

293 Baker, John F. 36886851 PFC. Inf. Eur. Area (MICH) "45eg

70-A-1

340

9116-00-11

R.L. Baker
Box 203,
May, Ky.



Office of Personnel Army
of United States.

Washington, 25.
D.C.

AMERICAN GRAVES REGISTRATION DIVISION
COLUMBUS GENERAL DISTRIBUTION DEPOT
COLUMBUS 15, OHIO

SUMMARY SHEET OF CLAIM OR POTENTIAL CLAIM BY FUNERAL DIRECTORS

In accordance with letter Office of the Quartermaster General dated 25 August 1948, file QMGMO, Subject: Discrepancies in Permanent 293 Files, the following information is furnished

To be filled in if claim has been received

1. Name and serial number of deceased: _____
2. Name of claimant: _____
3. Amount claimed: _____
4. Amount allowed (if any): _____
5. Purchase order number (if any): _____

To be filled in if a potential claim exists

1. Name of potential claimant: T. G. Franklin Furr, Home, Clay, Ky.
2. For transportation of remains of Pfc John F. Baker, USAGF
Serial 36886851 from Madisonville, Ky
to Clay, Ky. and return escort to railhead
if necessary.

Date

for Edward Engelman
FRANCIS FAFITANO
Capt, QMC
OIC, Administrative Branch

FILE

COPY WW II

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

DATE

4-28-1949

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT (Last, First, Middle Initial) Baker, John F		BRANCH OF SERVICE 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 Pfc	SERIAL NO. 36886851		

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as requested by the instructions.
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 \$ **79.50** 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: **I.O.O.F.**
 CITY OR COUNTY: **Clay, Webster Co.**
 STATE: **Ky.**

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)

RETURN FOUR COPIES TO

AMERICAN GRAVES REGISTRATION DIVISION
 COLUMBUS GENERAL DEPOT
 COLUMBUS 15, OHIO

SIGNATURE OF CLAIMANT

ADDRESS (Street number or RFD, City and State)

RELATIONSHIP TO DECEDENT

REMARKS

PAID ON VOUCHER **124355-**
 MAY 16 1949
 W. KNOBELOCH, Lt. Col. F. D.
 SYMBOL NO. 211-943

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.

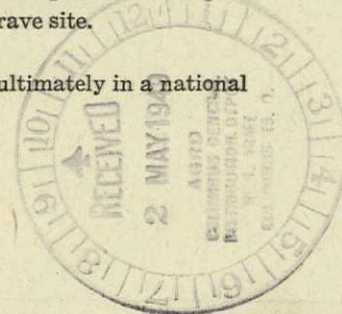
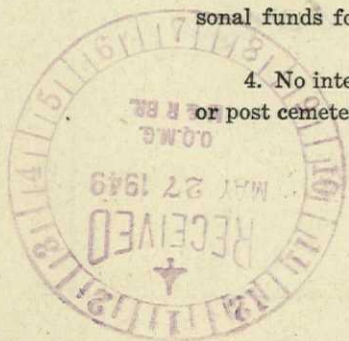
PART B

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.



22120

RECEIPT OF REMAINS

DISTRIBUTION CENTER COLUMBUS GENERAL DEPOT COLUMBUS 15 OHIO
ROUTINE 20 APRIL 1949

REMAINS CONSIGNED TO:

T G FRANKLIN FUNERAL HOME
CLAY KENTUCKY

FROM QMDCG _____ BARDEN

REMAINS OF THE LATE PFC JOHN F BAKER ASN 36886851 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER 51 LOUISVILLE AND NASHVILLE RAILROAD LEAVING COLUMBUS OHIO 11:00 PM TWENTY FIVE APRIL AND DUE TO ARRIVE MADISONVILLE KENTUCKY 3:21 PM RAILROAD TIME TWENTY SIX APRIL. REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN. REQUEST FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND TRANSPORT REMAINS AND ESCORT TO ROBERT L BAKER AT CLAY KENTUCKY AND RETURN ESCORT TO RAILROAD STATION. YOU SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM MADISONVILLE KENTUCKY STATION TO CLAY.

FILE
RECORDS ANNOTATED
DATE 13 May 49
NAME D A MATTEWS
Repat. DR. MEM. DIV.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased this 26 day of April, 19 49
(Day) (Month)

Sgt Virgil J Miller
(Witness (Escort))

Franklin-Hunt Funeral Home
(Consignee)
By: W. H. Hunt Home

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT	
WESTERN UNION			GR		
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator)			SECURITY CLASSIFICATION		
ACTION TO:			GOVT PD		
ROBERT L BAKER			PRECEDENCE FOR		
DLR AND REPORT ANY CHARGES			ACTION INFORMATION		
CLAY KENTUCKY			DAY LETTER		
INFORMATION TO: FROM QMDCG 19637-C BARDEN			<input type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
WE HAVE BEEN ADVISED REMAINS OF THE LATE <u>PRIVATE FIRST CLASS JOHN F BAKER</u>					
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO <u>T G FRANKLIN FUNERAL HOME CLAY KENTUCKY</u>					
WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD 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. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS.					
BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO					
SECURITY CLASSIFICATION		SIGNATURE		AUTHORIZATION	
ORIGINATING AGENCY		DATE-TIME GROUP		OFFICIAL TITLE	
SYMBOL				FRANCIS FAPPIANO CAPT, QMC, Asst AGR Div	
				PAGE 6 OF	

WD AGO FORM 11-168
15 JUN 1945This form supersedes WD AGO Form 11-168, 23 Aug 44,
and WD AGO Form 801, 12 Mar 43, which are obsolete.

16-45801-1

U. S. GOVERNMENT PRINTING OFFICE

Model 1

Rail - Funeral Director Designated

DISINTERMENT DIRECTIVE

24 11-92

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1225 00134

DATE

15 12 48

DAY MONTH YEAR

NAME

BAKER JOHN F

SERIAL NUMBER

36886851

GRADE

PFC

ARM

1

RACE

1

RELIGION

1

CEMETERY

FOY BELGIUM

PLOT

I

ROW

1

GRAVE

10

DISPOSITION OF REMAINS

5200

07

CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

T. G. FRANKLIN FUNERAL HOME
CLAY, KENTUCKY

NAME AND ADDRESS OF NEXT OF KIN

ROBERT L. BAKER (FATHER)
CLAY, KENTUCKY

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

USAGF

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED SHEET

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

767

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM MSG HENRI CHAPELLE, BELGIUM		TO ANTWERP PORT, PIER 140	
KIND OF CONVEYANCE LOGE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i> STAY HATTMAN APT, IN, 0255702	DATE 1/8/49	SIGNATURE OF RECEIVER <i>[Signature]</i> R. D. Miller	DATE -1 FEB 1949

2. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USAT HAITI VICTORY	
KIND OF CONVEYANCE VC. 2		NAME OF CONVOYER A. S. KIMBERLIN 1st. Lt. INF.	
SIGNATURE OF SHIPPER R. D. MILLER, Lt. COL. T.C.	DATE 1-MAR 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> A. S. Kimberlin	DATE MAR 1949

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER NYPE	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> LIEUT. COLONEL, TC.	DATE MAR 15 1949

4. SHIPPED

FROM NYPE		TO DET 07	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER <i>[Signature]</i> Joseph J. Binzile	
SIGNATURE OF SHIPPER LIEUT. COLONEL, TC.	DATE MAR 17 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> U. S. Smith	DATE MAR 21 1949

5. SHIPPED

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

6. SHIPPED

FROM СГВА * КЕНЦУСКА		TO СГВА * КЕНЦУСКА	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

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

DISINTERMENT OPERATIONS RECORD

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

BAKER JOHN F

36886851 PFC

1

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

FOY BELGIUM

I

1

10

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

JOHN F BAKER

36886851

PFC

9 SEPTEMBER 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS MARKER EMB

P

HERBERT NORTON 1/LT. INF.
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS ADVANCED STAGE OF DECOMPOSITION. REMAINS COMPLETE.

UNIFORM

OTHER MEANS OF IDENTIFICATION

NONE

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

NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ ~~XXXX~~ TRANSFER BOX.

DATE 16 SEPTEMBER 1948

BY *Raymond J Rodriguez*
THE ODOR R HARRISON JR (EMBALMER)

CASKET SEALED BY

MELVIN W BLACKBURN

EMBALMER (Signature)

EMBALMER

CASKET BOXED AND MARKED

DATE 15 NOV 48

BY

PETER J POULOS
IDENT TECH

SIGNATURE ADDRESS VERIFIED BY

ALL MARKINGS, PLATES &
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.

EXCEPT CASKETING

Vernon N Hoyt
VERNON N HOYT, 1/LT. INF.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FORM
AR. 48 1253

JD

INDICATE RECORD OF CUSTODIAL TRANSFER ON REVERSE SIDE

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NAME Baker, John F ✓	RANK Pfc ✓	SERIAL NUMBER 36886851 ✓
--------------------------------	----------------------	------------------------------------

SOURCE <i>N/026-R</i>	CONSIGNEE T. G. Franklin Funeral Home Clay, Kentucky
--------------------------	--

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 <i>Painted</i>
FINISH (INTERIOR)	
HANDLES	
HANDLE BOLTS	
STENCILING - NAMEPLATE	
HEALTH PERMIT MARKER	
HEALTH PERMIT NUMBER	

CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)	CONDITION OF CASKET (CHECK ONE) <input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY
---	---

FINISH (EXTERIOR)	REMARKS <i>Paint Shop Refinish Casket</i>
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
CAM LOCKS (SEALING)	
ODOR OR MOISTURE	

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 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	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
------	------	------------------------	------	------	------------------------

REMARKS

1515 2-4-49 [Signature]

*Casket Refinished
By [Signature]*

MAY 5 1949 WORLD WAR II DECEASED

DUPLICATE

CHECK TYPE REQUIRED <i>(See Instructions attached)</i>		APPLICATION FOR HEADSTONE OR MARKER <i>(Please make out and return in duplicate)</i>		
<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE	ENLISTMENT DATE	SERIAL No.	EMBLEM (Check one)	
<input type="checkbox"/> FLAT MARBLE MARKER	DISCHARGE DATE	36886851	<input type="checkbox"/> CHRISTIAN	<input type="checkbox"/> HEBREW
<input checked="" type="checkbox"/> FLAT GRANITE MARKER		PENSION No.	<input type="checkbox"/> NONE	
<input type="checkbox"/> BRONZE MARKER		STATE	RANK	COMPANY
NAME (Last, First, Middle Initial)		Ky	Pfc	B-38th
Feb-18-1921	Dec-23-1944	U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION		
DATE OF BIRTH (Month, Day, Year)	DATE OF DEATH (Month, Day, Year)	Armd. Inf.		
		USAGF		
NAME OF CEMETERY	LOCATION (City and State)			
I.O.O.F.	Clay Ky			
SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)	NEAREST FREIGHT STATION (City and State)			
J.P. Franklin	Clay Ky			
(SIGNATURE OF CONSIGNEE)	POST OFFICE ADDRESS OF CONSIGNEE			
	Clay, Ky			
DO NOT WRITE HERE		I certify this application is submitted for a stone for the unmarked grave of a veteran.		
FOR VERIFICATION	I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.			
MAY 4 - 1949	Robert L. Baker			4-28-1949
ORDERED	APPLICANT'S SIGNATURE			DATE OF APPLICATION
B/L	ADDRESS (Street, City, State)			
SHIPPED	Clay, Ky.			

For Ord. 9 MAY 1949

101 101

APPLICATION FOR HEADSTONE OR MARKER

CHECK TYPE REQUIRED

<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE <input type="checkbox"/> FLAT MARBLE MARKER <input type="checkbox"/> FLAT GRANITE MARKER <input type="checkbox"/> BRICK MARKER	35818951 16-11453-4
---	------------------------

I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

J. R. Blackburn
(Signature of superintendent, sexton, or caretaker)

Date 4-30-49

16-11453-4

Return to: OFFICE OF THE QUARTERMASTER GENERAL,
MEMORIAL DIVISION,
WASHINGTON 25, D. C.

DO NOT WRITE HERE

FORM 101 101

ORIGINAL ORDER

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

FLAT GRANITE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage. UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS
JOHN F BAKER / KENTUCKY / PFC 36 ARMD INF BN 7 ARMD DIV /
WORLD WAR II / FEB 18 1921 DEC 23 1944

SHIP TO: T G FRANKLIN
CLAY
KENTUCKY

R. R. STATION:

157

FOR:

R. R. STATION:

C + G - de

APPLICANT: ROBERT L BAKER
CLAY
KENTUCKY

CEMETERY: I.O.O.F. CEMETERY
CLAY
KENTUCKY

6283716

EL

file
may 1949

QMG FORM
Rev. 1 NOV. 48 312

APPROVAL AND ACCEPTANCE

SIGNATURE

RRE Form #39
13 Jul 48

[Handwritten signature]

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

BAKER	JOHN	F	PFC	36886851
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Repatriated to the United States: _____

- 5 MAR. 1949

STATION FILE

Incl #

WUA029 18/17 COLLECT CLAY KY MAR 9 515P

COMMANDING OFFICER

COLUMBUS GENERAL DIST DEPOT

PROCEED AS INSTRUCTED ON REMAINS OF THE LATE PVT FIRST CLASS

JOHN F BAKER QMDCG 19637-C

ROBERT L BAKER

911A

QMDCG 19637-C

CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

Only **PART I** should be completed, if identification tags are available.
 Both **PART I & II** should be completed if identification tags are not available.
 If information is unavailable, so indicate.

10 March 1945

PART I (Positive identification)

Date

1. **Baker, John F.** **Unk** **36886851** **Unknown**
 (Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached **One tag around neck**
3. Give exact location from which disinterred, furnishing coordinates and map series used **Found in woods near St. Vith, Belg. P 872882 Central Europe 1:100000 Bonn S-1**
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) **None**
5. Approximate or established date of death (state which & give basis for date selected) **Few days prior to 25 Dec 1944 according to civilian named Michel Felts who lives on farm near St. Vith, Bel. Map Coordinate of his farm P 873879**
6. Approximate or established date of burial (give basis for date established) **Few days prior to 25 Dec 1944 according to civilian Michel Felts. Buried by Germans**
7. Manner in which grave was marked and all information contained on the marker **One marker with two names of American soldiers painted on it. Wirt & Baker One grave for the bodies of Allen I. Wirt 33682039 & John F. Baker 36886851**
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned **None**
9. Names and addresses of **all** persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information). **Michel Felts who lives on farm near St. Vith, Belg. who located the common grave and furnished other information. Eric Piel also of St. Vith acted as interpreter between Michel Felts and Richard E. Biersach Sgt in charge of disinterment.**

PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office) _____
11. _____
 (Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc. _____

RESTRICTED

13. Give as detailed description as possible of condition and amounts of remains

14. Give probable cause of death, type and location of wounds (is there evidence that body was burned)

15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, designs markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

(Type)	(WD Serial No.)	(Organization)	(Serial No. and
Type of each gun)			

17. Give exact location of remains in vehicle before removal

If buried in a coffin, give description and markings

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause and place, of death of each that may assist in identification of these remains

20. Other pertinent information which would aid in establishing identity

Richard E. Biersack
 Richard E. Biersack Sgt. 3971824 3042 QM Gr. Reg.
 (Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

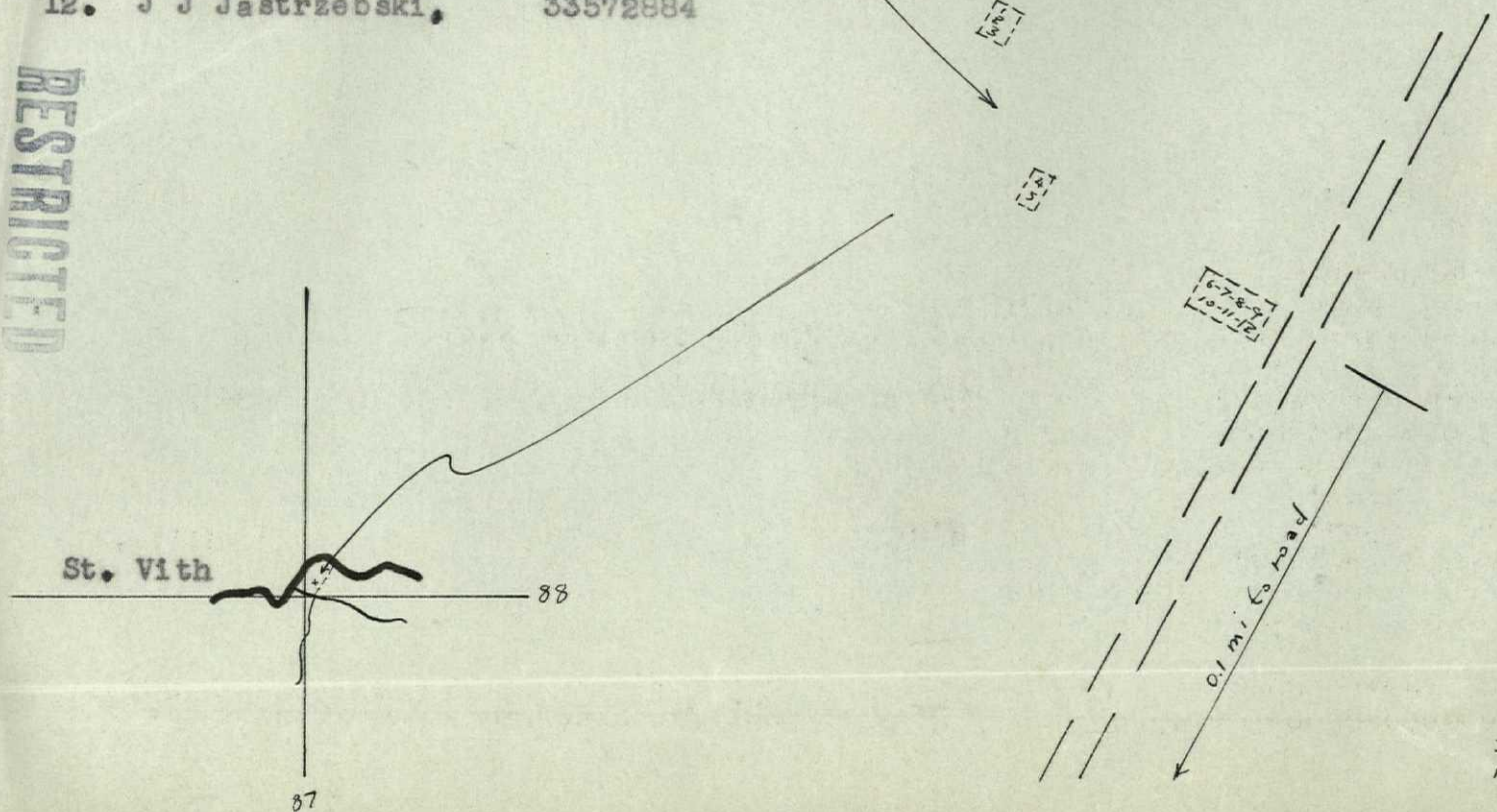
Central Europe - 1:100000 - BONN - Sheet S. 1.

Group 111
10 Mar 1945

Twelve American bodies disinterred at "X", from three common graves, near St. Belgium. Coor: P872882.

- | | | | |
|-----|--|----------|---|
| 1. | George A Bernier, | 31063886 | |
| 2. | Norman J Hostak, | 36961739 | |
| 3. | Franklin Stancel, | 36813357 | |
| 4. | Allen I Wirt, | 33662039 | |
| 5. | John F Baker, | 36886851 | |
| 6. | Alphonse J Francavillo, | 42069155 | |
| 7. | Mahlon L Noecker, | 33168737 | |
| 8. | Everson C Lovejoy, | 31323285 | (Information from EM Identification Card) |
| 9. | Julian L Noyes, | 31385050 | |
| 10. | Unknown (last name may be "Murray" - Information from cross) | | |
| 11. | Lloyd F Marsey, | 37616610 | |
| 12. | J J Jastrzebski, | 33572884 | |

RESTRICTED

3042
11 Mar
Dm

REQUEST FOR DISPOSITION OF REMAINS

15/10/48

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

DATE:

5-13
SC
Healey

Pfc John F. Baker, 36 886 851
Plot I, Row 1, Grave 10,
United States Military Cemetery
Foy, Belgium

19 April 1948

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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

PART I

1. ROBERT L. BAKER

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
CLARK NY. ODD FELLOW CEMETERY.
(NAME AND LOCATION OF CEMETERY)
- 3. BE RETURNED TO _____ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (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.)

names - to 12 Dec 48
no 12 May 48
DD Pro
7 Dec 48

Coded 12-1-48

J. Williams

Permanant
11/12/48

OQMG FORM 345 MILITARY

16-50411-1

NOV 15 1948

PAGE 1

Trice #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
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 T. G. FRANKLIN			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.
MADISONVILLE KY	CLAY CLAY	WEBSTER.	Ky. 4191

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Baker	Ruby	None	Mother
	Clay	Webster	Kentucky

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.

Robert L. Baker
 (SIGNATURE OF NEXT OF KIN)

 (NAME PRINTED OR TYPED)

Clay Kentucky
 (STREET AND NUMBER) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 1st day of May, 1948, at city (or town) of Clay, county of Webster, and State (or Territory or District) of Kentucky

Shirley G. Ramsey
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
 (OFFICIAL TITLE)

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

My commission expires 5/12/51

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.

(SIGNATURE OF NEXT OF KIN)

(DATE)

(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

(SIGNATURE)

(DATE)

(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.



OFFICE THE QUARTERMASTER GENERAL OF ARMY

INTRAOFFICE REFERENCE SHEET

593 Baker, John F. 36-886 807

293

DUE, HOUR AND DATE

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1.	LOI Section: R/R Br.:	Record Section: R/R Br.:	April 1948	<p>1. As 333 card in this case could not be immediately located action has been taken with a view to resolving the case without the 333 card.</p> <p>2. File is forwarded to your Section for such correction in 333 card as may be indicated.</p> <p>3. When your action has been completed, please forward file to Mail and Records.</p> <p>CUMMINGHAM 71507</p> <p>Snowden 6535</p> <p>Records this section corrected.</p> <p>SNEBIGAR 5198</p>

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

*File
info. extracted
10 May 48
Jarrington
R+R*

Typed by pap
9 April 194

Pfc John F. Baker, 36 886 851
Plot I, Row 1, Grave 10,
United States Military Cemetery
Foy, Belgium

19 April 1948

Mr. Robert L. Baker
Box 203
Clay, Kentucky

Dear Mr. Baker:

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.

tjh

APR 22 1948 PM
MAIL RECORDS BRANCH

DEPARTMENT OF THE ARMY
XXXXXXXXXXXXXXXXXXXX

QMGNT 293
Baker, John F.
SN 36 896 851

29 March 1948

Mr. Robert L. Baker
Box 203
Clay, Kentucky

Dear Mr. Baker:

This office is desirous of giving you information pertaining to the final interment of the remains of your son, the late Private First Class John F. Baker.

Your son's former widow has furnished the necessary proof of the identity of the persons referred to on the certificate you forwarded to us. Our records have been amended to show you as the next of kin, and persons authorized to direct final disposition of your son's remains.

Under separate cover, a "Request for Disposition of Remains" form is being forwarded for an indication of your desires. When this completed form is returned, action will be initiated to comply with the request made thereon.

Please be assured of my continued sympathy in your great loss.

Sincerely yours,

RICHARD B. COOMBS
Major, QMG
Memorial Division

id

MAIL & RECORDS DIV.
MAR 30 3 55 PM '48
U.S. ARMY
MEMORIAL DIVISION
WASHINGTON, D.C.
MAR 30 1948
RBC

new LOI SENT 19 APR 1948 *to fact unit*

1948 APR 1 10 58 AM



RECEIVED
MAR 30 1948
FAMILY CORNER
MEIL DIV.

19

RECEIVED

RECEIVED

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RECEIVED

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RECEIVED

RECEIVED

DEPARTMENT OF THE ARMY
~~CONFIDENTIAL~~

QMGMF 293
Baker, John F.
SN 36 836 851

29 March 1948

Mrs. Arthur Swartz
2514A Van Derventer Avenue
Saint Louis, Missouri

Dear Mrs. Swartz:

Your letter with the inclosure pertaining to the remains of the late Private First Class John F. Baker, has come to my attention.

Thank you most sincerely for forwarding us your birth certificate. Our records have been amended to show the decedent's father as next of kin, and a "Request for Disposition of Remains" form is being forwarded for an indication of his desires in this matter.

Returned herewith is the birth certificate as you requested.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

1 Incl.
Birth certificate

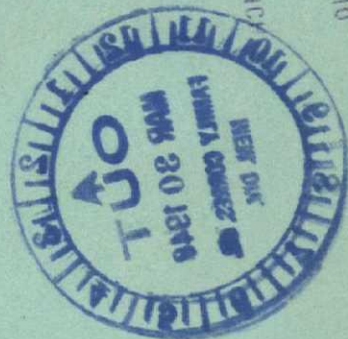
id

MAIL & RECORDS BRANCH
U. S. ARMY

MAR 30

3 56 PM '48

RBC





19

STATIONER'S COPY
1948

MEMORANDUM FOR THE DIRECTOR
FROM: SAC
SUBJECT: [Illegible]

FBI - RECORDS SECTION

APR 30 3 22 PM '48
EVE

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

20 APR 1948

APR 30 1948
[Illegible text]

DEPT. OF JUSTICE

CORRESPONDENCE ACTION SHEET

Mr. Miss. Addressee: Mrs. Arthur Swartz Relationship _____

State 2514 A Van Denderen Ave

City, State St. Louis, Mo. Date letter _____ '47

Cemetery Temporary: _____

Permanent: Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence) -- ADDITIONAL -- DATA -- MODIFICATIONS --

165A x inclosure

Thank you most sincerely for forwarding us your birth certificate. Our records have been amended to show the decedent's father as nok and a "RDR" form is being forwarded for an indication of his desires in this matter.

Returned herewith is the death certificate as you requested.

1 encl Birth cert.

Father: Mr. Robert L. Baker
Box 203
Clay, Kentucky

This office is desirous of giving you information pertaining to the final interment of the remains of your son, the late _____

Your son's former widow has furnished the necessary proof of the identity of the persons referred to on the certificate you forwarded to us. Our records have been amended to show you as the nok, and person authorized to direct final disposition of your son's remains.

Under separate cover, a "RDR" form is being forwarded for an indication of your desires. When this completed form is returned, action will be initiated to comply with the request made thereon.

166 M ~~XXXX~~

Barnes

Analyst Typist Reviewer Modifications OKed

Decedent: Barren John F
Last First Initial Rank ASN 36-886-851

RECEIVED
JAN 14 1954
U.S. AIR FORCE
OFFICE OF THE
SECRETARY

1
2
3
4
5



St. Louis, Mo.
Mar. 15, 1948

Dear Sir:

In regards to the information you requested regarding my name. I used my maiden name in marriage.

Davis is my maiden name Genevieve is really my name but my mother has never called me that, and I have only used my name Genevieve only in business.

I'm sending along my birth record to verify this trusting you will send it back as it is all I have.

Hoping this information will be satisfactory.

Sincerely yours,
Mrs Arthur Swartz



D. P. Swartz

RECEIVED
MAR 19 1948
FAMILY CORRES. BR.
MED. DIV.

RECEIVED
MAR 18 1948
O.O.M.G.
M & R BR.

NEW LOI

PLEASE PRINT OR TYPE

Date 3/25/48

Pfc Baker, John F.
Rank Name

36 886 851
A. S. N.

Foy, Belgium
Cemetery

L.O.I. to be sent to:
Father

I 1 10
Plot Row Grave

Mr.
Mrs. Robert L. Baker
Miss _____
Name

Box 203
Street

Clay, Kentucky
City

State

Barnes

DEPARTMENT OF THE ARMY
XXXXXXXXXXXX

QMCMF 293
Baker, John F.
SN 36 886 851

11 March 1948

Mrs. Arthur Swartz
2514A Van Derventer Avenue
St. Louis, Missouri

Dear Mrs. Swartz:

This office is desirous of securing additional information pertaining to the late Private First Class John F. Baker.

The marriage certificate which was forwarded to this office by your former father-in-law, Mr. Robert L. Baker, records the marriage of Miss Jean L. Davis, whereas our records indicate your name to be Mrs. Genevieve L. Baker. It is necessary, therefore, that a statement be submitted to substantiate that the two names refer to the same person.

Your cooperation and promptness in forwarding the requested information to our office will be greatly appreciated.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

R
NBC

- 2 Incls.
- 1. Information Slip
- 2. Envelope

MAR 11 1948
O. Q. M. C.
MAIL & RECORDS BRANCH



PH 11/24
O. Q. M. C.
MAIL & RECORDS BRANCH



Mr. Tolson
1. Washington 2500
S. Dept.

MEMORANDUM FOR THE DIRECTOR
FROM: SAC
RICHARD B. COOMBS

MEMO

Re: [Illegible]

to our office will be fully appreciated.
Your cooperation and promptness in forwarding the requested information

is appreciated that the two names refer to the same person.
It is necessary, therefore, that an agreement be submitted to
you in order that our records indicate your name to be the general
former father-in-law of Mr. Robert L. Baker. Records of this
the marriage certificate which was forwarded to this office by you.

to the fact that your name is Baker.
This office is desirous of receiving additional information regarding

Dear Mr. Tolson:
Re: [Illegible]
Sincerely,
[Illegible]

11 March 1948

cc: [Illegible]
Baker, John L.
[Illegible]

DEPARTMENT OF JUSTICE

CORRESPONDENCE ACTION SHEET

Addresssee: ~~Mr.~~ ~~Miss.~~ Mrs. Arthur Swartz Remond Nelson
Relationship

State 25147 Van Derventer Avenue

City, State St. Louis, Missouri Date letter '47

Cemetery Temporary: _____

Permanent: _____

Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

This office is desirous of securing additional information pertaining to the late _____

The marriage certificate which was forwarded to this office by your former father-in-law, Mr. Robert L. Baker, records the marriage of Miss Jean L. Baker, whereas our records indicate ~~XX~~ your name to be Mrs. Genevieve L. Baker. It is necessary, therefore, that a statement be submitted to substantiate that the two names referred to are ~~the~~ one and the same person.

Davis *Typed as is please*

166 K - information

2 Incl slip Envelope

Nelson

Decedent:

Baker
Last

John
First

E
Initial

Pfc
Rank

36 886851
ASN

Analyst Typist Reviewer

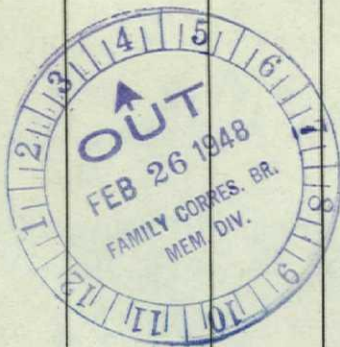
Modifications

OKed

OQMG FORM 638
1 SEP 1946OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTEROFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	Family Corres Branch Fam Ltr Section	Miss Williams NK	26 Feb 48	293, Baker, John F., 36 886 851 Forwarded for adequacy of document and decision as to the person authorized to direct disposition of decedent's remains. <i>Griffith</i> GRIFFITH 4428
2	NOK Sec FC Br Mem Div Miss Williams	Family Ltr Sec FC Br Mem Div	27 Feb 48	Form of marriage certificate OK. We have widow's name as <u>Genevieve L. Baker</u> . Marriage certificate shows <u>Jean L. Davis</u> . Father has given us new address. Suggest we write and ask her to confirm her remarriage or for a statement that Genevieve L. Baker and Jean L. Davis are one and the same person. Records should be flagged to who next of kin not yet established. <i>Williams</i> WILLIAMS 5775 3 Incls: 1. Affidavit 2. Marriage Certificate 3. 293 File of Baker, John F. SN 36 886 851, Foy #1, I-1-10 cc: R&R Capt Snedigar



THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

U. S. GOVERNMENT PRINTING OFFICE : 1946-O-706275-136

STATE BOARD OF HEALTH OF MISSOURI
Bureau of Vital Statistics

DELAYED OR SPECIAL
CERTIFICATE OF BIRTH

No. 132776

Print Full name at birth: Genevieve Lenora Davis Date of birth: Sept 14 1919
 Color or race: white Sex: Female Birthplace: Brownwood Stoddard Missouri
 (City or Town) (County) (State)
 Father: name Albert Richard Davis Birthplace Mo. Stoddard
 (State or Country)
 Mother: name Maud M. Gibson Birthplace Mo. Stoddard
 (State or Country)

AFFIDAVIT: I hereby declare upon oath that the above statements are true. (To be signed by registrant, if possible.)
 Signature: Genevieve Lenora Davis Relationship to registrant: Self
 Address: 5106 Vermont Detroit Mich. Subscribed and sworn to before me on: Jan 11 1943
 Notary Public: Edw. M. Paris For State of: Missouri County of: Cape Girardeau

Do Not Write Below This Line ABSTRACT OF SUPPORTING EVIDENCE Do Not Write Below This Line

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED, AND DATE OF ISSUE)	Date Original Document Was Made
<u>Midwife Record, Gertie Long, Brownwood Mo</u>	<u>9-14-1919</u>
<u>Adm. in B... Hospital Record, Detroit Mich</u>	<u>Not stated</u>
<u>Off. of Mrs. Maud Davis, Mother</u>	<u>1-11-1943</u>

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT

BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL NAME OF MOTHER
<u>9-14-1919</u>	<u>Missouri</u>		
<u>9-14-1919</u>	<u>Missouri</u>		
<u>9-14-1919</u>	<u>Missouri</u>		

Additional information:

STATEMENT OF REVIEWING OFFICIAL
 I hereby certify that I have reviewed the evidence recorded above and that the information contained therein is as noted in the preceding abstract.
 Signature of Reviewing Official: Garold Krieger Date filed in State Board of Health: FEB 2 1943



STATE OF MISSOURI
 CITY OF JEFFERSON
 I HEREBY CERTIFY that the above is a true and correct copy of the certificate for the person named therein. The original record being filed in the Central Bureau of Vital Statistics of the State of Missouri is part of the permanent records of said bureau. WITNESS my hand as State Registrar of Vital Statistics and the Seal of the Missouri State Board of Health, this date of [redacted] Per [redacted]

DEPARTMENT OF THE ARMY
XXXXXXXXXXXXXXXX

QMCMF 293
Baker, John F.
SN 36 886 851

11 March 1948

Mr. Robert L. Baker
Box 203
Clay, Kentucky

Dear Mr. Baker:

The documentary evidence pertaining to your son, the late Private First Class John F. Baker, which you recently submitted is greatly appreciated.

I regret that your affidavit regarding the difference in the widow's name cannot be accepted. In view of this discrepancy, we are requesting the widow to furnish us proof that she is the Jean L. Davis referred to on the certificate. Upon receipt of this affidavit, you will receive a definite decision from us concerning the person authorized to direct disposition of the remains of your son.

The marriage certificate is being returned as requested.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

1 Incl.
Marriage certificate



REC

Mar 11 1 46 PM '48
L. O. C. M. C.
M. O. C. M. C.

ang
S.A.



REPLY TO THE DIRECTOR
OF THE FBI

POSTAGE WILL BE PAID BY ADDRESSEE
MICHAEL B. COOMBS

Dear Mr. Baker:

The following information is being furnished to you:

of the Bureau of the FBI.
The Director has been advised by the Bureau of the FBI that the following information is being furnished to you:
The Bureau of the FBI has been advised by the Bureau of the FBI that the following information is being furnished to you:
The Bureau of the FBI has been advised by the Bureau of the FBI that the following information is being furnished to you:

Very truly yours,
Director

Mr. Michael B. Coombs
Box 503
New York, N.Y.

MAR 11 1948

Mr. Michael B. Coombs
Box 503
New York, N.Y.

RECEIVED BY THE FBI

CORRESPONDENCE ACTION SHEET

Mr. Miss. Addresssee: Mrs. Mr. Robert L. Baker Father
 State Box 203 Relationship
 City, State Clay, Kentucky '47
 Cemetery Date letter
 Temporary: _____
 Permanent: _____

Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence)

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

144

par 1 only

I regret that your affidavit regarding the difference in ~~names~~ the widow's name cannot be accepted. In view of this discrepancy, ~~this office is~~ requesting the widow to furnish us proof that she is the Jean L. Davis referred to on the certificate. You will receive a definite decision from us concerning this right of disposition within a short time.

The certificate is being returned as requested.

** upon receipt of this affidavit*

Rec marriage certificate

2 action sheets

Decedent:

.Last

Baker

ANK

John F. He
36 886 851

ASN

Analyst Typist Reviewer

Modifications

OKed

I regret that your affidavit regarding the difference in ~~name~~ the widow's name cannot be accepted. In view of this discrepancy, ~~this office~~^{we are} is requesting the widow to furnish us proof that she is the Jean L. Davis referred to on the certificate. You will receive a definite decision from us concerning this right of disposition within a short time.

The certificate is being returned as requested.

* upon receipt of this affidavit

John F.

CORRESPONDENCE ACTION SHEET

Mr.
Miss.
Addressee: Mrs. Mr. Robert L. Baker Father
Relationship
State Box 203
City, State Clay, Kentucky '47
Date letter
Cemetery
Temporary: _____
Permanent: _____
Plot Row Gr Cem. Name or No. City Country

Decedent:

PARAGRAPHS (sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

144

par 1 only

Before this legal evidence can be accepted and our records amended, the remarried widow is being requested to submit an affidavit that ~~the~~ ^{is the} Jean L. Davis named in the certificate ~~is one and the same as~~ ^{is one and the same as} Genevieve L. Baker, as entered on our records. You will receive a definite decision from us concerning this right of disposition within a short time.

The certificate which you forwarded is being inclosed herewith.

Baker

John

F.

97c

36 886 851

is the

proof

since

Good marriage certificate

2 action sheets

Analyst Typist Reviewer

Modifications

OKed

Gentlemen:

I shall ask that you return to me this certified copy
of said marriage certificate. Thanking you for the favor, I am,

Yours very truly,

Robert L. Baker.



[Handwritten signature]

TO THE ASIA UNIT,

OF THE NATIONAL ARCHIVES. REQUESTING YOU FOR THE ISOL. I AM,

I WOULD BE GRATEFUL FOR YOUR REPLY TO THE ENCLOSED COPY.

Sincerely,

[Handwritten initials]

STATE OF KENTUCKY)
) Set.
COUNTY OF WEBSTER)

Re QMGMF 293
Baker, John F.
SN 36 886 851.

The affiant, Robert L. Baker, being duly sworn deposes and says upon oath that he is a resident of Clay, Webster County, Kentucky, says that this is the attached certified copy^{of} Mrs John F. Baker remarriage; that after the death of her husband, John F. Baker, she remarried to Arthur L. Swartz; that she remarried under her maiden name, Jean L. Davis.

Witness my hand this the 23rd day of February, 1948.

Robert L. Baker

Subscribed and sworn to before me by Robert L. Baker on this the 23rd day of February, 1948.

My Commission expires March 4th, 1950.

Seal

J. L. White
Notary Public, Webster County, Ky



1

Warning: This License Void 30 Days After Issuance

No. 1859327
Returned and ~~File~~ 11 1945
Filed - Date - 1945

Form 46A

STATE OF ILLINOIS } s.s.
COUNTY OF COOK }

MARRIAGE LICENSE

To Any Person Legally Authorized to Solemnize Marriage

GREETINGS

Marriage may be Celebrated, in the County of Cook and State of Illinois, between
Mr. Arthur J. Stewart in the County of Wayne
and State of Michigan of the age of 26 years, and Miss Leona Marie
Stewart in the County of Wayne and State of Michigan of the age of 24 years.

Witness, MICHAEL J. FLYNN, County Clerk of the County of Cook and the Seal thereof.
at my office in Chicago, this 10 day of July, A. D. 1945

Michael J. Flynn County Clerk

The Person who solemnizes Marriage is cautioned against making any change in the license

STATE OF ILLINOIS } s.s.
COUNTY OF COOK }

hereby certify that Mr. Arthur J. Stewart and Miss Leona Marie Stewart
were united in Marriage by me at Chicago in the County of Cook and State of Illinois, on
the 10 day of July, 1945

(The names in this certificate must be identical with those on above license)

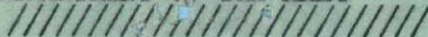
This license, with certificate of marriage properly made, must within 30 days be returned to the COUNTY CLERK by the person who performed the marriage ceremony.

03548



WITNESS WHEREOF
Michael J. Flynn

DEPARTMENT OF THE ARMY



QMGMF 293
Baker, John F.
SN 36 886 851

17 February 1948

Mr. Robert L. Baker
Box 203
Clay, Kentucky

Dear Mr. Baker:

Your letter pertaining to the remains of your son, the late Private First Class John F. Baker, has come to my attention.

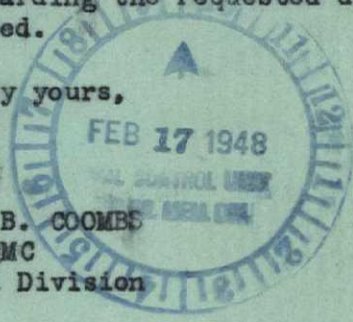
In accordance with the precedence of relatives eligible to designate the disposition of the remains of your son, the widow has prior disposition right unless legal documentary evidence substantiates that she has been separated, divorced or remarried. In either of these events, the disposition right reverts to the parent of the decedent, the father having precedence over the mother.

To enable the Department of the Army to determine who may legally exercise the right of disposition, you are requested to submit a certified copy of the marriage certificate to this office. Upon receipt of this evidence, our records may be amended to indicate that you are the next of kin legally authorized to direct the disposition of the remains of your son.

Your cooperation and promptness in forwarding the requested document to our office will be greatly appreciated.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division



seh

2 Incls
Information Slip
Self addressed envelope

RBC

CORRESPONDENCE ACTION SHEET

Mr. Robert L. Baker Relationship Father
 Miss. Box 203 Clay, Ky.
 Addressee: Mrs. _____
 State _____
 City, State _____ Date letter '47

Cemetery _____
 Temporary: _____
 Permanent: _____
 Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence) -- ADDITIONAL -- DATA -- MODIFICATIONS --

165A

154C

1 -
 2 - marriage Certificate
 father

166K

Bethel

Decedent: Baker
 .Last Baker
 First John
 Initial J
 Rank ptc
 ASN 36886851

Analyst Typist Reviewer Modifications OKed

11 Feb

File

FROM: ANALYSIS SECTION

6 Feb 48
(Date)

TO: ACCEPTANCE UNIT SECTION

Baker John F 36 886 851
 (Last Name) (First Name) (Initial) (ASN)

USMC, Fay, Belgium I 1 10
 (Cemetery) (Plot) (Row) (Grave)

The attached correspondence pertains to the disposition of the remains of the subject decedent. It is requested that the following information be supplied this Section in order to reply to correspondent:

- 1. Has 345 been dispatched
- 2. Has 345 been received and approved
- 3. What option was selected
- 4. 345 was executed by whom
- 5. Did N.O.K. relinquish disposition authority
- 6. Did widow indicate remarriage
- 7. Did documents accompany reply form (if so, what document)
- 8. Have necessary records been amended to reflect this change in N.O.K.
- 9. Has L. O. I. been dispatched to new N.O.K.
- 10. Attach reply form *if not acceptable* and return to this section

not rec'd

42

COOMBS
5072

B. Artest

37

Clay, Ky.

20

Feb 2 - 1948.

Thomas B. Larkin, Major General,
Washington, D.C.

Dear Sir: - I am writing
you about the disposition of
my sons body. P.F.C. John F. Baker
3688651. Who is buried in
Military Cemetery, at Froy Belgium.
His Widow, Mrs Genevieve L Baker
has married again, and is
living in St Louis Mo. Her ad-
dress, Mrs. Arthur Swartz,
2514. A. Van Derwerker ave.

Now, Major Larkin, as next
of kin, my desire is to have
my son returned home, for Burial
So please send me all necessary
forms for this. Thank you

Respt yours.

Robert L. Baker.

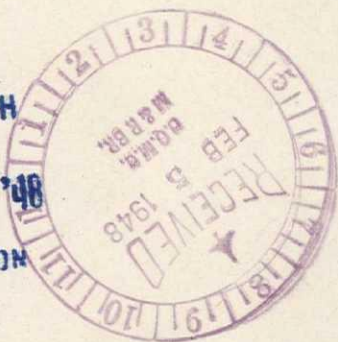
address

Box-203
Clay, Ky.

RECORDS BRANCH

FEB 5 12 04 PM '48

MEMORIAL DIVISION



REQUEST FOR DISPOSITION OF REMAINS

L-3-4

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

DATE:

593

[Signature]

Pfc John F. Baker, 36 886 851
Plot 1, Row 1, Grave 10,
United States Military Cemetery
Foy, Belgium

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

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

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

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

(NAME AND LOCATION OF CEMETERY)
- 3. BE RETURNED TO _____ (FOREIGN COUNTRY) THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)
- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

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

None
245 dtd 4/19/48 accepted (F-2)
11/21/48

[Handwritten notes and signatures]
H. J. ...
N. A. ...
Seymour ...
11/21

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.
I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

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

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

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

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

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

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

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

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

_____ (SIGNATURE OF NEXT OF KIN)	_____ (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 _____ day of _____, 19____, at city (or town) of _____, county of _____, and State (or Territory or District) of _____

 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

 (OFFICIAL TITLE)

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

REQUEST FOR DISPOSITION OF REMAINS

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

L-3-4

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

LAST NAME <u>BAKER</u>	FIRST NAME <u>ROBERT</u>	MIDDLE INITIAL <u>L</u>
RELATIONSHIP TO THE DECEASED <u>FATHER</u>		
NUMBER AND STREET <u>Box 203</u>	CITY OR TOWN <u>CLAY</u>	STATE OR COUNTRY <u>Ky.</u>

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

Genevieve L. Swartz (SIGNATURE OF NEXT OF KIN) Jan. 28, 1948 (DATE)
2514[#] W. Vandeventer (STREET AND NUMBER)
GENEVIEVE L. SWARTZ (NAME PRINTED OR TYPED) St. Louis, Mo. (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

(SIGNATURE) _____ (DATE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED) _____ (CITY AND STATE)

PART I (Continued)

Option Number 2 or 3. or Option Number 4 with own funeral ceremonies desired at a location

THAT

PERS

ADDITIONAL REMARKS AND INSTRUCTIONS

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



Pfc John F. Baker, 36 886 851
Plot I, Row 1, Grave 10,
United States Military Cemetery
Foy, Belgium

5 January 1948

Mrs. Genevieve L. Baker
Post Office Box 203
Clay, Kentucky

Dear Mrs. Baker:

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.

JAN 5 1 44 PM '48
MAIL & RECORDS BRANCH
D. O. M. C.

new L.O.I. SENT 19 APR 1948 to father's mm

QMFG 293
Baker, John F.

36886851

15 July 1946

Mrs. Genevieve L. Baker
Post Office Box #203
Clay, Kentucky

Dear Mrs. Baker:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private First Class John F. Baker, A.S.N. 36 886 851.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Foy, plot I, row 1, grave 10.

This cemetery is located four miles north of Bastogne, 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 your feasible wishes 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 you with full information and solicit your detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

JUL 17 2 32 PM '46
O.C.M.G.
MAIL & RECORDS BRANCH

bl
is

EWZ
EWZ

RESTRICTED

583

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

14 Mar 45

Date

BAKER

Last Name

John

First

F

Unk

Rank

36886851

Serial No.

Unk

38

Unit

7

Armd

Organization

St Vith Bel

Place of Death

Unk (Estimated to be 22 Dec 44)

Date of Death

GSW back buttocks

Cause of Death

13 Mar 45 1120

Time and Date of Burial

U S Mil Cem #1 Foy Bel

Name of Cemetery

Name or Coordinates of Location

10

Grave Number

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?

Ident by one ID tag around neck, supported by the clothing mark B 6851 on two pairs of OD trousers. Disinterred by 3042 QMGR CO

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:

NOYES

Name

31385050

Serial No.

Pfc

Rank

Unk

Organization

9

Grave No.

Deceased's Left:

BRANON

Name

6973390

Serial No.

Pvt

Rank

28 Div

Organization

11

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 Addressee Unk

Name

Address

Religion P

List only Personal Effects Found on Body and disposition of same

No personal effects

REBURIAL

Previously buried in isolated grave located at ST. VITH BEL

W E Samson

WILLIAM E SAMSON
1st Lt QMC
3043 QMGR CO

Verified by C.R.S. Officer

JUN 28 1945

#24

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

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

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

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

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

14 Mar 45
 3888851
 4
 5
 1
 9
 11
 Thumb
 Left Hand

GRAVE REGISTRATION Form 7-0 (Revised 1 Sept 1943)
 BAKER
 4
 10
 2
 1
 11
 9
 11
 Thumb
 Right Hand

TOOTH CHART

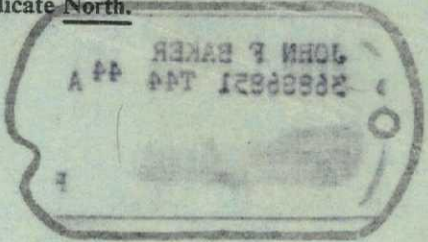
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

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

Characteristics:

Other Data:



RECEIVED
 Previously buried in isolated grave located at [illegible]
 3043 OMR CO
 AG P BR HQ SOS
 122560

List only Personal Effects Found on Body and disposition of same
 No personal effects

CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

Only PART I should be completed, if identification tags are available.
Both PART I & II should be completed if identification tags are not available.
If information is unavailable, so indicate.

293

10 March 1945

PART I (Positive identification)

Date

1. Baker, John F. (Full name of deceased) Unk (Rank) 36886851 (ASN) Unknown (Organization)

2. State if identification tags were attached to remains, how many, and where attached One tag around neck

3. Give exact location from which disintered, furnishing coordinates and map series used Found in woods near St. Vith, Belg. P 872882 Central Europe 1:100000 Bonn S-1

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetery) None

5. Approximate or established date of death (state which & give basis for date selected) Few days prior to 25 Dec 1944 according to civilian named Michel Felts who lives on farm near St. Vith, Bel. Map Coordinate of his farm P 873879

6. Approximate or established date of burial (give basis for date established) Few days prior to 25 Dec 1944 according to civilian Michel Felts. Buried by Germans

7. Manner in which grave was marked and all information contained on the marker. One marker with two names of American soldiers painted on it. Wirt & Baker One grave for the bodies of Allen I. Wirt 33662039 & John F. Baker 36886851

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information). Michel Felts who lives on farm near St. Vith, Belg. who located the common grave and furnished other information. Eric Piel also of St. Vith acted as interpreter between Michel Felts and Richard E. Biersach Sgt in charge of disinterment.

PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)

11. (Est Height) (Est Weight) (Color of Hair) (Color of Eyes)

12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc.

RESTRICTED

Handwritten red markings and scribbles, possibly including the number 145.

- 13. Give as detailed description as possible of condition and amounts of remains
- 14. Give probable cause of death, type and location of wounds (is there evidence that body was burned)
- 15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, designs markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:
- 16. Give description of any vehicle found in the area that could be connected with the death of the deceased
- (Type) (WD Serial No.) (Organization) * (Serial No. and
- Type of each gun)
- 17. Give exact location of remains in vehicle before removal
- 18. If buried in a coffin, give description and markings
- 19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of these remains
- 20. Other pertinent information which would aid in establishing identity

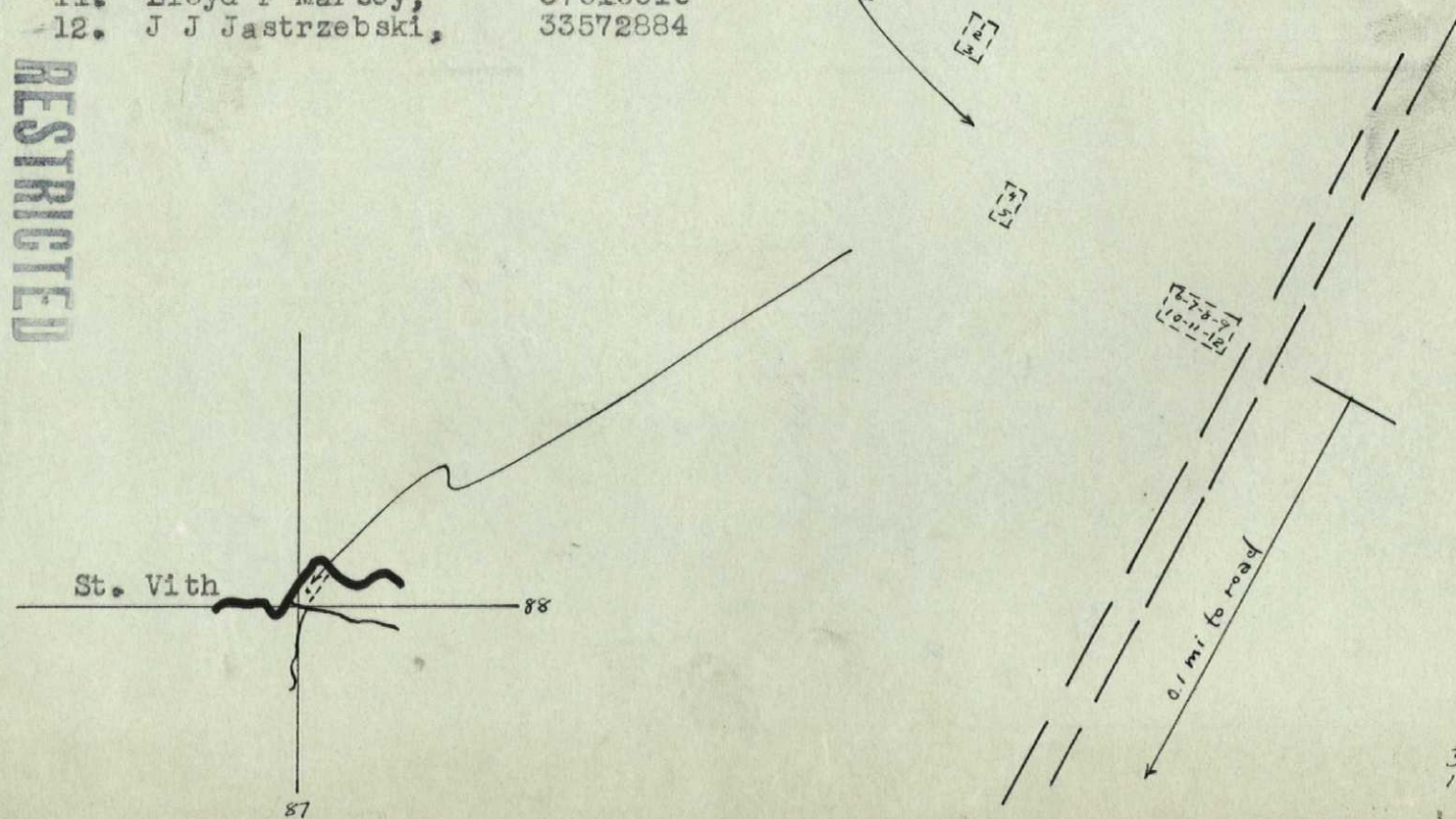
Richard E. Biersach
 Richard E. Biersach
 (Individual in Charge of Interment)

Sgt 39718246 3042 QM Gr. Reg.
 (Rank) (ASN) (Organization)

Twelve American bodies disinterred at "X", from three common graves, near St. Vith, Belgium. Coor: P872882.

- 1. George A Bernier, 31063886
- 2. X Norman J Hostak, 36961739
- 3. Franklin Stancel, 36813357
- 4. Allen I Wirt, 33662039
- 5. John F Baker, 36886851
- 6. X Alphonse J Francavillo, 42069155
- 7. Mahlon L Noecker, 33168737
- 8. Everson C Lovejoy, 31323285 (Information from EM Identification Card)
- 9. Julian L Noyes, 31385050
- 10. Unknown (last name may be "Murray" - Information from cross)
- 11. Lloyd F Marsey, 37616610
- 12. J J Jastrzebski, 33572884

RESTRICTED



3042
11 Mar 45
Demora

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATHDATE **16 April 1945**

FULL NAME 293 Baker, John F.		ARMY SERIAL NUMBER 36 886 851	GRADE Pfc			
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Infantry	DATE OF BIRTH 18 Feb 21			
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 25 Oct 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Genevieve L. Baker, wife, PO Box #203, Clay, Ky.						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Genevieve L. Baker, wife, address above Mrs. Ruby Baker, mother, Clay, Ky. Mr. Robert Baker, father, Clay, Ky.						
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
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

*Combat Infantryman, GO 113, Hq 7th Amnd. Div., dtd 6 Dec 44

The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 23 Dec 44, until such absence was terminated on 9 Apr 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

COPIES FURNISHED:

S. G. O.	F. B. I.	F. O., U. S. A.
E. O. C. 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:

James W. Pinkhart
 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.

Final
 FILE
 APR 30 1945
 2/6

XXXXXXXXXXXXXXXXXXXX

370279

CLR/AID/fr
26 September 1946

Mr. Robert L. Baker
P. O. Box 203
Clay, Kentucky

Dear Mr. Baker:

Your inquiry to the Office of Personnel, Washington, D. C., has been referred to the Army Effects Bureau for reply in connection with the personal effects of your son, Private John F. Baker.

To date, no property marked as belonging to your son has been received at the Army Effects Bureau.

Search of the personal effects records of the European Theater Area now in the custody of this Bureau was made in an effort to ascertain whether any of his effects were recovered.

I am sorry to inform you the records failed to disclose the existence or disposition of any of his property.

You may be assured if we should unexpectedly receive any of his property at a later date, his widow, Mrs. Genevieve Baker, will be promptly notified.

Yours very truly,

C. L. RUMFIELD
2nd Lt., QMC
Asst. Effects Quartermaster

SCREENED
3-31-48 2/2

LC:ag

25 September 1946

REPLY

TO: Correspondence Branch - Army Effects Bureau

July 1946

- No record of any effects.
- No record of missing items.
- (*) Inventory received from:

(Dated)

(Signed by)

Effects shipped to:

Parcel _____	Date _____	Baggage List _____	Sheet _____
Parcel _____	Date _____	Baggage List _____	Sheet _____

Funds: \$ _____ Transmitted on List F- _____ Date _____

Remarks:

1. ETA records fail to reveal receipt of property belonging to John F. Baker, or any information pertaining thereto.
2. It is recommended that search be made of the organization records to determine if any property was recovered in the unit area. No inventory has been received from the organization to which he was assigned.
3. It is also recommended that burial records of the Memorial Division be checked to ascertain if any personal property was found with the remains.
4. Further tracer action in the European Theater is inadvisable.

Leona Clatterbuck
 LEONA CLATTERBUCK
 Chief Clerk

ETA Records Branch

(*) This information need not be given on inventories covering property already received at AEB.

KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU

S-10 Oct 46
CLR/AID/rb
23 September 46

Case No. 370279

REQUEST

TO: European Theater Records Branch - Army Effects Bureau

Request examination of ETA records and report concerning missing, or allegedly missing, personal effects of:

<u>Baker.</u>	<u>John</u>	<u>F.</u>	<u>36886851</u>	<u>Pfc.</u>
(Last Name)	(First Name)	(MI)	(ASN)	(Rank)
<u>Infantry</u>		<u>Deceased 23 Dec. 44</u>		
(Organization)		(Status)		

Bureau records do not indicate that any property of subject has been received here.

Property received at AEB is listed on following overseas inventories:

Allegedly missing items, not received here, consist of:

Personal effects

Remarks:

MIA 23 Dec 44

N. WHIPPLE
Chief Clerk
Correspondence Branch

WAR DEPARTMENT

DISPOSITION FORM

SECURITY CLASSIFICATION (If any)

9/19 md 370.27945

FILE No. RD-C	SUBJECT Baker, John F. 36 886 851		
TO The Effects Quartermaster Army Effects Bureau Kansas City Quartermaster Depot Kansas City 1, Missouri	FROM RAC, AGO St. Louis 20, Mo.	DATE 9 Sep 46	COMMENT No. 1 Clark-S

The attached communication from Mr. Robert L. Baker, Box 203, Clay, Kentucky requesting information regarding the personal effects of his son, the above named man, is forwarded as a matter pertaining to the office of The Effects Quartermaster. No reply is necessary by this Branch. The writer has been advised of this reference.

FOR THE ADJUTANT GENERAL:

Henry Swamer
Adjutant General

1 Incl
Ltr dtd 1 Apr 46

108 108 108 108

SEP 1 1946
KANSAS CITY, MO.
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

TO: _____ FROM: _____ DATE: _____ COMMENTS: _____

BY: _____ REVIEW: _____

DISPOSITION FORM

NOV 1946

R 5

Columbia Ky. Apr - 1 - 1946.

Office of Personnel,
Army of United States,
Washington, D.C.

Gentlemen:- I am writing
you in Re. my son
John F. Baker. - X.C. 3.918.996
Serial. 36886851. P.F.C. of
Co-B. 38th Armored Inf.
He was killed in action
Dec-23, 1944. in Belgium
in the battle of the Bulge.
Here's the information I
want. We have never re-
ceived any of his personal
belongings, or property. (and his
wife states she has not either)
from the army. Please
let me know if they
were ever mailed to
us. Thanks. Robert L. Baker

no property
9-17-46
or



KANSAS CITY, MO.
SEP 1 1946



Baker, John ~~F.~~

36886851

PFC.

C/601,376