

293 WALDROP, REX. E. 0-101710.3 1st.LT. EUROPE. AREA. (CALIE.)
INF. 45ch

1ST LT J. Wilson

EO

RECEIPT OF REMAINS

DISTRIBUTION CENTER #13 SFPE OAKLAND ARMY BASE ROUTINE 12 APRIL 1949

OAKLAND 14 CALIFORNIA - GRAVES -
REMAINS CONSIGNED TO:

HEINAUER GRIFFITH MORTUARY

203 SOUTH CENTRAL AVENUE

CHINO CALIFORNIA

REMAINS OF LATE FIRST LIEUTENANT REX E WALDROP USAGF O-1017103 BEING SHIPPED
TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FORTY TWO AT&SF RAILROAD
DUE TO ARRIVE POMONA ELEVEN FIFTY AM RAILROAD TIME TWENTY APRIL. REQUEST YOU
IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN. REQUEST FURTHER YOU MAKE
ARRANGEMENTS TO ACCEPT REMAINS AT POMONA UPON ARRIVAL AND TRANSPORT REMAINS AND
ESCORT TO HEINAUER GRIFFITH MORTUARY AT CHINO CALIFORNIA. YOU SHOULD SUBMIT
ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DISTRIBUTION
CENTER FOR PAYMENT OF TRANSPORTATION CHARGES FROM POMONA TO CHINO CALIFORNIA.

F. E. Hyll
F E HYLL
MAJOR QMC
ACTG CHIEF AGR DIV

FILE
19 MAY 1949

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

this 20th day of April, 1949
(Day) (Month)

John S. Wilson
1st Lt. G.C.
(Witness (Escort))

Heinauer - Griffith
by *Ray M. Griffith*
(Confidante)

QMC FORM
REV 5 MAR 48 1193

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

Rel #23

REPATRIATION
RECORDS BRANCH

MAY 9 2 39 PM '49

MEMORIAL DIVISION

CRJ

DISINTERMENT DIRECTIVE

1

| | | | | | |
|---|--|--------------------------------|---|------------------------------------|--|
| SECTION A — NAME AND BURIAL LOCATION OF DECEASED | | DIRECTIVE NUMBER 4650 16534 | | DATE 15 10 48 DAY MONTH YEAR | |
| NAME WALDROP REX E | | SERIAL NUMBER 010171031 | GRADE LT | ARM 1 | RACE 1 |
| CEMETERY MARGRATEN HOLLAND | | PLOT XX | ROW 8 | GRAVE 184 | DISPOSITION OF REMAINS 9100 13 CODE DIST. CTR. |
| SECTION B — CONSIGNEE AND NEXT OF KIN | | | | | |
| NAME AND ADDRESS OF CONSIGNEE HEINAUER - GRIFFITH MORTUARY 203 SOUTH CENTRAL AVENUE CHINO, CALIFORNIA | | | NAME AND ADDRESS OF NEXT OF KIN MRS. VALENTINE E. WALDROP (WIFE) 9003 SOUTH BANDERA STREET LOS ANGELES, CALIFORNIA | | |
| SECTION C — DISINTERMENT AND IDENTIFICATION | | | | | |
| NAME | | SERIAL NUMBER | GRADE | DATE OF DEATH | DATE DISTINTERRED |
| IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | | ORGANIZATION USAGF | | RELIGION | IDENTIFICATION VERIFIED BY NAME AND TITLE |
| SECTION D — PREPARATION OF REMAINS FOR SHIPMENT | | | | | |
| NATURE OF BURIAL | | CONDITION OF REMAINS | | | |
| OTHER MEANS OF IDENTIFICATION SEE ATTACHED SHEET | | | | | |
| MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) | | | | | |
| REMAINS PREPARED AND PLACED IN CASKET | | | | | |
| DATE | | BY | | EMBALMER (Signature) | |
| CASKET SEALED BY | | CASKET BOXED AND MARKED | | | |
| DATE | | BY | | SHIPPING ADDRESS VERIFIED BY | |
| I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. | | | | | |
| SIGNATURE OF AGRS INSPECTOR | | | | | |
| REMARKS AND SPECIAL INSTRUCTIONS | | | | | |

QMC FORM
REV 11 FEB 48 1194

4455

| 1 | | | | | | | | | | DISINTERMENT DIRECTIVE | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|---|--|--|--|--|---|--|--|--|--|
| SECTION A — NAME AND BURIAL LOCATION OF DECEASED | | | | | | | | | | DIRECTIVE NUMBER | | | | | DATE | | | | | | | | | | | | | | |
| NAME WALDROP REX E | | | | | | | | | | SERIAL NUMBER 010171031 | | | | | RANK LT | | | | | ARM 1 | | | | | | | | | |
| CEMETERY | | | | | | | | | | DISPOSITION OF REMAINS | | | | | DATE OF DEATH DAY MONTH YEAR | | | | | | | | | | | | | | |
| PLOT XX | | | | | | | | | | ROW 8 | | | | | GRAVE 184 | | | | | COUNTRY 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 REX E WALDROP | | | | | | | | | | SERIAL NUMBER 0-1017103 | | | | | RANK 1/LT | | | | | DATE OF DEATH | | | | | DATE DISTINTERRED 23 SEP 1948 | | | | |
| IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER | | | | | | | | | | ORGANIZATION | | | | | RELIGION P | | | | | IDENTIFICATION VERIFIED BY WILLIAM J WOOD CAPT FA | | | | | NAME AND TITLE | | | | |
| SECTION D — PREPARATION OF REMAINS FOR SHIPMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATURE OF BURIAL UNIFORM | | | | | | | | | | CONDITION OF REMAINS ADVANCED DECOMPOSITION. SKULL AND MANDIBLE, R/L HUMERUS, L/ FIBULA FRACTURED. REMAINS COMPLETE. | | | | | | | | | | | | | | | | | | | |
| OTHER MEANS OF IDENTIFICATION NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MINOR DISCREPANCIES NONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMAINS PREPARED AND PLACED IN CASKET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE 24 SEPTEMBER 1948 | | | | | | | | | | BY WILFRED D HARRIS, EMBALMER | | | | | | | | | | | | | | | | | | | |
| CASKET SEALED BY WILFRED D HARRIS | | | | | | | | | | EMBALMER (Signature) WILFRED D HARRIS | | | | | | | | | | | | | | | | | | | |
| CASKET BOXED AND MARKED STANLEY E GAJEWSKI DATE 24 SEP48 BY CLERK RECORDER | | | | | | | | | | SHIPPING ADDRESS VERIFIED BY ALL TAGS, PLATES AND MARKINGS VERIFIED BY: ROGER N LETOURNEAU, CAPT FA | | | | | | | | | | | | | | | | | | | |
| I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROGER N LETOURNEAU, CAPT FA SIGNATURE OF GRS INSPECTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prepare Discrepancy Report QMC Form 1194a for major discrepancies. I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F-1194 concerned <i>Raymond J Rodriguez</i> <i>EWB USA</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QMC FORM REV 15 MAR 46 1194 FF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

9M

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 |

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BO

rf

12 APRIL 1949

HEINAUER GRIFFITH MORTUARY
203 SOUTH CENTRAL AVENUE
CHINO CALIFORNIA

ROUTINE

REMAINS OF LATE FIRST LIEUTENANT REX E WALDROP USAGF O-1017103 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FORTY TWO AT&SF RAILROAD. DUE TO ARRIVE POMONA ELEVEN FIFTY AM RAILROAD TIME TWENTY APRIL. REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN. REQUEST FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT POMONA UPON ARRIVAL AND TRANSPORT REMAINS AND ESCORT TO HEINAUER GRIFFITH MORTUARY AT CHINO CALIFORNIA. YOU SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DISTRIBUTION CENTER FOR PAYMENT OF TRANSPORTATION CHARGES FROM POMONA TO CHINO CALIFORNIA.

F E HILL
MAJOR GNG
ACTG CHIEF AGE DIV

1000 APR 12 11 10:4



T

1949 MAR 5 PM 1:51

WUQ99 23 COLLECT HUNTINGTONPARK CALIF MAR 5 1949 123P

CHIEF AMERICAN GRAVES DIVN

OAKLAND ARMY BASE OAK

IN REFERENCE TO 1ST LT REX E ⁰WALDROP ORIGINAL INSTRUCTIONS
REMAIN SAME CORRECT MAILING ADDRESS 9003 SOUTH BANDERA ST
LOS ANGELES CALIF

VALENTINE E. WALDROP.

159P

| | | | | | |
|---|-----------|---|--|--|--|
| ROUTING | | JOINT MESSAGE FORM | | COMMUNICATIONS CENTER NO. | |
| | | | | DELIVER AND REPORT ANY CHARGES | |
| SPACE ABOVE FOR COMMUNICATION CENTER | | | | | |
| FROM: (Originator) CHIEF AGR DIV SFPE OAB | | DATE-TIME GROUP MAR 3 1948 | | SECURITY CLASSIFICATION UNCL | |
| | | PRECEDENCE FOR | | | |
| ACTION TO: MRS. VALENTINE E. WALDROP 9003 SOUTH BANDERA STREET LOS ANGELES, CALIFORNIA | | ACTION DAY LETTER | | INFORMATION | |
| | | <input type="checkbox"/> BOOK MESSAGE | | <input type="checkbox"/> ORIGINAL MESSAGE | |
| | | <input type="checkbox"/> MULTIPLE ADDRESS | | CRYPTOPRECAUTION <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| INFORMATION TO: GRAVES | | REFERS TO MESSAGE BELOW | | | |
| | | IDENTIFICATION | | CLASSIFICATION UNCL | |
| <p>WE HAVE BEEN ADVISED REMAINS OF THE LATE FIRST LIEUTENANT REX E WALDROP</p> <p>ARE ENROUTE TO THE UNITED STATES ABOARD</p> <p>OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO HEINAUER GRIFFITH MORTUARY 203 SOUTH CENTRAL AVENUE CHINO CALIFORNIA</p> <p>PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO CHIEF AMERICAN GRAVES REGISTRATION DIVISION OAKLAND ARMY BASE OAKLAND 14 CALIFORNIA. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.</p> <p>CHIEF AMERICAN GRAVES REGISTRATION DIVISION</p> | | | | | |
| | | SECURITY CLASSIFICATION UNCL | | PAGE 1 OF 1 | |
| DRAFTER'S NAME (and signature when required) | | RELEASING OFFICER'S SIGNATURE | | | |
| SYMBOL | TELEPHONE | OFFICIAL TITLE | | | |

804

J27 R

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

3090

| | | | |
|--|------------------------|---|--|
| NAME WALDROP, REX E | | RANK 1 LT | SERIAL NUMBER 01017103 |
| SOURCE MARGRATEN HOLLAND | | CONSIGNEE HEINAUER GRIFFITH MORTUARY 203 S. CENTRAL AVE., CHINO, CALIF. | |
| SHIPPING CASE - General Appearance (Check ONLY Discrepancies) | | CONDITION OF SHIPPING CASE (Check one) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY | |
| FINISH (Exterior) <i>Touched up</i> | | REMARKS USAGF APR 19 1949 <i>[Signature]</i> | |
| FINISH (Interior) <i>OK</i> | | | |
| HANDLES <i>Replaced</i> | | | |
| HANDLE BOLTS | | | |
| STENCILING - NAMEPLATE <i>Correct</i> | | | |
| HEALTH PERMIT MARKER <i>OK</i> | | | |
| HEALTH PERMIT NUMBER | | | |
| CASKET - General Appearance (Check ONLY Discrepancies) | | CONDITION OF CASKET (Check one) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY | |
| FINISH (Exterior) | | REMARKS | |
| HANDLES AND FASTENINGS | | | |
| STENCILING - NAMEPLATE | | | |
| CAM LOCKS (Sealing) | | | |
| ODOR OR MOISTURE <i>OK</i> | | | |
| | | | |
| ROUTED THROUGH | | | |
| <input type="checkbox"/> MORTUARY OPERATING ROOM | | <input type="checkbox"/> REPAIR SHOP | |
| CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY | | CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| NECESSARY DISINFECTION (Explain) | | CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | REMARKS | |
| TIME | DATE <i>4/12/49</i> | SIGNATURE OF MORTICIAN <i>[Signature]</i> | SIGNATURE OF INSPECTOR <i>[Signature]</i> |
| REMARKS I certify that the casket and shipping case for these remains were inspected by me personally and are in perfect condition. I further certify that I personally checked the name stencil and shipping case tag against the casket tag for these remains and the name as stenciled on the shipping case and as on the shipping case tag are exactly the same as shown on the tag fastened to the casket. <div style="text-align: right;"><i>[Signature]</i> <i>[Signature]</i></div> | | | |

148559

| REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES <small>(Read Explanation on Reverse Side before completing form)</small> | | DATE W W II April 21, 1949 |
|---|-------------------------------|---|
| NAME OF DECEDENT (Last, First, Middle Initial) WALDROP, REX E | | BRANCH OF SERVICE USAF |
| RANK OR GRADE 1 LT | SERIAL NO. 01017103 | 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) |
| INSTRUCTIONS TO PERSONS SIGNING THIS FORM 1. This form is NOT to be signed by Funeral Director. 2. Fill in as required and sign four copies. 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. | | |
| FILL IN THIS STATEMENT IF BOX "A" IS CHECKED I certify that the sum of \$ 135.00 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: Pomona Cemetery CITY OR COUNTY: Pomona STATE: California | | FILL IN THIS STATEMENT IF BOX "B" IS CHECKED I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped) TO: (Name and Location of National or Post Cemetery) Valentine E. Lovesee SIGNATURE OF CLAIMANT Valentine E. Lovesee (Waldrop) 7300 Beach Street ADDRESS (Street number or RFD, City and State) Los Angeles 2, Calif RELATIONSHIP TO DECEDENT Wife |
| RETURN FOUR COPIES TO Commanding Officer Distribution Center No. 13 Oakland Army Base Oakland 14, California | | REMARKS |

COPY

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.

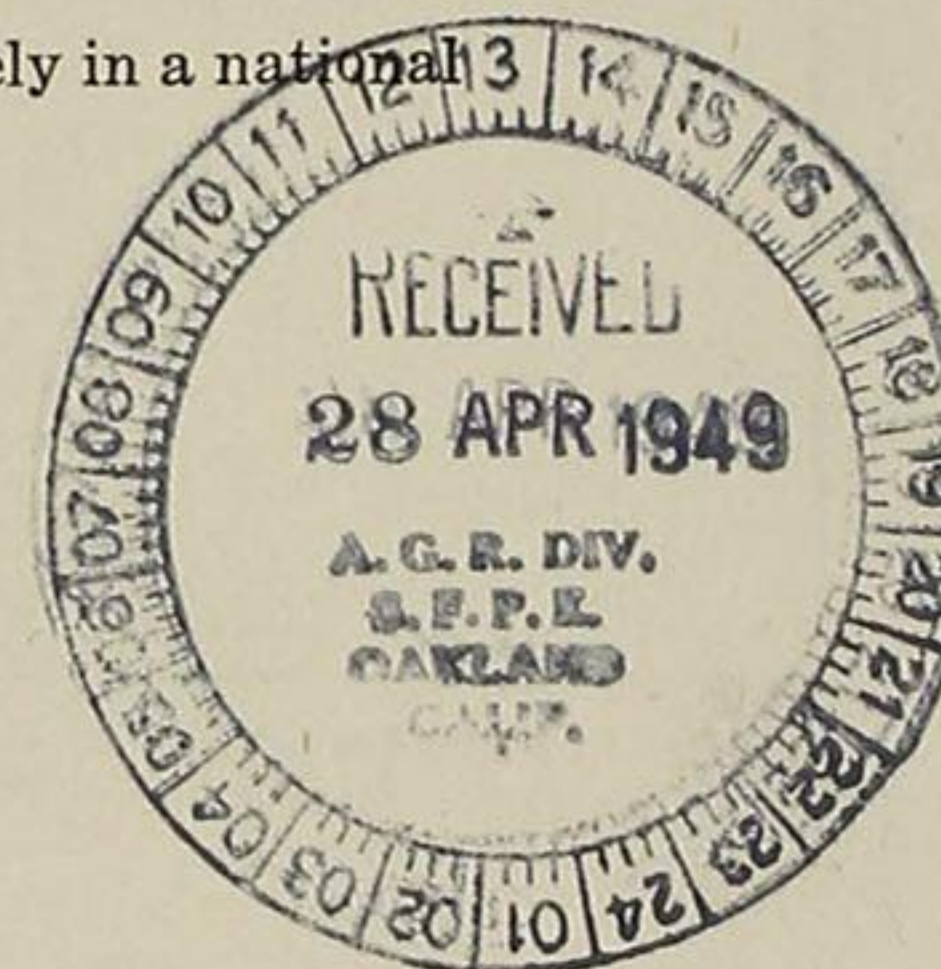
PART B

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:

1st Lt Rex E. Waldrop, O-1 017 103
Plot XX, Row 8, Grave 184,
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, Valentine E. Waldrop

(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) J. O. Waldrop (Father)

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

POMONA CemeteryPomona Calif.

(NAME AND LOCATION OF CEMETERY)

502 East Franklin

- ☐ 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.)

NoneUnres. 7/16/48D/D Received 15 Nov 48OQMG FORM
14 NOV 1946

345 MILITARY

16-50411-1

JUL 27 1948

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 |
| POMONA RAILROAD DEPOT | POMONA | |
| EXPRESS OFFICE (Nearest railroad passenger station) | TELEGRAPH ADDRESS | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| | | TELEPHONE No. |

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

| | | | |
|---|-------------------|--------------------|--|
| FULL NAME OF FUNERAL DIRECTOR | | | |
| HEINAUER - GRIFFITH MORTUARY | | | |
| NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| 203 So. Central Ave. | Chino 13 | San Bernardino | Calif. |
| EXPRESS OFFICE (Nearest railroad passenger station) | TELEGRAPH ADDRESS | TELEPHONE No. | |
| Pomona Calif. | Chino Calif. | Ly 82329 | |

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 |
| GRIFFITH | ROY | M | NO |
| NUMBER AND STREET | CITY OR TOWN | COUNTY OR PROVINCE | STATE OR TERRITORY OF U. S. A., OR COUNTRY |
| 203 So. Central Ave. | Chino | San Bernardino | Calif. |

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.

Valentine E. Waldrop (SIGNATURE OF NEXT OF KIN) 9003 S. Bandera Street (STREET AND NUMBER)
Valentine E. Waldrop (NAME PRINTED OR TYPED) Los Angeles, California (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 14 day of January,
1948, at city (or town) of Huntington Park, county of Los Angeles, and State (or Territory or District) of California.

R. O. BATES
NOTARY PUBLIC in and for the State of California
My Commission Expires July 1, 1951 (OFFICIAL TITLE)

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

If you are the next of kin and you

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

| |
|------------------------------|
| LAST NAME |
| RELATIONSHIP TO THE DECEASED |
| NUMBER AND STREET |

WHOM I UNDERSTAND SHALL HAVE

(SIGNATURE)

(NAME PRINTED OR TYPED)

If you are NOT the next of kin and

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 PRINTED OR TYPED)

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 _____, 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.

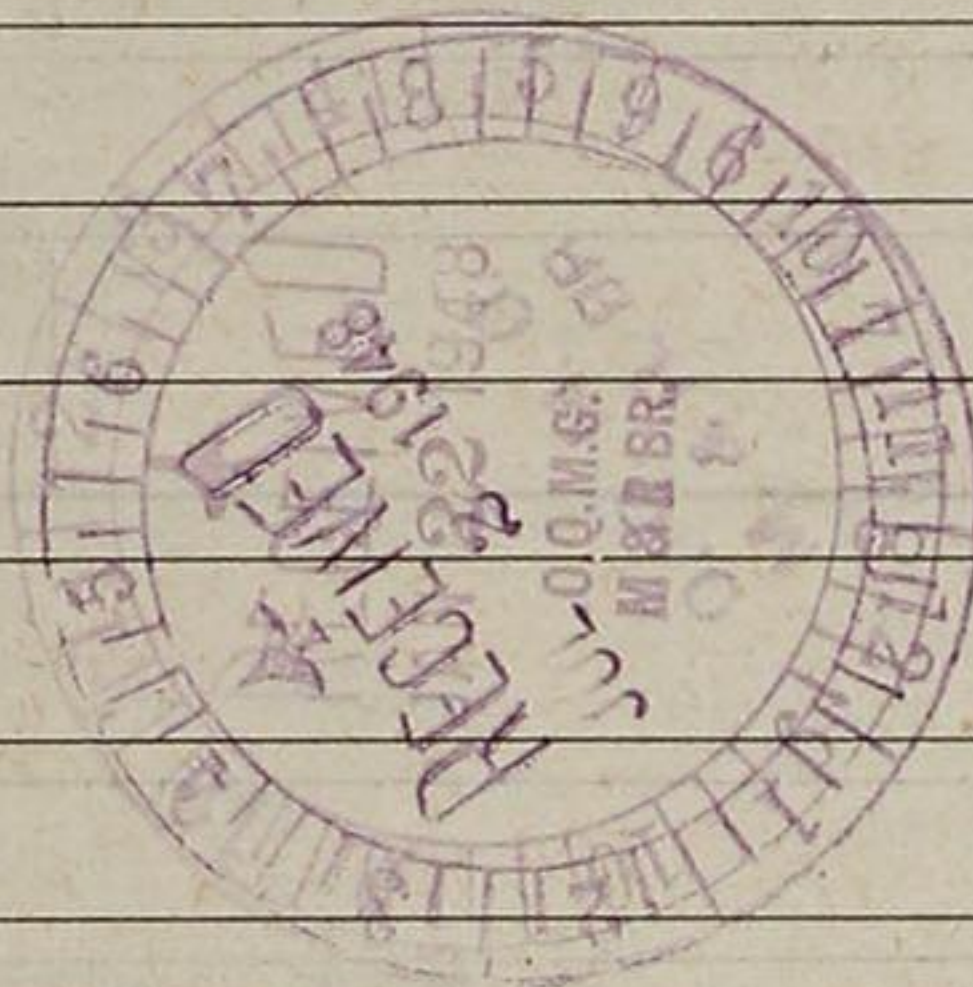
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

| | | |
|------------------------------|--------------|------------------|
| 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.



FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRES

WALDROP, REX E. 1/Lt. 01017103 2
 Name Rank SN 345 Execut- Option
 ed by Selected
 MARGRATEN, HOLLAND XX-8-184
 Cemetery Plot Row Grave Consignee

Write NOK Mr. Mrs. Miss VALENTINE E WALDROP WIFE
 Name Relationship
 9003 S. BANDERA ST. (Address)
 L.A. CALIF. (City and State)

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. () Indicate OPTION desired
3. () Indicate CEMETERY in which interment desired
4. () Indicate Country (HOMELAND) of deceased or NOK
5. (✓) Indicate CONSIGNEE - Name and/or Address (R.R. DEPT not
ACCEPTED AS CONSIGNEE)
6. () Obtain SIGNATURE of NOK
7. () Obtain NOTARIZATION
8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and
request that another choice be made

B. Action to Case Resolution Unit, FCA

9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
10. () Reply to REMARKS on IRF
11. () SPECIAL INSTRUCTIONS: _____

12. () Inform Party Listed Below of Action Taken by This Office

Name _____ RELATIONSHIP _____
 Address _____
 City _____ State _____

Orig-With 345
 Dup-M&R for 293 File

S. K. Magin
 Acceptance Clerk's Name

10 Apr 48
 Date

QMCIF 293
Waldrop, Rex E., S.N. 01 017 103
Plot XX, Row 8, Grave 184
USMC Margraten, Holland

3 May 1948

Mrs. Valentine E. Waldrop
9003 South Bandera Street
Los Angeles, California

Dear Mrs. Waldrop:

We have received the "Request for Disposition of Remains" form, in regard to the final interment of the remains of your husband, the late First Lieutenant Rex E. Waldrop.

I regret that this form cannot be accepted without further information. It is necessary for you to state the full name and address of the person who is to receive the remains of your husband. This may be done in one of the blocks on page two, which we have checked in red. It is also advisable to enter the name of an emergency addressee on page two in the space provided for this purpose.

Your prompt cooperation in completing and returning the Disposition Form to us will avoid further unnecessary delay and will be greatly appreciated.

Sincerely yours,

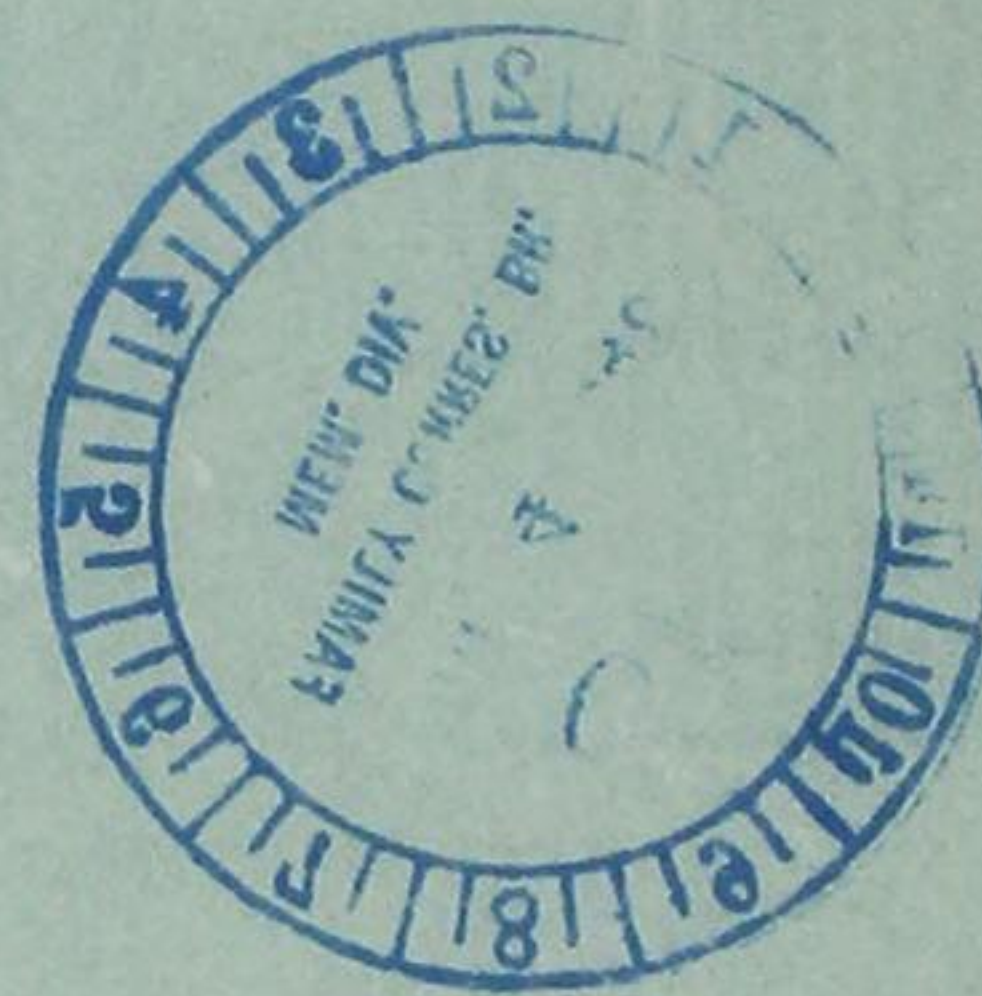
RICHARD B. COOMBS
Major, QMC
Memorial Division

2 Incls.

1. Req for Disp Fm
2. Envelope

eff

cc: Arrowsmith



RBC

Waldrop, Rex E., S.M. 017 103
 Plot XX, Row B, Grave 184
 U.S. Marine Corps, Holland

3 May 1946

Mrs. Valentine E. Waldrop
 9003 South Santa Anita Street
 Los Angeles, California

Dear Mrs. Waldrop:

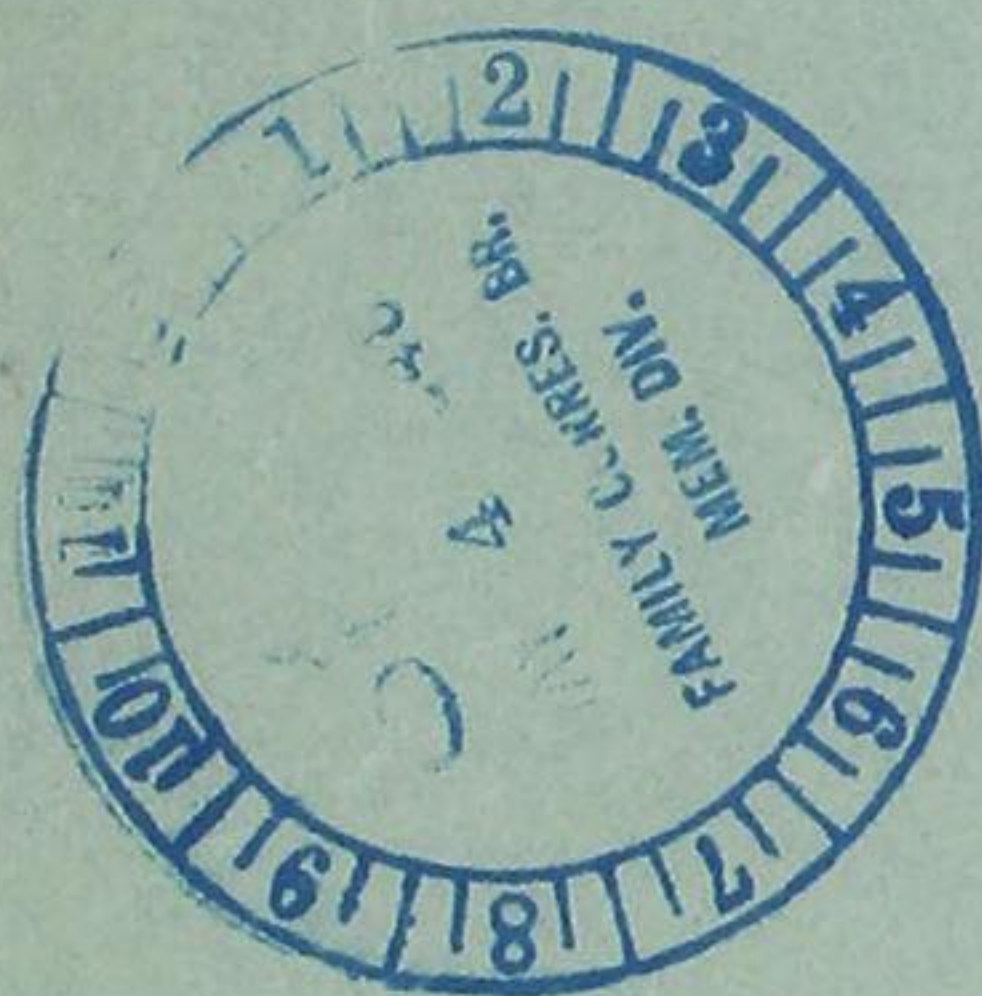
We have received the "Request for Disposition of Remains" form, in regard to the final interment of the remains of your husband, the late First Lieutenant Rex E. Waldrop.

I regret that this form cannot be accepted without further information. It is necessary for you to state the full name and address of the person who is to receive the remains of your husband. This may be done in one of the blocks on page two, which we have checked in red. It is also advisable to enter the name of an emergency addressee on page two in the space provided for this purpose.

Your prompt cooperation in completing and returning the Disposition Form to us will avoid further unnecessary delay and will be greatly appreciated.

Sincerely yours,

RICHARD B. COOMBS
 Major, MC
 Memorial Division



2 Incls.
 1. Red for Disap Form
 2. Envelope
 cc: [illegible]
 [illegible]
 [illegible]

CORRESPONDENCE ACTION SHEET

Mr.
Miss.
Addressee: (Mrs.) Valentine E. Waldrop Widow
Relationship
State 9003 S. Bandera Street
City, State Los Angeles, Calif. '47
Date letter
Cemetery
Temporary: _____
Permanent: _____
Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS
(sequence)

--- ADDITIONAL -- DATA -- MODIFICATIONS --

165 I husband
1st Lt Rex E. Waldrop

I regret that this form cannot be accepted without further information. It is necessary for you to state the full name and address of the person who is to receive the remains of your husband. This may be done in one of the blocks on page two, which we have checked in red. It is also advisable to enter the name of an emergency addressee on page two in the space provided for this purpose.

85 AA

30 Apr 48
[Signature]

Analyst Typist Reviewer

Modifications

OKed

Decedent: Waldrop, Rex E.
Last First Initial Rank ASN
1st Lt. 0-1 017 103

FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

WALDROP, REX E. 1/Lt. 01017103 2
 Name Rank SN 345 Execut- Option
 ed by Selected

MARGRATEN, HOLLAND XX-8-184
 Cemetery Plot Row Grave Consignee

Write NOK ~~Mr.~~ Mrs. VALENTINE E. WALDROP WIFE
 Miss Name Relationship

9003 S. BANDERA ST. (Address)

L.A. CALIF. (City and State)

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. () Indicate OPTION desired
3. () Indicate CEMETERY in which interment desired
4. () Indicate Country (HOMELAND) of deceased or NOK
5. (✓) Indicate CONSIGNEE - Name and/or Address (R.R. DEPOT NOT
ACCEPTED AS CONSIGNEE)
6. () Obtain SIGNATURE of NOK
7. () Obtain NOTARIZATION
8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and
request that another choice be made

B. Action to Case Resolution Unit, FCA

9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
10. () Reply to REMARKS on IRF
11. () SPECIAL INSTRUCTIONS: _____

12. () Inform Party Listed Below of Action Taken by This Office

Name _____ RELATIONSHIP _____

Address _____

City _____ State _____

Orig-With 345
Dup-M&R for 293 File

S. K. Magin
 Acceptance Clerk's Name

10 Apr 48
 Date

1st Lt Rex E. Waldrop, O-1 017 103
 Plot XX, Row 8, Grave 184,
 United States Military Cemetery
 Margraten, Holland

5 December 1947

Mrs. Valentine E. Waldrop
 7300 Beach Street
 Los Angeles, California

Dear Mrs. Waldrop:

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

8 Incls.

amt

DEC 9 11 53 AM
 O. Q. M. G.
 MAIL & RECORDS BRANCH

3 December 1946

Mrs. Valentine E. Waldrop
7300 Beach Street
Los Angeles, California

Dear Mrs. Waldrop:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late First Lieutenant Rex E. Waldrop, A.S.N. 01 017 103.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot XX, row 8, grave 184. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

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

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

p4j

DEC 3 4 32 PM '46
MAIL & RECORDS BRANCH

EC

GRAVE REGISTRATION
Form No. 1
(Revised 1 Sept. 1943)

RESTRICTED

REPORT OF BURIAL 433

11 Apr 45

01017103

WALDROP REX E. Unknown
Last Name First Middle Initial Rank Organization
Unit 31 Tank Bn Unknown
Chilberg, Germany 7 Apr 45 - 29 Apr 45 SFT head & shoulders
Place of Death Date of Death Cause of Death
1700 hrs, 11 Apr 45 Ittenbach #1 P 678-310
Name of Cemetery Name or Coordinates of Location
119 8 Plot Number Type of Marker
Grave Number Row Number

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

If No Identification Tags

How were remains identified?

Officers pay data card

MD Form #81

WD Ident Card

What means of identification were buried with the body? (If none, specify what was buried with body)

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

Who is buried on: Bailey, Frederick H. 150
Deceased's Right: Name Serial No. Rank Organization Grave No.
Goodman, Robert L. 37104481 148
Deceased's Left: Name Serial No. Rank Organization Grave No.

Signature of 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 Address: Name

Address

Religion

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

Signature of Officer or other person reporting burial

Verified by G.R.O. Officer

N. I. STONE
1st Lt. G.M.C.
G.R.O.
G.R.O.

6

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1948)**Restricted**
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

30 August 45

Date

WALDROP

Rex

E

01017103

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

Ohlberg, Ger.

est 7 April 45

SFW-head & shoulders

Place of Death

Date of Death

Cause of Death

0845

4 SEP 1945

Margraten

VK 645 482

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

184

8

XX

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

Officers payday Card

M D Form # 81

W D Ident Card

What means of identification were buried with the body?

REBURIAL

Previously buried in Ittenbach Cemetery

Plot G Row 8 Grave 149

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

Who is buried on:

Goodman

37104481

T/4

629 TD. Bn

183

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Bailey

Serial No.

Pvt

Btry B - 96 SEA. Bn

185

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

Name

Address

Religion P

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

Disinterring Officer: RICHARD A. CROSS, Capt, QMC, 608th QM GP CO

Cleon E. Wells

Signature of Officer or other person reporting burial

Restricted

Officer: CLEON E. WELLS, 1st Lt., QMC, 603rd QM GP CO

Verified by G.R.S. Officer

147

RESTRICTED

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

REPORT OF BURIAL 433

TM 10-630 AND AR 30-1315

11 Apr 45

Date

01017103

Serial No.

WALDROP

REX

E.

Unknown

Last Name

First

Initial

Rank

Unknown

31

Tank Bn

Unknown

Rank

Unit

Ohlberg, Germany

Place of Death

Date of Death

1700 hrs, 11 Apr 45

Ittenbach #1

Organization

Color of Eyes

Color of Hair

Race

F 678-310

Perm

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?

Officers pay data card

MD Form #81

WD Ident Card

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:

Bailey, Frederick M.

Name

Serial No.

Rank

Organization

150

Grave No.

Deceased's Left:

Goodman, Robert L.

Name

Serial No.

Rank

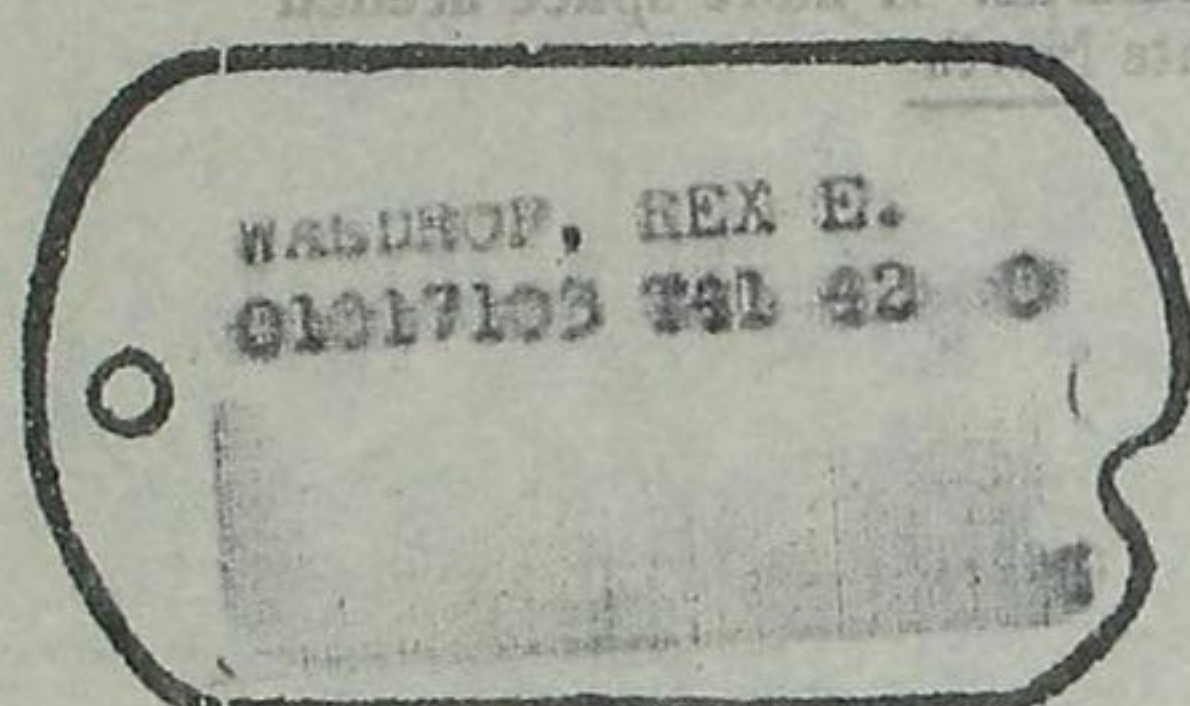
Organization

37104481

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

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

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

N. J. SEANE

1st Lt, QMC

G-1591451

G.R.O.

SEP 19 1945

RESTRICTED

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.:

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.

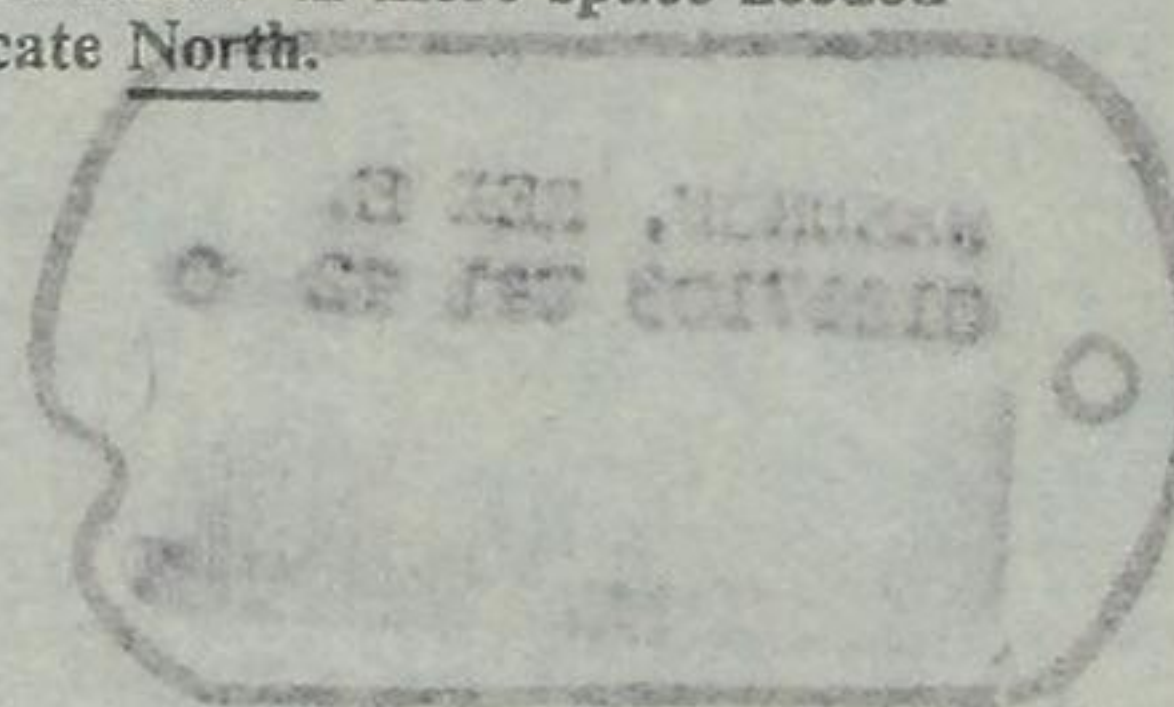
| Deceased's Right | | | | | | | | Deceased's Left | | | | | | | |
|------------------|---|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |
| Upper | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Lower | 8 | 7 | 6 | 5 | 4 | 3 | 2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

Indicate: missing natural teeth by ×; crowns by ○; fillings by □; Bridges by △; linking anchor teeth; replacements by artificial teeth ×

Indicate: missing natural teeth by \times ; crowns by \bigcirc ; fillings by \square ; Bridges by \bigcirc ; linking anchor teeth; replacements by artificial teeth \times

Characteristics:

Other Data:



AG P BR HQ SOE

122560

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT

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

REPORT OF DEATH

DATE 4 May 45 AD 3831

| | | | | |
|--|----|---|---------------------------|--|
| FULL NAME Waldrop, Rex, E. | | ARMY SERIAL NUMBER 01017103 | GRADE 1st Lt | |
| HOME ADDRESS Pomona, California | | ARM OR SERVICE Inf | DATE OF BIRTH 3 Jul 21 | |
| PLACE OF DEATH European area | | CAUSE OF DEATH Killed in action | | DATE OF DEATH 7 Apr 45 |
| STATION OF DECEASED European area | | DATE OF ENTRY ON CURRENT ACTIVE SERVICE 20 Mar 43 | | LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Valentine E. Waldrop, wife, 7300 Beach St., Los Angeles, California | | | | |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Valentine E. Waldrop, wife, (not designated) | | | | |
| INVESTIGATION MADE? | | IN LINE OF DUTY | | OWN MISCONDUCT |
| YES | NO | YES | NO | YES |
| WAS DECEASED ON DUTY STATUS | | AUTHORIZED ABSENCE | | IN FLYING PAY STATUS |
| YES | NO | YES | NO | YES |
| OTHER PAY STATUS (SPECIFY BELOW) | | YES | | |

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE ☐ NON-BATTLE

Evidence of death received in War Department 21 Apr 45

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

BY ORDER OF THE SECRETARY OF WAR:

J. Lasky

MAY 12 1945

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.

SENSITIVE SURFACE - HANDLE FOGES ONLY

504784

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

REPORT OF DEATH

DATE 4 May 45 AD 3831

| | | | | |
|--|----|---|---------------------------|--|
| FULL NAME Waldrop, Rex, E. | | ARMY SERIAL NUMBER 01017103 | GRADE 1st Lt | |
| HOME ADDRESS Pomona, California | | ARM OR SERVICE Inf | DATE OF BIRTH 3 Jul 21 | |
| PLACE OF DEATH European area | | CAUSE OF DEATH Killed in action | | DATE OF DEATH 7 Apr 45 |
| STATION OF DECEASED European area | | DATE OF ENTRY ON CURRENT ACTIVE SERVICE 20 Mar 43 | | LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Valentine E. Waldrop, wife, 7300 Beach St., Los Angeles, California | | | | |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Valentine E. Waldrop, wife, (not designated) | | | | |
| 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) | | X | | |

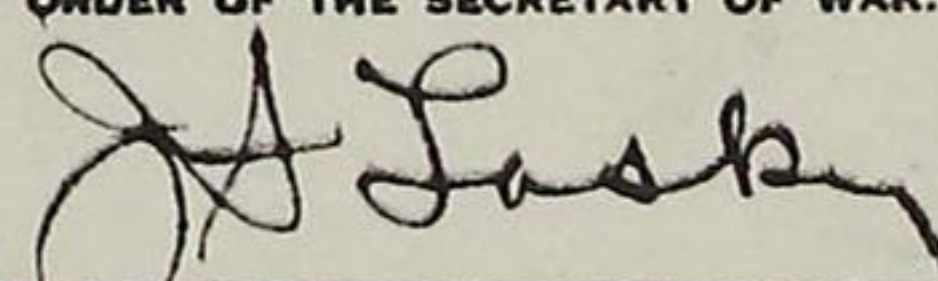
ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE ☐ NON-BATTLE

Evidence of death received in War Department 21 Apr 45

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

504784

CHE/BLF/cs
6 August 1946

Mrs. Valentine E. Waldrop
7300 Beach Street
Los Angeles, California

Dear Mrs. Waldrop:

The Army Effects Bureau has received some
additional property of your husband, First Lieutenant
Rex E. Waldrop.

This property, contained in one package,
is being sent you for distribution. If, for some reason,
it has not been received within the next thirty days,
this Bureau should be informed so that tracer may be
instituted.

Yours very truly,

C. H. ESSEH
Adm. Assistant
Army Effects Bureau

J
9J
65
4.6

| | | | |
|---|---------------------|------------------------------|--------------------------|
| AMOUNT OF CHECK | NOTE DISCREPANCY IN | INCLOSE VALUABLES | RECIPIENT FROM |
| | NAME | SHIP VALUABLES | CASUALTY REPORT |
| ACCOUNT NUMBER | SERIAL NUMBER | VALUABLES SHIPPED BY (clerk) | INVENTORY |
| | RANK | | FORM 20 |
| <p>Mrs. Valentine E. Waldrop</p> <p>7300 Beach Street</p> <p>Los Angeles, California</p> <p>1st Lt. Rex E. Waldrop</p> <p>O-1017103</p> <p>504784</p> | | | LETTER |
| | | | NO. & TYPE OF CONTAINER |
| | | | ENVELOPE |
| | | | CARTONS |
| | | | PACKAGE |
| | | | FOOT LOCKER |
| | | | SPECIAL INSTRUCTIONS |
| | | | REMOVE GI |
| | | | SHIP BLOODSTAINED |
| | | | SHIP DAMAGED |
| REMOVE BL'DSTAINED | | | |
| REMOVE DAMAGED | | | |
| FILMS REMOVED | | | |
| DIARY REMOVED | | | |
| CHE:BLF:pb SUMMARY COURT DATA | | | DATE ACTION TAKEN |
| DATE OF FINDING | APPLICANT | | MAIL REVIEWER (initials) |
| REMARKS | | | SHIPPED |
| | | | FRANKED |
| | | | EXPRESS |
| | | | FREIGHT |
| | | | DATE SHIPPED |
| | | | SHIPPING CLERK |
| | | | ROUTING |
| | | | ACCOUNTING BRANCH |
| | | | WAREHOUSE |
| | | | FILE |
| ORDER FOR ACTION | | | |

EFF OM FORM 14
10 OCT 1945

504,784

| ATTACHMENTS | | EFFECTS INVENTORY ARMY EFFECTS BUREAU | | STATUS | |
|-------------------------------------|------------------------|--|-----------------------------|--------------------------|-----------|
| <input checked="" type="checkbox"/> | INBOUND INVENTORY | | | <input type="checkbox"/> | DECEASED |
| | G. R. OR SUB GR LABEL | | | <input type="checkbox"/> | MISSING |
| | WILL OR POWER OF ATTY. | | | <input type="checkbox"/> | P. O. W. |
| <input checked="" type="checkbox"/> | TALLY IN FORM 43 | | | <input type="checkbox"/> | ABANDONED |
| | | | | <input type="checkbox"/> | UNKNOWN |
| | BAGS, CLOTH OR TRAVEL | BELT | OVERCOATS | | |
| | BELT, MONEY (NO MONEY) | BOOKS, ADDRESS | PAPERS, PERSONAL | | |
| | BILLFOLD (NO MONEY) | BOOKS, PILOT LOG | PENCIL, MECHANICAL | | |
| | BOOKS | BRUSHES | PEN, FOUNTAIN | | |
| | BRACELET, IDENT. | CASE | PHOTOS | | |
| | CAMERAS | CLOTH, WASH | PIPES | | |
| | CLOTHING | COATS | RINGS | | |
| <input checked="" type="checkbox"/> | 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 | | INFORMATION | | | |
| None. | | Recheck | | | |
| NAME AND STATUS VARIATIONS | | CROSS REFERENCE | | | |
| 43 shows Rex E. Waidrop. | | | | | |
| 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 | | |
| 7-29 | | REMITTER OR DRAWER | | | |
| 7-29 | | | | | |
| TALLY NO. | ORIG. NO. OF PKGS. | EXAMINING DATE | BOX NO. | SHEET | |
| 9724 | | 18-July-46 | | OF SHEETS | |
| NAME | ORGANIZATION | | A. S. N. | CASE NO. | |
| Rex E. Waidrop | | | 0-1017103 | | |
| WAREHOUSE SPACE | EXAMINED BY | PACKED BY | | DIARY REMOVED | |
| 819 | Gibler | | | PHOTO FILM REMOVED | |
| PACKAGE DESCRIPTION | WEIGHT | INSPECTED BY | MOTION PICTURE FILM REMOVED | | SHIPPED |
| #1 Hg | | | DATE | | BY WHOM |
| | | | AUG 7 1946 | | mt |

| | | | | |
|-----------------|--------|------|-------|------|
| WAIDROP, REX E. | | 1/LT | 7103 | |
| BAY | PALLET | BOX | TALLY | TYPE |
| 18 | | 2 | 9724 | PKG |

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

9 April, 1945
Date

SUBJECT: Inventory of Personal Effects of:

WALDROP, REX E. 1st Lt. 0-1017103
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of Company "C," 3rd Tank Battalion
Missing in Action (Unit) (Organization)

was reported killed in action about 8 April, 1945
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

1 Envelope with pictures of family and soldier

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

_____ 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 Truck on 22 April 1945.
(Rail, Truck, etc.)

Name Truman Boman

Rank & ASN Capt. 01018042

Organization Co. C 3rd Tank Bn

Any additional pertinent information:

Val-A-Pack in storage

504784

DSJ:BLF:cms
June 10, 194622
6
10

Dear Mrs. Waldrop:

The Army Effects Bureau has received some additional property of your husband, First Lieutenant Rex E. Waldrop.

9

This property, contained in one footlocker, is being sent you for distribution. If, for some reason, it has not been received within the next thirty days, this Bureau should be informed so that tracer may be instituted.

65

Yours very truly,

D. S. JOHNSTON
2nd Lt., QMC
Chief, Adm. Div.

| | | | |
|--|---------------------|------------------------------|--------------------------|
| AMOUNT OF CHECK | NOTE DISCREPANCY IN | INCLOSE VALUABLES | RECIPIENT FROM |
| | NAME | SHIP VALUABLES | CASUALTY REPORT |
| ACCOUNT NUMBER | SERIAL NUMBER | VALUABLES SHIPPED BY (clerk) | INVENTORY |
| | RANK | | FORM 20 |
| <p>Mrs. Valentine E. Waldrop</p> <p>7300 Beach Street</p> <p>1st Lt. Rex E. Waldrop</p> <p>O-1017103</p> <p>504784 <i>70</i></p> | | | LETTER |
| | | | NO. & TYPE OF CONTAINER |
| | | | ENVELOPE |
| | | | CARTONS |
| | | | PACKAGE |
| | | | FOOT LOCKER |
| | | | SPECIAL INSTRUCTIONS |
| | | | REMOVE GI |
| | | | SHIP BLOODSTAINED |
| | | | SHIP DAMAGED |
| REMOVE BL'DSTAINED | | | |
| REMOVE DAMAGED | | | |
| FILMS REMOVED | | | |
| DIARY REMOVED | | | |
| DSJ:BLF:pet | | SUMMARY COURT DATA | DATE ACTION TAKEN |
| DATE OF FINDING | APPLICANT | | 6-10-46 |
| REMARKS | | | MAIL REVIEWER (initials) |
| | | | ee |
| | | | SHIPPED |
| | | | FRANKED |
| | | | EXPRESS |
| | | | FREIGHT |
| | | | DATE SHIPPED |
| | | | JUN 12 1946 |
| | | | SHIPPING CLERK |
| | | | ROUTING |
| ACCOUNTING BRANCH | | | |
| WAREHOUSE | | | |
| FILE | | | |
| ORDER FOR ACTION | | | |

EFF OM FORM 14
10 OCT 1945

1-7/2 W-3.

| ATTACHMENTS | | EFFECTS INVENTORY | | STATUS | |
|------------------------|-------------------------------------|---|--|-----------|--|
| INBOUND INVENTORY | | EFFECTS INVENTORY ARMY EFFECTS BUREAU <i>504784</i> | | DECEASED | |
| G. R. OR SUB GR LABEL | | | | MISSING | |
| WILL OR POWER OF ATTY. | | | | P. O. W. | |
| TALLY IN FORM 43 | <input checked="" type="checkbox"/> | | | ABANDONED | |
| | | | | UNKNOWN | |

| | | | | | | |
|------------------------|---|------------------|---|--------------------|---|--------------|
| BAGS, CLOTH OR TRAVEL | 1 | BELT | ✓ | OVERCOATS | 1 | Alarm clock |
| BELT, MONEY (NO MONEY) | | BOOKS, ADDRESS | | PAPERS, PERSONAL | | |
| BILLFOLD (NO MONEY) | | BOOKS, PILOT LOG | | PENCIL, MECHANICAL | | |
| BOOKS | X | BRUSHES | ✓ | PEN, FOUNTAIN | 1 | pr. Leggings |
| BRACELET, IDENT. | | CASE | | PHOTOS | | |
| CAMERAS | X | CLOTH, WASH | ✓ | PIPES | | |
| CLOTHING | | COATS | | RINGS | | |
| MISC. ARTICLES | ✓ | FOOTLOCKER | ✓ | SCARFS | | |
| RELIGIOUS ARTICLES | 4 | FOOTWEAR, PR. | ✓ | SHIRTS | | |
| RIBBONS, DECORATION | 1 | GLASSES | ✓ | SOCKS, PR. | | |
| SHORT SNORTER | X | GLOVES, PR. | ✓ | STATIONERY | | |
| SOUVENIR MONEY | | HANDKERCHIEFS | ✓ | TIES | | |
| SOUVENIRS | 2 | HEADWEAR | ✓ | TOBACCO | | |
| TESTAMENTS | X | JACKETS | ✓ | TOILET ARTICLES | | |
| TOWELS & WASHCLOTHS | | KITS | ✓ | TOWELS | | |
| U. S. MONEY (AMOUNT) | | KNIVES | ✓ | TROUSERS, PR. | | |
| WATCH | | LETTERS | ✓ | TRUNKS, PR. | | |
| WINGS | | LIGHTERS | ✓ | UNDERWEAR | | |

| CONTAINERS ADDRESSED TO | INFORMATION |
|-------------------------|-------------|
| none | none |
| | Rechecked |

| NAME AND STATUS VARIATIONS | | CROSS REFERENCE | |
|----------------------------|--|-----------------|--|
| | | | |

| CHECK | REC'D BY | NUMBER | BUREAU CHECK |
|------------------|----------|--------|-------------------|
| MONEY ORDER | | | TRANSMIT ORIGINAL |
| BOND | | | ORIG. REG. MAIL |
| TRAV. CHECK | | | TO G. A. O. |
| FOREIGN CURRENCY | | | MUTILATED |
| U. S. CURRENCY | | | TO ISSUING AGENCY |

| DATE | |
|------------------------|--|
| BANK OR PLACE OF ISSUE | |
| PAYEE | |
| REMITTER OR DRAWER | |

| TALLY NO. | ORIG. NO. OF PKGS. | EXAMINING DATE | BOX NO. | SHEET |
|-----------|--------------------|----------------|---------|-----------|
| 7950 | | 10 May 46 | | OF SHEETS |

| NAME | A. S. N. |
|----------------|-----------|
| REX E. WALDROP | 0-1017103 |

| ORGANIZATION | RANK | CASE NO. |
|----------------|------|----------|
| Div H.D.Q. Co. | 1st | |

| WAREHOUSE SPACE | EXAMINED BY | DIARY REMOVED |
|-----------------|-------------|---------------|
| 7-1467 | Bower | |

| PACKED BY | PHOTO FILM REMOVED |
|-----------|--------------------|
| Madame | |

| MOTION PICTURE FILM REMOVED | SHIPPED |
|-----------------------------|---------|
| | |

| PACKAGE DESCRIPTION | WEIGHT | INSPECTED BY | DATE | BY WHOM |
|---------------------|--------|--------------|-------------|---------|
| 1 foot Locker | 53 | ✓ | JUN 12 1946 | LEP. |

EFF. QM FORM 11 (15 JUNE 45) 360M LARUE, K. C. 8-17-45

| REMOVALS (other than G. I.) | | ADDITIONAL REMARKS | | DAMAGES (List type of damage-extent) | |
|--|--|--------------------|---------------------------------|--------------------------------------|--|
| | | | 1 Switch case cracked. | | |
| | | | Shirts grease stained. Towel | | |
| | | | rust & grease stained. Legging | | |
| | | | Shoe polish stained. Belt | | |
| | | | grease stained. Wash cloth | | |
| | | | rust stained. Scissors rust | | |
| | | | stained. Sun glasses tarnished | | |
| | | | stained. Glasses case rust | | |
| | | | stained. Belt buckle tarnished | | |
| | | | rust & tarnished & rust stained | | |
| | | | Lock broken on foot locker | | |
| | | | also grease stained. Key rusty | | |
| | | | Under shirts discolored from | | |
| | | | moisture | | |
| <p>I certify that the above items were not in the containers inventoried by me.</p> <p>INVENTORY CLERK</p> <p>SUPERVISOR</p> | | | | | |
| G. I. REMOVED | | | | | |

| | | | | | |
|---------------|-------|---------|-------|------|----|
| WALDROP REX E | | IT 7103 | | | |
| BAY | PALEY | BOX | TALLY | TYPE | CG |
| 50 | 6 | | 7950 | F.I. | |

504784 ✓

RTB:EB:rw

September 18, 1945

REGISTERED MAIL ✓

Mrs. Valentine E. Waldrop
7300 Beach Street
Los Angeles 1, California

Dear Mrs. Waldrop:

The Army Effects Bureau has received some additional property of your husband, First Lieutenant Rex E. Waldrop.

There is inclosed two Wills and one Power of Attorney which were included with your husband's effects. The remainder of the property is being forwarded to you in one travel bag. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

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

Sincerely yours, ✓

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

3 Incls--
Wills (2)
Power of Attorney

ml
63

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

Mrs. Valentine E. Waldrop

7300 Beach Street

Los Angeles 1, California

SHIP TO:
1st Lt. Rex E. Waldrop

0-1017103

Effects of:

Name

504784 D

ASN

Case No.

Wt.

DATE 18 September 1945

RTB:EB:rw

FOR: Effects Quartermaster

REMARKS:

☐ Inclose Bureau Check
 Acct. No. _____
 Amount _____
☐ Inclose "Valuables" item
☐ Ship "Valuables" item(s)

☐ Remove C.I.
☐ Note discrepancy in _____
☐ Films removed
☐ Diary removed
☐ Laundry removed

ROUTING:

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

REMARKS:

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

SEP 25 1945

Shipping Clerk

m 504,784

9-22-44

| ATTACHMENTS | | EFFECTS INVENTORY ARMY EFFECTS BUREAU | | STATUS | |
|-------------------------------------|------------------------|---|--------------------|-------------------------------------|-----------|
| <input checked="" type="checkbox"/> | INBOUND INVENTORY | | | <input checked="" type="checkbox"/> | DECEASED |
| <input checked="" type="checkbox"/> | G. R. OR SUB GR LABEL | | | <input checked="" type="checkbox"/> | MISSING |
| <input checked="" type="checkbox"/> | WILL OR POWER OF ATTY. | | | | P. O. W. |
| <input checked="" type="checkbox"/> | TALLY IN FORM 43 | | | | ABANDONED |
| | | | | | UNKNOWN |
| <input checked="" type="checkbox"/> | BAGS, CLOTH OR TRAVEL | BELT | OVERCOATS | | |
| | BELT, MONEY (NO MONEY) | BOOKS, ADDRESS | PAPERS, PERSONAL | | |
| | BILLFOLD (NO MONEY) | BOOKS, PILOT LOG | PENCIL, MECHANICAL | | |
| | BOOKS | BRUSHES | PEN, FOUNTAIN | | |
| | BRACELET, IDENT. | CASE | PHOTOS | | |
| | CAMERAS | CLOTH, WASH | PIPES | | |
| <input checked="" type="checkbox"/> | CLOTHING | COATS | RINGS | | |
| <input checked="" type="checkbox"/> | 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 | | INFORMATION | | | |
| none | | <i>(Wife)</i> Mrs. R. E. Waldrop 7300 Beach St Los Angeles 1- Calif. | | | |
| NAME AND STATUS VARIATIONS | | CROSS REFERENCE | | | |
| CHECK | REC'D BY | NUMBER | BUREAU CHECK | | |
| MONEY ORDER | | | TRANSMIT ORIGINAL | | |
| BOND | | SYMBOL | ORIG. REG. MAIL | | |
| TRAV. CHECK | | | TO G. A. O. | | |
| FOREIGN CURRENCY | | AMOUNT | MUTILATED | | |
| U. S. CURRENCY | | | TO ISSUING AGENCY | | |
| | | DATE | | | |
| | | BANK OR PLACE OF ISSUE | | | |
| | | PAYEE | | | |
| | | REMITTER OR DRAWER | | | |
| | | | | | |
| | | | | | |
| TALLY NO. | ORIG. NO. OF PKGS. | EXAMINING DATE | BOX NO. | SHEET 1 OF 1 SHEETS | |
| 592 | 1 | 7-Sept-45 | | | |
| NAME | REX E WALDROP | | A. S. N. | 0-1017103 | |
| ORGANIZATION | Co. "C" 31st Tank Btn | | RANK | 1st LT | |
| WAREHOUSE SPACE | EXAMINED BY | DIARY REMOVED | | | |
| 1694x | B. Carter | PHOTO FILM REMOVED | | | |
| | PACKED BY | MOTION PICTURE FILM REMOVED | | | |
| | Zippel | SHIPPED | | | |
| PACKAGE DESCRIPTION | WEIGHT | INSPECTED BY | DATE | BY WHOM | |
| #1 travel bag | | L. H. | SEP 25 1945 | mk | |
| | | STORED BY | | | |
| | | 7403 | | | |

NAME WALDROP, REX E. T. 7103

| BAY | PALLET | BOX | TALLY |
|-----|--------|-----|-------|
| 20 | 45 | | |

| TYPE OF PKG. | WHSE. SPACE | INVENTORIED |
|------------------|-------------|-------------|
| SIX SUIT CASE | | |

Eff. QM Form 43

RESTRICTED
INVENTORY FORM24 April, 1945
Date

SUBJECT: Inventory of Personal Effects of:

WALDROP, REX E 1st Lt. O-1017103
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO US Army

The above named individual of Co. C, 3rd Tank Battalion
(Unit) (Organization)was reported Missing in Action about 2 April 1945
Status (KIA, MIA, Hosp. etc.)

Designated Beneficiary if information readily accessible

INVENTORY OF EFFECTS

1 Envelope of Collected papers and Records ✓
 1 Leather VAL-A Pack ✓
 1 pr. Civilian Shoes ✓
 1 officer's Blouse ✓
 1 officer's short coat ✓
 1 pr. Leather gloves ✓
 1 overseas cap, officer ✓
 1 pr. Pink trousers ✓
 1 Green Shirt ✓
 1 pr. Green Trousers ✓
 1 raincoat, officer ✓

Money in the amount of _____ has been turned into _____
(Name of Finance Office)Form WD FD 36 enclosed.
and 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 Truck on 24 April 1945.
 (Rail, Truck, etc.)

Name T. Roman
 Rank & ASN Capt. O-1018042
 Organization Co. C, 3rd Tank Bn.

Any additional pertinent information:

504784

RTB:MB:11
August 31, 1945
copy

Mrs. Valentine E. Waldrop
7300 Beach Street
Los Angeles 1, California

Dear Mrs. Waldrop:

Thank you for the information furnished the Army Effects Bureau in connection with personal effects belonging to your husband, First Lieutenant Rex E. Waldrop.

These effects are being forwarded to you in one package.

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

The action of the 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 officer's legal residence.

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

Sincerely yours,

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

SHIP TO:

Effects of:

Name

ASN

Case No.

Wt.

1st Lt. Rex E. Waldrop

O-1017103

504784 D

Mrs. Valentine E. Waldrop

7300 Beach Street

Los Angeles 1, California

DATE 31 August 1945

RTB:MB:11

FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check
 Acct. No. _____
 Amount _____
 Inclose "Valuables" item
☒ Ship "Valuables" item(s)

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

ROUTING:

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

VALUABLES SHIPPED

DATE _____

BY _____

REMARKS:

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

SEP 10 1945

SHIP DAMAGED ITEMS

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

| PACKAGE DESCRIPTION | | ARMY EFFECTS BUREAU INVENTORY | | DECEASED <input checked="" type="checkbox"/> MISSING <input type="checkbox"/> P.O.W. <input type="checkbox"/> ABANDONED <input type="checkbox"/> TALLY NO. <u>9900</u> INV. DATE <u>30 July 48</u> ORIG. NO. OF PGS. <u>1</u> BOX NO. <u>53</u> SHEET <u>1</u> OF <u>1</u> SHEETS ORGANIZATION <u> </u> | |
|---|---|--|--|---|--|
| <u>1PK B</u> NAME <u>REX E. WALDROP</u> A.S.N. <u>01017103</u> RANK <u>2nd Lt</u> | | <u>504784</u> <u>134</u> | | | |
| Belt BELT, MONEY (NO MONEY) Cloth, Wash. Coats Footwear, Pr. Gloves, Pr. Handkerchiefs Headwear Jackets Overcoats Scarfs Shirts Socks, Pr. Ties Towels Trousers, Pr. Trunks, Pr. Underwear | COVERS & CASES CLOTHING DRESSING GOWN Brushes CAMERAS Glasses Knives Lighters X MISC. <input checked="" type="checkbox"/> Pen, Fountain Pencil, Mechanical Pipes RELIGIOUS ARTICLES RESPONSE, INFORMATION Rings Tobacco Toilet articles X WATCH POCKET <input checked="" type="checkbox"/> | RINGS BAGS, CLASP OR TRAVEL X BILFOLD, (NO MONEY) <input checked="" type="checkbox"/> Case Footlocker KIT, SH, KIT, OR WRITING BOOKS Books, Address Books, Pilot Log DIARY (REMOVED FOR DHR) FILMS Letters Papers, Personal Photos Shoe Shine Articles SHORT, BROKER SOUVENIRS SOUVENIR MONEY Stationery TESTAMENTS X U.S. MONEY (AMOUNT) <u>504</u> | | | |
| REMARKS <u>none</u> <u>Valentine E. Waldrop</u> <u>Lake Charles, La</u> <u>1 Pen appears to be torn by sharpnel</u> | | ATTACHMENTS <u>Inventory</u> <u>in label</u> | | WEIGHT <input checked="" type="checkbox"/> G.I. REMOVED <input checked="" type="checkbox"/> SHORTAGE ON REVERSE IDENT. TAGS REMOVED DIARY REMOVED LOCKED STORAGE <input checked="" type="checkbox"/> LAUNDRY REMOVED FILM REMOVED | |
| C.A.T. <u>none</u> WAREHOUSE SPACE <u>2018</u> INVENTORIED BY <u>Cornel</u> PACKED BY <u>D. Anley</u> E.F.F. QM FORM 31 (24 Feb 48) | | STORED BY <u> </u> CHECKED BY <u> </u> | | DATE SHIPPED <u>SEP 10 1948</u> ARE OR ADDITIONAL <input checked="" type="checkbox"/> | |

DAMAGED

ADDITIONAL REMARKS

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

1 Bulova watch
(LS) OF. 48617, Ord Dept. NSA

NAME WALDROP, REX --- 7103

| BAY | PALLET | BOX | TALLY |
|--------------|-------------|-------------|-------|
| | 11 | 53 | 9900 |
| TYPE OF PKG. | WHSE. SPACE | INVENTORIED | |
| GRB | | | |

Eff. QM Form 43

Box No. AM 6
 Mailed direct to
 Eff. QM, KC by Reg
 Mail
 Register No. _____
 Pouch No. _____

RESTRICTED

(US Military Cemetery)
 (Henri Chappelle, Belg.)

INVENTORY FORM

Ittenbach # 1 G 149

11 APR 1945

SUBJECT: Inventory of Personal Effects of:

Waldrop Rex E. unk O-1017103
 (Last name) (First Name) (MI) (Rank) (Serial No.)

TO: Effects Quartermaster, Communication Zone, APO 887, U. S. Army.

The above named individual of _____ unknown _____
 (Unit) (Organization)

was buried by the 607th QM Graves Reg. Co., on 11 APR 1945.

Designated Beneficiary: NOT AVAILABLE TO THIS HEADQUARTERS.

INVENTORY OF EFFECTS

CLASS I

1 wallet ✓
 1 picture ✓
 2 knives ✓
 1 lighter ✓
 2 rings ✓
 2 coins ✓
 1 pen ✓
 1 wrist watch ✓
 1 pocket watch ✓

CLASS II

Money as listed above has been turned into
 attached (to ribbon copy of Inventory).

and Form WD FD #38

INFORMATION NOT AVAILABLE TO THIS HEADQUARTERS

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

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

REMARKS:

H. Shackelford
 H. SHACKELFORD
 1st Lt, QMC
 O-1598803
 G. R. O.

AG LHO FORM 26
 (Sub)

Serial No. 0-1017103 Name WALDROP, R. E.
Grade _____ Rank _____
Organization Unknown
Address _____
Nearest Relative _____
Address _____
Killed ☒ in Action _____ Died of Disease _____
Date Est 8 Apr 45 Hospital _____
Battle Area Germany Information _____
Place of Burial Ittenbach No 1
Point of Coordination _____
Description of Body _____
Members Missing _____
Signed _____

149-9

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

JRM:MB:11

Case No. 504784

Date 31 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Rex E. WaldropO-1017103

late a

(Name of deceased)

(Army Serial Number)

First LieutenantInfantry

who died

(Grade)

(Organization, Army or Service)

on the 7 day of April, 1945, at European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. pursuant to S.O., 228 Hq., 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 28 August 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Valentine E. Waldrop for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered:

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Valentine E. Waldrop of _____ (Name of person found entitled) 7300 Beach Street Los Angeles 1 State of _____ (Number, Street or Avenue) (City, Town or Village) California is the widow of the _____ (Relationship or Capacity)

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

(Signature of Summary Court Officer)

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

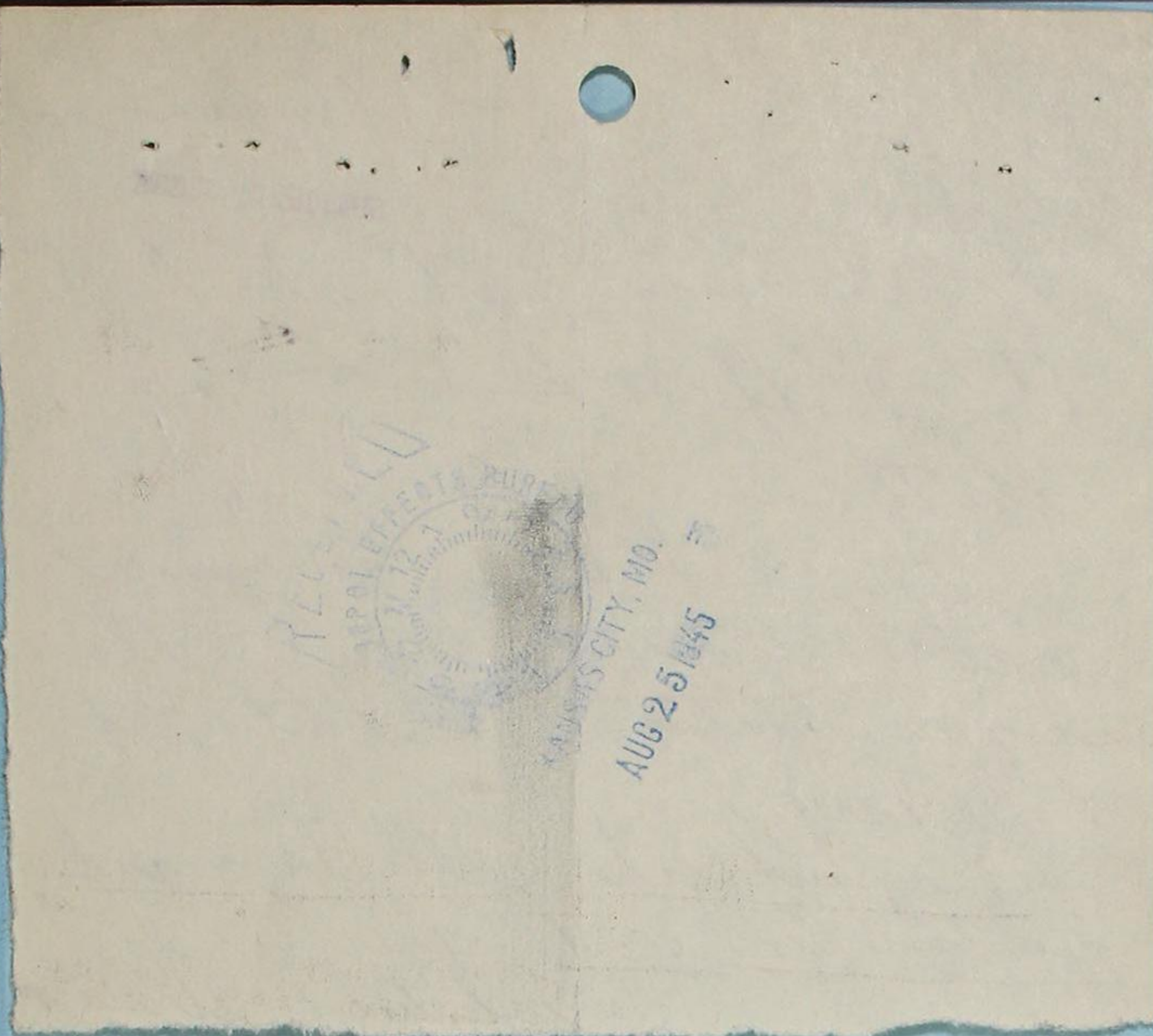
7300 Beach St.
Los Angeles 1, Calif.

SHIPMENT CLERK

Kansas City Quartermaster Depot
Army Effects Bureau.
Gentlemen:

*Rec
WA:34
8/34*
In reference to your
letter 504,784, I am the
legal widow of First Lt. Rex
E. Waldrop.

I would like the damaged
fountain pen sent. Yours Truly,
Valentine E. Waldrop



504,784

(S-8-29-45)
RTB:VE:hr
August 14, 1945

Mrs. Valentine E. Waldrop
7300 Beach Street
Los Angeles, California

Dear Mrs. Waldrop:

The Army Effects Bureau has received from overseas some personal property of your husband, First Lieutenant Rex E. Waldrop.

I know you want to receive this property quickly, and in making application it is necessary only that you confirm your address, stating that you are the legal widow of Lieutenant Waldrop.

I regret to advise that included among your husband's effects is a pen which is damaged, apparently by bullet. Please say whether you want this item sent with the remainder of the property. It is our desire to refrain from sending any article which would be distressing; at the same time, we do not feel justified in removing the item without your consent.

Unless your reply in this regard is received here within fifteen days from date of this letter, it will be assumed that the article mentioned is acceptable.

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

Yours very truly,

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

1 Incl--Envelope

