

# RECEIPT OF REMAINS

DISTRIBUTION CENTER

FORT WORTH QUARTERMASTER DEPOT, FORT WORTH, TEXAS

ROUTINE

DAY LETTER

REMAINS CONSIGNED TO: **MARTIN'S MORTUARY**

**560 NORTH AVENUE**

**GRAND JUNCTION COLORADO**

DLR AND REPORT  
ANY CHARGES

REMAINS OF LATE **PVT ARTHUR O. BOSLEY** BEING SHIPPED TO YOU ACCOMPANIED  
BY MILITARY ESCORT ON TRAIN NUMBER **ONE DENVER AND RIO GRANDE WESTERN**  
RAILROAD DUE TO ARRIVE **GRAND JUNCTION** STATION **TEN THIRTY PM**  
RAILROAD TIME **5 FEBRUARY.** REQUEST YOU MAKE ARRANGEMENTS TO  
ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS  
INFORMATION TO NEXT OF KIN.



*S. H. Partridge*  
S. H. PARTRIDGE  
LT. COLONEL, OMC  
CHIEF, AGR DIVISION

FEB 1 1949

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

THIS 5 DAY OF February 1949

DAY

MONTH

*Alvin W. Arnold* Sgt.  
WITNESS (ESCORT)

*Martin's Mortuary*  
CONSIGNEE  
*Edward A. Martin*

NAT  
FILE  
RECORDS ANNOTATED  
DATE *Feb 1 1949*  
NAME *Martin's*  
BY *AKK* BR. MEL. DIV.

TRANS. FROM DC <sup>12</sup> ~~100~~ TO DC # 10

AUTH: T.M.D. - 12/12/48

USAT B. Kerschbaum

SHIPMENT /NY- 02312

FEB 11 1945

10

ER NY 023 R

DISINTERMENT DIRECTIVE

7-51

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 4650 02166

DATE 15 04 48 DAY MONTH YEAR

NAME BOSLEY ARTHUR O SERIAL NUMBER 37355603 RANK PVT ARM 1 DATE OF DEATH DAY MONTH YEAR

CEMETERY MARGRATEN - AACHEN DISPOSITION OF REMAINS 1 7000 48 CODE DIST. PT.

PLOT J ROW 2 GRAVE 49 COUNTRY HOLLAND CAUSE OF DEATH 1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE MARTIN'S MORTUARY 550 NORTH AVENUE GRAND JUNCTION, COLORADO (F/B PALISADES, COLORADO) NAME AND ADDRESS OF NEXT OF KIN MR. CLEO A. BOSLEY (FATHER) ROUTE #1 CLIFTON, COLORADO

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME ARTHUR O. BOSLEY SERIAL NUMBER 37355603 RANK PVT DATE OF DEATH DATE DISTINTERRED 24 JUNE 48

IDENTIFICATION TAG ON REMAINS ORGANIZATION USAGF RELIGION P IDENTIFICATION VERIFIED BY JACK C. HAYES, CAPT., QMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM CONDITION OF REMAINS ADVANCED DECOMPOSITION FRACTURED MANDIBLE - MISSING PROXIMAL 1/3 L/RADIUS, DISTAL 2/3 R/RADIUS, ULNA &

OTHER MEANS OF IDENTIFICATION RIGHT FOOT ARM BAND WITH RED CROSS AND 23 ON IT FOUND ON SLEEVE OF JACKET - NO CONFLICTING EVIDENCE

MINOR DISCREPANCIES / THIS IS TO NONE the above mortuary having now been completely dismantled and no identifiable evidence which has been found, the remains of this deceased are considered adequately identified in compliance with AGRC - EA 01 // 21.

REMAINS PREPARED AND PLACED IN TRANSFER BOX DATE 29 JUNE 48 BY FLOYD C. TUSKE, EMBALMER

CASKET SEALED BY RICHARD N. CONRAD, EMB. SUPV. EMBALMER RICHARD N. CONRAD, EMB. SUPV.

CASKET BOXED AND MARKED ORVILLE W. BILLINGS, CLERK RECORDER ALL TAGS PLATES AND MARKINGS VERIFIED BY F. B. DONAD, CAPT. QMC.

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. EXCEPT CASKETING JACK C. HAYES, CAPT., QMC SIGNATURE OF GRS INSPECTOR

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

|   |                         |   |                            |
|---|-------------------------|---|----------------------------|
| FROM<br><b>USMC MARGRATEN HOLLAND</b>                                 |                         | TO<br><b>ANTWERP PORT, PIER 140</b>                             |                            |
| KIND OF CONVEYANCE<br><b>RAIL</b>                                     |                         | NAME OF CONVOYER<br><b>CPL. STANLEY J. DUDA<br/>RA 32308467</b> |                            |
| SIGNATURE OF SHIPPER<br><b>LLOYD L. MEYER<br/>1/LT. INF. 01327166</b> | DATE<br><b>10.11.48</b> | SIGNATURE OF RECEIVER<br><i>[Signature]</i>                     | DATE<br><b>12 NOV 1948</b> |

### 2. SHIPPED

|  |                         |  |                         |
|--|-------------------------|--|-------------------------|
| FROM<br><b>AGRC ANTWERP BELGIUM</b>                  |                         | TO<br><b>USAT BARNEY KIRSCHBAUM</b>                  |                         |
| KIND OF CONVEYANCE<br><b>VC.</b>                     |                         | NAME OF CONVOYER<br><b>R. B. HOWARD 1st Lt. ITF.</b> |                         |
| SIGNATURE OF SHIPPER<br><b>L E Butler Lt Col Inf</b> | DATE<br><b>DEC 1948</b> | SIGNATURE OF RECEIVER<br><i>[Signature]</i>          | DATE<br><b>DEC 1948</b> |

### 3. SHIPPED

|                      |      |   |                           |
|----------------------|------|---|---------------------------|
| FROM                 |      | TO<br><b>WME</b>  |                           |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER  |                           |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER<br><b>PREISCH, Lt. Colonel, TC.<br/>PORT TRANSPORTATION OFFICER</b> | DATE<br><b>JAN 3 1949</b> |

### 4. SHIPPED

|   |                      |   |                       |
|---|----------------------|---|-----------------------|
| FROM<br><i>[Signature]</i>  |                      | TO<br><i>[Signature]</i>                        |                       |
| KIND OF CONVEYANCE  |                      | NAME OF CONVOYER<br><b>SFC Charles S. Kampf</b> |                       |
| SIGNATURE OF SHIPPER<br><b>PREISCH<br/>LT. COLONEL, TC.<br/>PORT TRANSPORTATION OFFICER</b> | DATE<br><b>JAN 4</b> | SIGNATURE OF RECEIVER<br><i>[Signature]</i>     | DATE<br><b>Jan 49</b> |

### 5. SHIPPED

|                      |      |   |      |
|----------------------|------|---|------|
| FROM                 |      | TO  |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER                                  |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER<br><b>PREISCH (SHIPPER)</b> | 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 |

DAY LETTER

NY 025 B

FORT WORTH QUARTERMASTER DEPOT, FORT WORTH, TEXAS

MR. CLEO A. BOSLEY  
ROUTE # 1,  
CLIFTON, COLORADO

DLR & REPORT  
ANY CHARGES

1949 DEC 18 PM 4 49  
DIST. W. TEXAS

WE HAVE BEEN ADVISED REMAINS OF THE LATE PVT. ARTHUR O BOSLEY  
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS  
DELIVERED TO MARTINS MORTUARY 550 NORTH AVE. GRAND JUNCTION, COLO.

WITHIN FORTY EIGHT HOURS AFTER RECEIPT  
OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW  
DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM  
COLLECT TO COMMANDING OFFICER, FORT WORTH QUARTERMASTER DEPOT, FORT WORTH  
1 TEXAS. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE  
POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY  
INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE  
DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT  
FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS.  
HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE  
THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL  
ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATIONS. ALSO  
HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE  
FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST FOUR DAYS PRIOR TO  
ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL  
DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL  
BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL  
YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGE-  
MENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING  
FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

**CLASS OF SERVICE**

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

# WESTERN UNION

1201

**SYMBOLS**

DL - Day Letter

NL - Night Letter

LC - Deferred Cable

NLT - Cable Night Letter

Ship Radiogram

JOSEPH L. EGAN  
PRESIDENT

1948 DEC 20 023 R

The filing time is **STANDARD TIME** at point of origin. Time of receipt is **STANDARD TIME** at point of destination.

**FWB54DD274 KB259**

**K.GJA225 22 COLLECT GOVT GRANDJUNCTION COLO 20 1238P**

**COMMANDING OFFICER**

**FT WORTH QUARTER MASTER DEPOT FTWORTH TEX**

**YOUR TELEGRAM OF DEC 18 RECEIVED NO CHANGE IN ORIGINAL INSTRUCTIONS FUNERAL ARRANGEMENTS HAVE BEEN MADE FOR PVT ARTHUR OWEN BOSLEY**

**CLEO ARTHUR BOSLEY**

✓ 18

*no*

File 6

INSPECTION CHECKLIST (FOR USE AT OVERSEAS PORT, U.S. PORT, AND DISTRIBUTION CENTER) 623 F

NAME: BOSLEY, ARTHUR O. GRADE: PVT SERIAL NUMBER: 37355603

SOURCE: USMC MARGRATEN, AACHEN, HOLLAND CONSIGNEE: MARTIN'S MORTUARY 550 NORTH AVENUE GRAND JUNCTION, COLORADO

SHIPPING CASE - General Appearance (Check ONLY Discrepancies) CONDITION OF SHIPPING CASE (Check one) [X] SATISFACTORY [ ] UNSATISFACTORY

- FINISH (Exterior) HANDLES DRAW BOLTS STENCILING - NAMEPLATE HEALTH PERMIT MARKER HEALTH PERMIT NUMBER

REMARKS: [Handwritten notes]

CASKET - General Appearance (Check ONLY Discrepancies) CONDITION OF CASKET (Check one) [X] SATISFACTORY [ ] UNSATISFACTORY

- FINISH (Exterior) HAND RAILS & FINIALS NAMEPLATE CAM LOCKS (Sealing) AND GASKET ODOOR OR MOISTURE

REMARKS: [Handwritten notes]

ROUTED TO

[ ] MORTUARY SECTION [X] MAINTENANCE AND REPAIR SECTION

CONDITION OF REMAINS [ ] SATISFACTORY [ ] UNSATISFACTORY CASKET REPAIRED [X] YES [ ] NO

NECESSARY DISINFECTION (Explain) CASKET EXCHANGED [ ] YES [X] NO

SHIPPING CASE REPAIRED [X] YES [ ] NO

SHIPPING CASE EXCHANGED [ ] YES [X] NO

REMARKS

TIME DATE SIGNATURE OF MORTICIAN TIME DATE SIGNATURE OF INSPECTOR

REMARKS

# REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

WW II

2-5-49

NAME OF DECEDENT (Last, First, Middle Initial)

293

BOLEY, ARTHUR O.

BRANCH OF SERVICE

US ARMY

TO BE FILLED IN BY CLAIMANT

A.  INTERMENT EXPENSES  
(Civilian or Private Cemetery)

B.  TRANSPORTATION EXPENSES  
(National or Post Cemetery)

RANK OR GRADE

PVT.

SERIAL NO.

57555555

### INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. ~~Fill in all four copies as required (SIGN ORIGINAL ONLY)~~ Fill in all four copies as required (SIGN ORIGINAL ONLY)
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

**CLAIMANT DETERMINATION**

MAR FEB 11 1949

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: I.O.O.F. Palisade Cemetery

CITY OR COUNTY: Mesa

STATE: Colorado

I certify that the sum of \$ \_\_\_\_\_ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

TO: (Name and Location of National or Post Cemetery)

**VOID**

RETURN FOUR COPIES TO  
Fort Worth Quartermaster Depot  
Fort Worth 1, Texas  
Attention: AGR Division

SIGNATURE OF CLAIMANT  
Geo. A. Backley  
ADDRESS (Street number or RFD, City and State) Route #1 Clifton, Colorado  
RELATIONSHIP TO DECEDENT  
Father

REMARKS

J. W. FAULDS  
Col., F. D.  
F. O. U. S. A.  
FEB 1949  
Fort Worth, Texas  
Station No. 477  
Symbol No. 210-500

FEB 11 1949



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PART A

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

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

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

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

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PART B

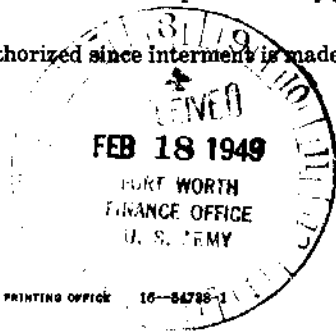
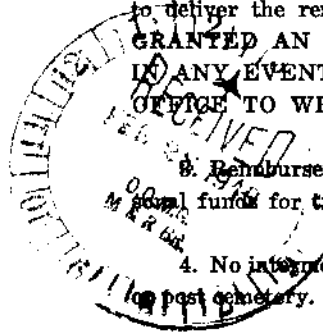
---

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

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

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

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



RRB Form #39  
13 Jul 48

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

*M*  
BOSLEY                      Arthur                      O                      PVT                      32355603  
(Last Name)                      (First Name)                      (Initial)                      (Rank)                      (ASN)

Repatriated to the United States 11 DEC. 1948

STATION *112*

Incl #

# RESTRICTED

HEADQUARTERS  
COMMUNICATIONS ZONE  
EUROPEAN THEATER OF OPERATIONS  
UNITED STATES ARMY  
Office of the Chief Quartermaster  
APO 887

WJC/td

Q-GRE (Margraten, Holland, J-2-49).

(S: 18 March 1945)  
3 March 1945.

SUBJECT: Information Lacking on QMC Form 1, GRS, Report of Burial.  
Bosley, Arthur O., Pvt., ASN 37355603.

TO : Graves Registration Officer, Ninth U.S. Army,  
APO 339, U.S. ARMY.

1. Report of Burial for the subject deceased ~~enlisted~~ enlisted man buried at U.S. Mil. Cemetery Margraten, Holland, Plot J, Row 8, Grave 49. has been received at this headquarters with pertinent information omitted.

2. As this form becomes a part of a permanent record, information of this nature is essential to this office for the completion of Report of Burial before it is transmitted to the Quartermaster General, Washington, D.C.

3. It is requested that this office be furnished detailed information in regard to the omissions as noted below:

- a. Means of identification if no identification tags were found. If dental charts were used, forward same.
- b. Disposition of identification tags.
- c. Means of identification buried with remains.
- d. Date of burial.
- e. Date of re-burial.
- f. Place of death. Specific location, if possible.

*H. W. Bobrink*  
H. W. BOBRINK,  
Colonel, QMC,  
Chief, GR&E Div.

RESTRICTED

**RESTRICTED**

293 GNMQM (Bosley, Arthur O.) 1st Ind  
HEADQUARTERS NINTH UNITED STATES ARMY, Office of the Quartermaster, APO 339,  
U. S. Army, 7 March 1945

TO: Chief Quartermaster, Fq Com Z, ETOUSA, APO 887, U. S. Army  
(Attention: Chief, Graves Registration & Effects Division)

1. Investigation reveals that the prescribed disposition was made with the identification tags of Pvt Arthur O. Bosley, 37355603, but was inadvertently omitted from the Report of Burial, GRS Form #1.

2. Request your records be amended to read: "Disposition of Identification Tags: Buried with body Yes. Attached to Marker Yes."

For the Army Quartermaster:



*James E. McCormick, Jr.*  
JAMES E. McCORMICK, JR  
Major, QMC  
Asst Executive Officer

**RESTRICTED**

ISOLATED BURIAL

1. Reported by \_\_\_\_\_  
Name Rank ASN  
\_\_\_\_\_  
Organization Phone

2. Grave/body Located at E-669145 LIESEL  
Coordinates Nearest Town Country  
(34 GR UNIT C - NUNEN, E-479217 -  
(KNOW EXACT LOCATION))

3. Were Identification Tags Found? Yes

4. Presumed to be BOSLEY  
Name Rank ASN  
\_\_\_\_\_  
Organization

5. If no identification tags were found, what were means of identification? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Action Taken:  
a. 608 th Graves Registration Co Notified \_\_\_\_\_  
Time - Date  
b. Was Grave/Body located? Yes  
c. Disposition of body Buried in Margraten Cem. 9 Dec.  
d. Was body positively identified before ~~burial~~/Reburial? Yes  
If "yes", give name and means Bosley, Dog Tags

849

(C)

U.S. Army

Reg. No.:

APPROX. DATE OF DEATH

| SERIAL NO. | TAI NO. | NUMBER             | RANK AND SERVICE NUMBER | DATE OF BIRTH  | NAME AND INITIAL | TAI NO. |
|------------|---------|--------------------|-------------------------|----------------|------------------|---------|
| 1          | 814     | BN SP<br>O.S. ARMY | APR PVT<br>37355603     | RYAN 23 Oct 44 | BOULEY AD        | 849     |
| 2          |         |                    |                         |                |                  |         |
| 3          |         |                    |                         |                |                  |         |
| 4          |         |                    |                         |                |                  |         |
| 5          |         |                    |                         |                |                  |         |
| 6          |         |                    |                         |                |                  |         |

| COUNTRY                       | SERIAL | PLOT | ROW | GRAVE |
|-------------------------------|--------|------|-----|-------|
| Holland                       | 1      |      |     |       |
| CEMETERY                      | 2      |      |     |       |
| MAP REF. or LOCATION DETAILS: | 3      |      |     |       |
| 669145 Asten Sheet 27M/s      | 4      |      |     |       |
|                               | 5      |      |     |       |
|                               | 6      |      |     |       |

(36125) Wt. 48500/140. 31M Hts. 2/44. J.D. 51-2378.

Reburied in forgotten cemetery of Dec 44  
Plot of row 2 grave 49

| SERIAL No. | MEANS OF IDENTIFICATION FOR BODY | RELIGION | DATE OF DEATH |
|------------|----------------------------------|----------|---------------|
| 1          | identity disc                    | P.       | 1004 19-24    |
| 2          |                                  |          | 2             |
| 3          |                                  |          | 3             |
| 4          |                                  |          | 4             |
| 5          |                                  |          | 5             |
| 6          |                                  |          | 6             |

SIGNATURE AND DESIGNATION OF CHAPLAIN OR BURIAL OFFICER

(Signature) *David M. Kern, Chaplain*

Date *2 Nov 19-24*

# REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

**Pvt Arthur O. Bosley, 37 355 603**  
**Flot J, Row 2, Grave 49,**  
**United States Military Cemetery**  
**Margraten, Holland**

**28 November 1947**

|   |  |   |  |
|---|--|---|--|
| A |  | C |  |
| B |  | D |  |

**DO NOT WRITE ABOVE THIS LINE**

**NOTE.**—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

## PART I

I, Cleo A. Bosley (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 <small>(Specify)</small> _____ |                                  |  |   |

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

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

(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 I.O.O.F Cemetery Palisades Colorado.  
(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.)

*none*

**APR 20 1948**

*Cable 12 April 48*

*Mr. Guthrie*

*Kraeger*



**PART I (Continued)**

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

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

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

OR

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

|   |                       |                    |  |
|---|-----------------------|--------------------|--|
| FULL NAME OF FUNERAL DIRECTOR                       |                       |                    |  |
| Martin's Mortuary                                   |                       |                    |  |
| NUMBER AND STREET                                   | CITY OR TOWN          | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| 550 North Ave.                                      | Grand Junction        | Mesa               | Colorado                                   |
| EXPRESS OFFICE (Nearest railroad passenger station) | TELEGRAPH ADDRESS     | TELEPHONE NO.      |  |
| Grand Junction, Colorado                            | Grand Junction, Colo. | 85                 |  |

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                   |
| Bosley            | Velve        |                    | Mother                                     |
| NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
|                   | Clifton      | Mesa               | Colorado                                   |

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.

Leo A. Bosley (SIGNATURE OF NEXT OF KIN)      R1 (STREET AND NUMBER)  
Leo A. Bosley (NAME PRINTED OR TYPED)      Clifton, Colo. (CITY AND STATE)

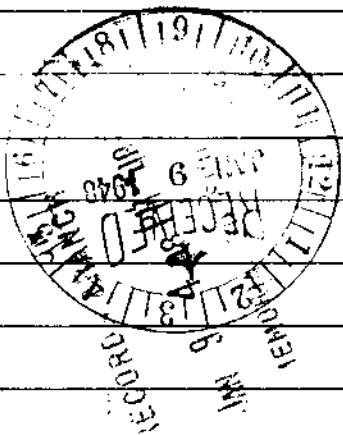
Subscribed and duly sworn to before me according to law by the above-named applicant this 29th day of December, 1947, at city (or town) of Clifton, county of Mesa, and State (or Territory or District) of Colorado.

Flora Collier  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 Notary Public (TITLE)

\*NOTE.—Page 4 is part of the notarial attestation.  
 My commission expires Oct. 10, 1948  
 PAGE 2

ADDITIONAL REMARKS AND INSTRUCTIONS

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



Pvt Arthur O. Bosley, 37 355 603  
Plot J, Row 2, Grave 49,  
United States Military Cemetery  
Margraten, Holland

28 November 1947

Mr. Elco A. Bosley  
Clifton, Colorado

Dear Mr. Bosley:

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. LANKIN  
Major General  
The Quartermaster General

Incls.

sb

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

In Reply Refer To  
DD FORM 314.6  
XX/XXXXXXXXXXXX 314.6  
European Theater Area

13 November 1946

SUBJECT: Burial Records

TO: Commanding Officer  
American Graves Registration Command  
European Theater Area  
APO 867, s/o Postmaster  
New York, New York

1. Request the burial reports and grave markers for the following  
decedents be changed to read as underscored:

Cemetery: United States Military Cemetery Wageningen, Holland

| <u>NAME</u>          | <u>RANK<br/>GRADE</u> | <u>SERIAL NO.</u> | <u>DATE OF<br/>DEATH</u> | <u>ORGN.</u> | <u>PLOT</u> | <u>ROW</u> | <u>GRAVE</u> |
|----------------------|-----------------------|-------------------|--------------------------|--------------|-------------|------------|--------------|
| Dunley,<br>Arthur G. | <u>Pvt</u>            | <u>37 355 408</u> | <u>29 Oct 44</u>         | -            | <u>J</u>    | <u>2</u>   | <u>49</u>    |
| Arms,<br>Clarence M. | <u>Sgt</u>            | <u>33 109 942</u> | <u>11 Apr 45</u>         | -            | <u>80</u>   | <u>A</u>   | <u>193</u>   |

2. The records of this office have been compared with the records  
of The Adjutant General, War Department, and have been found to be correct  
as indicated above.

FOR THE QUARTERMASTER GENERAL:

ovm

MARTIN G. RELEY  
Major, GAC  
Assistant

VD

REGISTRATION RECORDS BRANCH

2 Nov 46  
DATE

NAME BOSLEY, ARTHUR O. - PVT.

SERIAL NO 37,355,603

CEMETERY MARGRATED, HOLLAND

PLOT J

ROW 2

GRAVE 49

LETTER FIELD

Correct Records to Read

DATE OF DEATH 29 Oct 44

S. Krug  
SPECIAL CHECKER

14 Nov 46

H. J. Conroy  
M. A. T.

1 November 1946

Mr. Cleo A. Bosley  
Clifton, Colorado

Dear Mr. Bosley:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Arthur O. Bosley, A.S.N. 37 355 603.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot J, row 2, grave 49. 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. LANKIN  
Major General  
The Quartermaster General

mg

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

9 Dec. 1944  
Date

9285

Bosley Arthur O. Pvt. 37355603

816th T. D. Bn. 814 TD Bn. Sp. KIA

Liesel, Holland - Approximately 29 Oct. 1944

0925 9 Dec. 1944 U. S. Mil. Cem. Margraten, Holland - VK 645482

49 2 J 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?

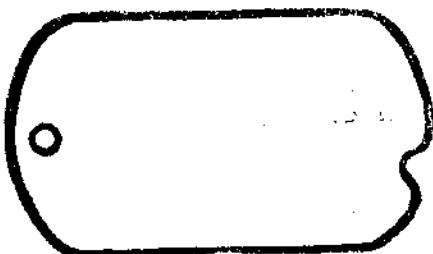
What means of identification were buried with the body?

Liesel, Holland

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

Who is buried on: Lewis Meyer 13068709 Unk. Unknown 48  
Deceased's Right: Name Serial No. Rank Organization Grave No.  
Deceased's Left: Ralph A. Peralta 39709223 Pvt. Unknown 50  
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 Velva Bosley Name  
Route #1, Clifton, Colorado Address

Religion \_\_\_\_\_

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

EDWEN S. DONOVAN Reporting burial

1st Lt. QMC, GRS Officer  
611th QM Gr. Reg. Co.

FILE

MAY 14 1944

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

**REPORT OF DEATH**

DATE 12 Dec 44  
 Fbm 4627

|   |    |                 |                                    |  |    |                                    |        |                    |    |                      |    |                                  |    |
|---|----|-----------------|------------------------------------|--|----|------------------------------------|--------|--------------------|----|----------------------|----|----------------------------------|----|
| FULL NAME<br>Bosley, Arthur O.  |    |                 |                                    | ARMY SERIAL NUMBER<br>37 355 603                     |    | GRADE<br>Pvt                       |        |                    |    |                      |    |                                  |    |
| HOME ADDRESS<br><i>hs</i> Old Town, Maine   |    |                 |                                    | ARM OR SERVICE<br>Medical Department.                |    | DATE OF BIRTH<br>15 Oct 42         |        |                    |    |                      |    |                                  |    |
| PLACE OF DEATH<br>European Area   |    |                 | CAUSE OF DEATH<br>Killed in action |  |    | DATE OF DEATH<br>29 Oct 44         |        |                    |    |                      |    |                                  |    |
| STATION OF DECEASED<br>European Area  |    |                 |                                    | DATE OF ENTRY ON CURRENT ACTIVE SERVICE<br>23 Dec 42 |    | LENGTH OF SERVICE FOR PAY PURPOSES |        |                    |    |                      |    |                                  |    |
|   |    |                 |                                    |  |    | YEARS                              | MONTHS | DAYS               |    |                      |    |                                  |    |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)<br>Mr. Cleo A. Bosley, Father, Clifton, Colorado   |    |                 |                                    |  |    |                                    |        |                    |    |                      |    |                                  |    |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)<br>Mrs. Velva Bosley, Mother, Rural Route 1, Clifton, Colorado<br>Mr. Cleo Bosley, Father, Clifton, Colorado |    |                 |                                    |  |    |                                    |        |                    |    |                      |    |                                  |    |
| 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  |

**ADDITIONAL DATA AND/OR STATEMENT**

The individual named in this report of death is held by the War Department to have been in a missing in action status from 29 Oct 44 until such absence was terminated on 30 Nov 44, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General in the European Area.

Evidence Of Death Received in War Department 30 Nov 44.

| COPIES FURNISHED:                       |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> S. G. O.       | <input type="checkbox"/> F. S. I.    | <input type="checkbox"/> F. O., U. S. A.      |
| <input type="checkbox"/> S. G. C. M. G. | <input type="checkbox"/> G. F. B.    | <input type="checkbox"/> ARMY EFFECTS BUREAU  |
| <input type="checkbox"/> S. A. O.       | <input type="checkbox"/> VET. ADMIN. | <input type="checkbox"/> CASUALTY BRANCH FILE |
|   |                                      | <input type="checkbox"/> A. G. 801 FILE       |

BATTLE  
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

*File 11/5*  
 DEC 29 1944  
*James W. Pinkhart*



OSLEY, ARTHUR O. Pvt. 38355603. KIA. Case  
94639

BOSLEY, ARTHUR O PVT 37355603 KIA

Box 38 1 Bag

Rec 22 an 45 Shi 24 Jan 45

BOSLEY, ARTHUR O., \*\*\*\*\* 37355603

KIA

\$2.38 .

F.181

C.V.819.E.V. BRANSON., MAJOR F.D.

BOSLEY, ARTHUR O. Pvt. 38355603. KIA. ORS6  
94639

HOSLEY Arthur,

37885803

94639

TIR 320

FE BAG

Decanned

T/O # R.D. 569

694639

BOSLEY, Arthur D

3755603

PVT

TIF. 37 - BAG

DECEASED

N.I. Date 16-2-45

T/O FD. 391

EQM 43

FISCAL RECORD

CASE NO 94689

| NAME   | RANK          | ASN             |
|--|---------------|-----------------|
| DESCRIPTION  | QTY           | DISPOSITION     |
| <i>Jan 38. E. V. BRIDSON, MIA. HQ.<br/>CIV 819</i> | <i>2. 38.</i> | <i>Kid file</i> |
|  |               |                 |
|  |               |                 |
|  |               |                 |
|  |               |                 |

FISCAL SECTION  
TRANSMITTAL OF FUNDS

CN 9468.9

NAME BOSLEY, ARTHUR D. RANK VNK ASN VNK

WD FD Form 38 in the amount of \$ 2.38 sent to K.C. 10 APR 1945

on Fiscal list #F- 181

-----



**MORNING REPORT LOCATOR CARD**

- GAINS:**
- A- ASSIGNED OR ATTACHED UNASSIGNED, JOINED
  - B- REASSIGNED OR ATTACHED UNASSIGNED, NOT YET JOINED
  - C- ARRIVAL & ASSIGNMENT FROM OTHER THEATERS, BASES, DEPARTMENTS OR THE CONTINENTAL U.S.
  - D- TRANSFER (SAME HQ OR SCQ)
  - E- TRANSFER (DIFFERENT HQ OR SCQ)
  - F- TRANSFER (OUTSIDE U.S.)
  - G- BATTLE CASUALTY, MISSING, CAPTURED OR DEATH
  - H- HONORABLE DISCHARGE
  - I- DISCHARGE NOT HONORABLE & NON-BATTLE DEATH
  - J- RELIEVED FROM ASSIGNMENT AT U.S. HOSPITAL AFTER WOUNDED IN BATTLE
  - K- WOUND FROM BATTLE WOUNDS IN U.S. HOSPITAL
- OTHER CHANGES:**
- 1- CHANGE IN GRADE
  - 2- SICK ABSENT FROM POST
  - 3- RETURN TO DUTY FROM APOB/SCQ, DS OR ASSIGNED NOT YET JOINED
  - 4- DEPARTURE FOR TEMPORARY DUTY OUTSIDE U.S.
  - 5- RETURN FROM TEMPORARY DUTY OUTSIDE U.S.
  - 6- DEPARTURE ON DS (SAME HQ OR SCQ)
  - 7- DEPARTURE ON DS (DIFFERENT HQ OR SCQ)
  - 8- DEPARTURE ON DS (OUTSIDE U.S.)
- DETACHED SERVICE:**
- L- ARRIVAL ON DS
  - M- RELIEF FROM ASSIGNMENT

REMARKS

94639

| NAME | SERIAL NUMBER | HQ OR SCQ | GRADE | ORGANIZATION | STATION NAME OR | SHIPMENT NO. |      | A.P.C. NO. |      |
|------|---------------|-----------|-------|--------------|-----------------|--------------|------|------------|------|
|      |               |           |       |              |                 | NO.          | TYPE | NO.        | TYPE |
|      |               |           |       |              |                 |              |      |            |      |

M.D. A.C.O. FORM NO. 101 OCTOBER 1943

BOSLEY ARTHUR O      3722202 PVT MD      MIA      80024  
 014 TD BN BR      X023

**LOCATOR CARD**  
 1  
 2  
 3  
 4  
 5  
 6  
 7

**REMARKS**  
 94639

W.A.A.O. FORM NO. 204 1 JULY 1963

| SERIAL NUMBER | NAME | GRADE |           | NO. IN ORGANIZATION | TYPE OF SER. | ORG. UNIT |      | ORGANIZATION NAME | A.P.O. NO. |
|---------------|------|-------|-----------|---------------------|--------------|-----------|------|-------------------|------------|
|               |      | ALPHA | NUMERICAL |                     |              | NO.       | TYPE |                   |            |
| 1             |      |       |           |                     |              |           |      |                   |            |
| 2             |      |       |           |                     |              |           |      |                   |            |
| 3             |      |       |           |                     |              |           |      |                   |            |
| 4             |      |       |           |                     |              |           |      |                   |            |
| 5             |      |       |           |                     |              |           |      |                   |            |
| 6             |      |       |           |                     |              |           |      |                   |            |
| 7             |      |       |           |                     |              |           |      |                   |            |

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

535,637

REPORT OF DEATH

DATE 12 Dec 44  
fbm 4627

|   |    |   |    |                                    |        |
|---|----|---|----|------------------------------------|--------|
| FULL NAME<br><u>Bosley, Arthur O.</u> ✓   |    | ARMY SERIAL NUMBER<br><u>37 355 603</u> ✓                   |    | GRADE<br><u>Pvt</u>                |        |
| HOME ADDRESS<br><u>Old Town, Maine</u>  |    | ARM OR SERVICE<br><u>Medical Department.</u>                |    | DATE OF BIRTH<br><u>15 Oct 42</u>  |        |
| PLACE OF DEATH<br><u>European Area</u>  |    | CAUSE OF DEATH<br><u>Killed in action</u> ✓                 |    | DATE OF DEATH<br><u>29 Oct 44</u>  |        |
| STATION OF DECEASED<br><u>European Area</u>   |    | DATE OF ENTRY ON CURRENT ACTIVE SERVICE<br><u>23 Dec 42</u> |    | LENGTH OF SERVICE FOR PAY PURPOSES |        |
|   |    |   |    | YEARS                              | MONTHS |
|   |    |   |    |                                    | DAYS   |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)<br><u>Mr. Cleo A. Bosley, Father, Clifton, Colorado</u>  |    |   |    |                                    |        |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)<br><u>Mrs. Velva Bosley, Mother, Rural Route 1, Clifton, Colorado</u><br><u>Mr. Cleo Bosley, Father, Clifton, Colorado</u> |    |   |    |                                    |        |
| INVESTIGATION MADE?   |    | IN LINE OF DUTY   |    | OWN MISCONDUCT                     |        |
| YES   | NO | YES   | NO | YES                                | NO     |
|   |    |   |    |                                    |        |
| WAS DECEASED ON DUTY STATUS   |    | AUTHORIZED ABSENCE  |    | IN FLYING PAY STATUS               |        |
| YES   | NO | YES   | NO | YES                                | NO     |
|   |    |   |    |                                    |        |
| OTHER PAY STATUS (SPECIFY BELOW)  |    |   |    |                                    |        |
| YES   | NO |   |    |                                    |        |
|   |    |   |    |                                    |        |

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 29 Oct 44 until such absence was terminated on 30 Nov 44, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General in the European Area.

Evidence Of Death Received in War Department 30 Nov 44.

| COPIES FURNISHED: |             |                      |
|-------------------|-------------|----------------------|
| S. G. O.          | F. B. I.    | F. O. U. S. A.       |
| S. G. O. M. G.    | G. F. B.    | ARMY EFFECTS BUREAU  |
| S. A. O.          | VET. ADMIN. | CASUALTY BRANCH FILE |
|                   |             | A. G. 301 FILE       |

BATTLE  
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

*James W. Pinkhart*  
ADJUTANT GENERAL

535 637

RTB:CC:vh  
November 6, 1945

Mr. Cleo A. Bosley  
Clifton, Colorado

Dear Mr. Bosley:

The Army Effects Bureau has received funds in the amount of \$2.38, which belonged to your son, Private Arthur O. Bosley. Bureau check for this sum is inclosed.

As previously indicated, such property is forwarded to you for distribution.

Sincerely,

1 Incl---  
Check

C. E. QUINN  
2nd Lt., OMC  
Chief, Files Branch

SEARCHED



106618

535637

November 7

45

Cleo A. Bosley

2.38

Two and 38/100

161600 emh

ARMY EFFECTS BUREAU  
INVENTORY

6/10

535827

*Handwritten initials and scribbles*

|              |                          |
|--------------|--------------------------|
| CASE NO.     |                          |
| TYPED BY     | ..einberger              |
| DATE         | 5-7-45                   |
| STATUS       | deceased                 |
| NAME         | Desley, Arthur J.        |
| A.S.N.       | 37355603                 |
| RANK         | unk                      |
| ORGANIZATION | unk                      |
| AMOUNT       | 2.38                     |
| ACCOUNT NO.  |                          |
| LIST NO.     | F-181                    |
| REMARKS      | PAID Check No. 161600721 |

ACCOUNTING INVENTORY



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

294878

IN REPLY REFER TO \_\_\_\_\_

GHC:MH:dn  
 June 20, 1945

Mr. Cleo A. Bosley  
 Route # 1  
 Clifton, Colorado

Dear Mr. Bosley:

The Army Effects Bureau has received from overseas some personal effects of your son, Private Arthur O. Bosley.

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

Yours very truly,

P. L. KOOB  
 1st Lt. Q.M.G.  
 Officer-in-Charge  
 SJ Unit

11/12



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Cleo A. Bosley

SHIP TO:

Route #1

Pvt. Arthur O. Bosley

Clifton, Colorado

Effects of:

Name

37856603

ASN

~~894878 D~~

Case No.

535,637

Qt.

DATE 18 June 1945

GHC:MH:gk

FOR: Effects Quartermaster

REMARKS:

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

Remove G.I.  
 Not discrepancy in \_\_\_\_\_  
 Films removed  
 Diaries removed  
 Laundry removed

ROUTING:

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

*File OK*

*1 pkg*

REMARKS:

SHIP DAMAGED PROPERTY

Franked **777777**  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Fwd. Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

**JUN 22 1945**

Shipping Clerk

JUN 13 1945

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

294878

|                    |                                     |
|--------------------|-------------------------------------|
| DECEASED           | <input checked="" type="checkbox"/> |
| MISSING            | <input type="checkbox"/>            |
| P.O.W.             | <input type="checkbox"/>            |
| ABANDONED          | <input type="checkbox"/>            |
| TALLY NO.          | 8034                                |
| INV. DATE          | 29 May 45                           |
| ORIG. NO. OF PKGS. | 1                                   |
| BOX NO.            | 10                                  |
| SHEET OF SHEETS    | 1                                   |
| ORGANIZATION       | 8167D. Bn                           |

NAME ARTHUR O. BOSLEY  
 A.S.N. 37355603 RANK 1st Lt.

|                        |                         |                                |
|------------------------|-------------------------|--------------------------------|
| BELT                   | TOWELS & WASHCLOTHS     | WINGS                          |
| BELT, MONEY (NO MONEY) | CLOTHING                | BAGS, CLOTH OR TRAVEL          |
| CLOTH, WASH            | BRACELET IDENT.         | BILLFOLD (NO MONEY) <u>W/C</u> |
| COATS                  | BRUSHES                 | CASE                           |
| FOOTWEAR, PR.          | CAMERAS                 | FOOTLOCKER                     |
| GLOVES, PR.            | GLASSES                 | KIT, SEW, TLT, OR WRITING      |
| HANDKERCHIEFS          | KNIVES                  | BOOKS                          |
| HEADWEAR               | LIGHTERS                | BOOKS, ADDRESS                 |
| JACKETS                | <u>X</u> MISC. INSIGNIA | BOOKS, PILOT LOG               |
| OVERCOATS              | PEN, FOUNTAIN           | DIARY (REMOVED FOR DUR)        |
| SCARFS                 | PENCIL, MECHANICAL      | FILMS                          |
| SHIRTS                 | PIPES                   | LETTERS                        |
| SOCKS, PR.             | RELIGIOUS ARTICLES      | PAPERS, PERSONAL               |
| TIES                   | RIBBONS, DECORATION     | PHOTOS                         |
| TOWELS                 | RINGS                   | SHOE SHINE ARTICLES            |
| TROUSERS, PR.          | TOBACCO                 | SHORT SNORTER                  |
| TRUNKS, PR.            | TOILET ARTICLES         | <u>X</u> SOUVENIRS             |
| UNDERWEAR              | WATCH                   | <u>X</u> SOUVENIR MONEY        |
|                        |                         | STATIONERY                     |
|                        |                         | TESTAMENTS                     |
|                        |                         | U.S. MONEY (AMOUNT)            |

\* Change Purse

*Handwritten initials and date*

REMARKS

*Velva Bosley  
 R#1  
 Clifton, Colo*

ATTACHMENTS

FORM #54

FORM #100

*Inventary  
 1-PR label*

DAMAGED

*\* top very rusty  
 none*

WAREHOUSE SPACE

*1603*

STORED BY

*Tea*

INVENTORIED BY

*Healy*

WEIGHT

G.I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

DATE SHIPPED

LOCKED STORAGE

LAUNDRY REMOVED

CHECKED BY

*8*

#43 OR ADULT PRIMAL

FILM REMOVED

JUN 22 1945

JUN 22 1945

SHORTAGES \*

U.S. GOVT. CHECK SHORT

\*2.38

Sym # 211-435-

form # 38

NUMBER

DATE

SYMBOL

AMOUNT

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

*Jensal Healy*  
INVENTORY CLERK

*Smart*  
SUPERVISOR

G.I. REMOVED

Serial No. 37955203 Name Arsky, Arthur

Grade \_\_\_\_\_ Rank \_\_\_\_\_

Organization 8147 D Co.

Address \_\_\_\_\_

Nearest Relative \_\_\_\_\_

Address \_\_\_\_\_

Killed in Action  Died of Disease \_\_\_\_\_

Date 1945 Hospital \_\_\_\_\_

Battle Area Leiz Information \_\_\_\_\_

Place of Burial U.S. Mil. Cem. Margutta

Point of Coordination \_\_\_\_\_

Description of Body \_\_\_\_\_

Members Missing 13

Signed \_\_\_\_\_

NAME BOSLEY, ARTHUR - 5603

| BAY | PALLET | BOX | TALLY |
|-----|--------|-----|-------|
|     | 5      | 10  | 8034  |

| TYPE OF PKG. | WHSE. SPACE | INVENTORIED |
|--------------|-------------|-------------|
| ORB          |             |             |

Eff. QM Form 43

RESTRICTED  
INVENTORY FORM

9 Dec. 1964  
Date

SUBJECT: Inventory of Personal Effects of:

Harley, Arthur G. 1st Lt 3735563  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO 837 US Army

The above named individual of 816 T D. Bn.  
(Unit) (Organization)

was reported KI- about Est 29 Oct. 1944.  
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Velva Harley  
Rt 1, Hifton, Colorado

INVENTORY OF EFFECTS

- 1 Billfold ✓
- 1 Change purse ✓
- 4 Souvenir Coins ✓
- 1 Driver's License, Military ✓
- 1 Canteen (M.C.) ✓
- 1 Knife ✓
- 3 Money order receipts ✓
- 32 Photos ✓
- 9 Postage stamps ✓
- 2 Tokens ✓

Money in the amount of \$2.38 has been turned into L. V. BUSHON, Major, FD  
(Name of finance office and  
211-435 Form WDFD 38 enclosed.  
symbol number)

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

I certify that the above items constitute all of the effects, secured by me, of  
the above named individual and that they were forwarded to the Effects Depot  
by \_\_\_\_\_ on \_\_\_\_\_ 194\_\_\_\_.  
(Rail, Truck, etc.)

*filed*

Name Edwin J. Brown  
Rank & ASN 1st Lt. C 0-159573  
Organization 611 M. G. Reg. Co.

Any additional pertinent information:

27 NOV 1944

*Handwritten notes:*  
P. 10/14  
Inventory of Personal Effects

~~\_\_\_\_\_~~  
(Date)

SUBJECT: Inventory of Personal Effects Of:

~~\_\_\_\_\_~~  
(last Name) (First name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO ~~\_\_\_\_\_~~ U.S. Army.

The above named individual of ~~\_\_\_\_\_~~  
(Unit)

~~\_\_\_\_\_~~ was reported ~~\_\_\_\_\_~~  
(Organization) (Status KIA, MIA, etc.)

about ~~\_\_\_\_\_~~ 19~~\_\_\_\_\_~~.  
(Date)

Designated beneficiary if information readily accessible ~~\_\_\_\_\_~~

~~\_\_\_\_\_~~

INVENTORY OF EFFECTS

1 wallet including 3 photos (camp-photos),  
1-... and 7500 (Drivers permit).

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

\_\_\_\_\_. Form WD FD 38 enclosed.  
(Name of Finance Officer & Symbol number)

\_\_\_\_\_  
(Name and addresses of any Banks in which accounts may be carried)

I certify that the above items constitute all of the effects,  
secured by me, of the above named individual and that they were forwarded  
to the Effects Depot by \_\_\_\_\_ on 3 NOV 1944  
(Rail, Truck: Etc)

Name Alfonso T. [Signature]

Rank & ASN [Signature]

Organization 3rd Lt. [Signature]

Any additional Pertinent information.

Note: Inventory of Effects to be prepared in quadruplicate:  
One copy to: Personnel Officer to be placed with Service Record.  
One copy to: Effects Quartermaster, Communications Zone.  
One Copy : With the effects.  
One copy : Retained  
(Additional copies will NOT be made and an inventory will NOT BE  
forwarded to relatives or friends).  
(All copies of Inventory will be signed)..



294878

RTB:HL:grw  
July 18, 1945

Mr. Clee A. Bosley  
Route 1  
Clifton, Colorado

Dear Mr. Bosley:

The Army Effects Bureau has received some additional property of your son, Private Arthur O. Bosley.

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

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

Extending every sympathy, I am

Sincerely yours,

P. L. KOOP  
1st Lt., QMC  
Officer-in-Charge  
SJ Unit

44

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Cleo A. Bosley

SHIP TO:

Route 1

Pvt. Arthur O. Bosley

Clifton, Colorado

Effects of:

37355603

Case No.

ASN

294878 D

Case No.

Wt.

DATE 19 July 1945

WIP:hw:crw

*V. Wallace*

FOR: Effects and Master

REMARKS:

\_\_\_\_ Inclose Bureau Check  
\_\_\_\_ Acct. No. \_\_\_\_\_  
\_\_\_\_ Amount \_\_\_\_\_  
\_\_\_\_ Inclose "Valuable" item  
\_\_\_\_ Ship "Valuable" item(s)

\_\_\_\_ Remove O. I.  
\_\_\_\_ See discrepancy in \_\_\_\_\_  
\_\_\_\_ See \_\_\_\_\_  
\_\_\_\_ See \_\_\_\_\_  
\_\_\_\_ See \_\_\_\_\_

ROUTING:

\_\_\_\_ Accounting Branch  
\_\_\_\_ Warehouse Division  
\_\_\_\_ 2 Files Branch, Adm. Div.

*1 pkg) Inc.*  
*1 pkg) 6/18/45*

REMARKS:

Franked **FRANKED**  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Int. Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

**JUL 23 1945**

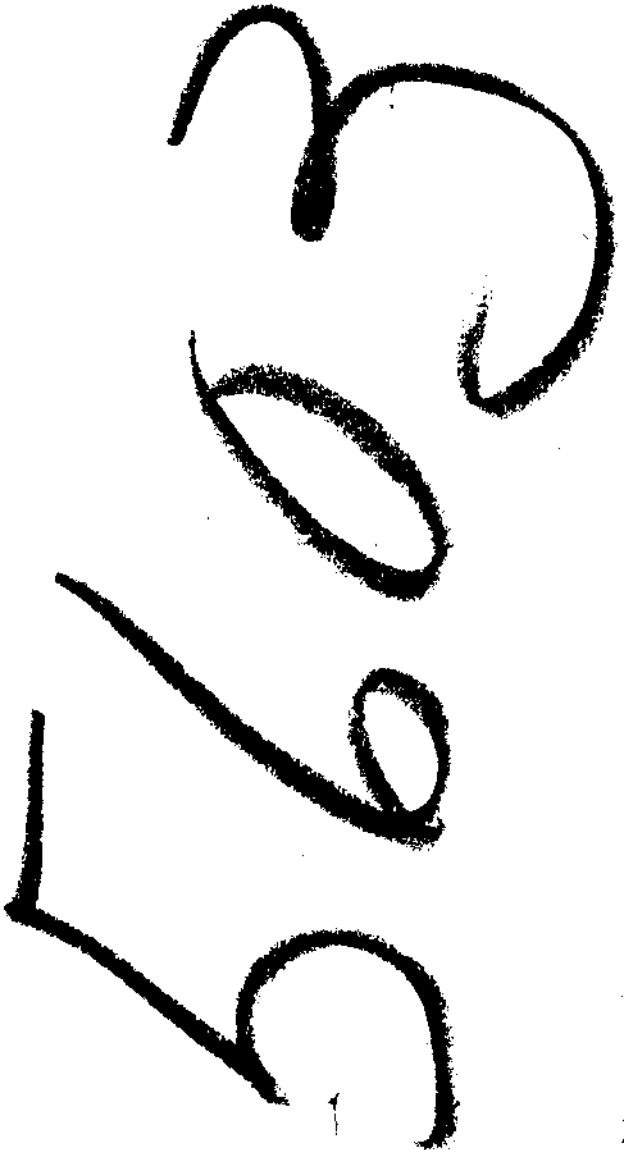
*JK*

Shipping \_\_\_\_\_



18003 3

18003 3

A large, stylized handwritten signature in black ink, oriented vertically. The signature consists of several loops and a long vertical stroke, resembling a cursive 'R' or 'B'.A large, stylized handwritten signature in black ink, oriented vertically. The signature is highly cursive and fluid, with multiple loops and a long vertical stroke, resembling a cursive 'B' or 'R'.

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

RECEIVED   
 MISSING   
 P.O.W.   
 ABANDONED   
 TALLY NO. 8370-  
 INV. DATE 18 JUNE 45  
 Orig. No. 1  
 OF PKGS. 1  
 ECX NO. 84  
 SHEET 1 OF 1 SHEETS  
 ORGANIZATION 814 J. D. Bn 7th Arml Div

294878

NAME ARTHUR O. BOSLEY  
 A.S.N. 37355603 RANK PVT

|                                     |                       |                                     |                     |                                     |                           |
|-------------------------------------|-----------------------|-------------------------------------|---------------------|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Belt                  | <input checked="" type="checkbox"/> | TOWELS & WASHCLOTHS | <input checked="" type="checkbox"/> | WINGS                     |
| <input checked="" type="checkbox"/> | REF. MONEY (NO MONEY) |                                     | CLOTHING            | <input checked="" type="checkbox"/> | BAGS, CLOTH OR TRAVEL     |
| <input type="checkbox"/>            | Cloth, Wash           |                                     | BRACELET IDENT.     | <input type="checkbox"/>            | BILLFOLD, (NO MONEY)      |
| <input type="checkbox"/>            | Coats                 |                                     | Brushes             | <input type="checkbox"/>            | Case                      |
| <input type="checkbox"/>            | Footwear, Pr.         |                                     | CAMERAS             | <input checked="" type="checkbox"/> | Footlocker                |
| <input type="checkbox"/>            | Gloves, Pr.           |                                     | Glasses             | <input checked="" type="checkbox"/> | KIT, SEW, TIG, OR WRITTEN |
| <input type="checkbox"/>            | Handkerchiefs         |                                     | Knives              | <input type="checkbox"/>            | BOOKS                     |
| <input type="checkbox"/>            | Headwear              |                                     | Lighters            | <input type="checkbox"/>            | Books, Address            |
| <input type="checkbox"/>            | Jackets               | X                                   | Pen, Fountain       | <input type="checkbox"/>            | Books, Pilot Log          |
| <input type="checkbox"/>            | Overcoats             |                                     | Pencil, Mechanical  | <input type="checkbox"/>            | DIARY (REMOVED FOR DDP)   |
| <input type="checkbox"/>            | Scarfs                |                                     | Pipes               | <input type="checkbox"/>            | FLIMS                     |
| <input type="checkbox"/>            | Shirts                |                                     | RELIGIOUS ARTICLES  | <input type="checkbox"/>            | Letters                   |
| <input type="checkbox"/>            | Socks, Pr.            |                                     | RIBBONS, DECORATION | <input checked="" type="checkbox"/> | Papers, Personal          |
| <input type="checkbox"/>            | Ties                  |                                     | Rings               | <input type="checkbox"/>            | Photos                    |
| <input type="checkbox"/>            | Towels                |                                     | Tobacco             | <input type="checkbox"/>            | Shoe Shine Articles       |
| <input type="checkbox"/>            | Trousers, Pr.         |                                     | Toilet Articles     | <input checked="" type="checkbox"/> | SHORT SHORTS              |
| <input type="checkbox"/>            | Trunks, Pr.           |                                     | WATCH               | <input type="checkbox"/>            | SOUVENIR                  |
| <input type="checkbox"/>            | Underwear             |                                     |                     | <input type="checkbox"/>            | SOUVENIR MONEY            |
|                                     |                       |                                     |                     | <input checked="" type="checkbox"/> | Stationery                |
|                                     |                       |                                     |                     | <input type="checkbox"/>            | TESTAMENTS                |
|                                     |                       |                                     |                     | <input type="checkbox"/>            | U. S. MONEY (AMOUNT)      |

Remarks: *Apr 7-14*  
 Remarks: *(mother) Mrs. Cleo Bosley Clifton, Colo.*  
 ATTACHMENTS: *Inventory of Effects*

REMARKS (mother) Mrs. Cleo Bosley Clifton, Colo.  
 ATTACHMENTS  FORM #54  FORM #100  
 INVENTORY OF EFFECTS

|              |                     |
|--------------|---------------------|
| WEIGHT       | G.I. REMOVED        |
|              | SHORTAGE ON REVERSE |
|              | IDENT. TAGS REMOVED |
|              | DIARY REMOVED       |
| DATE SHIPPED | LOCKED STORAGE      |
| JUL 23 1945  | LAUNDRY REMOVED     |
|              | FILM REMOVED        |

C.A.T. none  
 WAREHOUSE SPACE 788 STORED BY *W. K.*  
 INVENTORIED BY *J. Newberry*  
 PACKED BY *William S. Lane* CHECKED BY *X* #3 OR ADDITIONAL

LAUNDRY

JP

ADDITIONAL REMARKS

1. Zipper Case, Torn, dirty, greasy  
no labels, removed, salvaged (PH)

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME **BOSLEY, ARTHUR O.** PVT **5603.**

| BAY | PALLET    | BOX       | TALLY       |
|-----|-----------|-----------|-------------|
|     | <b>14</b> | <b>84</b> | <b>8375</b> |

| TYPE OF PKG. | WHSE. SPACE | INVENTORIED |
|--------------|-------------|-------------|
| <b>PEB</b>   |             |             |

ME. QM Form 48

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

**13 JANUARY 1945**

Date

SUBJECT: Inventory of Personal Effects of:

**BOBLEY                      ARTHUR                      O                      PVT                      37395C03**  
\_\_\_\_\_  
(Last Name)                      (First Name)                      (MI)                      (Rank)                      (ASN)

TO: Effects Quartermaster, Communication Zone, APO \_\_\_\_\_ US Army  
The above named individual of **514 T D BN** **7TH ARMORED DIVISION**

was reported **KIA** (Unit) **89 OCTOBER** (Organization) **1944**  
Status (KIA, MIA, Hosp. etc.) about \_\_\_\_\_ (Date) **NOT KNOWN**

Designated Beneficiary if information readily accessible \_\_\_\_\_

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

- 2 COLLAR TIE/CLOTH ✓**
- 1 HAT ✓**
- 4 HANKERCHIEFS ✓**
- 5 SHAPERS AND POSTAL CARDS ✓**
- 1 ZIPPER CASE w/MAIL FILE ✓**
- 1 SEWING KIT ✓**
- 1 MONEY BELT ✓**
- 1 NEW TESTAMENT ✓**
- 1 BLISE CLOTH ✓**
- 1 PORTFOLIO ✓**

Money in the amount of **NONE** has been turned into \_\_\_\_\_  
\_\_\_\_\_  
(Name of Finance Office  
and symbol number) Form WDFD 38 enclosed. **NOT KNOWN**

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

I certify that the above items constitute all of the effects, secured by me, of  
the above named individual and that they were forwarded to the Effects Depot  
by **TRUCK** on **13 JANUARY** 194**5**.  
(Rail, Truck, etc.)

Name *Sam B. Plyler*  
**SAM B. PLYLER**  
Rank & ASN **CAPT OMC O-1018266**  
Organization **HEADQUARTERS 7TH T.D.**

Any additional pertinent information:



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

JRM:MHgk

Case # 204988

Date 18 June 1945

SUBJECT: Report of transaction in disposing of the effects of

Arthur O. Bosley, 37355603 late  
(Name of deceased) (Army Serial Number)  
Private, Medical Department who died  
(Grade) (Organization, Army or Service)  
on the 29 day of October, 1944 in European Area

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

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

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

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

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

d. Disposition of decedent's effects (less money paid creditors, if any) was 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 18 June 1945, pursuant to Special Orders 228, Headquarters QM Depot, dated 25 September 1943, the application or affidavit of Cleo A. Bosley 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, Cleo A. Bosley of Route #1, Clifton State of Colorado, is the father of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.  
(Name, Rank, Organization)  
SUMMARY COURT MARTIAL

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

294878  
535,637

BATTLE CASUALTY REPORT

|                               |  |  |                           |                                |                        |                          |
|-------------------------------|--|--|---------------------------|--------------------------------|------------------------|--------------------------|
| NAME<br>BOSLEY ARTHUR O       |  |  | SERIAL NUMBER<br>37355603 | GRADE<br>PVT                   | ARM OR SERVICE<br>MD   | REPORTING THEATRE<br>ETO |
| PLACE OF CASUALTY<br>HOLLAND9 | DATE OF CASUALTY<br>DAY MONTH YEAR<br>29 OCT 4 |  |                           | FLYING OR JUMPING STAT.<br>MIA | SHIPMENT NUMBER<br>242 |                          |

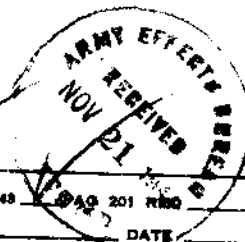
NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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<br>MR CLEO A. BOSLEY | RELATIONSHIP<br>FATHER | DATE NOTIFIED<br>16 NOV. 44 |
| NO. AND NAME OF STREET—CITY—STATE<br>CLIFTON COLORADO                  |                        |                             |

REMARKS:

CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED \_\_\_\_\_ FORM 48 \_\_\_\_\_ DATE \_\_\_\_\_

CASUALTY BRANCH FILE ATTACHED  OR CHARGED TO \_\_\_\_\_

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  COPIES  S. P. S. D.  CERTIF.  M. & M.  NON-DEL.

REPORT NOT VERIFIED \_\_\_\_\_ NO FORM 48 \_\_\_\_\_ NO CAS. BR. FILE \_\_\_\_\_ CHECKED BY *[Signature]* INTERVIEWED BY *[Signature]*

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.