

293 OSHEL, LEONARD L. 37516517 PVT. EUROPEAN AREA INF. (KANS.)

45mc

REV. 16B

WESTERN UNION

RECEIPT OF REMAINS

DELIVER AND REPORT ANY CHARGES

DISTRIBUTION CENTER 1810 W. PERSHING RD., CHICAGO 9 ILL. ROUTINE

DAY LETTER

REMAINS CONSIGNED TO:

W. L. FRYE AND SON
OLATHE, KANSAS

293
REMAINS OF THE LATE PVT. LEONARD L. OSHEL SN: 37516517
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER III
STL&SF RR

DUE TO ARRIVE OLATHE, KANSAS, 11:31 PM (CST) WEDNESDAY 25 MAY 1949.
REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS
TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 23564.

THOS. O. CALL
MAJOR, QMC

FILE
6 JUL 1949
REPATRIATION
BRANCH
MEM. DIV.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased

this 26 (Day) day of May (Month), 19 49

Aracola P. Daniels, M/sgt
(Witness (Escort))

W. L. Frye & Son
(Consignee)
W. L. Frye
Members of the firm

QMC FORM 1193
REV 5 MAR 48

U. S. GOVERNMENT PRINTING OFFICE 16-54737-1

MS 20 MAY 1949

UNITED STATES
ARMY
OFFICE OF THE
ADJUTANT GENERAL

RECORDS OF SERVICE

W. L. FRYE AND SON
OLATHE, KANSAS

RECORDS OF THE REGIMENT PVT. LEONARD L. OSHEL SN: 37516217

REGIMENTAL RECORDS OFFICE, 111

STAGE RR

LET TO WRITE OLATHE, KANSAS, 11:31 PM (CST) WEDNESDAY 25 MAY 1919.
REQUEST THAT YOU IMMEDIATELY CHECK THE SET OF HIS AND MAKE NECESSARY
IN ACCORD HERETO AT OLATHE UPON ARRIVAL. NEEDS TO CORRECT NUMBER 33561.

THOS. G. GALL
MAJOR, OMC

FILE

REPATRIATION
RECORDS BRANCH

JUN 27 3 24 PM '19

MEMORIAL DIVISION

W. L. Frye and Son
Olath, Kansas
May 25 1919

SO MAY 1919

DL

1							DISINTERMENT DIRECTIVE			77-76		
SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE						
				1260 07621		15	08	48				
NAME				SERIAL NUMBER		GRADE	ARM	RACE	RELIGION		YEAR	
OSHEL LEONARD L				37516517		PVT	1	1	1			
CEMETERY				PLOT	ROW	GRAVE		DISPOSITION OF REMAINS				
NEUVILLE BELGIUM				A	5	107		7300 <i>0805</i>				
								CODE	DIST. CTR.			
SECTION B — CONSIGNEE AND NEXT OF KIN												
NAME AND ADDRESS OF CONSIGNEE						NAME AND ADDRESS OF NEXT OF KIN						
W.L. FRYE AND SON OLATHE, KANSAS (F/B: DESOTA, KANSAS)						ARTHUR OSHEL (FATHER) DESOTA KANSAS						
SECTION C — DISINTERMENT AND IDENTIFICATION												
NAME			SERIAL NUMBER		GRADE	DATE OF DEATH			DATE DISTINTERRED			
LEONARD L OSHEL			37516517		PVT				19.OCT.48			
IDENTIFICATION TAG ON		ORGANIZATION			RELIGION		IDENTIFICATION VERIFIED BY					
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		USAGF			P		WILLARD B OWEN, CAPT. INF. NAME AND TITLE					
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT												
NATURE OF BURIAL				CONDITION OF REMAINS								
UNIFORM				CRUSHED SKULL, AND MAJOR PORTIONS MISSING, CRUSHED MANDIBLE, FRACT. LT TIBIA.								
OTHER MEANS OF IDENTIFICATION				NONE								
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)				NONE								
REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX:												
DATE 22.OCT.48				BY FERRARS D STEWART, EMBALMER								
CASCKET SEALED BY				EMBALMER (Signature)								
RICHARD N CONRAD, EMB. SUPV.				RICHARD N. CONRAD, EMB. SUPV.								
CASCKET BOXED AND MARKED				SHIPPING ADDRESS VERIFIED BY TAGS, MARKINGS, PLATES								
11/2/1949 KENDEL B. RISER				VERIFIED BY:								
DATE BY				E.N. HEISEY, 1/LT. QMC.								
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.												
/EXCEPT CASCKETING												
ROBERT W GANDEL, 1/LT. QMC												
SIGNATURE OF AGRS INSPECTOR												
REMARKS AND SPECIAL INSTRUCTIONS												
I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.												
<i>Raymond J Rodriguez</i> <i>CWO USA</i>												

VB

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	USMC NEUVILLE, BELGIUM	TO	ANTWERP PORT, PIER 140
KIND OF CONVEYANCE	RAIL	NAME OF CONVOYER	RCT NATHANIEL C. SHANE PFC EARL H. BLATTEN, RA 14397030
SIGNATURE OF SHIPPER	<i>Antonio Teixeira</i> ANTONIO TEIXEIRA 1/LT., SG O-1648826	SIGNATURE OF RECEIVER	RA 12315444 <i>R. Miller</i>
DATE	30/4/49	DATE	3 FEB 1949
2. SHIPPED			
FROM	AGRO ANTWERP BELGIUM	TO	USAT HAITI VICTORY
KIND OF CONVEYANCE	VC. 2GT B. 8126	NAME OF CONVOYER	D. E. PRICE, MAJ. QMC.
SIGNATURE OF SHIPPER	R. D. MILLER, Lt. COL. T.C.	SIGNATURE OF RECEIVER	<i>D. Price</i>
DATE	22 APR 1949	DATE	22 APR 1949
3. SHIPPED			
FROM		TO	<i>NYPE</i>
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>W. Preisch</i> W. W. PREISCH LIEUT. COLONEL, TC.
DATE		DATE	MAY 1949
4. SHIPPED			
FROM	NYPE	TO	<i>SC08</i>
KIND OF CONVEYANCE	TRAIN	NAME OF CONVOYER	<i>Joseph J. Brienzie</i>
SIGNATURE OF SHIPPER	LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	SIGNATURE OF RECEIVER	<i>L. A. Bockstahler</i> L. A. BOCKSTÄHLER
DATE	MAY 11 1949	DATE	MAY 13 1949
5. SHIPPED			
FROM		TO	Chief, Operations Br.
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

VMV

INSPECTION CHECKLIST

23564

NAME OSHEL LEONARD L		RANK PVT	SERIAL NO. 37516517	ARM OR SERVICE US ARMY	DIRECTIVE DATE
RACE WHITE		RELIGION PROT	SEX MALE	DIRECTIVE NO. 1260 07621	
CONSIGNEE AND ADDRESS W.L. FRYE AND SON OLATHE, KANSAS (P/B: DESOTA, KANSAS)			NEXT-OF-KIN ADDRESS ARTHUR OSHEL DESOTA KANSAS		
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)			CONDITION OF SHIPPING CASE (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
FINISH (Exterior)			REMARKS:		
FINISH (Interior)					
HANDLES					
HANDLE BOLTS					
STENCILING - NAMEPLATE					
			INSPECTED BY:		
CASKET - General Appearance (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
FINISH (Exterior)			REMARKS:		
HANDLES AND FASTENINGS					
STENCILING - NAMEPLATE					
CAM LOCKS (Sealing)					
ODOR OR MOISTURE					
			INSPECTED BY: <i>JRB</i>		
ROUTED THROUGH					
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input type="checkbox"/> MORTUARY REPAIR SHOP		
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			CASKET REPAIR <input type="checkbox"/>		
NECESSARY DISINFECTON (Explain)			CASKET EXCHANGED <input type="checkbox"/>		
			SHIPPING CASE REPAIRED <input type="checkbox"/>		
			SHIPPING CASE EXCHANGED <input type="checkbox"/>		
			REMARKS:		
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
STORAGE LOCATION			PASS. LIST NO.	CONTROL NUMBER	
FLOOR	SECTION	BAY	STORAGE NUMBER	23564	
			88	NY 028 R	
STAMP INCOMING OR OUTGOING					

RECEIVED
SIGNED

MAY 3 3 55 PM '49
WU B110 28 GOVT COLLECT

OLATHE KANS APXX MAY 3 1949 940A

CHGO QM DEPOT AGRD

CARE THOMAS O CALL MAJOR QMC CHIEF AGR
AS PER TELEGRAM PLEASE SHIP REMAINS TO W L FRYE AND SONS
OLATHE KANS. NAME OF DECEASED PFC LEONARD OSCHEL CORRECT
ADDRESS ARTHUR OSCHEL FATHER DESOTO KANSAS

ARTHUR OSCHEL

1204P..

FILE



WI BITE COLLECT 01110

OLATHE KANS APRX MAY 3 1949 940A

CHGO PM DEPOT AGRD

CARE THOMAS O CALL MAJOR GMC CHIEF AGR

AS PER TELEGRAM PLEASE SHIP REMAINS TO W L FRYE AND SONS

OLATHE KANS. NAME OF DECEASED PFC LEONARD OSCHEL CORRECT

ADDRESS ARTHUR OSCHEL FATHER DESOTO KANSAS

ARTHUR OSCHEL

1504P..

Army 37516517

AGRD DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO 9, ILL.

WESTERN UNION
DAY LETTER DELIVER AND REPORT ANY CHARGES

MR. ARTHUR OSHEL
DESOTA KANSAS

RECEIVED
SIGNAL CENTER
MAY 1 2 00 PM '49

FILE

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE

PVT LEONARD L. OSHEL

ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO W. L. FRIE AND SON, OLATHE,
KANSAS (F/B DESOTA, KANSAS)

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. DELIVERY OF REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY SEVERAL WEEKS. AT LEAST THREE DAYS PRIOR TO SHIPMENT OF REMAINS ACCOMPANIED BY MILITARY ESCORT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF METHOD OF TRANSPORTATION AND TIME OF ARRIVAL AND REQUESTED TO NOTIFY YOU. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. IN REPLY REFER TO CONTROL NO. 23564

THOS. O. CALL
Major, QMC

MAY 1 - 1949

C. M. ODENWALDER
Capt., QMC

VIA AIR MAIL 25564

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

DATE

26 MAY 1949

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT (Last, First, Middle Initial) OSHEL, LEONARD L.		BRANCH OF SERVICE US ARMY	TO BE FILLED IN BY CLAIMANT A. <input checked="" type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) B. <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)
RANK OR GRADE PVT	SERIAL NO. 37516517		

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and ~~sign on reverse~~ Sign Original Only
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FORWARD COPY
 QUARTERMASTER GENERAL, WASHINGTON 25, D. C.
 ATTN: HDQRS., A. G. R. S.

CLAIM VALID-REPATRIATION JUN 1 1949 EP

I certify that the sum of \$ 105.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below: NAME: of Cemetery DeSoto Cemetery CITY OR COUNTY: Johnson STATE: Kansas	I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from _____ to _____ from which remains were _____ to _____ and _____ to _____ of _____
--	--

RETURN FOUR COPIES TO COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT 18 19 WEST PERSHING ROAD CHICAGO 9, ILLINOIS ATTN: AGR DIVISION	SIGNATURE OF CLAIMANT MR. ARTHUR OSHEL ADDRESS (Street number or RFD, City and State) DESOTO KANSAS RELATIONSHIP TO DECEDENT FATHER
---	---

REMARKS

200030

COPY

F. O., U. S. ARMY, CHICAGO, ILL.
 PAID ON JUN 17 1949
 MONEY ACCOUNTS OF E. G. DOYEL
 LT. COL., F. D., Symbol Number 210-537

(DO NOT SIGN THIS)

PART A

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

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

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

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

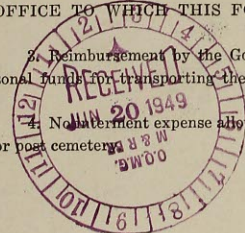
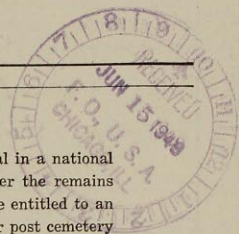
PART B

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

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

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

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



REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 15 Jan 48

Pvt Leonard L. Oshel, 37 516 517
 Plot A, Row 5, Grave 107,
 United States Military Cemetery
 Neuville-en-Candroz, Belgium

15 January 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

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

- 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

DeSoto Kansas City Cemetery -- Please ship to Olathe, Kansas.
(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO United States, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT DeSoto, Kansas, City Cemetery, Please ship to Olathe, Kansas
(FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
(LOCATION OF NATIONAL CEMETERY SELECTED)
 (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

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

NONE

16 Aug 48
Walsh

DDMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

34 JUN 1948

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 Arthur Oshel	% W. L. Frye & Son Olathe, Kansas	FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN DeSoto, Kansas	COUNTY OR PROVINCE Johnson	STATE OR TERRITORY OF U. S. A., OR COUNTRY Kansas
EXPRESS OFFICE (Nearest railroad passenger station) Olathe, Kansas	TELEGRAPH ADDRESS DeSoto, Kansas	TELEPHONE No. 6114 DeSoto	

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 W. L. Frye and Son			
NUMBER AND STREET	CITY OR TOWN Olathe - 09	COUNTY OR PROVINCE Johnson	STATE OR TERRITORY OF U. S. A., OR COUNTRY Kansas
EXPRESS OFFICE (Nearest railroad passenger station) Olathe, Kansas	TELEGRAPH ADDRESS Olathe, Kansas	TELEPHONE No. 364	

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 Oshel	FIRST NAME Laura	MIDDLE INITIAL	RELATIONSHIP TO DECEASED Grandmother
NUMBER AND STREET	CITY OR TOWN DeSoto	COUNTY OR PROVINCE Johnson	STATE OR TERRITORY OF U. S. A., OR COUNTRY Kansas

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.

X Arthur Oshel (SIGNATURE OF NEXT OF KIN) DeSoto, Kansas (STREET AND NUMBER)
 _____ (NAME PRINTED OR TYPED) _____ (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 21 day of January, 1948, at city (or town) of Olathe, county of Johnson, and State (or Territory or District) of Kansas

*NOTE.—Page 4 is part of the notarial attestation.
 My Commission expires July 30, 1951

Virginia Hopkins (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public (OFFICIAL TITLE)

If you are the next of kin and you

I, THE _____ NAMED IN PART I OF THIS FORM, DO THE NEXT EXISTING PERSON IN T

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HA

 (SIGNATURE)

 (NAME PRI

If you are NOT the next of kin au

THIS IS TO NOTIFY YOU THAT I AM NAMED ON PAGE 1 OF THIS FORM SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

 (SIGNATURE)

 (NAME PRI

II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN) _____ (STREET AND NUMBER)

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

_____ (DATE)

_____ (SIGNATURE) _____ (STREET AND NUMBER)

_____ (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.



RECORDS BRANCH
JAN 27 4 13 PM '48
AENORH

Pvt Leonard L. Oshel, 37 516 517
 Plot A, Row 5, Grave 07,
 United States Military Cemetery
 Neuville-en-Condroz, Belgium

15 January 1948

Mr. Arthur Oshel

DeSoto, Kansas

Dear Mr. Oshel:

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 delay.

Sincerely,

THOMAS B. LARKIN
 Major General
 The Quartermaster General

8 Incls.

eh1

JAN 15 12 24

U. S. ARMY
 Q. Q. M. G.
 MAIL & RECORDS

QNGX 293
 Oshel, Leonard L. *at*

2 August 1946

Mr. Arthur Oshel
 DeSoto, Kansas

Dear Mr. Oshel:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Leonard L. Oshel, A.S.N. 37 516 517.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Neuville-en-Condroz, plot A, row 5, grave 107.

This cemetery is located nine miles southwest of Liege, Belgium, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. Larkin
 T. B. LARKIN
 Major General
 The Quartermaster General

100 2
MAILED
100

lk
 EK

INFORMATION GUIDE FOR GR/L TO NOK

		PLOT	ROW	GRAVE
CEMETERY	<u>Murville-in-Corboy</u>	<u>A</u>	<u>5</u>	<u>107</u>
NAME	<u>Oshel, Leonard Sgt</u>	RANK	<u>Private</u>	ASN <u>37576577</u>

Next of Kin (Relationship) Father

Name Arthur Oshel

Street _____

City & State De Soto, Kansas

Original Burial Reburial

DATE 22 July 46 Name of Person Executing Form James M. Brown
(First) (Last)

led

not for any of his

GRAVES REGISTRATION
FORM NO. 1
(Revised 4 Sept. 1943)

Restricted REPORT OF BURIAL

18 Feb 1945
Date

TM 10-630 AND AR 30-1815

Oshel
Last Name

Leonard
First

L
Initial

Unk
Rank

37516517
Serial No.

2 1/2 Mi. South of
Amonines, Belgium
Place of Death

Unknown
Unit

36 ARMD. Inf.
Organization

Unknown
Organization

1400 Hrs, 18 Feb 1945:am.Mil.Cem.Neuville-en-Condroz #1, Bel:Vk390187
Date of Burial

23 Dec. 44
Date of Death

Unknown
Cause of Death

107
Grave Number

5
Row Number

Plot Number

Cross
Type of Marker

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

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

Identification Tag.

150

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

Who is buried on:

Deceased's Right:

Kelley
Name

39724123
Serial No.

Unk
Rank

Unknown
Organization

106
Grave No.

Deceased's Left:

Johnson
Name

37441920
Serial No.

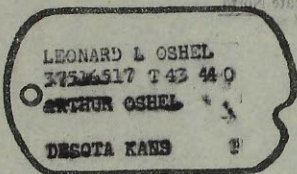
Cpl
Rank

12th Engrs.
Organization

108
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

Name

Address

Religion Protestant

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

Body picked up from bulge by
2nd Platoon, 612th QM Gr Reg Co.

76

Robert E. Barry
Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

ROBERT E. BARRY, 1st Lt., 612th QM Gr Reg Co
JUL 25 1945

INCL-9
Restricted

IF DECEASED UNIDENTIFIED

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

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

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

Left Hand

1

2

Thumb

Right Hand

1

2

Thumb

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

TOOTH CHART

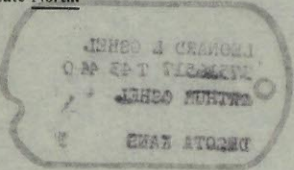
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by S; missing anterior teeth; replacements by artificial teeth X

Characteristics: _____

Other Data: _____



AG P BR HQ 505 / 22560

RESTRICTED

SENSITIVE SURFACE - HANDLE EDGES ONLY

*Corrected Report

Original Forwarded

17 April 1945.

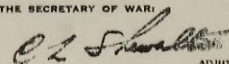
WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

DATE 17 May 1945 FLP

REPORT OF DEATH

FULL NAME Oshel, Leonard L.		ARMY SERIAL NUMBER 37 516 517		GRADE Pvt																															
HOME ADDRESS DeSoto, Kansas		ARM OR SERVICE Infantry		DATE OF BIRTH 23 Feb 24																															
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 23 Dec 1944																															
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Mar 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS																															
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Arthur Oshel (Father) DeSoto, Kansas																																			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mr. Arthur Oshel (Father) Same as above. Miss Pauline Oshel (Sister) Same as father's.																																			
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT																															
YES	NO	YES	NO	YES	NO																														
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS																															
YES	NO	YES	NO	YES	NO																														
				X																															
OTHER PAY STATUS (SPECIFY BELOW)																																			
YES	NO																																		
	X																																		
ADDITIONAL DATA AND/OR STATEMENT																																			
<input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE																																			
*Combat Infantryman--G.O. #17, Hq. 36th Infantry, dated 21 August 1944.																																			
The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 December 1944 until such absence was terminated on 28 March 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.																																			
CORRECTED COPY																																			
<table border="1"> <tr> <th colspan="6">COPIES FURNISHED:</th> </tr> <tr> <td>S. G. O.</td> <td>F. B. I.</td> <td colspan="4">F. O., U. S. A.</td> </tr> <tr> <td>S. O. G. M. G.</td> <td>O. F. D.</td> <td colspan="4">ARMY EFFECTS BUREAU</td> </tr> <tr> <td>G. A. O.</td> <td>VET. ADMIN.</td> <td colspan="4">CASUALTY BRANCH FILE</td> </tr> <tr> <td></td> <td></td> <td colspan="4">A. G. 201 FILE</td> </tr> </table>						COPIES FURNISHED:						S. G. O.	F. B. I.	F. O., U. S. A.				S. O. G. M. G.	O. F. D.	ARMY EFFECTS BUREAU				G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE						A. G. 201 FILE			
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		A. G. 201 FILE																																	
BY ORDER OF THE SECRETARY OF WAR:																																			
 ADJUTANT GENERAL																																			

WD AGO FORM 52-1
1 FEBRUARY 1945THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

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

REPORT OF DEATH

DATE 17 April 1945 *GRJ*

FULL NAME <i>23</i> Oshel, Leonard L.		ARMY SERIAL NUMBER 37 516 517		GRADE PVT									
HOME ADDRESS DeSoto, Kansas		ARM OR SERVICE INF		DATE OF BIRTH 23 Feb 24									
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 23 Dec 44									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Mar 43		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Arthur Oshel, father, DeSoto, Kansas													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mr. Arthur Oshel, father, same as above. Miss Pauline Oshel, sister, same as father's.													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAR DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

"The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 December 1944 until such absence was terminated on 28 March 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area."

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

28 APR 1945
Feb 26
 BY ORDER OF THE SECRETARY OF WAR:
W. J. Whitersoft
 ADJUTANT GENERAL

WD AGO FORM 52-1
 1 FEBRUARY 1945

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

SENSITIVE SURFACE - HANDLE EDGES ONLY

58,705 102

*Corrected Report
Original Forwarded
17 April 1945.

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

DATE 17 May 1945

REPORT OF DEATH

FULL NAME <u>Oshel, Leonard L.</u>		ARMY SERIAL NUMBER 37 516 517	GRADE Pvt			
HOME ADDRESS DeSoto, Kansas		ARM OR SERVICE Infantry	DATE OF BIRTH 23 Feb 24			
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 23 Dec 1944			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Mar 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Arthur Oshel (Father) DeSoto, Kansas						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mr. Arthur Oshel (Father) Same as above. Miss Pauline Oshel (Sister) Same as father's.						
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
					X	*X

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

*Combat Infantryman--G.O. #17, Hq. 36th Infantry, dated 21 August 1944.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 December 1944 until such absence was terminated on 28 March 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

CORRECTED COPY

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

BY ORDER OF THE SECRETARY OF WAR:

E. J. Shultz
ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

258,705

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

352674

-BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER			GRADE	ARM OR SERVICE	REPORTING THEATRE
OSHEL LEONARD L		37516517			PVT	INF	ETO
PLACE OF CASUALTY		DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	
BELGIUM 9		DAY	MONTH	YEAR	V	MIA	
		23	DEC	44		SHIPMENT NUMBER	
						004	

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS-FIRST NAME-MIDDLE INITIAL-LAST NAME	RELATIONSHIP	DATE NOTIFIED
ARTHUR SOTO OSHEL	FATHER	11 JAN 45 MP
NO. AND NAME OF STREET-CITY-STATE		
DE SOTO KANSAS		

REMARKS:

 CORRECTED COPY

RECEIVED
 JAN 19 1945
 10:15 AM '45

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 43 AG 201 REG. _____
 CASUALTY BRANCH FILE ATTACHED OR CHARGED TO _____ DATE _____
 PREVIOUSLY REPORTED NO. _____ YES (AS INDICATED BELOW):
 FILE NO. MESSAGE NO. DATE AND AREA E. A. NOTIFIED
Ship # 220 RFD 17 Sept 44 to 29 Oct 44
 86
 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 *[Signature]* REVIEWED BY *[Signature]*

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A" 28 COPIES *off*(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
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COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.W.D., A.G.O. FORM NO. 0305
16 JUNE 1944

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

258705 154

-BATTLE CASUALTY REPORT

NAME OSHEL LEONARD L		SERIAL NUMBER 37516517	GRADE PVT	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY G9	DATE OF CASUALTY DAY: 08 MONTH: SEP YEAR: 44		FLYING OR JUMPING STAT RTD	TYPE OF CASUALTY RTD	SHIPMENT NUMBER 202

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 MR ARTHUR OSHEL	RELATIONSHIP FATHER	DATE NOTIFIED 8 OCTOBER 1944
NO. AND NAME OF STREET—CITY—STATE DE SOTA KANSAS		

REMARKS: CORRECTED COPY rvh



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. SHIPMENT	MESSAGE NO. 202	TYPE NIA	DATE AND AREA 4-SEP-44 ETO	E. A. NOTIFIED
-----------------------------	---------------------------	--------------------	--------------------------------------	----------------

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

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

* * THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

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

258705

RTB:LD:kl
September 25, 1945

REGISTERED MAIL

Mr. Arthur Oshel,
DeSoto, Kansas

Dear Mr. Oshel:

Reference is made to our previous correspondence relating to the property of your son, Private Leonard L. Oshel.

The inclosed German marks belonging to him were received at this Bureau and are being forwarded to you for appropriate disposition, as a part of his personal effects.

Sincerely,

R. T. BROWN
1st Lt., QMG
Chief, Adm. Division

Incls--
Marks

OSHEW, LEONARD
WNR. 37516517

German Marks

258,705

RR

File
By

35 Marks

35 G

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

JRM:MH:b6

Case No. 258705Date 25 July 1945

SUBJECT: Report of transaction in disposing of the effects of

Leonard L. Oshel, 37516517 late a
(Name of deceased) (Army Serial Number)

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

on the 23 day of December, 19 44, at in European Area

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 23 July 1945, pursuant to Special Orders 228, Headquarters KCQ Depot, dated 25 September 1943, the application or affidavit of Arthur Oshel for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Arthur Oshel of (Name of person found entitled) DeSoto State of (Number, Street or Avenue) (City, Town or Village) Kansas, is the father of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.

(Name, Rank, Organization)
SUMMARY COURT MARTIAL

258705

RTB:MH:ap
July 30, 1945Mr. Arthur Oshel
DeSoto, Kansas

Dear Mr. Oshel:

The Army Effects Bureau has received from overseas some personal effects of your son, Private Leonard L. Oshel.

I am inclosing a check for \$4.54, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

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

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

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

Yours very truly,

C. B. QUINN
2nd Lt., QMC
Chief, Files Branch1 Incl--
Check

68

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Arthur Oshel

SHIP TO:

DeSoto, Kansas

Pvt. Leonard L. Oshel

Effects of:

37516517

Name

258705 D

ASN

Case No.

Wt.

DATE 25 July 1945
RTE:MH:bo

Schreiber
FOR: Effects Quartermaster

REMARKS:

<input checked="" type="checkbox"/> Inclose Bureau Check.	<input type="checkbox"/> Remove C.I.
Acct. No. <u>110905</u>	<input type="checkbox"/> Note discrepancy in _____
Amount <u>4.54</u> <i>due</i>	<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

104829 bt

ROUTING:

<u>1</u> Accounting Branch <i>cc</i>	
<u>2</u> Warehouse Division	110905
<u>3</u> Files Branch, Adm. Div.	258705

July 28

45

Arthur Oshel

4.54

Four and 54/100

REMARKS:

SHIP DAMAGED ITEMS

1 pkg

Fracked ~~removed~~ **AUG 6 1945**
 Est. Exp. Chgs. _____
 Est. Pkg. Chgs. _____
 No. of Packages _____

mk
Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

JUN 28 1945
258,705
DC

CASE NO. -----

TYPED BY Hestand -----

DATE 6-5-45 -----

STATUS Dec. -----

NAME Oshel, Leonard L. -----

A.S.N. 37516517 -----

RANK Unk. -----

ORGANIZATION Unk. -----

AMOUNT \$4.54 -----

LIST NO. F-208 -----

REMARKS -----

PAID-Check No. 104824 \$8
110905 mh
ACCOUNT NO. -----

ACCOUNTING INVENTORY

PACKAGE DESCRIPTION <i>#1 pkg.</i>	ARMY EFFECTS BUREAU INVENTORY- <i>258,705</i> <i>DC</i>	DECEASED	<input checked="" type="checkbox"/>
		MISSING	<input type="checkbox"/>
		P.O.W.	<input type="checkbox"/>
		ABANDONED	<input type="checkbox"/>
		TALLY NO.	<i>944.7</i>
		INV. DATE	<i>16 July 44</i>
		Q.F. NO. OF PGS.	<i>1</i>
		BOX NO.	<i>1</i>
		SHEET	<i>1</i>
		OF SHEETS	<i>1</i>
		ORGANIZATION	<i>Unit</i>
NAME <i>LEONARD L. OSHEL</i>		RANK <i>1st Lt</i>	
A.S.N. <i>37516517</i>			

Belt	TOILET & WASHCLOTHS	WINGS
BELT MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
Cloth, wash	BRACELET IDENT.	BILLFOLD, (NO MONEY)
Coats	Brushes	Case
Footwear, Pr.	CAMERAS	Footlocker
Gloves, Pr.	Glasses	KIT, SEW, TIE, OR WRITING
Handkerchiefs	Knives	BOOKS
Headwear	Lighters	Books, Address
Jackets	MISC.	Books, Pilot Log
Overcoats	Pen, Fountain	DIARY (BELOVED FOR DUTY)
Scarfs	Pencil, Mechanical	FILMS
Shirts	Pipes	Letters
Socks, Pr.	RELIGIOUS ARTICLES	Papers, Personal
Ties	RIBBONS, DECORATION	Photos
Towels	Rings	Shoe shine articles
Trousers, Pr.	Tobacco	SPORT SHORTER
Trunks, Pr.	Toilet articles	SOUVENIRS
Underwear	WITCH Pocket removed	SOUVENIR MONEY
		Stationery
		TESTAMENTS
		U.S. MONEY (AMOUNT)

*German Mark
Removed, MX*

full belt

REMARKS: <i>Arthur Oshel De Soto Kansas not returning Rusty lighter rusty,</i>	ATTACHMENTS	FORM #54	FORM #100
		<i>Inventory</i>	<i>Label</i>
C.A.T. <i>Arthur Oshel De Soto Kansas</i>	WEIGHT	G.I. REMOVED	
		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE	
		<input type="checkbox"/> IDENT. TAGS REMOVED	
		<input type="checkbox"/> DIARY REMOVED	
WAREHOUSE SPACE <i>279</i>	STORED BY <i>DMW</i>	DATE SHIPPED <i>AUG 6 1945</i>	<input type="checkbox"/> LOCKED STORAGE
INVENTORIED BY <i>Lapson</i>	CHECKED BY <i>MMW</i>	<input checked="" type="checkbox"/> WAS OR ADDITIONAL	<input type="checkbox"/> LAUNDRY REMOVED
PACKED BY <i>Yeado</i>			<input type="checkbox"/> FILM REMOVED

DAMAGED

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

FRENCH FRANCES - 225
money in amt \$ 454
Symbol no 212-170
Form 38 WDFD

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

Lapson
INVENTORY CLERK

Smart
SUPERVISOR

G.I. REMOVED

OSHEL LEONARD L.

Serial No. 37516517 Name OSHEL
 Grade UNK Rank _____
 Organization UNK
 Address _____
 Nearest Relative ARTHUR OSHEL
 Address DESOIA, KANSAS
 Killed in Action YES Died of Disease _____
 Date UNK Hospital _____
 Battle Area _____ Information _____
 Place of Burial AM. MIL. CEM. NEUVILLE-en-Condraz #1. Bel.
 Point of Coordination VR 390187
 Description of Body _____

Members Missing _____

Signed _____

NAME OSHEL, LEONARD 6575

BAY	PALLET	BOX	TALLY
	1	1	9447

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

Eff. QM Form 48

R E S T R I C T E D
INVENTORY FORM

21 Feb. 45
Date

SUBJECT: Inventory of Personal Effects of:

Oshel Leonard L. unk 37516517
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO 350 US Army

The above named individual of unk (Unit) unk (Organization)

was reported KIA about unk 1944.
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Arthur Oshel
Desota, Kans.

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

- 1- 1 Cig lighter ✓
- 2- 1 Pencil ✓
- 3- 1 Watch ✓
- 4- 1 Purple Heart ribbon ✓
- 5- 1 Inf. badge ✓
- 6- Misc. souv. stamps ✓
- 7- 3 Souv. notes ✓

Cash

French francs- 225⁰

Money in the amount of 454⁰ has been turned into _____
(Name of finance office and

212-170 Form WDFD 38 enclosed.
symbol number)

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

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by courrier on Feb. 1945.
(Rail, Truck, etc.)

Name Robert E. Barry
ROBERT E. BARRY
Rank & ASN 1st Lt., OMC
0-1594017
Organization 612 QM Gr. Reg. Co.

Any additional pertinent information: