



***INDIVIDUAL DECEASED
PERSONNEL FILE***

Cathay, Sam

103

1

USMC MARGRATHEN

BLOCK: P ROW: 3 GRAVE: 6

DATE OF BURIAL: 27 APR 49

VERIFIED BY *[Signature]*

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 4650 03122

DATE 15 02 49
DAY MONTH YEAR

NAME CATHEY SAM

SERIAL NUMBER 34192168 GRADE PVT

ARM 1 RACE 1 RELIGION 1

CEMETERY MARGRATHEN HOLLAND

PLOT ROW GRAVE KKK 12 283

DISPOSITION OF REMAINS 4601 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN FLAG SENT: 29 April 1949.

NAME AND ADDRESS OF CONSIGNEE MARGRATHEN, HOLLAND

NAME AND ADDRESS OF NEXT OF KIN EULA CATHEY (MOTHER)
ROUTE 2
TRENTON, TENNESSEE

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

SEE ATTACHED SHEET

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
9 JUN 1949
REPATRIATION
BRANCH
MSM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE			
NAME CATHEY SAM				SERIAL NUMBER 34192168		RANK PVT		ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY								DISPOSITION OF REMAINS DAY MONTH YEAR	
PLOT ROW GRAVE COUNTRY KKK 12 283 MARGRATEN HOLLAND								CODE	DIST. PT.
								CAUSE OF DEATH	

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION


NAME SAM CATHEY		SERIAL NUMBER 34192168	RANK PVT	DATE OF DEATH	DATE DISINTERRED 11 AUGUST 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS EMB <input checked="" type="checkbox"/> MARKER EMB		ORGANIZATION		RELIGION P	IDENTIFICATION VERIFIED BY CLYDE B SPINKS CAPT FA. NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

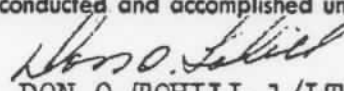
NATURE OF BURIAL MATTRESS COVER	CONDITION OF REMAINS FRACTURED SKULL. REMAINS COMPLETE. ADVANCED STAGE OF DECOMPOSITION.
---	--

OTHER MEANS OF IDENTIFICATION
EMB PLATE AND REPORT OF BURIAL LISTS AS X-1913

MINOR DISCREPANCIES *1*
NONE

REMAINS PREPARED AND PLACED IN CASKET DATE 16 AUGUST 1948 BY ELAM E POORBAUGH EMBALMER	
CASKET SEALED BY ELAM E POORBAUGH	EMBALMER (Signature) 
CASKET BOXED AND MARKED DATE 16 AUG 48 BY DONALD L HOPKINS CLERK RECORDER	SHIPPING ADDRESS VERIFIED BY DON O TOHILL 1/LT FA.

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


DON O TOHILL 1/LT FA.

SIGNATURE OF GRS INSPECTOR

RECORD OF CUSTODIAL TRANSFER

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

7 June 1949

Pvt Sam Cathey, ASN 34 192 168
Plot P, Row 3, Grave 6
Headstone: Cross
Margraten (Holland) U. S. Military Cemetery

Mrs. Eula Cathey
Route 2
Trenton, Tennessee

Dear Mrs. Cathey:

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

JUN 8 3 22 PM '49
O. D. H. G.
RECEIVED BRITISH
DA

REQUEST FOR DISPOSITION OF REMAINS

2/28/49

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

DATE:

Pvt Sam Cathey, 34 192 163
Plot BKK, Row 12, Grave 283,
United States Military Cemetery
Margraten, Holland

12 April 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.

new to PART I #657 acc. 31-0: 47

I, Eula Cathey

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) _____

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. *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.)

N. H. P. 2/18/49

loaded 2-15-49

310

PART I (Continued)

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

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

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

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

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A.; OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE NO.

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

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

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

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Eula Cathey
(SIGNATURE OF NEXT OF KIN)
 Mrs. Eula Cathey
(NAME PRINTED OR TYPED)

Route # 2
(STREET AND NUMBER)
Trenton, Tenn.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 22 day of April, 1948, at city (or town) of Trenton, county of Gibson, and State (or Territory or District) of Tennessee

Laura J. Jolly
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary
(OFFICIAL TITLE)

*NOTE.—Page 4 is part of the notarial attestation.
 My commission expires Oct. 12, 1949.

PART II - RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

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

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

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

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

PART III

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

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

LAST NAME Staton (Mrs. W.H. Staton)	FIRST NAME Vernelle Cathey	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED widow		
NUMBER AND STREET 1220 E. Jenkins	CITY OR TOWN El Reno	STATE OR COUNTRY Oklahoma

Received under HODA on letter dated 19 Feb 48

 April 22, 1948 (DATE)

<i>Eula Cathey</i> _____ (SIGNATURE)	Route # 2 _____ (STREET AND NUMBER)
Mrs. Eula Cathey _____ (NAME PRINTED OR TYPED)	Trenton, Tenn. _____ (CITY AND STATE)

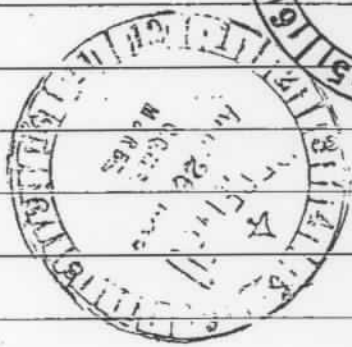
ADDITIONAL REMARKS AND INSTRUCTION

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

It has been reported to me that my deceased son and Vernelle Page were divorced before he was killed in service. The name and address of Mrs. Staton that I am giving you in part 3 of this document, is the name given me as her present married name. After reading your booklet, I am not positive that you would consider me, the mother of the deceased serviceman, as the next of kin.

If it is your opinion that I am the next of kin, please send me form 345M and I will fill out the correct part.

11A1 317



[Handwritten mark]

QUIGLEY DEPT OF ARMY WASH D C MULLIGAN X-71672

UNCLASSIFIED

MRS. EULA CATHEY
RURAL FREE DELIVERY NO 2
TRENTON TENNESSEE

PRIORITY

CHARGE GRAVES III

REFERENCE DISPOSITION FORM ON REMAINS OF YOUR SON COMMA THE LATE
PRIVATE SAM CATHEY COMMA 34192168. SINCE YOU DID NOT INDICATE ON FORM
YOUR DESIRED FOR FINAL DISPOSITION COMMA PLEASE ADVISE IF YOU WISH
REMAINS PERMANENTLY INTERRED OVERSEAS OR RETURNED TO UNITED STATES FOR
IS
INTERMENT IN NATIONAL OR PRIVATE CEMETERY. IF PRIVATE CEMETERY/DESIRED
FURNISH NAME AND ADDRESS OF FUNERAL DIRECTOR OR CONSIGNEE TO WHOM YOU
WISH REMAINS DELIVERED ON ARRIVAL FROM OVERSEAS. TELEGRAPH REPLY
COLLECT END VOGL

swl

VOGL
Memorial Division
OQMG

Jan 27 3 10 PM '49
D. O. M. O.
TELE. SECTION
TEA

UNCLASSIFIED

QUIGLEY 293
CATHEY, SAM, PVT., 34192168

271700Z
Jan 49² Captain, QTC, Memorial Division VOGL

[Handwritten signature]

Handwritten mark

QMGMV DEPT OF ARMY WASH D C MULLIGAN X-71672

UNCLASSIFIED

MRS. EULA CATHEY
RURAL FREE DELIVERY NO 2
TRENTON TENNESSEE

PRIORITY

CHARGE GRAVES WW II

REFERENCE DISPOSITION FORM ON REMAINS OF YOUR SON COMMA THE LATE
PRIVATE SAM CATHEY COMMA 34192168. SINCE YOU DID NOT INDICATE ON FORM
YOUR DESIRED FOR FINAL DISPOSITION COMMA PLEASE ADVISE IF YOU WISH
REMAINS PERMANENTLY INTERRED OV RSEAS OR RETURNED TO UNITED STATES FOR
INTERMENT IN NATIONAL OR PRIVATE CEMETERY. IF PRIVATE CEMETERY/^{IS}DESIRED
FURNISH NAME AND ADDRESS OF FUNERAL DIRECTOR OR CONSIGNEE TO WHOM YOU
WISH REMAINS DELIVERED ON ARRIVAL FROM OVERSEAS. TELEGRAPH REPLY
COLLECT END VOGL

swl

VOGL
Memorial Division
OCMG

Jan 21 3 10 PM '49
O. O. M. G.
TELEPHONE
SECTION
TEM

UNCLASSIFIED

QMGMV 293
CATHEY, SAM, PVT., 34192168

271700Z
Jan 49 Captain, OMC, Memorial Division VOGL

Handwritten signature

EUA 205 RR UEPOG

293 Cathey, Sam

1657

FM UEP113P/19 GOVT COLLECT

TRENTON TENN JAN 28 1949 230P

D.H.S.
& CAB

VOGL MEMORIAL DIVISION

QMG WASHDC
993

RETEL PVT SAM CATHEY 341 921 98 DESIRED REMAINS PERMANENTLY
INTERRED OVER SEAS ADVISE NAME OF CEMETERY WHEN INTERMENT
MADE :

MRS EULA CATHEY

RFD # 2

Trenton, Tenn.
452P

341,921 98

XXXXX 34192198..

CCC. PLEASE READ FIGS IN FIRST LINE OF TEXT 341921/98 AXXXXXX

34192198 REPT 34192198 AND CORRECT CHECK TO READ 20/19 GOVT COLLECT.

1/31/49
magnum

#3 mbr 1
Smith
3 X 5 card
1-31-49
8
KFA

Smith for slaughter
31 Jan 49
Collection
Corres. Branch
NAT on TRF



Pvt Sam Cathay, 34 192 168
Plot ~~XXX~~, Row 12, Grave 283,
United States Military Cemetery
Margraten, Holland

12 April 1948

Mrs. Eula Cathay
Rural Free Delivery #1
Trenton, Tennessee

Dear Mrs. Cathay:

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.

fem

APR 13 1948
RECEIVED
U.S. ARMY
QUARTERMASTER GENERAL
WASHINGTON, D.C.

FILE *by*
 Name *MCKINLEY*
 Action *NAT*
 Acceptance Section
 Family Corres. Branch

OFFICE OF THE QUARTERMASTER GENERAL
 MEMORIAL DIVISION

SUBJECT: MIA LOI
 MACHINE SECTION, R&R BRANCH, MEMORIAL DIVISION
 ROOM 2701, Temporary B Bldg.

Date *31 March* 1948

Peter
 RANK (Name) First Middle Last
RFB *S. Cathery* *E 192163*

LOI TO BE SENT TO: *M*

GRAVE LOCATION

Mulligan
 Mrs. *Eula Cathery*
 CEMETERY *MILL*

KKK *12* *283*
 Plot Row Grave
RFD
 Street

Authority for LOI:

W. Re-M
Trenton, Tenn State
 City
 MULLIGAN
 5057
Mulligan
Richard Smith

OFFICE OF THE QUARTERMASTER GENERAL

MEMORIAL DIVISION

SUBJECT: RE: LOI
MACHINE SECTION, R&R BRANCH, MEMORIAL DIVISION
ROOM 2701, Temporary B Bldg.

Date 31 Mar 1948
Serial No. 34192/68

Sam Cathey
Last
Middle
First

GRAVE LOCATION

LOI TO BE SENT TO: M

Margaret
CEMETERY
Mrs. Eula Cathey
Wife

KKK 12 283
Plot Row Grave

RF D #1
Street

Check for correct spelling of name

Authority for LOI:

W. Re-M

Trenton, Tenn.
City State

Mulligan
MULLIGAN
5057
L. Smith

RE: LOI TO BE SENT APR 12 1948 To the office
/S avary

REQUEST FOR DISPOSITION OF REMAINS

L 31

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

DATE:

333
3/12/48
ms

Pvt Sam Cathey, 34 192 168
Plot RKK, Row 12, Grave 283,
United States Military Cemetery
Margraten, Holland

5 December 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, _____ (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) (Please indicate relationship to the deceased by placing an "X" in the proper box.)

- WIDOW WIDOWER SON OVER 21 YEARS OLD DAUGHTER OVER 21 YEARS OLD
- FATHER MOTHER BROTHER OVER 21 YEARS OLD SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) _____

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 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.)

COPIES SENT APR 12 1959 To ...
P...

M. J. ...
PAGE 1

PART I (Continued)

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

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

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

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

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

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

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

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

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

(STREET AND NUMBER)

(CITY AND STATE)

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

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

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

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

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

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

	(DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
(NAME PRINTED OR TYPED)	(CITY AND STATE)

PART III

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

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

LAST NAME <i>Cathy</i>	FIRST NAME <i>Mrs. Eula</i>	MIDDLE INITIAL <i>?</i>
RELATIONSHIP TO THE DECEASED <i>mother</i>		
NUMBER AND STREET <i>R.F.D. no 1</i>	CITY OR TOWN <i>Trenton</i>	STATE OR COUNTRY <i>Tennessee</i>

<i>Verelle</i>	<i>Feb. 19 1948</i>
(SIGNATURE)	(DATE)
<i>Mrs. W.H. Staton</i>	<i>1220 E. Jenkins</i>
(NAME PRINTED OR TYPED)	(STREET AND NUMBER)
<i>MRS. VERNELLE (V.H.) STATON</i>	<i>ELRENO, OKLAHOMA</i>
(NAME PRINTED OR TYPED)	(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

Lined area for text entry.

Feb, 19 1978

Dear Sir: -

Since I am re-married I don't feel like
it is my place now to say where Pvt. Sam
(34192168) Cathey is to be buried - The nearest national cemetery
& his folks who live in Tennessee would be
"Stone River National Cemetery, Murfreesboro, Tennessee"
I'm sure that is where they would want him to
be. His mother is not educated & may not be able
to fill out the papers without help - But suggest
that writing her in the matter is right & proper
In case she is not still living he has a half-
brother whose name you have & I can't remember
(Jack? somebody) not Cathey & a full brother
named Preston Cathey who live in or around
Preston, Tennessee or Brazil, Tennessee.

Sincerely - Mrs. Fernelle (W.H.) Stator

34192168



(Holland) 5946 *atf*

sent
(Basic: Ltr WD OQMG, QMGMR 293, Cathey, Sam, 34 192 168,
dated 26 November 1946)

RRE 293.9 (IB) 1st Ind

Hq American Graves Registration Command, European Area APO 58
U S Army 6 February 1948

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

Unknown X-1913, interred in US Military Cemetery
Margraten, Plot "KKK", row 12, grave #283, has been identified as Private Sam Cathey, 34 192 168.

943
FOR THE COMMANDING GENERAL:

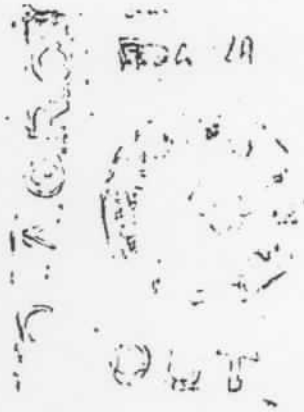
Incl
w/d

Walter B. Morrow
WALTER B. MORROW
Major, Infantry
Actg Asst Adj Gen

RECEIVED
AGRS
10 FEB 1948
SAM

*WFAW
file
3 Mar 48
K. Hoepel
ED. Blumh*

msw RECEIVED APR 17 1948 *to*



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

In Reply Refer To
QMGR 293
Cathey, Sam
SN 34 192 168

26 November 1946

21	22	23	24	1	2	3
28	- I N -					4
19						5
18	10 DEC 1 1946					6
17						7
16	W 2779					8
						9

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

TO : Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

21	22	23	24	1	2	3
28	- I N -					4
19						5
18	10 DEC 1 1946					6
17						7
16	W 2779					8
						9

1. Reference is made to letter this office, QMCG 314.6, Subject: Additional Methods of Locating and Identifying Unknowns and Resolving Cases of Remains Not Yet Recovered, dated 4 October 1946.

2. Attached hereto, in duplicate, is OQMG Form 371 for the following deceased individual whose remains have not yet been recovered or identified:

<u>NAME</u>	<u>RANK</u>	<u>SERIAL NO.</u>
14 Cathey, Sam	Pvt	34 192 168

3. The attached OQMG Form 371 contains all information available from the Office of The Quartermaster General, the Adjutant General, the AG Demobilized Personnel Records Branch and Clinical Records Branch, St. Louis, Missouri, Headquarters, Army Air Forces, and captured enemy documents, and is in addition to any previous information forwarded by this office to your headquarters.

4. It is requested that every attempt be made by your command to locate or identify remains of this individual and the results of your investigation, whether positive or negative, be returned to this office by indorsement hereon, within 60 days of receipt of this communication.

FOR THE QUARTERMASTER GENERAL :

1 Incl - Par 2
(5 cys 371)

NEGATIVE REPORT	
Date: 28 Feb 47	Initial: M.G.R.
MARTIN G. RILEY Major, QMG Assistant	

FEB 20 3 02 PM '48

RECORDS BRANCH



REGISTRATION AND
RECORDS BRANCH

FEB 14 4 02 PM '48

MEMORIAL DIVISION

Pvt Sam Cathey, 34 192 168
Plot KKK, Row 12, Grave 283,
United States Military Cemetery
Margraten, Holland

5 December 1947

Mrs. Vernelle Cathey
4502 Maple Avenue
Bethesda, Maryland

Dear Mrs. Cathey:

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. 8
BH

reg

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

In Reply Refer To
QMGR 293
Cathoy, Sam
SN 34 192 168

26 November 1946

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

TO : Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, **New York**

1. Reference is made to letter this office, QMCGY 314.6, Subject: Additional Methods of Locating and Identifying Unknowns and Resolving Cases of Remains Not Yet Recovered, dated 4 October 1946.

2. Attached hereto, in duplicate, is QMCG Form 371 for the following deceased individual whose remains have not yet been recovered or identified:

<u>NAME</u>	<u>RANK</u>	<u>SERIAL NO.</u>
Cathoy, Sam	Pvt	34 192 168

3. The attached QMCG Form 371 contains all information available from the Office of The Quartermaster General, the Adjutant General, the AG Demobilized Personnel Records Branch and Clinical Records Branch, St. Louis, Missouri, Headquarters, Army Air Forces, and captured enemy documents, and is in addition to any previous information forwarded by this office to your headquarters.

4. It is requested that every attempt be made by your command to locate or identify remains of this individual and the results of your investigation, whether positive or negative, be returned to this office by indorsement hereon, within 60 days of receipt of this communication.

FOR THE QUARTERMASTER GENERAL :

1 Incl - Par 2
(5 cys 371)
tdh

MARTIN G. RILEY
Major, QMG
Assistant

RECORDS AND
MEMORANDUM
BRANCH
NOV 26 2 48 PM '46

AD
SK

293 FILE		DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED		
NAME (Last, First, Middle Initial)		GRADE	PRESENT SERIAL NUMBER	
Cathy, Sam		Pvt	34192168	
ORGANIZATION		RACE	CREED	FORMER SERIAL NUMBER (If Applicable)
Trp "A" 87th Cav Recon Sq (M) 87th Inf Div		White	Protestant	
DATE OF DEATH/MIA	CAUSE OF DEATH	PLACE OF DEATH OR PLACE LAST SEEN IF MIA		
27 Oct 44	KIA	European Area		
DATE OF FOD				
HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR	SHOE SIZE
65 3/4"	155	Gray	Brown	8 1/2
DENTAL CHART		13 Feb 42		
UPPER RIGHT		UPPER LEFT		
8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8		
LOWER RIGHT		LOWER LEFT		
16 15 14 13 12 11 10 9		9 10 11 12 13 14 15 16		
X = Extracted		O = Carious		I = Carious Non-Restorable
FRACTURES AND/OR BREAKS		TATTOOS AND/OR BIRTHMARK		
None		None		
ADDITIONAL INFORMATION				
Age: 30				
Near Eindhoven, Holland				

IDENTIFICATION SECTION
MEMORIAL DIVISION

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL CATHEY Sam			ARMY SERIAL NUMBER 34192168		GRADE Pvt
HEIGHT 66 3/4"	WEIGHT 155	COLOR EYES gray	COLOR HAIR brown	SHOE SIZE 8 1/2	DATE OF DEATH 22 Oct 44

LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation)
Troop "A" 87th Cav, Rcn. Sq. (M)

PLACE OF DEATH OR PLACE LAST SEEN IF MIA
KIA near Kreijel, Holland.

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

STATION	DATES
Ft. Oglethorpe, Ga.	Mar 42 - Mar 42
Camp. Polk, La.	Mar 42 - Sept, 43
Ft. Benning, Ga.	Sept, 43 - June 44

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

FRACTURES AND/OR BREAKS None of record	TATTOOS AND/OR BIRTH MARKS None of record
--	---

DENTAL CHART - 13 Feb 42

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
UPPER RIGHT								UPPER LEFT							
OK															
16	15	14	13	12	11	10	9	9	10	11	12	13	14		
LOWER RIGHT								LOWER LEFT							

Y - EXTRACTED O - CARIOUS / - CARIOUS NON-RESTORABLE

Qeb, **file 15th Sept 47**
Rockwood



18 SEP 1948

RRE Form #43
20 Sep 48

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

CATHEY SAM PVT 34192168
(Last Name) (First Name) (Initial) (Rank) (ASN)

Subject remains have been permanently interred overseas in the United

States Military Cemetery MARGRATEN

Incl #

FILE NUMBER

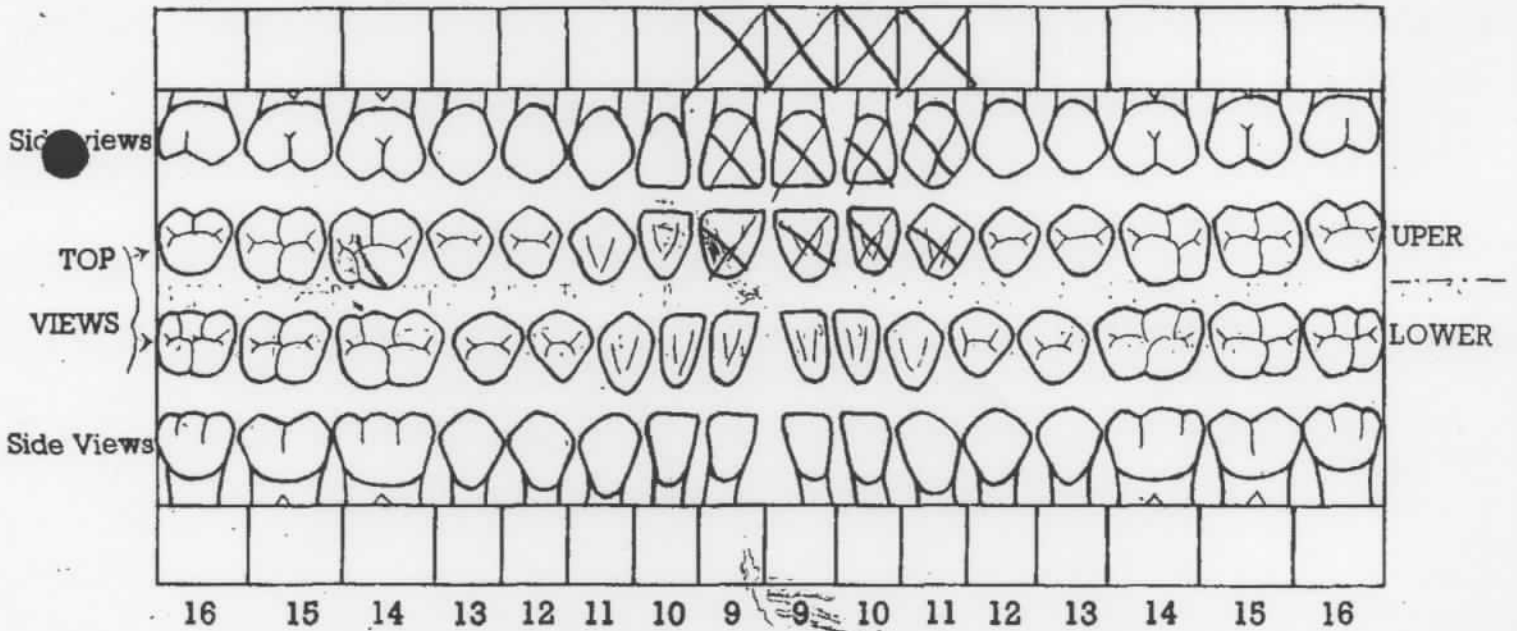
TOOTH CHART

Sept
~~Oct~~ 21 1945
 Date

Unknown T-2319 Unkn Unkn Unkn
 Last Name First Initial Rank Serial No.
 Unkn
 Unit Unkn
 Organization
 Nederweert Holland Dec. 1 1944 Unknown
 Place of Death Date of Death Cause of Death

Right See opposite side Left

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



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

Sgt. R. M. Gilliland - 3060 G.R.Co.

Signature of Officer or other person who prepared Tooth chart

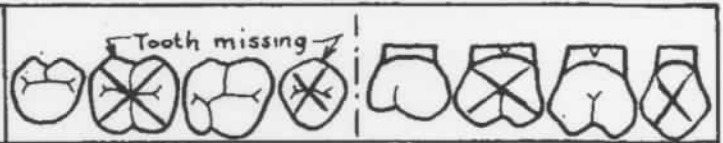
N. F. Raker

N. F. RAKER
 1st Lt, QMC
 O-515237
 G. R. O.

Verified by G. R. S. Officer

Case Reg No: 784 page 2.
 (Unkn -T-2319)

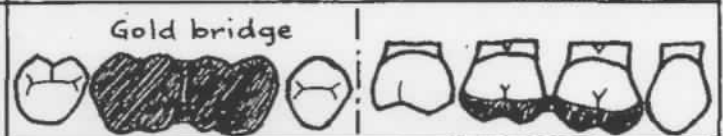
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



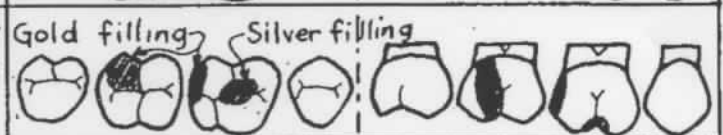
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



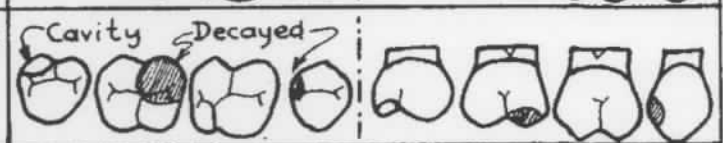
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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



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

ADDITIONAL SPACE FOR FURTHER REMARKS

No. 1 tooth upper right and no's 1,2,&3 teeth upper left had fallen out. All other teeth are present with no fillings apparent.

REPORT OF INVESTIGATION AREA SEARCHING

To be completely filled out and attached to each copy of Form 1, "Report of Burial" when disinterment is accomplished.

- Unkn T-2319 Unkn Unkn Unkn
- (Full name of deceased) (Rank) (ASN) (Organization)
- State if identification tags were attached to remains, how many and where attached No identification tags atchd to deceased
- Give exact location from which disinterred, furnishing coordinates and map series used Lip Ref: Belgium N.E. France Maesevck 1st Edition Sheet 4, Grid Coord: 630001
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
- Full name of cemetery (include plot, row and grave if organized cemetery) Isolated burial
 - Approximate or established date of death (state which and give basis for date selected) Date of death unknown.
 - Approximate or established date of burial (give basis for date established) Dec 1 1944, by G. Willikens Hoeve G 15 Nederweert, Holland
 - Manner in which grave was marked and all information contained on the marker Wooden cross: no markings.
 - List personal effects found in possession of civilian or unauthorized military personnel, furnish name and address of individual concerned No personal effects were found in possession of unauthorized mil personnel or civilians.
- Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest cemetery caretaker, those responsible for burial and any other possessing important information) Dutch civilians contacted: G. Willikens Hoeve G 15 Nederweert, Holland and W. Verkoijen Schanstraat, F 61 Nederweert, Holland
- If buried in a coffin, give description and markings Deceased was buried in own clothing, not coffin.
 - Action taken Deceased disinterred and evacuated to US Mil Cem, Margraten, Holland by Hq 3060th QM Gr Reg Co APO 562 USA
Disinterment approved by HQ GR REG SERV COMD USEET APO 887 US ARMY
Disinterment ~~not requested~~ ~~approved~~ by Hq 3060th QM Gr Reg Co
Date of ~~burial~~/reburial 28 SEPT
Place of ~~burial~~/reburial US Military Cemetery, Margraten, Holland by Plot N/A Row 12 Grave 2813059
th QM Gr Reg Co APO 562 USA

NOTE: Additional particulars regarding investigation will be placed on reverse side.

Walter Baker
 Signature of Investigating Officer
 W. F. RAKER
 1st Lt. OMC
 O-515237
 G. B. 01

Rank ASN

+Cross out word not applicable
 Reg No: 784
 Unkn T#2319.

Extract from 201 file for Pvt. Sam CATHEY, 34192108.

-
2.
 - a. Q6602 Nord de guerre.
 - b. Approximately 800 yds South of KREIJEL, Holland.
 - c. Ferran flat and low, muddy, very few trees. Hoses in area scattered.
 3.
 - a. Enemy approximately 500yards south of position with parachute regimental strength covering area of approximately 4000 yards.
 - b. Enemy paratroopers retask area twice.
 - c. Enemy employed small arms fire, machine guns, mortars in considerable amount and direct tank fire frequently.
 - d. Soldier known to have been captured or killed by enemy according to witness.
 4.
 - a. Not known.
 - b. Not known.
 - c. Poor.
 5. Area in which casualty occurred was retaken twice times by friendly forces, search made for evidence or whereabouts of bodies with no results.
 6. Number of casualties believed to be three.
 7. Witness T/4 SPIRITO, a member of patrol in which was also Pvt. CATHEY, saw twelve enemy move up to position Pvt. CATHEY was in, and German medics remove two members of the patrol. Witness was unable to identify men removed. Due to intensity of fire it is believed Pvt. CATHEY was killed in action. With knowledge that three of the five men missing in action in that particular encounter with the enemy have been officially accounted for, the conclusion that Pvt. CATHEY was killed in action seems to bear out, with the fifth member of the patrol, Pvt. Joseph ROBERTIELLO, 32249407, as having met the same fate. This would account tend to account for both unidentified men removed by the German medics.

CONCLUSION: Due to intensity of fire and statements of eyewitness, in my opinion: Pvt. CATHEY was killed in action.

RECOMMENDATIONS: Search be made in vicinity of KREIJEL, Holland, for bodies of casualties, and contact be made with repatriated members of patrol Pvt CATHEY was with, which may result in further enlightenment as to correct status of missing man. Names and addresses of repatriated members of patrol are as follows; Pfc. James A. RICHARDS, 14069808, Rt#2, Box 78, Marianna, Florida; Pvt. Robert J. SCEUSA, 42029414, 79 Milton Street, Buffalo, New-York and Pfc. Duell E. WALIREP, 34263914, Route #1, Logan, Alabama.

/s/ John W. Wells.
/t/ JOHN W. WELLS.
Captain, Cavalry.

C O P Y

No record of any town named KREIJEL in Holland.

The bodies of two Americans were found near NEDERWERT, (Holland 9, E50). One of them was Joseph ROBERTIELLO, 32249407, reburied in MARGRATEN KKK-12-282. The second body (T-2319) was buried in MARGRATEN KKK-12-283 as X-1913.

Joseph ROBERTIELLO was with Pvt Sam CATHEY when they went on a patrol, on 22 October 1944 near KREIJEL(?) Holland, and were separated from the rest of the patrol by enemy fire. They were both believed to have been evacuated by German medics. (See extract from 201 file for CATHEY)

No markings were found on X-1913's clothes. No personal effects.

Teeth chart for X-1913 shows upper teeth #1 (right) and # 1, 2 and 3 (left) fallen off. All other teeth are present and in perfect condition, no fillings apparent.

Teeth chart for Pvt. Sam CATHEY taken on 13 Feb. 1942 also shows all teeth in perfect condition.

It can be reasonably presumed that the remains buried in Margraten as X-1913 are those of Pvt. Sam CATHEY, as the three other missing members of the patrol have now been officially accounted for.

A. DeLuca
5 Feb. 1947

STATEMENT OF G. WILLIKENS
HOEVE G 15 NEDERWEERT, HOLLAND

I left my home in Sept 1944 and went to Weert, Holland where I stayed until the 22 December 44. When I returned to my home at Hoeve G 15 Nederweert, I saw two graves about 50 yards east of my home. A Dutch soldier told me that they were the graves of two Americans. He also told me that the Dutch Red Cross of Weert, Holland made the graves on the 1st of Dec 1944. I did not know the names of the two soldiers buried there.

/s/ G. Willikens
Hoeve G 15
Nederweert

SEARCH LIST FOR UNKNOWN

Unknown T-2319

UNKNOWN X- 1913
CEMETERY MARGRATEN
PLOT 1111K ROW 12 GRAVE 283

Arrived at cemetery _____ From _____
(hour) (date)

Place of death Nederweert, Holland Belgium and N.E. France Maesoyck 1st Edition
(name) (coordinates and landmarks)

~~Sheet 4, Grid Coord: 630001.~~

Remains recovered by Hq 3060th CM Gr Reg Co APO 562 US Army
(name and organization)

Evacuated to cemetery by Hq 3060th CM Gr Reg Co APO 562 USA
(name and organization)

Is lead list attached yes Are names of deceased found in some area as this Un-
(yes-no)

known starred yes Are circumstances described which may indicate organization of
(yes-no)

the deceased yes If only part of a body was received, was a careful search made
(yes-no)

for other parts of Unknown Not applicable
(yes-no)

If remains came from vehicle, plane, etc: Not determined
(type of vehicle or plane, nickname,

Not determined
serial number, organization or symbols)

Crew list Undetermined
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use Undetermined

If organization to which vehicle or plane was assigned or if names of all other de-
ceased are not known, give detailed information concerning vehicle or plane.

Undetermined Undet
(parts of markings or symbols) (turned) (pierced by shell fire - where)

Undet Undet
(found in town, field, by road, etc.) (damaged by mine explosion)

Undet Undet
(names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects No personal effects were found on the
(indicate exact pocket or part of body)

deceased.
where found.

Case Reg NO 784 (Unkn T-2319)

Description of clothing and equipment: (If clothes do not fit; obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs, etc.
*Headgear (type)	None			
Raincoat	None			
Overcoat	None			
Jacket, Field	Undet	Undet	Undet	British
Jacket, Combat	Undet	Undet	Undet	Undet
Mackinaw	None			
Sweater	None			
Jacket, HBT	None			
*Shirt, Wool OD	Undet	Undet	Undet	Undet
Undershirt, Wool	Undet	Undet	Undet	Undet
Undershirt, Cotton	Undet	Undet	Undet	Undet
Trousers, HBT	Undet	Undet	Undet	Undet
*Trousers, Wool OD	Undet	Undet	Undet	Undet
Belt, Web	None			
Drawers, Wool	Undet	Undet	Undet	Undet
Drawers, Cotton	None			
UNDERWEAR	Undet	Undet	Undet	(not unusual loeing)
Wool				
Socks Cotton	None			
Shoes (type)	None			
Overshoes	None			
Web				
Equipment (type)	None			
(other item)	None			
(other item)	None			

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

Chevrons or Undetermined Shoulder Patch Undet

Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains;

Age Undet Height Undet Weight Undet Description of wounds Undetermined
(years) (ft-in) (lbs)

Bandages or dressings Undet Scars Undet
(length, width, location)

Tattoos Undetermined
(number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks Undetermined
(yes-no) (description, location)

Sunburn or tan, other than hands and face Undet

Tobacco stain on fingers or teeth Undet
(designate where, extent)

Complexion Undetermined Build Undet
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

Hair Undetermined
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Undetermined Mustache Undet Beard or goatee Undet
(color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

Eyes Undet Eyebrows Undet
(color, setting, shape) (color, lushness, extend across nose)

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

Forehead Undet Mouth Undet Lips Undet
(high, wide, wrinkled) (large, medium, small) (small, large, full)

Teeth Undetermined. ~~Too chart attached herewith.~~
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin Undetermined Cheekbones Undet
(prominent, receding, pointed, dimple, double) (high, normal)

Jaw Undet Circumference of head in inches Undet
(large, small, normal) (hat band)

Neck Undetermined Larynx Undet Shoulders Undet
(size, long, short, normal, wrinkled) (prominent, normal) (broad)

~~Too decomposed.~~ Arms Undet. ~~Too decomposed.~~
straight, small, rounded) (length) (muscular, color, extent & quantity of hair)

Undet Hands Undet. ~~Too decomposed.~~
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

Undetermined
(marks on fingers indicating that rings were worn)

Fingers Undetermined Undet
(short, thick, long; slender; size of knuckles) (missing fingers or joints)

Undet Too decomposed Undet
(unusual characteristics of fingernails)

Chest Undetermined Undetermined
(size at nipples; color, quantity & extent of hair; large, small, normal)

Buck Undet Undetermined
(quantity and extent of hair) (size at navel, appendectomy, amount & col-

Undet Circumcized Undet Pubic hair Undet Hernioplasty Undet
or of hair (y.s-no) (color) (yes-no) (location)

Legs Undetermined Undetermined
(inseam) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair.

Feet Undetermined Undetermined
(size; corns; callouses; flat) (slender, straight, crooked; overlep)

Evidence of healed fractures Undetermined
(neck, arms, legs, etc.)

Black out parts of body not received at cemetery:
Back of skull of deceased is missing from remains.



No facilities

Have photographs been made and attached No If not, explain available
(yes-no) Deceased too decomposed.

Have fingerprints been placed on CRS #1 No If not, explain
(yes-no)

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

Remarks: Although body is badly decomposed, and back of skull of deceased is missing from remains, a tooth chart was made by personnel of this command.

[Handwritten Signature]
KER

1st Lt. IC
O-4 37
G. P. O.

Signature of GRO and Organization

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

K-1915

39
Margraten, Holland
107 Nov 19 1945

TOOTH CHART

20 March 1947
Date

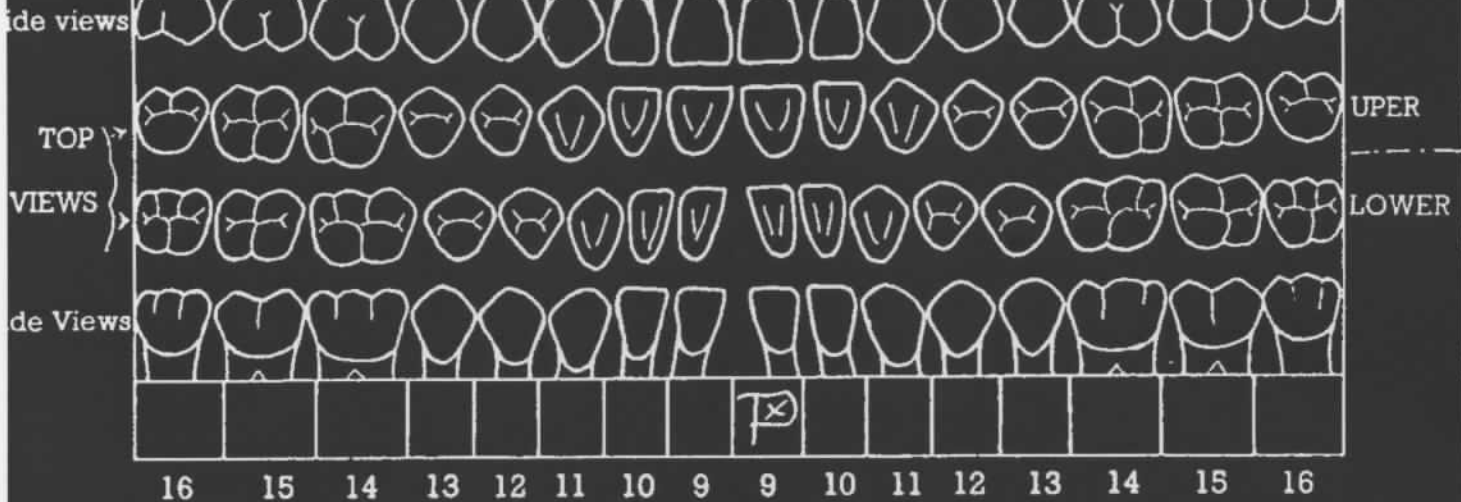
UNKNOWN K-1915

Last Name First Initial Rank Serial No.
Unit Organization
Place of Death Date of Death Cause of Death

Right

Left

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



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

Harold S. Wheeler

Signature of Officer or other person who prepared Tooth Chart

Clarence T. ...

Verified by G. R. S. Officer

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

37

X-1913

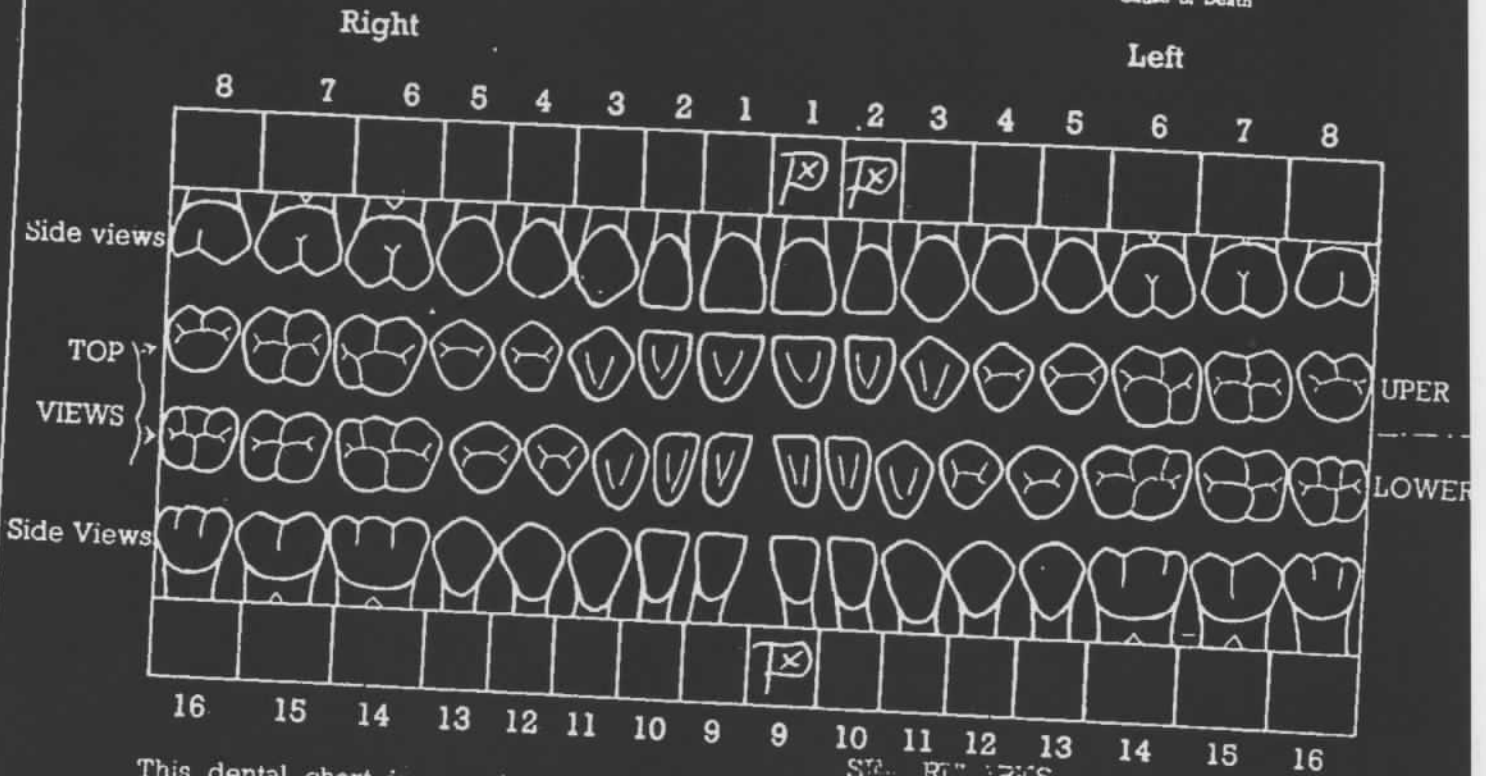
Margraten, Holland
Plot III Row 12 Gr.

TOOTH CHART

293 Anthony [unclear]
UNKNOWN X-1913

20 March 1947
Date

Last Name _____ First _____ Initial _____ Rank _____ Serial No. _____
Unit _____ Organization _____
Place of Death _____ Date of Death _____ Cause of Death _____



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

Harold L. Wheeler
Signature of Officer or other person who prepared Tooth Chart
Edmund T. [unclear]
Verified by G. R. S. Officer
Captain

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



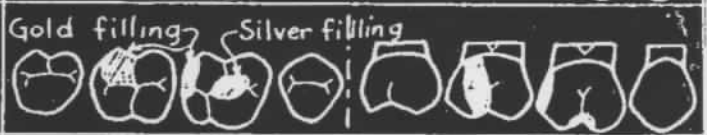
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



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



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



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



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

ADDITIONAL SPACE FOR FURTHER REMARKS

Medium size teeth, turned pink.
 Posthumously missing - L1,2...
 Alignment very good.
 No fillings.
 Dark brown lingual stain.
 Medium calculus.
 All teeth show considerable wear.

20

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

4460

287007
Kw

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Private Sam Cathey, Army Serial Number, 34,192,168, Cavalry to be dead. He was officially reported as missing in action as of the 22nd day of October 1944. For the purposes stated in said Act, death is presumed to have occurred on the 23rd day of October, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Heahent

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
22 Dec 1914	Trenton, Tennessee	10 Mar 1942	YEARS	MONTH	DAYS	
			Over	three	years	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mrs. Eula Cathey	Mother	Box 2 Trenton, Tennessee

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Mrs. Vernelle Cathey	Wife	4502 Maple Avenue Bethesda, Maryland
Mrs. Eula Cathey	Mother	Box 2, Trenton, Tennessee
Mr. Preston Cathey	Brother	Route 2, Trenton, Tennessee

REMARKS

Distribution 56

Circumstances of disappearance: Soldier became missing in action during an enemy attack near Kreijel, Holland.

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

287007

—BATTLE CASUALTY REPORT

NAME CATHEY SAM		SERIAL NUMBER 34192168	GRADE PVT	ARM OR SERVICE CAV	REPORTING THEATRE ETO
PLACE OF CASUALTY HOLLANDS	DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
	DAY 22	MONTH OCT	YEAR 44		MIA 233

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 MRS EULA CATHEY	RELATIONSHIP MOTHER	DATE NOTIFIED 4 Nov 44 lkt
NO. AND NAME OF STREET—CITY—STATE BOX NUMBER TWO TRENTON TENNESSEE		

REMARKS:

CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 43 AG 201 REQ _____
CASUALTY BRANCH FILE ATTACHED OR CHARGED TO _____ DATE _____
PREVIOUSLY REPORTED NO YES _____ (AS INDICATED BELOW):

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

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

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY Whitely REVIEWED BY 1/1 1/2 1/2

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

DISTRIBUTION "A" 28 COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" _____ COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

Case 287007

ELR/bj
29 March 1948

MEMO FOR FILE:

X-1913, Margraten, Holland

Included on Report No. 8 processed by Identification Section,
Office of the Quartermaster General on 5 December 1947

Paragraph checked as follows indicates data received from OQMG:

(x) It was reported by the Office of the Quartermaster General
that X-1913, Margraten, Holland
was identified as Pvt. Sam Cathey

() It was reported by the Office of the Quartermaster General
that X _____
was UNDER INVESTIGATION.

ACTION TAKEN BY ARMY EFFECTS BUREAU CHECKED BELOW:

(x) Case 881636 cancelled and combined with case 287007

(x) No effects in Warehouse storage--case completed.

() Effects in Warehouse storage will be held pending report of
identification from OQMG. Case suspended six months.

E. Richter

UNKNOWN

4 pieces of clothing

BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS	
BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL	<i>No other effects</i>
BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL	<i>received.</i>
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

None

INFORMATION

None.

NAME AND STATUS VARIATIONS

#43 shows serial # 57
(X-1913)

CROSS-REFERENCE

1 piece of cloth shows: cathey Sam
34192168. 1 piece of cloth shows
G. 2.168. 1 shoulder patch (top)
7th armed div.

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

*P.B.
10/31/47
aid*

TALLY NO. 7967	ORIG. NO. OF PKGS.	EXAMINING DATE 27 Oct. 47	BOX NO.	SHEET OF SHEETS
-------------------	--------------------	------------------------------	---------	-----------------

NAME UNKNOWN # 1788	A. S. N.
------------------------	----------

ORGANIZATION	RANK	CASE NO. 881636
--------------	------	--------------------

WAREHOUSE SPACE	EXAMINED BY <i>Probst</i>	DIARY REMOVED 287007
-----------------	------------------------------	-------------------------

UNID #57 (X-1913)

BOX	PALLET	BOX	TALLY	TYPE PKG.
			7967	GRB

10/8/47
NYPE

EFF QM FORM 43
5 JULY 1945

Central Identification Laboratory
American Graves Registration Command 349 Qm Bn
APO 154 US Army

3 April 1947.

Chemical Lab. Case # 1034.

Other designations:

X-1913 (Margraten, Holland).

Inventory of Effects:

- (a) Remnants of wool undershirt.
- (b) Remnants of HBT.
- (c) Remnants of 1943 field jacket.
- (d) Shoulder patch.
- (e) Remnants of field jacket.

Laboratory Findings:

- (a) CATHEY SAM
34192168
- (b) CATHEY SAM
34192168
- (c) C 2168
- (d) 7th Armored Division
- (e) No further identifying marks.

CHECKED *B. J.*

L. E. Vagnin
Livio E. Vagnin
Identification tech.

Serial No. _____ Name _____
Grade _____ Rank _____
Organization _____ *X-1913* _____
Address _____
Nearest Relative _____
Address _____
Killed in Action _____ Died of Disease _____
Date _____ Hospital _____
Battle Area _____ Information _____
Place of Burial _____ *Margraten* _____
Point of Coordination _____
Description of Body _____
Members Missing _____
Signed _____



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 Hardesty Avenue
Kansas City 1, Missouri

(S-9-25-45)
RTB:JFH:dt
July 31, 1945

In Reply Refer To: 287007

Mrs. Eula Cathey
Box #2
Trenton, Tennessee



Dear Mrs. Cathey:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your son, Private Sam Cathey:

1 package and contents

My action in transmitting the property does not, of itself, vest title in you. The items are forwarded in order that you may act as gratuitous bailee in caring for them pending the return of the owner, who has been reported missing in action. In the event he later is reported a casualty, and I sincerely hope he never is, it will be necessary that the property be turned over to the person or persons legally entitled to receive it.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

I regret the circumstances prompting this letter, and wish to express my hope for the safe return of your son.

Yours very truly,



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

1 Incl--
Envelope

Receipt acknowledged:

Mrs. Eula Cathey
(Signature of Bailee)

Aug 9 - 1945
(Date)

Eff. QM Form 205 (11 Apr 45)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Fula Cathey
Box #2
Trenton, Tennessee

Effects of: Fvt. Sam Cathey
Name 34192168
ASN 287007 E
Case No.
Wt.

DATE 31 July 1945
RTB:JFH:dt

J. J. [Signature]
FOR: Effects Quartermaster

REMARKS:

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

ROUTING:

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

REMARKS: "SHIP DAMAGED ITEMS"

1 pdg

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

R. L. [Signature]
Shipping Clerk

7181
 INV. DATE 20 July 45
 OF IG. NO. 1
 OF PWSS. 1
 BOX NO. —
 SHEET 1
 OF — SHEETS
 ORGANIZATION
 87th Cav
 Prov. of Mech
 7th Army Div

LD

NAME SAM CATHY
 A.S.N. 34 192 168 RANK PVT

Belt	<u>TOILET & WASHCLOTHS</u>	<u>KNIVES</u>
<u>BELT MONEY (NO MONEY)</u>	<u>CLOTHING</u>	<u>BAGS, CLOTH FOR TRAVEL</u>
Cloth, wash	<u>BRACELETS IDENT.</u>	<u>BELTLEAD. (NO MONEY)</u>
Coats	Brushes	Case
Footwear, Pr.	<u>CANTRAS</u>	Footlocked
Gloves, Pr.	Glasses	<u>LET. SH. ZIP. OR WRITING</u>
Handkerchiefs	Knives	<u>BOOKS</u>
Headwear	Lighters	Books, Address
Jackets	<u>MISC.</u>	Books, Pilot Log
Overcoats	Pen, Fountain	<u>DIARY (SEPARATED FOR DUP.)</u>
Scarfs	Pencil, Mechanical	<u>FILMS</u>
Shirts	Pipes	Letters
Socks, Pr.	<u>RELIGIOUS ARTICLES</u>	Papers, Personal
Ties	<u>RIBBONS, DECORATION</u>	Photos
Towels	Rings	Shoe Shine Articles
Trousers, Pr.	Tobacco	<u>SHORT SHORTER</u>
Trunks, Pr.	Toilet Articles	<u>SOUVENIRS</u>
Underwear	<u>WALLET</u>	<u>SOUVENIR MONEY</u>
		Stationery
		<u>TRANSAMERS</u>
		<u>U.S. MONEY (NO MONEY)</u>

*File
 L-8*

REMARKS *relationship unknown*
Eula Cathy
Rt 2
Trenton, Tenn.
letters damaged by moisture

ATTACHMENTS

FORM #54

FORM #100

Inventories

DAMAGED

A.T.

none

RL

WEIGHT	B.I. REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED

STORED BY

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 CATHEY, SAM : PVT . 68

BAY	PALLET	BOX	TALLY
66	9		9781
TYPE OF PKG.	WHSE. SPACE		INVENTORIED
PKG			

RESTRICTED

8 October 1944
Date

SUBJECT: Inventory of Personal Effects of:

Wathav Sam (. I) Pvt 132 168
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of 87th Av. Con. Sq. Coz., 7th Arm Div.
(Unit)

Troop "A" was reported Missing in Action
(Organization) (Status-Killed, MIA,

Hospitalized, etc.) about 22 October 1944
(Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

- 2 ea Razors ✓
- 1 ea Brush, shaving ✓
- 1 ea Soap, soap ✓
- 1 ea Bottle, toilet ✓
- 3 ea letters ✓

R E S T R I C T E D

November 1944
Date

SUBJECT: Inventory of Personal Effects of:

Gather Sam (M.I) Pvt 34 192 168
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of 87th Cav. Recon. Co. Hqs., 7th Arm. Div.
(Unit)

Troop "A" was reported Missing in Action
(Organization) (Status-Killed, MIA,

about 22 October 1944
Hospitalized, etc.) (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

- 2 ea Razors ✓
- 1 ea Brush, shaving ✓
- 1 ea vase, soap ✓
- 1 ea Buckle, belt ✓
- 3 ea Letters ✓

R E S T R I C T E D

R E S T R I C T E D

Money in the amount of None has been turned into

Form WDFD 38

(Name of finance officer and symbol number)

enclosed.

Names and addresses of any Banks in which accounts may be

carried:

I certify that the above items constitute all of the effects,
secured by me, of the above named individual and that they were for-
warded to the Effects Depot by Truck on

(Rail, Truck, etc.)

9 November

1944

Name Malcolm F. Miller
(ALAG) C. 100-1148

Rank & ASN 1st Lt. O-1012159

Organization Hq. 87th Cav. Recon. Sq. Meza.

APO 6257, Postmaster
New York, N.Y.

Any additional pertinent information:

R E S T R I C T E D

TABLE IN NO

DAILY INVENTORY RECORD

NAME CATHEY, SAM RANK NYT ASSN 34192-68

SHOWN ON CONSIGNORS E.O. AS

ORGANIZATION 77th LAW. REG. & MED. S. T. BRIG. DIRECTORSHIP

DATE 17-12-54 CASE PARCEL TEL. 246 PLATS MIF

ITEMS	DESCRIPTION	QUANTITY
2	<u>boxes</u>	
1	<u>coll. book</u>	
1	<u>living manual</u>	
1	<u>camp case personal letters</u>	

INVENTORIED BY [Signature] DATE [Blank]

TYPE CONTAINER [Blank]

293 Cathey, Sam 34 192 168

DENTAL CHART

Unknown X- 1913
(Margaret Halland)

Name CATHEY, Sam
34-192-168

*all teeth good and account to be
except those particularly missing*

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

L-1 *⊗*
L-2 *⊗*
L-3
L-4
L-5
L-6
L-7
L-8

R-16
R-15
R-14
R-13
R-12
R-11
R-10
R-9

L-9 *⊗*
L-10
L-11
L-12
L-13
L-14
L-15
L-16

est 5' 8 1/2"

*all teeth good and accounted for,
⊗ in section*

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

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

R-16
R-15
R-14
R-13
R-12
R-11
R-10
R-9

L-9
L-10
L-11
L-12
L-13
L-14
L-15
L-16

5' 6 3/4"

*file
150 Dept 47
D. Jackson*

IDENTIFICATION CHECK LIST

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

293 Cathey, Sam

Unknown X-1913
Cemetery Margraten, Holland
Plot KKK Row 12 Grave 283

Date reprocessed

1. ~~Arrived at cemetery~~ 20 March 1947
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred by Subordinate Identification Point, Margraten,
(Name and organization) Holland

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>None</u>		
Raincoat	<u>None</u>		
Overcoat	<u>None</u>		
Jacket, Field	<u>One (1) type 1943. Marking "C 2168"</u>		
Jacket, Garrison	<u>One (1) English type, battle, OD.</u>		
Mackinaw	<u>None</u>		
Sweater	<u>None</u>		
Jacket, HBT	<u>None</u>		
* Shirt, Wool OD	<u>One (1)</u>		
Undershirt, Wool	<u>One (1). Marking "Cathey Sam 34192168"</u>		
Undershirt, Cotton	<u>One (1).</u>		
Trousers, HBT	<u>One (1) pair. Marking "Cathey Sam 34192168"</u>		
* Trousers, Wool OD	<u>One (1) pair.</u>		

File Dept 47
R. [unclear]

Belt, web None

Drawers, wool One (1)

Drawers, cotton None

Leggings, wool None

Socks, cotton One (1) pair and one (1) pair of wool,

* Shoes None (type)

Overshoes None

Web Equipment None (type)

(Other item) None

(Other item) None

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

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

Shoulder Patch 7th Armored Division on left shoulder OD shirt.

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

GROUND FORCES

6. Description of Remains:

Age Utd ^{Est.} Height 5'8 1/2" Weight Utd Description of wounds Utd

Bandages or dressings Utd Scars Utd
(Length, width, location)

Utd Tattoos
(Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face Utd

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

Build Utd
(Large, fat, thin, muscular)

Hair Utd
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

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

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

*file
R. J. [unclear]*

Goatee Utd
(Light, color, extent)

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

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

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

Teeth See Tooth Chart
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw Normal Circumference of head in inches Head crushed
(Large, small, normal) (Hat band)

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

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

Hands Utd

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

(Unusual characteristics of fingernails)

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

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

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

Hernioplasty Utd
(Yes-no; location)

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

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

Evidence of healed fractures Utd
(Nose, arms, legs, etc.)

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

Handwritten signature and scribbles

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

If not, explain hands missing

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

9. Remarks Burial bottle found. Remains recovered intact. Considerable amount of decomposed flesh. Clothing marks found on type 1943 jacket "G 2168". On woolen undershirt "Cathey Sam 34192168". On HBT trousers "Cathey Sam 34192168". Shoulder Patch of 7th Armored Division on O.D. shirt. Fluoroscopic Examination: negative. Estimated weight 55 Lbs. As the marks found correspond with the name and ASN of "Cathey", listed in the Alphabetical casualty Listing Book, and as no contradictory evidence was found, this case is classified "UNKNOWN, Believed to Be: CATHEY, SAM 34192168". Chemical Laboratory Examination Positive.

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

Ellsworth T. Mac Intyre
ELLSWORTH T. MAC INTYRE
(Officer's Name)

Captain OMC
Rank Service

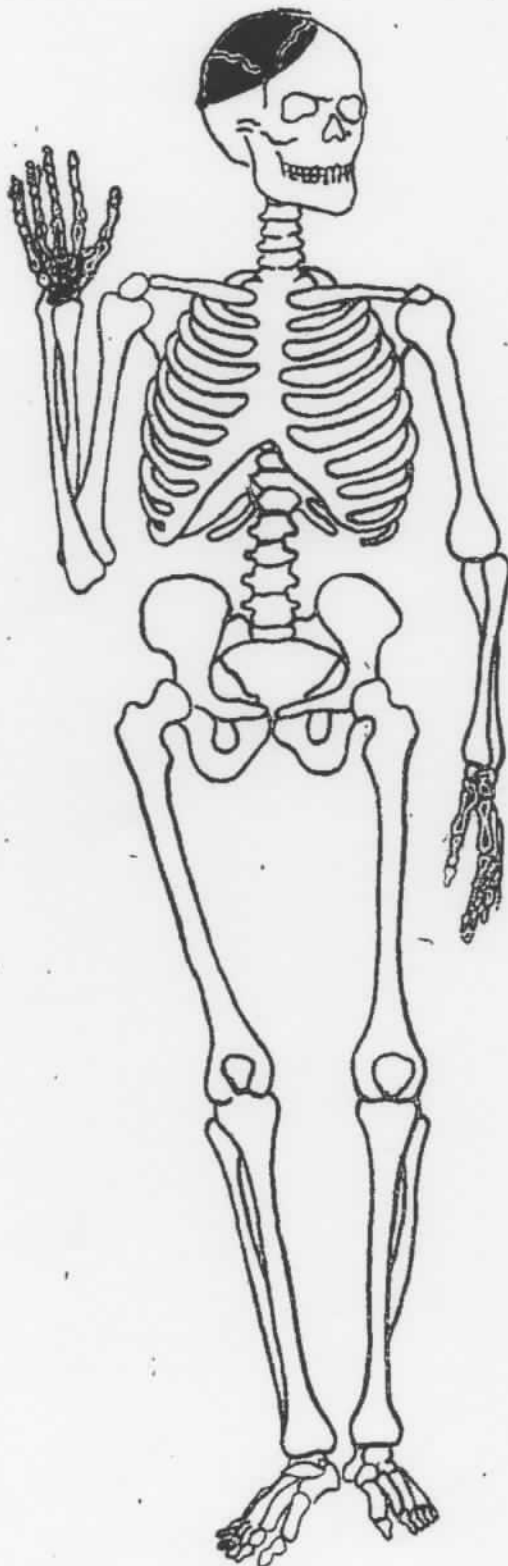
Central Identification Point.
(Organization)

*file
115
Sept 47
Jackson*

X-1913
Margrate Holland
Plot KKR Row 12 Grave 283.

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*See
15 Sept 47
R. Brown*

REPORT OF INVESTIGATION AREA SEARCHING

To be completely filled out and attached to each copy of Form 1, "Report of Burial" when disinterment is accomplished.

- Unknown (T-2319) X-1913 Unkn Unkn Unkn
- (Full name of deceased) (Rank) (ASN) (Organization)
- State if identification tags were attached to remains, how many and where attached No identification tags atchd to deceased.
3. Give exact location from which disinterred, furnishing coordinates and map series used Map Ref: Belgium N.E. France Maesevck 1st Edition Sheet 4, Grid Coord: 630001
- NOTE: ATTACH OVERLAYS SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (include plot, row and grave if organized cemetery) Isolated burial.
5. Approximate or established date of death (state which and give basis for date selected) Date of death unknown.
6. Approximate or established date of burial (give basis for date established) Dec 1 1944, by G. Willikens Hoeve G 15 Nederweert, Holland
7. Fanner in which grave was marked and all information contained on the marker Wooden cross: no markings.
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned No personal effects were found in possession of unauthorized mil personnel or civilians.
- Names and addresses of all persons questioned concerning death & burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) Dutch civilians contacted: -
G. Willikens Hoeve C 15 Nederweert, Holland W Verkoijen Schanstraat, F 61 Nederweert, Holland.
10. If buried in a coffin, give description and markings Deceased was buried in own clothing, not coffin.
11. Action taken Deceased disinterred and evacuated to US Mil Cem, Margraten, Holland by Hq 3060th OM Gr Reg Co APO 562 US Army.
Disinterment approved by HQ GR REG SERV COMD USEET APO 887 US ARMY
Disinterment ~~made~~ ~~performed~~ ~~made~~ by Hq 3060th OM Gr Reg Co
Date of burial / ~~burial~~ 28 SEPT 45
Place of burial / ~~burial~~ US Military Cemetery, Margraten, Holland by Hq Plot KKK row 12 Grave 283 3059th OM Gr Reg Co APO 562 USA

398 Catterbury Jan 34 1948

NOTE: Additional particulars regarding investigation will be placed on reverse side.
Reg NO: 784
Unkn T-2319
+Cross out word not applicable

N. F. Raker
Signature of Investigating Officer
N. F. RAKER
1st Lt. OMC
O-515237
G. R. O.
Rank ASN

Statement of G. Willikens
Hoeve G 15 Nederweert Holland

I left my home in Sept 1944 and went to Weert, Holland where I stayed until the 22 December 44. When I returned to my home at Hoeve G 15 Nederweert, I saw two graves about 50 yards east of my home. A Dutch soldier told me that they were the graves of two Americans. He also told me that the Dutch Red Cross of Weert, Holland made the graves on the 1st of Dec 1944. I did not know the names of the two soldiers buried there.

G. Willikens

*Hoeve G 15
Nederweert*

*file
15 Sept 47
Jackson*

OCOM, GR&E DIV.

GENERAL LIST FOR UNKNOWN

Unknown T-2319
UNKNOWN Z- 1913
CEMETERY HARRGATEN
PLOT 11615 ROW 12 GRAVE 283

Arrived at cemetery _____ From _____
(hour) (date)

Place of death Nederweert, Holland Belgium and N.E. France Maaseyck 1st Edition
(name) (coordinates and landmarks)

Sheet 4, Grid Coord: 630001.

Remains recovered by Hq 3060th OM Gr Reg Co APO 562 US Army
(name and organization)

Evacuated to cemetery by Hq 3060th OM Gr Reg Co APO 562 USA
(name and organization)

Is lead list attached Yes Are names of deceased found in same area as this Un-
(yes-no)

known starred Yes Are circumstances described which may indicate organization of
(yes-no)

the deceased Yes If only part of a body was received, was a careful search made
(yes-no)

for other parts of Unknown Not applicable
(yes-no)

If remains come from vehicle, plane, etc: Not determined
(type of vehicle or plane, nickname,

Not determined
serial number, organization or symbols)

Crew list Undetermined
(names of other deceased and positions in which found)

If a tank, which hatches were free and available for escape use Undetermined

If organization to which vehicle or plane was assigned or if names of all other de-
ceased are not known, give detailed information concerning vehicle or plane _____

Undetermined Undet
(parts of markings or symbols) (burned) (pierced by shell fire - where)

Undet Undet
(found in town, field, by road, etc.) (damaged by mine explosion)

Undet Undet
(names of men who escaped) (description of other vehicles or planes in same area)

Detailed description of personal effects No personal effects were found on the
(indicate exact pocket or part of body)

deceased.
where found)

Case Reg NO 784 (Unkn T-2319)

*File Reg # 784
R. Jackson*

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs, etc.
*Headgear (type)	None			
Reincoat	None			
Overcoat	None			
Jacket, Field	Undet	Undet	Undet	British
Jacket, Combat	Undet	Undet	Undet	Undet
Mackinaw	None			
Sweater	None			
Jacket, HBT	None			
*Shirt, Wool OD	Undet	Undet	Undet	Undet
Undershirt, Wool	Undet	Undet	Undet	Undet
Undershirt, Cotton	Undet	Undet	Undet	Undet
Trousers, HBT	Undet	Undet	Undet	Undet
*Trousers, Wool OD	Undet	Undet	Undet	Undet
Belt, Web	None			
Drawers, Wool	Undet	Undet	Undet	Undet
Drawers, Cotton	None			
Leggings Wool	Undet	Undet	Undet	(no Undet usual lacing)
Socks Cotton	None			
Shoes (type)	None			
Overshoes	None			
Web Equipment (type)	None			
(other item)	None			
(other item)	None			

*If body is nude, sizes of these items should be computed by measuring the remains.
 Chevrons or Undetermined Shoulder Patch Undet

Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age Undet Height Undet Weight Undet Description of wounds Undetermined
 (years) (ft-in) (lbs)

BODY TOO DECOMPOSED

Bandages or dressings Undet Scars Undet
(length, width, location)

Tattoos Undetermined
(number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks Undetermined
(yes-no) (description, location)

Sunburn or tan, other than hands and face Undet

Tobacco stain on fingers or teeth Undet
(designate where, extent)

Complexion Undetermined Build Undet
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

Hair Undetermined
(color, length, quantity, curly, wavy, straight, whorls, or definite parting,

Undetermined
baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Undetermined Mustache Undet Beard or goatee Undet
(color, setting, shape) (color, size, shape) (length,

Undet

heavy, light, color, extent)

Eyes Undet Eyebrows Undet
(color, setting, shape) (color, lushness, extend across nose)

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

Forehead Undet Mouth Undet Lips Undet
(high, wide, wrinkled) (large, medium, small) (small, large, full)

Teeth Undetermined: Too chart atchd herewith.
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin Undetermined Cheekbones Undet
(prominent, receding, pointed, dimple, double) (high, normal)

Jaw Undet Circumference of head in inches Undet
(large, small, normal) (hat band)

Neck Undetermined Larynx Undet Shoulders Undet
(size; long, short, normal, wrinkled) (prominent, normal) (broad)

~~Too decomposed~~ Arms Undet ~~Too decomposed~~
straight, small, rounded) (length) (muscular, color, extent & quantity or hair)

Undet Hands Undet: Too decomposed.
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)

Undetermined
(marks on fingers indicating that rings were worn)

*filed Sept 47
D. K. Brown*

Fingera Undetermined Undet
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

Undet Too decomposed Undet
(unusual characteristics of fingernails)

Chest Undetermined Undetermined
(size at nipples; color, quantity & extent of hair; large, small, normal)

Buck Undet Waist Undetermined
(quantity and extent of hair) (size of navel; appendectomy, amount & col-

Undet Circumcized Undet Pubic hair Undet Hernioplasty Undet
or of hair (yes-no) (color) (yes-no) (location)

Legs Undetermined Undetermined
(inset), (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair.

Feet Undetermined Toes Undetermined
(size; corns; callouses; flat) (slender, straight, crooked, overlap)

Evidence of healed fractures Undetermined
(neck, arms, legs, etc.)

Black out parts of body not received at cemetery:

Back of skull of deceased is missing from remains



No facilities

Have photographs been made and attached No If not, explain available
(yes-no) Deceased too decomposed.

Have fingerprints been placed on GRS #1 No If not, explain _____
(yes-no)

Has tooth chart been prepared? Yes If not, explain _____
(yes-no)

Remarks: Although body is badly decomposed, and back of skull of deceased is missing from remains, a tooth chart was made by personnel of this command.

Neal Baker

N. F. BAKER
S. W. GMC
237
O.

Signature of GRO and Organization

TOOTH CHART

Sept 21-45
Date

Unknown (T-2319) X-1917 Unkn Unkn Unkn Unkn

Last Name First Initial Rank Serial No.

Unkn Unkn Unkn Unkn Unkn

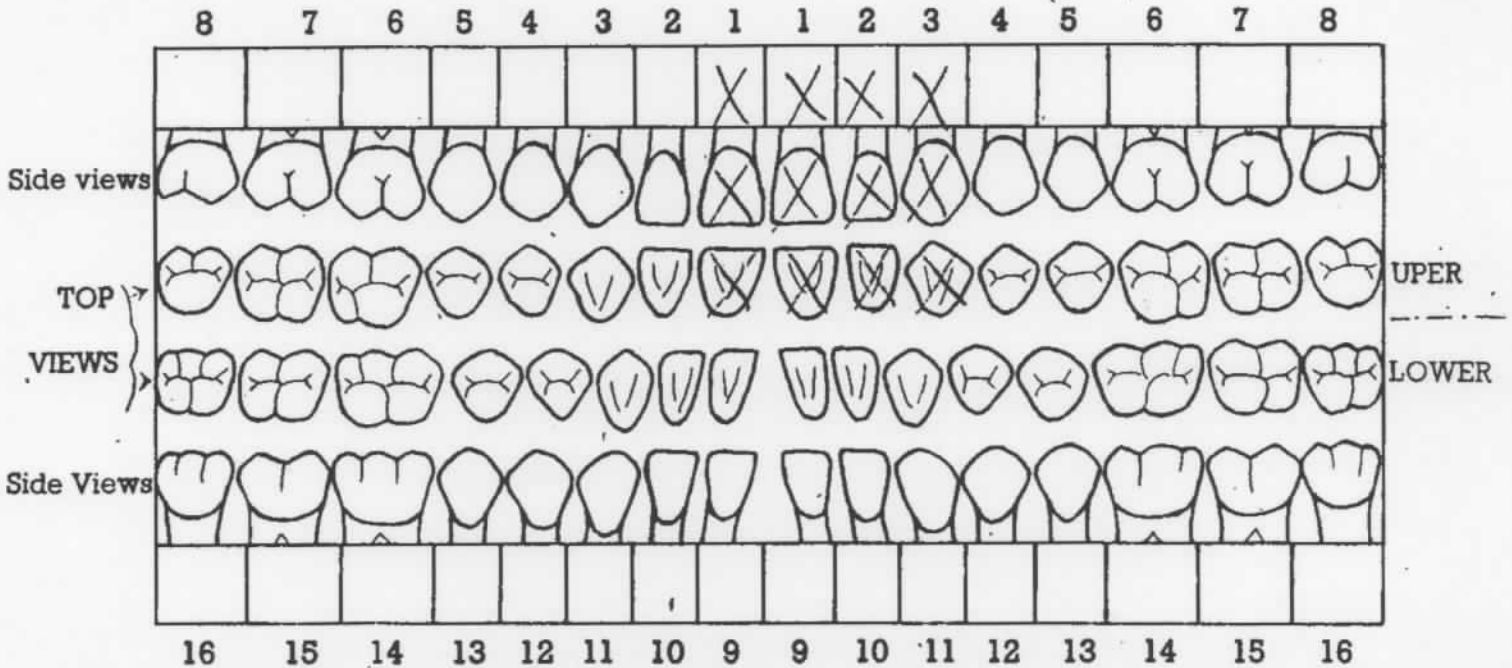
Unit Organization

Nederweert, Holland Dec 1, 1944 Unkn

Place of Death Date of Death Cause of Death

Right

Left




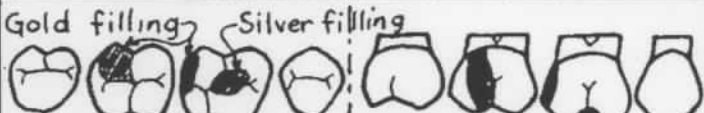
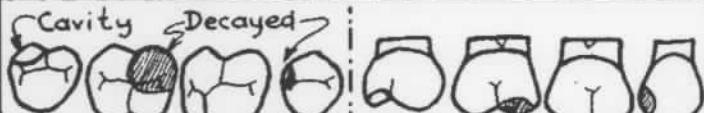


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth),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

Case Reg No: 784 (page 2)
 (Unkn T-2319)

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

<p>MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :</p>	
<p>CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :</p>	
<p>BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :</p>	
<p>FILLINGS.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :</p>	
<p>CARIES (CAVITIES).. Outline location and size of cavity, shade in thus :</p>	

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

ADDITIONAL SPACE FOR FURTHER REMARKS

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

Previously buried as Unknown X 1913, USMC Margraten
identification accepted in accordance with Letter File AGAO-C 293.9 (27 Mar 47)
-M, War Dept, TACC, 9 Apr 47, subj: Establishment of Boards of Review for
identification of Unknown Dead Overseas, by the following members of the Board
of Review established by Par. 2, Special Orders Number 69, Hq. ACRC, dated
May 1947.

16

<u>Excused</u>	<u>Excused</u>
Col. John H. Evans, O-15164	Lt. Col. William D. Mann, O-323364 JAGD
<u>Amos J. Heston</u>	<u>George E. Calk</u>
Maj. James F. Metcalf, O-350280 MC	Maj. George E. Cilley, O-336143 FA
<u>George E. Springer</u>	<u>George E. Woods</u>
Maj. George E. Springer, O-284512 FA	Maj. George E. Woods, O-252521 CE

CORRECTED COPY

/vi

GRAVES REGISTRATION
FORM No. 1
Revised 1 Sept. 1943

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

21 May 1947

CATHEY Sam (NEI) Pvt 34192168 16

Last Name First Initial Rank Serial No.

Trp "A" 87th Cav Rcn Sq (L) 7th Armd Div

Unit Organization

Near Nederweert, Holland 22 October 1944 K I A

Place of Death Date of Death Cause of Death

1100-28 Sept 1945 US Military Cemetery MARGRATEN, Holland

Time and Date of Burial Name of Cemetery Name or Coordinates of Location

283 12 KKK 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 (Previously buried as Unknown X-1913 (Margraten))

How were remains identified? Identified through: 1) Tooth chart for X-1913 is in favorable comparison with tooth chart for Pvt Cathey 2) Laundry marks "Cathey Sam 34192168" found on wool undershirt & HBT trousers and "C-2168" found on field jacket of X-1913 is in agreement with first & last names & ASN for Pvt Cathey 3) 7th Armored Division shoulder patch found on left shoulder of OD shirt of X-1913 is in agreement with organization for Pvt Cathey 4) Est date & place of death of X-1913 is in agreement with AG Cas Report for Pvt Cathey 5) X-1913 found with identified remains of another patrol member 6) Pvt Cathey is the last member of patrol to be accounted for

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

Who is buried on:

Deceased's Right:	<u>ROBERTIELLO</u>	<u>32249407</u>	<u>Pvt</u>	<u>87 Cav Rcn Sq</u>	<u>282</u>
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>AENER</u>	<u>6658526</u>	<u>1/Sgt</u>	<u>325 Gldr Inf Rgt</u>	<u>284</u>
	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 Unknown

Address _____

Religion Protestant

IDENTIFICATION ACCEPTED

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

REBURIAL

Previously buried in isolated grave located at: Map Belgium NE France, (Lawseyck Sh 4 Coord: 63001)

This corrected copy of Report of Burial prepared in the office of the American Graves Registration Commission

Signature of Officer or other person reporting burial

PHILIP J. WOLF
Major GAC

Verified by G.R.S. Officer

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.:

Thumb			
1			
2			
3			
4			

Left Hand

Thumb			
1			
2			
3			
4			

Right Hand

TOOTH CHART

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

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

Characteristics: _____

Other Data: _____

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.

REPORT OF BURIAL

28 September 1945

TM 10-630 AND AR 30-1815

Date
34 192 168

~~Unknown~~ ~~Z-1913~~ - CATHEY, Sam (NMI) Pvt. ~~Unknown~~

Last Name: CATHEY First: Sam Initial: (NMI) Rank: Pvt. Serial No.: ~~Unknown~~

Unknown Trp "A" 87th Cav Reg Sq (M) - ~~Unknown~~ 7th Armd Div

Unit: ~~Unknown~~ Organization: 7th Armd Div

Nederweert, Holland ~~Unknown~~ Date of Death: ~~Unknown~~ Cause of Death: KIA

Place of Death: ~~Unknown~~ Date of Death: 22 Oct 44 Cause of Death: VK 645 482

1100 hrs 28 Sept 45 Name of Cemetery: ~~Unknown~~ Name or Coordinates of Location: Cross

Time and Date of Burial: 283 12 Name of Cemetery: KKK Type of Marker: Cross

Grave Number: 283 Row Number: 12 Plot Number: ~~Unknown~~ 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?

REBURIAL

Ident by Field - Aprvd by OQMG 14 Aug 47 LAK

What means of identification were buried with the body?

Previously buried in isolated grave

located at Map Belgium NE France Mawseyok

GRS Tag
GRS Form # 1

1st Edition Sheet 4 Grid Coord
63001

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

Who is buried on: Robertiello, J. 32249407 Pvt

Deceased's Right: Abner Name Serial No. 6658526

Deceased's Left: ~~Y-1914~~

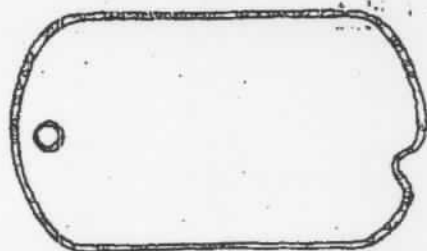
Load list unknown T-2319

Reg No 784 282

87th Cavalien Sq Grave No.

284

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



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

Emergency Addressee - ~~Unk~~ Mrs. Eula Cahtey (M) Name

Box " Trenton, Tennessee Address

Religion Unk

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

NONE

T-2319

Signature of Officer or other person reporting burial

Verified by GRS Officer JOHN J. MULLIGAN
1st Lt OMC

GRS Officer,
3059 th OM GR Co

IF DECEASED UNIDENTIFIED

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

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

(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.:

3	
2	
1	
Thumb	

Left Hand

4	
3	
2	
1	
Thumb	

Right Hand

TOOTH CHART

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

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

Characteristics:

Other Data:

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.

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

20 September 1945
Date

Unknown X-1018
Last Name First Initial Rank Serial No.

Unknown Unknown Unknown Unknown Unknown

Unit Cap Date of Death 1 Dec 1944 Organization Unknown

Place of Death Holland Date of Death 1 Dec 1944 Cause of Death MIA

Time and Date of Burial 1100 hrs 20 Sept 45 Name of Cemetery Warrington, Holland Name or Coordinates of Location W CAF 408

Grave Number 288 Row Number 18 Plot Number 111 Type of Marker Grave

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No (GRS Tag)
If No Identification Tags How were remains identified? GRS

REBURIAL

What means of identification were buried with the body? Previously buried in isolated grave

located at Cap Helgum, 14 miles from Plovoyak
lot 1110th Street & Grid Cord
63001

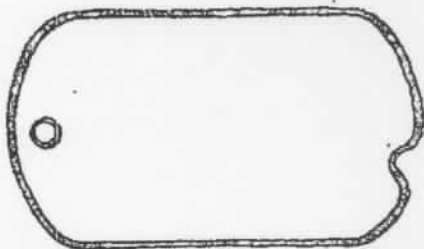
To determine Right or Left use Deceased's Right and Left.

Who is buried on: Robert J. 32249107 Avt Load list unknown T-2319

Deceased's Right: Robert J. 32249107 Avt Box 700 202

Deceased's Left: ABNER 6658526 1/Sgt 320 GLIDER INF R-191A

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



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

Emergency Addressee Unk Name _____

Address _____

Religion Unk

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

None

T-2319

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer John J. Mulligan
1st Lt OMC

G.R.S. Officer
3059th C&GR Co

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

28 September 1945

Date

Unknown X-1918

Last Name		First	Initial	Rank	Serial No.
Unknown				Unk	Unk
Unit		Date of Death		Organization	
Nederweert, Holland		1 Dec 1944		Unknown	
Place of Death		Date of Death		Cause of Death	
1100 hrs 28 Sept 45		Nederweert, Holland		VIC C4E 482	
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location	
283		KKK		Cross	
Grave Number	Row Number	Plot Number		Type of Marker	
283	12	KKK		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?

GRS

REBURIAL

What means of identification were buried with the body?

Previously buried in isolated grave

located at Map Belgium NE 1-10000 Newaevok
1st Edition Sheet 4 Grid Coord
63001

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

Who is buried on:	Robertiello, J. 32249407	Pvt	Reg No 784	282
Deceased's Right:	Name	Serial No.	Rank	Grave No.
Deceased's Left:	ABNER	6658526	1/Sgt	325 GLIDER Imp
	Name	Serial No.	Rank	Organization

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

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



Emergency Addressee Unk Name _____

Address _____

Religion Unk

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

None

T-2319

Signature of Officer or other person reporting burial

Verified by G. R. S. Officer John J. Mulligan
1st Lt QMC

GRS Officer
3059th C & GR Co

IF DECEASED UNIDENTIFIED

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

- | | |
|----------------|--------------------------|
| Height: | 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.:

Left Hand		Right Hand
5		5
4		4
3		3
2		2
1		1
Thumb		Thumb

TOOTH CHART

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

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

Characteristics: _____

Other Data: _____

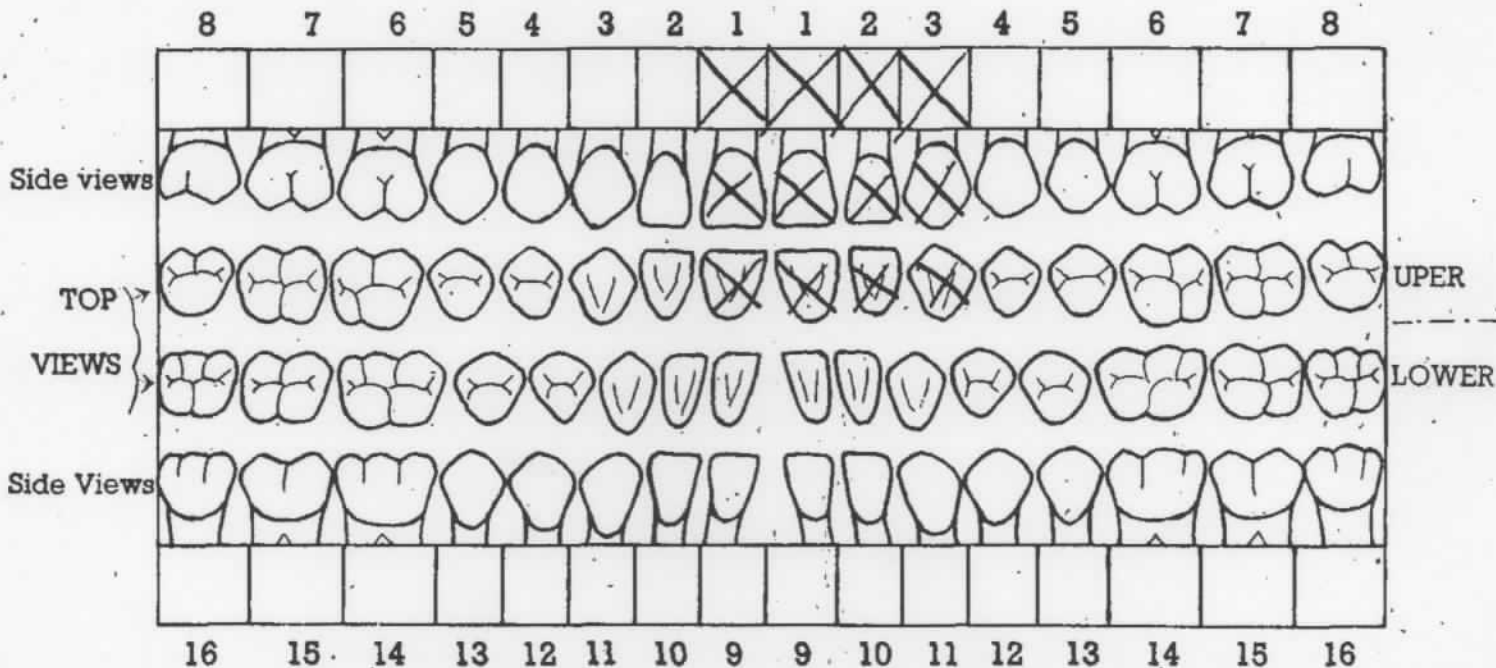
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

TOOTH CHART

Sept 1945
 Date

Unkn 0-2319 Unkn Unkn Unkn
 Last Name First Initial Rank Serial No.
 Unkn
 Unit Organization
 Place of Death Date of Death Cause of Death
 Holland Dec. 1 1944 Unkn

Right See opposite side Left



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

Sgt. R. M. Gilliland 3060 B. P. Co.
 Signature of Officer or other person who prepared Tooth chart
 N. F. RAKER
 1st Lt, QMG
 O-515237
 G. R. & E.
 Verified by G. R. S. Officer

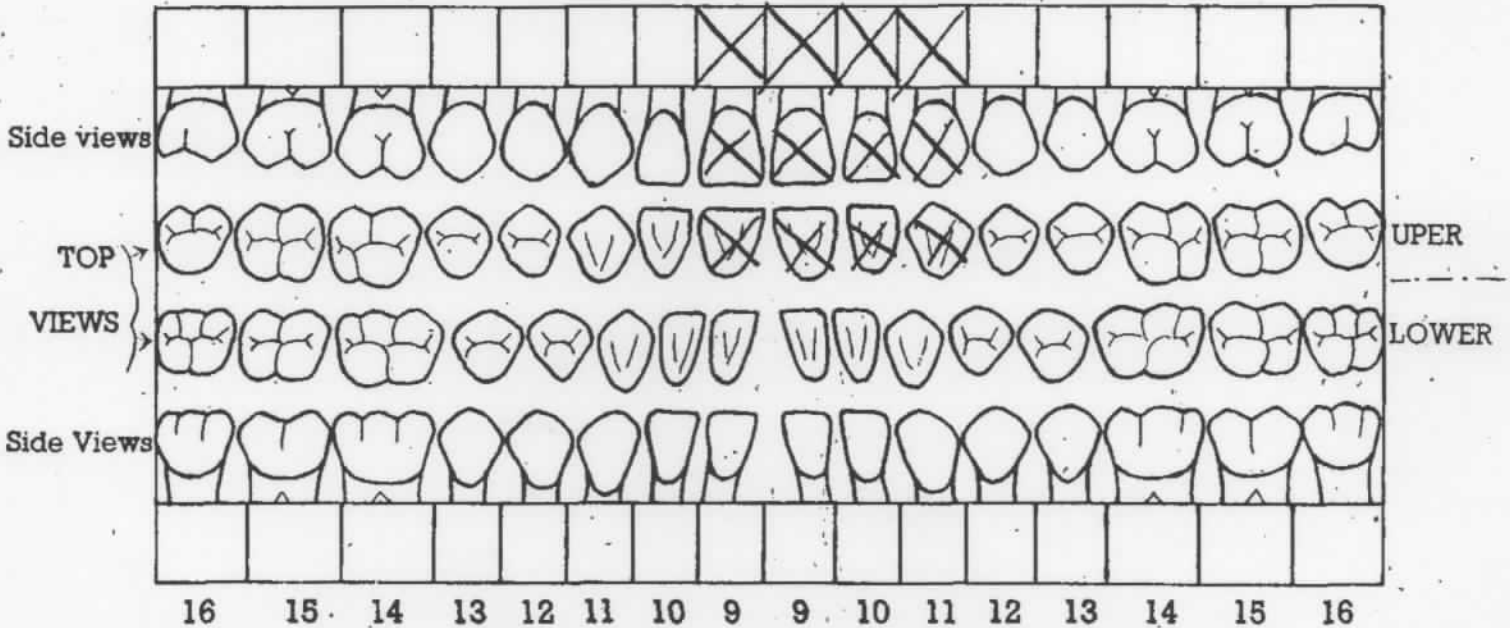
TOOTH CHART

Sept 1945
 Date

Unkn 0-2319 Unkn Unkn Unkn
 Last Name First Initial Rank Serial No.
 Unkn
 Unit Organization
~~Department Holland~~ Dec. 1 1944 Unkn
 Place of Death Date of Death Cause of Death

Right See opposite side Left

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



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

Sgt. R. M. Gilliland 3060 B. P. Co.
 Signature of Officer or other person who prepared Tooth chart
 N. F. RAKER
 1st Lt, QMG
 O-515237
 G. R. S. Officer
 Verified by G. R. S. Officer

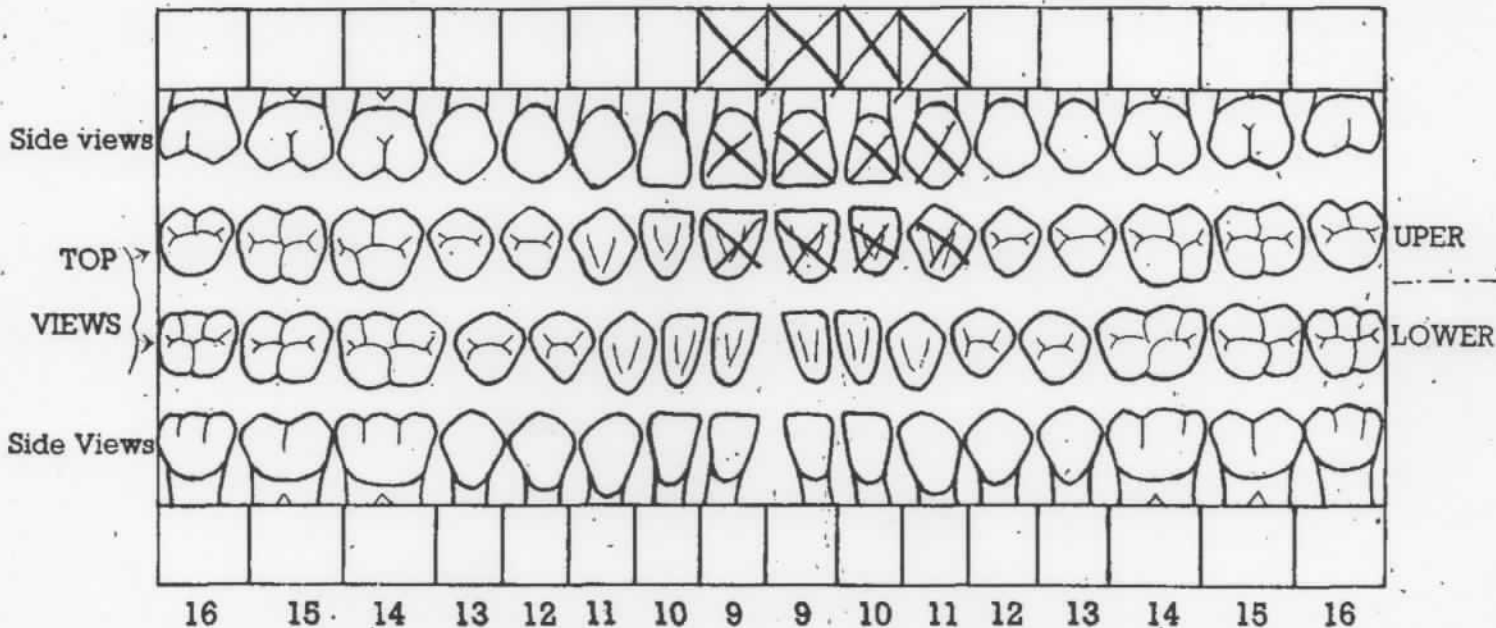
TOOTH CHART

Sept 1945
 Date

Unkn 0-2319 Unkn Unkn Unkn
 Last Name First Initial Rank Serial No.
 Unkn
 Unit Organization
 Place of Death Date of Death Cause of Death

Right See opposite side Left

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



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

Sgt. R. M. Gilliland 3060 B.F.P.
 Signature of Officer or other person who prepared Tooth chart
 N. F. RAKER
 1st Lt, QMG
 O-515237
 G. R. S. Officer
 Verified by G. R. S. Officer

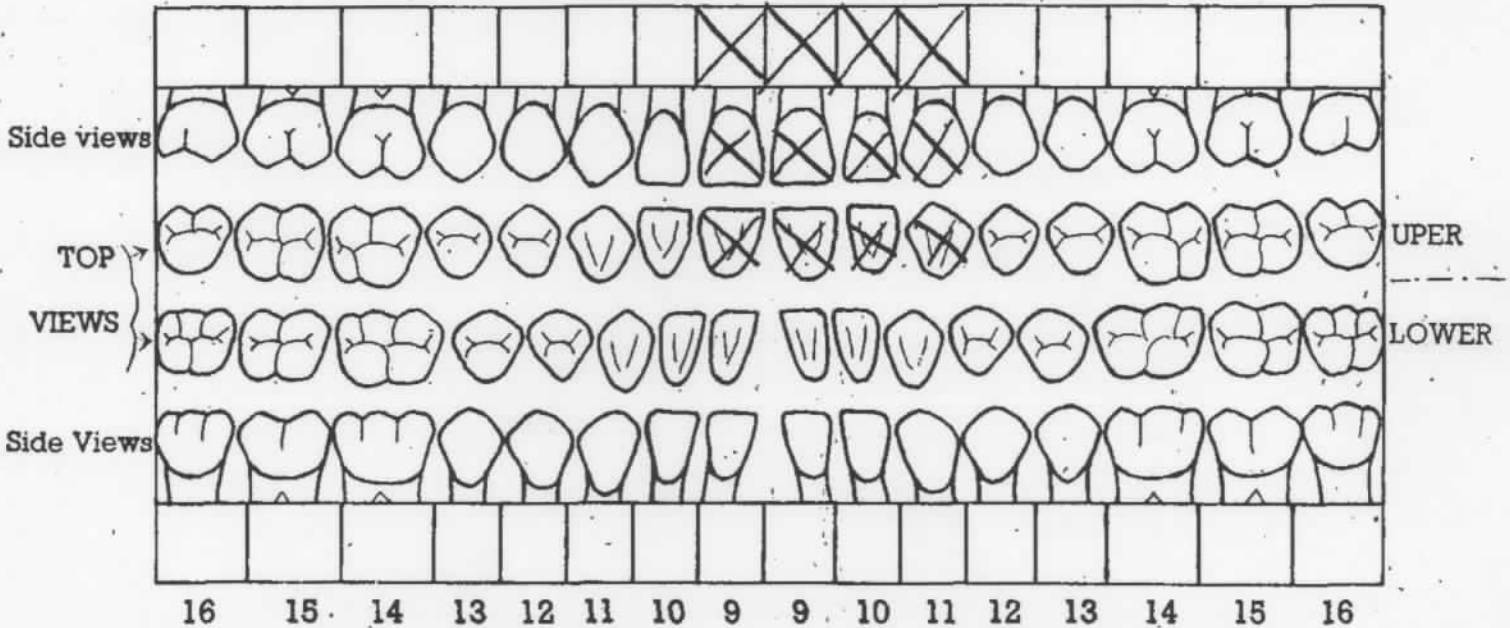
TOOTH CHART

Sept 1945
 Date

Unkn 0-2319 Unkn Unkn Unkn
 Last Name First Initial Rank Serial No.
 Unkn
 Unit Organization
 Place of Death Date of Death Cause of Death

Right See opposite side Left

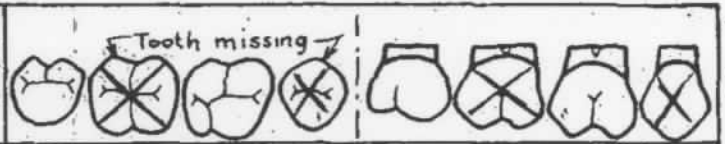
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



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

Sgt. R. M. Gilliland 3060 B.F.P.
 Signature of Officer or other person who prepared Tooth chart
 N. F. RAKER
 1st Lt, QMG
 O-515237
 G. R. & E.
 Verified by G. R. S. Officer

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



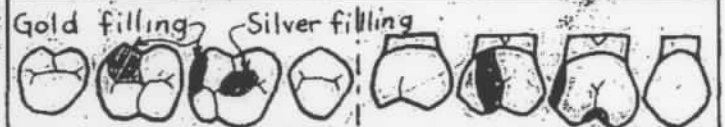
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



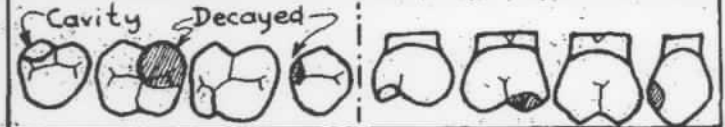
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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

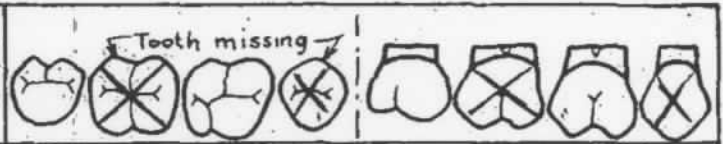


DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth, attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

No. 1 tooth upper right and no's 1, 2, 3 teeth upper left had fallen out. All other teeth are present with no fillings apparent.

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



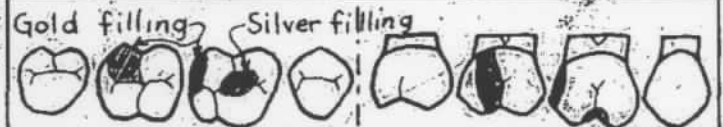
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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



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



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

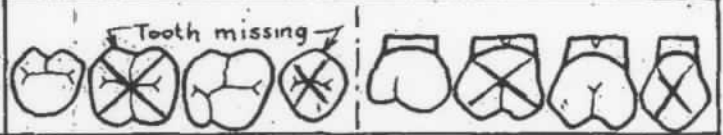


DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth, attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

No. 1 tooth upper right and no's 1, 2, 3 teeth upper left had fallen out. All other teeth are present with no fillings apparent.

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



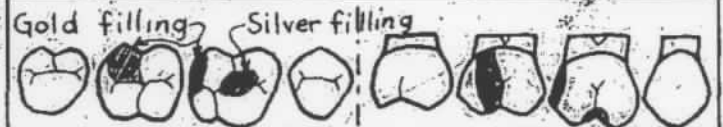
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



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



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



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



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

ADDITIONAL SPACE FOR FURTHER REMARKS

No. 1 tooth upper right and no's 1, 2, 3 teeth upper left had fallen out. All other teeth are present with no fillings apparent.

SENSITIVE SURFACE HANDLE DOGS ONLY

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

REPORT OF DEATH

DATE 23 Nov. 45 glm/3609

FULL NAME Cathey, Sam		ARMY SERIAL NUMBER 34 192 168		GRADE Pvt.	
HOME ADDRESS Trenton, Tennessee		ARM OR SERVICE Cavalry		DATE OF BIRTH 22 Dec. 14	
PLACE OF DEATH European Area.		CAUSE OF DEATH Killed in action		DATE OF DEATH 22 Oct. 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 10 Mar. 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Eula Cathey, mother, Box 2, Trenton, Mo. Tennessee					
BENEFICIARY (Name, relationship, and address) Vernelle Cathey, wife, 4502 Maple Ave., Bethesda, Md. Eula Cathey, mother, Box 2, Trenton, Mo. Tennessee. Preston Cathey, brother, same as above.					
INVESTIGATION MADE YES NO		IN LINE OF DUTY YES NO		OWN MISCONDUCT YES NO	
				WAS DECEASED ON DUTY STATUS YES NO	
				AUTHORIZED ABSENCE YES NO	
				IN FLYING PAY STATUS YES NO <input checked="" type="checkbox"/>	
				OTHER PAY STATUS (Specify below) YES NO	
ADDITIONAL DATA AND/OR STATEMENT <input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE					

"Finding of Death has been issued previously under Sec. 5, Public Law 490, 7 Mar. 42, as amended, showing presumed date of death as 23 Oct. 45. This Report of Death, based on information received since that date is issued in accordance with Sec. 9, of said act, and its effect on prior payments and settlements is as prescribed in Sec. 9."

BY ORDER OF THE SECRETARY OF WAR

Katherine F. [Signature]

FILE
NOV 29 1945
ADJUTANT GENERAL

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

4460

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Private Sam Cathey, Army Serial Number, 34,192,168, Cavalry ¹ to be dead. He was officially reported as missing in action as of the 22nd day of October 1944. For the purposes stated in said Act, death is presumed to have occurred on the 23rd day of October, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Heinhart

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
22 Dec 1914	Trenton, Tennessee	10 Mar 1942	YEARS	MONTH	DAYS	
			Over	three	years	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mrs. Eula Cathey	Mother	Box 2 Trenton, Tennessee

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Mrs. Vernelle Cathey	Wife	4502 Maple Avenue Bethesda, Maryland
Mrs. Eula Cathey	Mother	Box 2, Trenton, Tennessee
Mr. Preston Cathey	Brother	Route 2, Trenton, Tennessee

REMARKS

Distribution 56

Circumstances of disappearance: Soldier became missing in action during an enemy attack near Kreijel, Holland.

FILE
NOV 5 1945

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

4460

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Private Sam Cathey, Army Serial Number, 34,192,168, Cavalry ¹ to be dead. He was officially reported as missing in action as of the 22nd day of October 1944. For the purposes stated in said Act, death is presumed to have occurred on the 23rd day of October, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Heahent

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
22 Dec 1914	Trenton, Tennessee	10 Mar 1942	YEARS	MONTHS	DAYS	
			Over	three	years	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mrs. Eula Cathey	Mother	Box 2 Trenton, Tennessee

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Mrs. Vernelle Cathey	Wife	4502 Maple Avenue Bethesda, Maryland
Mrs. Eula Cathey	Mother	Box 2, Trenton, Tennessee
Mr. Preston Cathey	Brother	Route 2, Trenton, Tennessee

REMARKS

Distribution 56

Circumstances of disappearance: Soldier became missing in action during an enemy attack near Kreijel, Holland.

FILE
NOV 5 1945

SENSITIVE SURFACE - HANDLE EDGES ONLY

Lu
287007

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

REPORT OF DEATH

DATE 23 Nov. 45 glm/3609

FULL NAME Cathey, Sam		ARMY SERIAL NUMBER 34 192 168		GRADE Pvt.	
HOME ADDRESS Trenton, Tennessee		ARM OR SERVICE Cavalry		DATE OF BIRTH 22 Dec. 14	
PLACE OF DEATH European Area.		CAUSE OF DEATH Killed in action		DATE OF DEATH 22 Oct. 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 10 Mar. 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS. MONTHS. DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Eula Cathey, mother, Box 2, Trenton, Miss Tennessee					
BENEFICIARY (Name, relationship, and address) Vernelle Cathēy, wife, 4502 Maple Ave., Bethesda, Md. Eula Cathey, mother, Box 2, Trenton, Miss Tennessee. Preston Cathey, brother, same as above.					
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					
				<input checked="" type="checkbox"/> BATTLE	
<input type="checkbox"/> NON-BATTLE					

"Finding of Death has been issued previously under Sec. 5, Public Law 490, 7 Mar. 42, as amended, showing presumed date of death as 23 Oct. 45. This Report of Death, based on information received since that date is issued in accordance with Sec. 9, of said act, and its effect on prior payments and settlements is as prescribed in Sec. 9."

BY ORDER OF THE SECRETARY OF WAR
Katherine F. Cochran

ADJUTANT GENERAL

287007
the

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

-BATTLE CASUALTY REPORT

AG 201	NAME Cathey, Sam 34 192 168	GRADE Pvt	DATE CAS. REPORT RECEIVED NOV 15 1945
NAME AND ADDRESS OF E. A.	Mrs. Eula Cathey, Box 2, (Mother) Trenton, Tennessee. and Mrs. Vernelle Cathey, (Wife) 4502 Maple Avenue, Bethesda, Md.		DATE TELEGRAM SENT NOV 1 1945

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR Son and Husband

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	P OR J STATUS	SHIPMENT NUMBER
PVT	CATHEY, SAM	34192168	CAV			17033 U-1
TYPE OF CASUALTY		PLACE OF CASUALTY	DATE OF CASUALTY			CASUALTY CODE
KILLED IN ACTION		IN HOLLAND	DAY	MONTH	YEAR	
			22	OCT	44	

REMARKS: AG 704 DEAD /9 NOV. 45/ CORRECTED COPY

MEMO SR AND D SEC. APPROVED BY CHIEF, CAS BR. FINDING OF DEATH OF MISSING PERSON PREVIOUSLY HAS BEEN ISSUED BY WD UNDER THE PROVISIONS OF SEC 5, PUBLIC LAW 490, 7 MAR 42, AS AMENDED, IN THE CASE OF THE ABOVE DESCRIBED PERSON, SHOWING THE PRESUMED DATE OF ~~XXXX~~ DEATH AS 23 OCT 45. THIS 'RPT OF DEATH', BASED ON INFO SINCE 23 OCT 45, IS ~~ISSUE~~ ISSUED IN ACCORDANCE WITH SEC 9 OF THE SAID LAW, AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS IS AS PRESCRIBED IN SAID SEC FOR CASES IN WHICH THE DATE OF DEATH IS EARLIER THAN THE PRESUMED DATE OF DEATH, AS SHOWN IN A FINDING PREVIOUSLY ISSUED. ROUTE TO SR AND D SEC FOR NOTIFICATION.

PL - NEAR KREIJEL.

ACTION BY COMPOSITE SECTION: REPORT VERIFIED <input checked="" type="checkbox"/>		FORM 42	AG 201 REG
CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO <u>Cathey</u>			DATE _____
PREVIOUSLY REPORTED NO _____ YES <input checked="" type="checkbox"/> (AS INDICATED BELOW)			
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA
090353	(17 Feb 45) 4460	DED	23 Oct 45 ETO
FORWARDED TO		E. A. NOTIFIED	
SPEC. IDEN. <input type="checkbox"/>		23 OCT 45	
C. & P. <input type="checkbox"/>	TELEGRAM <input type="checkbox"/>	LETTER <input checked="" type="checkbox"/>	CERTIF. <input type="checkbox"/>
F. REL. <input type="checkbox"/>	CORRES. <input type="checkbox"/>	REPAY. <input type="checkbox"/>	S. R. & D. <input type="checkbox"/>
NON-DEL. <input type="checkbox"/>			
REPORT NOT VERIFIED	NO FORM 43	NO CAS. BR. FILE	CHECKED BY <u>Neely 15 Nov 45</u>
			REVIEWED BY _____

DISTRIBUTION "A" 28 COPIES DISTRIBUTION "B" COPIES

WD AGO FORM 0365
1 MAY 1945

EDITION OF 1 JAN. 1945 MAY BE USED

287007
the

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.
-BATTLE CASUALTY REPORT

AG 201	NAME Cathey, Sam 34 192 168	GRADE Pvt	DATE CAS. REPORT RECEIVED NOV 18 1945
NAME AND ADDRESS OF E. A.	Mrs. Eula Cathey, Box 2, (Mother) Trenton, Tennessee. and Mrs. Vernelle Cathey, (Wife) 4502 Maple Avenue, Bethesda, Md.		DATE TELEGRAM SENT NOV 1 1945

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR Son and Husband

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
PVT	CATHEY, SAM	34192168	CAV			317033 U-1
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY		
KILLED IN ACTION		IN HOLLAND		DAY	MONTH	YEAR
				22	OCT	44
CASUALTY CODE						

REMARKS: AG 704 DEAD /9 NOV. 45/ CORRECTED COPY

MEMO SR AND D SEC. APPROVED BY CHIEF, CAS BR. FINDING OF DEATH OF MISSING PERSON PREVIOUSLY HAS BEEN ISSUED BY WD UNDER THE PROVISIONS OF SEC 5, PUBLIC LAW 490, 7 MAR 42, AS AMENDED, IN THE CASE OF THE ABOVE DESCRIBED PERSON, SHOWING THE PRESUMED DATE OF ~~XXXX~~ DEATH AS 23 OCT 45. THIS 'RPT OF DEATH', BASED ON INFO SINCE 23 OCT 45, IS ~~XXXX~~ ISSUED IN ACCORDANCE WITH SEC 9 OF THE SAID LAW, AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS IS AS PRESCRIBED IN SAID SEC FOR CASES IN WHICH THE DATE OF DEATH IS EARLIER THAN THE PRESUMED DATE OF DEATH, AS SHOWN IN A FINDING PREVIOUSLY ISSUED. ROUTE TO SR AND D SEC FOR NOTIFICATION.

PL - NEAR KREIJEL.

ACTION BY COMPOSITE SECTION: REPORT VERIFIED <input checked="" type="checkbox"/>		FORM 43	AG 201 REC
CASUALTY BRANCH FILE ATTACHED <input type="checkbox"/>		OR CHARGED TO <i>Cathey</i>	DATE
PREVIOUSLY REPORTED NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> (AS INDICATED BELOW)	
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA
090353	(17 Feb 45) 4460	DED	23 Oct 45 ETO
FORWARDED TO		E. A. NOTIFIED	
		23 OCT 45	
SPEC. IDEN.	C. & P.	TELEGRAM	LETTER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
REPORT NOT VERIFIED		NO FORM 43	NO CAS. BR. FILE
		CHECKED BY <i>Neely 15 Nov 45</i>	REVIEWED BY

DISTRIBUTION "A" 28 COPIES DISTRIBUTION "B" COPIES
WD AGO FORM 0365 1 MAY 1945 EDITION OF 1 JAN. 1945 MAY BE USED