6  
AUG 28 4 35 PM '51

O. Q. M. G.  
MAIL & RECORDS BRANCH

DI



*Handwritten scribbles*

141400Z SEPT 51 UNCLASSIFIED

OQMG DEPT OF THE ARMY WASH DC

PRIORITY

MR AND MRS WILLIAM SHILLING  
9 JUNIATA  
LEWISTOWN PENNSYLVANIA

FROM REGISTRATION BRANCH REFERENCE LETTER THIS OFFICE 28 AUGUST 51 CONCERNING  
DISPOSITION REMAINS YOUR SON PVT FRED M SHILLING 33764590 SINCE PUBLIC LAW  
368 WHICH AUTHORIZES RETURN OF WORLD WAR II DEAD WILL EXPIRE IN THE VERY NEAR  
FUTURE YOU ARE URGED TO FORWARD DISPOSITION INSTRUCTIONS WITHOUT DELAY IN  
ORDER THAT YOUR WISHES MAY BE COMPLIED WITH

MEMORIAL DIVISION  
ADVISORY BRANCH  
SEP 14 11 11 AM '51

LAY  
MEMORIAL DIVISION  
OQMG

SEP 14 12 38 PM '51  
O. O. M. G.  
TELETYPE SECTION

*Handwritten initials*

UNCLASSIFIED

GRAVES  
J. C. WHICHER

ARTHUR KINKHEAD  
QMOMR 293 33764590  
Shilling, Fred M.

52747

LT. COL., QMC, MEMORIAL DIVISION



# REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt Fred M. Shilling  
SN 33 764 590

28 August 1951

Grave 32  
AGRS Mausoleum  
Liege, Belgium

|   |  |   |  |
|---|--|---|--|
| 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, William Shilling

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. NEUVILLE-EN-CONDROZ, BELGIUM 80
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.)

~~HOMEX~~

Prev Unk X-9031, Same Grave

Identification Approved

*Colado*

*D/S processed*

*21 Sept 51*

*21 Sept 51*

*Accepted  
8/21/51*

FINAL LETTER SENT 29 OCT 1951

**PART I (Continued)**

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.  
 I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

|  |                   |                    |  |
|--|-------------------|--------------------|--|
| LAST NAME  | FIRST NAME        |                    | MIDDLE INITIAL                             |
| NUMBER AND STREET  | CITY OR TOWN      | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| EXPRESS OFFICE ( <i>Nearest railroad passenger station</i> ) | TELEGRAPH ADDRESS |                    | TELEPHONE No.                              |

OR

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

|  |                   |                    |  |
|--|-------------------|--------------------|--|
| FULL NAME OF FUNERAL DIRECTOR                                |                   |                    |  |
| NUMBER AND STREET  | CITY OR TOWN      | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| EXPRESS OFFICE ( <i>Nearest railroad passenger station</i> ) | 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.

William F. Shilling  
(SIGNATURE OF NEXT OF KIN)

William F. Shilling  
(NAME PRINTED OR TYPED)

9 Juniata Street, Lewistown, Pa.  
(STREET AND NUMBER)

Lewistown, Pa.  
(CITY AND STATE)

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

1951, at city (or town) of Lewistown, county of Mifflin, and State (or Territory or District) of Pennsylvania

NOTARY PUBLIC  
 MY COMMISSION EXPIRES  
 FEBRUARY 8, 1953

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

[Signature]  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 NOTARY PUBLIC  
(OFFICIAL TITLE)



67

1. FILE UNDER NO. 293 - Shilling, Fred M. 33 764 590 (Pvt)

SYNOPSIS

2. TYPE OF DOCUMENT: IO/R/S 3. DATE: 15 Aug 51
4. FROM: Monree Sec Ident Br Mem Div
5. TO: OM Casual Research Section
6. SUBJECT: Cancellation of Deferred Search Certificate
Moster, Carroll L. Pvt 31 459 692
\*\*\*\*\*

7. DOCUMENT FILED UNDER NO. 293 - Belgium

mf's

INSTRUCTIONS.—Enter after the above headings information as follows:

- 1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

1. FILE UNDER NO. SHILLING, Fred M. 33 764 590

**SYNOPSIS**

2. TYPE OF DOCUMENT: **AGRS Correspondence**

3. DATE:

4. FROM:

5. TO:

6. SUBJECT: **Funfelcher Cemetery— Listed by names**

7. DOCUMENT FILED UNDER NO. **293 BEACH, Harold 37 427 349**

**INSTRUCTIONS.—**Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

*File  
RHT  
Hayden  
Ident  
5/8/5*



29 October 1951

713  
Pvt Fred M. Shilling, SN 33 764 590  
Plot A, Row 8, Grave 9  
Headstone: Cross  
United States Military Cemetery  
Neuville-en-Condroz, Belgium

Mr. and Mrs. William Shilling  
9 Juniata Street  
Lewistown, Pennsylvania

Dear Mr. and Mrs. Shilling:

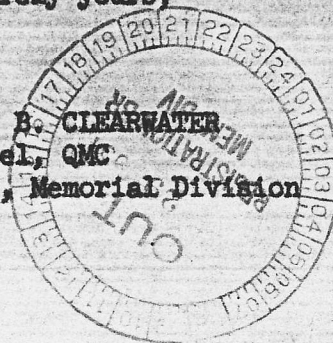
This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

The cemetery has been 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.

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,

JAMES B. CLEARWATER  
Colonel, QMC  
Chief, Memorial Division



Jax  
RK

RECORDED  
OCT 29 1951

7C  
DLW

5

# DISINTERMENT DIRECTIVE

SR-863

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE  
12 JUNE 1951  
DAY MONTH YEAR

|  |                      |              |             |   |                 |
|--|----------------------|--------------|-------------|---|-----------------|
| NAME<br>UNKNOWN X-9031                     | SERIAL NUMBER<br>UNK | GRADE<br>UNK | ARM<br>UNK  | RACE<br>UNK                               | RELIGION<br>UNK |
| CEMETERY<br>AGRS Mausoleum, Liege, Belgium | PLOT                 | ROW          | GRAVE<br>32 | DISPOSITION OF REMAINS<br>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<br>UNKNOWN X-9031   | SERIAL NUMBER<br>UNK | GRADE<br>UNK     | DATE OF DEATH<br>UNK   | DATE DISTINTERRED<br>ABOVE GROUND REPOSITORY |
| IDENTIFICATION TAG ON<br><input checked="" type="checkbox"/> REMAINS EMB. PL.<br><input type="checkbox"/> MARKER | ORGANIZATION<br>UNK. | RELIGION<br>UNK. | IDENTIFICATION VERIFIED BY<br>C.W. STEINSIEK, Capt., QMC<br>NAME AND TITLE |  |

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

|   |  |
|---|--|
| NATURE OF BURIAL<br>ABOVE GROUND REPOSITORY | CONDITION OF REMAINS<br>DISTAL PHALANGES OF HANDS & FEET ARE MISSING. REMAINS ARE DISARTICULATED WITH A SMALL AMOUNT OF FLESH IN THE FINAL STATE OF DECOMPOSITION. |
| OTHER MEANS OF IDENTIFICATION<br>NONE       |  |

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

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 12 JUNE 1951 BY ELIJAH H. FIELDS

|                                      |  |
|--------------------------------------|--|
| CASKET SEALED BY<br>ELIJAH H. FIELDS | EMBALMER (Signature)<br>ELIJAH H. FIELDS |
|--------------------------------------|--|

|   |  |
|---|--|
| CASKET BOXED AND MARKED<br>DATE 12-6-51 BY ELIJAH H. FIELDS | SHIPPING ADDRESS VERIFIED BY<br>CLYDE W. STEINSIEK, Captain, QMC |
|---|--|

I hereby certify that all the foregoing operations were conducted and accomplished under my direct supervision and that the report above is correct. MARKINGS, PLATES AND TAGS WERE VERIFIED BY:

CLYDE W. STEINSIEK, Captain, QMC  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

*Handwritten signature: P. J. Daniel*

*Encl # 2*



|   |   |  |                                |                               |   |  |
|---|---|--|--------------------------------|-------------------------------|---|--|
| 1 | WWII CEM. NEUVILLE<br>PLOT A ROW 8 GRAVE 9<br>DATE OF BURIAL: <i>Oct 51</i><br>VERIFIED BY:<br><i>Robert W. Gansel</i><br>ROBERT W. GANSEL, 1st Lt. QMC |  |                                | <b>DISINTERMENT DIRECTIVE</b> |   |  |
|   | SECTION A —<br>NAME AND BURIAL LOCATION OF DECEASED   |  | DIRECTIVE NUMBER<br>1200 00038 |                               | DATE<br>21 09 51<br><small>DAY MONTH YEAR</small> |  |

|  |  |                           |              |             |   |               |
|--|--|---------------------------|--------------|-------------|---|---------------|
| NAME<br>SHILLING FRED M                  |  | SERIAL NUMBER<br>33764590 | GRADE<br>PVT | ARM<br>1    | RACE<br>1   | RELIGION<br>6 |
| CEMETERY<br>AGRS MAUSOLEUM LIEGE BELGIUM |  | PLOT                      | ROW          | GRAVE<br>32 | DISPOSITION OF REMAINS<br>1202 80<br><small>CODE DIST. CTR.</small> |               |

**SECTION B — CONSIGNEE AND NEXT OF KIN FLAG SENT:**

|   |   |
|---|---|
| NAME AND ADDRESS OF CONSIGNEE<br><br>NEUVILLE-EN-CONDROZ, BELGIUM | NAME AND ADDRESS OF NEXT OF KIN<br>MR. WILLIAM SHILLING (FATHER)<br>9 JUNIATA STREET<br>LEWISTOWN, PENNSYLVANIA |
|---|---|

**SECTION C — DISINTERMENT AND IDENTIFICATION**

|   |               |          |                            |                   |
|---|---------------|----------|----------------------------|-------------------|
| NAME  | SERIAL NUMBER | GRADE    | DATE OF DEATH              | DATE DISTINTERRED |
| IDENTIFICATION TAG ON   | ORGANIZATION  | RELIGION | IDENTIFICATION VERIFIED BY |                   |
| <input type="checkbox"/> REMAINS<br><input type="checkbox"/> MARKER | USAGF         |          | NAME AND TITLE             |                   |

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

|  |                      |
|--|----------------------|
| NATURE OF BURIAL   | CONDITION OF REMAINS |
| OTHER MEANS OF IDENTIFICATION<br><br><b>SEE ATTACHED SHEET</b> |                      |

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

REMAINS PREPARED AND PLACED IN CASKET

|                         |      |                               |
|-------------------------|------|-------------------------------|
| DATE                    | BY   | EMBALMER ( <i>Signature</i> ) |
| CASKET SEALED BY        |      |                               |
| CASKET BOXED AND MARKED | DATE | BY                            |
|                         |      | SHIPPING ADDRESS VERIFIED BY  |

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

RECORDS ANNOTATED  
 DATE *18 Oct 51*  
 NAME *A. Jones*

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
 IDENTIFICATION APPROVED. PREV. UNKNOWN X-9031 IN SAME GRAVE.