

283 WASHINGTON, HOWARD B. 32,683,785 T75 QMC. EUROP.AREA,  
(N.Y.)45ch

USMC: MARGRATEN

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

1

PLOT: I ROW: 4 GRAVE: 12  
DATE OF BURIAL: 2 MARCH 49  
VERIFIED BY GRS OFFICER:  
WILLARD B OWEN, CAPT, INF.

DISINTERMENT DIRECTIVE

*Raymond J. Rodriguez* CWO USA

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
4650 16700

DATE  
15 01 49  
DAY MONTH YEAR

NAME  
WASHINGTON, HOWARD B

SERIAL NUMBER  
32683785

GRADE  
TEC5

ARM  
1

RACE  
2

RELIGION  
6

CEMETERY  
MARGRATEN HOLLAND

PLOT ROW GRAVE  
III 3 63

DISPOSITION OF REMAINS  
4601 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
MARGRATEN, HOLLAND

NAME AND ADDRESS OF NEXT OF KIN  
ALBERTA B. WASHINGTON (WIDOW)  
POST OFFICE BOX 83  
NEW ROCHELLE, NEW YORK

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER USAGF NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

NOT FILE RECORDS ANNOTATED DATE 26 APR 49 NAME [Signature] R & RR.

QMC FORM REV 11 FEB 48 1194

FINAL LETTER SENT 18 APR 1949 4911

MMT TELER 201 2 7068 0500

### RECORD OF CUSTODIAL TRANSFER

8 11 51  
MTR  
MTR  
MTR  
MTR  
MTR

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

FROM: BUREAU OF INVESTIGATION  
TO: FBI OFFICE BOX 95  
WASHINGTON (MIDOM)

DISINTERMENT DIRECTIVE										
SECTION A - NAME AND BURIAL LOCATION OF DECEASED					DIRECTIVE NUMBER		DATE			
NAME					SERIAL NUMBER	RANK	ARM	DAY	MONTH	YEAR
WASHINGTON HOWARD B					32683785	TEC5	1			
CEMETERY					DISPOSITION OF REMAINS					
PLOT					ROW	GRAVE	COUNTRY	CAUSE OF DEATH		
III					3	63	MARGRATEN HOLLAND			
SECTION B - CONSIGNEE AND NEXT OF KIN										
NAME AND ADDRESS OF CONSIGNEE					NAME AND ADDRESS OF NEXT OF KIN					
SECTION C - DISINTERMENT AND IDENTIFICATION										
NAME		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED					
HOWARD B. WASHINGTON		32683785	TEC5		30. JULY 48					
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY						
<input type="checkbox"/> REMAINS			UNK.	JAME. L. McCULLER, CAPT. TC.						
<input checked="" type="checkbox"/> MARKER EMB.										
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT										
NATURE OF BURIAL				CONDITION OF REMAINS						
UNIFORM				ADVANCE STAGE OF DECOMPOSITION						
				REMAINS COMPLETE						
OTHER MEANS OF IDENTIFICATION										
REPORT OF BURIAL ON REMAINS SHOWING NAME & ASN AS ABOVE										
MINOR DISCREPANCIES										
NONE										
REMAINS PREPARED AND PLACED IN CASKET										
DATE		BY			EMBALMER (Signature)					
4. AUGUST 48		HUGH H. DORAM			HUGH H. DORAM <i>Hugh H. Doram</i>					
CASKET SEALED BY					EMBALMER (Signature)					
HUGH H. DORAM					HUGH H. DORAM <i>Hugh H. Doram</i>					
CASKET BOXED AND MARKED					REMOVED ADDRESS WHEN NEEDED TAGS, MARKINGS, PLATES					
DATE		BY			VERIFIED BY:					
4. AUGUST 48		JAMES J. DOYLE			LYNN C. KECK, 1LT., INF.,					
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.										
					<i>Lynn C. Keck</i>					
					LYNN C. KECK, 1LT., INF.,					
SIGNATURE OF GRS INSPECTOR										
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.										
RECORD OF CASUALTY INVESTIGATION										

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVOYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
2. SHIPPED			
FROM		TO	
KIND OF CONVOYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVOYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVOYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVOYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM		TO	
KIND OF CONVOYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVOYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

18 April 1949

293  
Tec 5 Howard B. Washington, ASN 32 683 785  
Plot L, Row 4, Grave 12  
Headstone: Cross  
Margraten (Holland) U. S. Military Cemetery

Mrs. Alberta B. Washington  
Post Office Box #83  
New Rochelle, New York

Dear Mrs. Washington:

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

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

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

Sincerely yours,

H. FELDMAN  
Major General  
The Quartermaster General

Apr 19 10 25 AM '49  
U. S. M. C.  
MAIL & RECORDS BRANCH

# REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Tec 5 Howard B. Washington, 32 683 785  
Plot III, Row 3, Grave 63,  
United States Military Cemetery  
Margraten, Holland

AUG 2 1948

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

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

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD

RELATIONSHIP OTHER THAN ABOVE (Specify)

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. Margraten, Holland
- 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 \_\_\_\_\_ (FOREIGN COUNTRY) THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_ (LOCATION OF CEMETERY SELECTED)

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

- YES
- NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DB No. 11  
JAN 24 1948

DDMG FORM 14 NOV 1946 345 MILITARY

encl. #1

JAN 13 1948

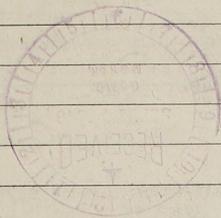
PAGE 1





ADDITIONAL REMARKS AND INSTRUCTION

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





September 27, 1948

Westchester County Chapter reports that after <sup>considerable</sup> several difficulties it has located the widow at 246 Union Avenue, New Rochelle. Please note this is new address. She was finally interviewed in a china factory in Pelham, where she is employed, and using the name of Alberta Banks. However, she does not seem to be remarried. The widow subsequently notified our chapter that she mailed Form 345 to you on or about September 11. We understand that she does not wish the remains returned to this country.

By: (Miss) Mildred Jenkins  
Director, Home Service

By: (Mrs.) Leonore U. DeKeyser  
Home Service Correspondent

THE NAME OF THE PERSON WHOSE REMAINS ARE BEING RETURNED TO THIS COUNTRY IS (NAME) (ADDRESS) (CITY AND STATE)

Best regards,  
Mildred Jenkins

300 North Main  
New Rochelle, N.Y.  
Home Service



SEP 28 1948

OFFICE OF THE DIRECTOR, HOME SERVICE, DEPARTMENT OF THE ARMY, WASHINGTON, D. C.

OFFICE OF THE DIRECTOR, HOME SERVICE, DEPARTMENT OF THE ARMY, WASHINGTON, D. C.

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

In Reply Refer To RR Br: QMGMR 293 Washington, Howard B., Tec 5, 32 683 785

Plot III, Row 3, Grave 63  
United States Military Cemetery  
Margraten, Holland

**IMPORTANT**  
Address reply and envelope to:  
**THE QUARTERMASTER GENERAL**  
Do **NOT** include the name of the  
official who signed the com-  
munication.

P R I O R I T Y

AUG 2 1948

Miss Mildred Jenkins, Home Service Director  
North Atlantic Area, American Red Cross  
300 Fourth Avenue  
New York 10, New York

Dear Miss Jenkins:

The Next of Kin of the above captioned deceased Wife  
(relationship)

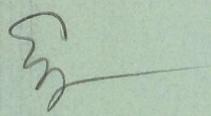
Mrs. Alberta Washington, c/o Harold D. Washington, 226-4th Ave., Pelham, New York  
(name) (address)

has failed to return a Form 345 indicating disposition instructions for the  
remains. The form was dispatched 5 December 1947.

It is respectfully requested that the attached OCMG Form 345 be properly  
accomplished by the Next of Kin and legal documents obtained through assistance  
of your representative if appropriate, be furnished this office. In the event  
you are unable to secure disposition instructions from the Next of Kin, it is  
further requested that a statement of the action taken by your representative  
be furnished this office for use as a basis for final disposition of remains of  
the decedent.

It is recommended that in contact with the Next of Kin mentioned above,  
they first be queried as to whether or not they have submitted the appropriate  
form, as it may have been mailed to this office since receipt by you of this  
request. Race of Decedent, Colored.

Sincerely yours,

  
JOHN O. HYATT  
Colonel, OMC  
Memorial Division

Incl 2  
Aug 3 10 29 AM '48  
jpm  
O. C. M. G.  
MIL & RECORDS BRANCH

ANALYST ACTION REQUEST FORM

Name	Grade	Serial Number
WASHINGTON, HOWARD B.	T/5	32 683 785

This case has been thoroughly analyzed and the following action is to be taken:

*NR* - Plot III Row 3 Gran. 63  
 W. S. Mil. Cem.  
 Margraten, Holland.

NR to ARC - North Atlantic Area  
 Wife: ALBERTA WASHINGTON  
 226 Fourth Ave.  
 c/o HAROLD D. WASHINGTON  
 PELHAM, New York

LOI was sent 5 Dec. 48 *Frank*

RACE: COLORED

*See: Sect  
 28 July 48*

Date	Signature of Analyst	Division	Branch	Section
28 July 48	<i>Frank</i>	mem	RTR	LOI

Rec 5 Howard B. Washington, 32 683 785  
Plot III, Row 3, Grave 63,  
United States Military Cemetery  
Margraten, Holland

5 December 1947

Mrs. Alberta Washington  
226 Fourth Avenue  
c/o Harold D. Washington  
Pelham, New York

Dear Mrs. Washington:

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

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

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

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

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

Incls.

kag

DEC 9 3 37 PM '47  
G. S. M. G.  
MAIL & RECORDS BRANCH

*MR & are sent 30 July 48  
Panda*

*File - NAN  
a Remains  
LOI - R  
287 118*

18 November 1946

Mrs. Alberta Washington  
226 - 4th Avenue  
c/o Mr. Harold D. Washington  
Pelham, New York

Dear Mrs. Washington:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Technician Fifth Grade Howard B. Washington, A.S.N. 32 683 785.

247  
The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot III, row 3, grave 63. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

led

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Graves Registration  
Form No. 1  
(Revised 1 Sept. 1943)

# REPORT OF BURIAL

18 June 1945

Washington, Howard B (WMI) T/5 32683785

Unit: Halle, Germany  
Date of Death: 10 June 1945  
Cause of Death: Alcohol poisoning  
Place of Death: 1030 18 June 1945  
Name of Cemetery: U.S. Mil. Cemetery, Margraten, Hol.  
Coordinates of Location: VK 645482  
Grave Number: 63  
Row Number: 3  
Plot Number: III  
Type of Marker: Cross

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

If No Identification Tags  
How were remains identified?

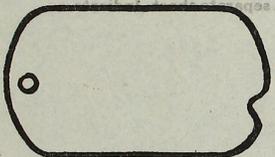
### Statement of Identification

What means of identification were buried with the body?  
GRS embossed tag  
GRS form #1

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

Who is buried on: Brown  
Deceased's Right: Name: [redacted] Serial No: [redacted] Rank: [redacted] Organization: [redacted] Grave No.: 62  
Deceased's Left: Name: Esters Serial No: 34638255 Rank: [redacted] Organization: [redacted] Grave No.: 64

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



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

Emergency Addressee: Unknown  
Address: [redacted]  
Religion: Unknown

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

Evacuated by 3046 QM Gr. R g. Co.

*Edwin Miller*  
Signature of Officer or other person reporting burial

EDWIN . MILLER 1st Lt. QMC  
603rd QM Reg. Co.

10

374

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**IF DECEASED UNIDENTIFIED**

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

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

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

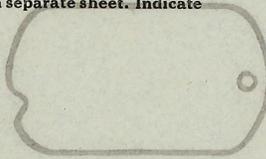
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

I, the undersigned, do certify that this body is that of **WASHINGTON, HOWARD (NMI), ASN 32683785, T/5, 3967th QM Co., APO 339,** after having personally inspected the same. This man was personally known by me

S/ EDWARD D. AHLERS  
T/ EDWARD D. AHLERS  
1st Lt. QMC  
3967 QM Co.

**TOOTH CHART**

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



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

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

Characteristics:

Other Data:

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

DATE 4 Aug 1945 blh/ 3831

REPORT OF DEATH																												
FULL NAME WASHINGTON, HOWARD B.				ARMY SERIAL NUMBER 32 683 785			GRADE TEC 5																					
HOME ADDRESS Pelham, New York				ARM OR SERVICE QMC			DATE OF BIRTH 4 July 1910																					
PLACE OF DEATH European Area				CAUSE OF DEATH Pirmary Cause: Poisoning *			DATE OF DEATH 10 June 1945																					
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 14 Dec 1942			LENGTH OF SERVICE FOR PAY PURPOSES																					
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)							YEARS MONTHS DAYS																					
Mrs. Alberta Washington, Wife, 226 4th Avenue, Pelham, New York, c/o Harold D. Washington																												
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)																												
Mrs. Alberta Washington, Wife, Same as above																												
Mrs. Corine Washington, Mother, 115 Sixth Street, Pelham, New York																												
Mr. Harold Washington, Bmother, Same as Mother's																												
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																												
										<input type="checkbox"/> BATTLE		<input checked="" type="checkbox"/> NON-BATTLE																
* methyl alcohol, secorndary cause cardiac respiratory failure.																												
Evidence of death received in War Department 23 June 1945.																												
<div style="text-align: right;"> <p>FILE AUG 10 1945 JL</p> <p>BY ORDER OF THE SECRETARY OF WAR <i>[Signature]</i> ADJUTANT GENERAL</p> </div>																												
<table border="1"> <thead> <tr> <th colspan="3">COPIES FURNISHED:</th> </tr> </thead> <tbody> <tr> <td>S. G. O.</td> <td>F. B. I.</td> <td>F. O., U. S. A.</td> </tr> <tr> <td>S. O. Q. M. G.</td> <td>O. F. D.</td> <td>ARMY EFFECTS BUREAU</td> </tr> <tr> <td>G. A. O.</td> <td>NET. ADMIN.</td> <td>CASUALTY BRANCH FILE</td> </tr> <tr> <td></td> <td></td> <td>A. G. 201 FILE</td> </tr> </tbody> </table>														COPIES FURNISHED:			S. G. O.	F. B. I.	F. O., U. S. A.	S. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU	G. A. O.	NET. ADMIN.	CASUALTY BRANCH FILE			A. G. 201 FILE
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G. A. O.	NET. ADMIN.	CASUALTY BRANCH FILE																										
		A. G. 201 FILE																										

WD AGO FORM 52-1  
1 FEBRUARY 1945

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

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

561522

REPORT OF DEATH

DATE 4 Aug 1945 blh/ 3831

FULL NAME WASHINGTON, HOWARD B.		ARMY SERIAL NUMBER 32 683 785	GRADE TEC 5			
HOME ADDRESS Pelham, New York		ARM OR SERVICE QMC	DATE OF BIRTH 4 July 1910			
PLACE OF DEATH European Area	CAUSE OF DEATH Primary Cause: Poisoning *		DATE OF DEATH 10 June 1945			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 14 Dec 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Alberta Washington, Wife, 226 4th Avenue, Pelham, New York, c/o Harold D. Washington						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Alberta Washington, Wife, Same as above Mrs. Corine Washington, Mother, 115 Sixth Street, Pelham, New York Mr. Harold Washington, Brother, Same as Mother's						
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

\* methyl alcohol, secondary cause cardiac respiratory failure.

Evidence of death received in War Department 23 June 1945.

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

BY ORDER OF THE SECRETARY OF WAR

ADJUTANT GENERAL

WD AGO FORM 52-1  
1 FEBRUARY 1945

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

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of:  
Name

Mrs. Alberta Washington  
c/o Harold D. Washington

ASN

T/5 Howard B. Washington

226 4th Avenue

Case No.

32683785

Pelham, New York

Wt.

561522 D

DATE 8 October 1945

RTB:WA:am

*M. Pittman*  
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

Ship damaged property

*1724*  
OCT 12 1945  
Franked           
Est. Exp. Chgs.           
Est. Frt. Chgs.           
No. of packages         

*1724*  
Shipping Clerk

5615228

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU	STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY		DECEASED	
<input type="checkbox"/>	G. R. OR SUB GR LABEL		MISSING	
<input type="checkbox"/>	WILL OR POWER OF ATTY.		P. O. W.	
<input type="checkbox"/>	TALLY IN FORM 43		ABANDONED	
		UNKNOWN		

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

CONTAINERS ADDRESSED TO <i>none</i>	INFORMATION <i>Mrs Albertaha Washington 115-6th St North Pelham New York</i>
NAME AND STATUS VARIATIONS	CROSS REFERENCE <i>also contained effects of Herman Galliam LM 10-5</i>

DAMAGED

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

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE <i>2 Oct 45</i>	BOX NO.	SHEET
				OF SHEETS
NAME <i>HOWARD B. WASHINGTON</i>		A. S. N. <i>32683785</i>		
ORGANIZATION		RANK <i>T15</i>	CASE NO.	
WAREHOUSE SPACE <i>1216A</i>	EXAMINED BY <i>Cornett</i>	DIARY REMOVED		
	PACKED BY <i>Carter</i>	PHOTO FILM REMOVED		
		MOTION PICTURE FILM REMOVED		
PACKAGE DESCRIPTION <i>#1 etc</i>	WEIGHT	INSPECTED BY <i>RE</i>	SHIPPED	
		STORED BY	DATE <i>JUL 12 1945</i>	BY WHOM <i>mk</i>

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

1 mechanical pencil pen  
Broken.  
Souvenir money  
Damaged by moisture  
1 sweater, pants,  
stained.

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

NAME WASHINGTON, MR HOWARD B. T.5  
~~X7105~~ 3785

BAY	PALLET	BOX	TALLY
39	44		3037

TYPE OF PKG.	WHSE SPACE	INVENTORIED
PKG M. QM Form 48		

RESTRICTED  
INVENTORY FORM

13 June 1945

SUBJECT: Inventory of Personal Effects of:

Washington, Howard B., Tec 5 32683785

TO: Effects Quartermaster, Communications Zone, APO 887, US Army

The above named individual of 3967 QM Truck Company, was reported NBC about 10 June 1945.

Designated Beneficiary if information readily accessible

Mrs. Albertha Washington, 115-6th Street North Pelham, New York

INVENTORY OF EFFECTS

1 Rosary ✓  
 1 Sweater ✓  
 1 Pen & Pencil combination (Broken) ✓  
 1 Fountain Pen ✓  
 1 New Testament ✓  
 1 Bill fold ✓  
 1 Social Security Card ✓  
 1 Chauffeur Renewal Card ✓  
 1 Notice of Classification Card ✓  
 2 Photos ✓  
 4 Pieces Currency (Souveiner) ✓  
 10 Pieces Coins (Souveiner) ✓  
 1 Key and Chain ✓  
 1 Necklace of 1 Key and 3 Charms ✓  
 3 Scapulars ✓  
 1 Prayer Book ✓  
 1 Book Stamps (British) ✓

Money in the amount of None has been turned into \_\_\_\_\_

Form WDFD 38 enclosed.

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by Truck on 13 June 1945.

*Ralph D. Kroder*  
 RALPH D. KRODER  
 1st Lt., GIC  
 O-1594288  
 3967 QM Truck Company

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

JRM:WA:am

Case No. 561522

Date 8 October 1945

SUBJECT: Report of transaction in disposing of the effects of

Howard E. Washington, 32683785 late a  
(Name of decedent) (Army Serial Number)

Technician Fifth Grade, Quartermaster Corps who died  
(Grade) (Organization, Army or Service)

on the 10 day of June, 1945, at European Area

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 5 October 1945, pursuant to Special Orders 228, Headquarters KCCM Depot, dated 25 September 1943, the application or affidavit of Mrs. Alberta Washington for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

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

226 4th Avenue c/o Harold D. Washington Pelham State of (Number, Street or Avenue) (City, Town or Village)

New York, is the Widow of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, QMC  
(Name, Rank, Organization)  
SUMMARY COURT MARTIAL

ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT901 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURIRTB:WA: am  
October 8, 1945

561522

IN REPLY REFER TO

Mrs. Alberta Washington  
c/o Harold D. Washington  
226 4th Avenue  
Pelham, New York

Dear Mrs. Washington:

The Army Effects Bureau has received from overseas some personal effects of your husband, Technician Fifth Grade Howard B. Washington.

These effects are being forwarded to you in one carton.

I regret to advise that some of the property was damaged prior to receipt at this Bureau.

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

Yours very truly,

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

65-