

# INDIVIDUAL DECEASED PERSONNEL FILE

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

#### SUMMARY SHEET OF CLAIM OR POTENTIAL CLAIM BY FUNERAL DIRECTORS

|                        | th letter Office of the Quartermaster General dated QMGMO, Subject: Discrepancies in Permanent 293 Files, tion is furnished |
|------------------------|---|
|                        |   |
| To be filled in if cla | aim has been received   |
|                        | I number of decoased:   |
|                        | nt:   |
|                        |   |
|                        | (if any):   |
|                        | number (if any):  |
|                        |   |
|                        | potential claim exists  |
|                        | tial claimant: T. G. Franklin Funr. Home, Clay, Kv.   |
|                        | cation of remains of Pfc John F. Baker, USAGF   |
|                        | 6851 from Madisonville, Ky  |
| to Clay, K             | My. and return escort to railhead   |
| if necessary.          |   |
|                        | El - Al English   |
| Date                   | FRANCIS FAFTIANO Capt, QMC OIC, Administrative Branch   |

|  |   |                   | Cart I WW II   |
|--|---|-------------------|--|
| OR T   | REIMBURSEMEN<br>RANSPORTATION<br>ation on Reverse Side befo | EXPENSES          | 4-28-1949  |
| NAME OF DECEDENT (Last, First, Middle  | Initial)  | BRANCH OF SERVICE | TO BE FILLED IN BY CLAIMANT                            |
| Baker, John F  |   | Army              | A. INTERMENT EXPENSES (Civilian or Private Cemetery)   |
| RANK OR GRADE SERIAL   | L NO.   | g                 |  |
| Pfe  | 36886851  | No.               | B. TRANSPORTATION EXPENSES (National or Post Cemetery) |
|  | INSTRUCTIONS TO   | PERSONS SIGNI     | NG THIS FORM   |
| 1. This form is NOT to be s  | signed by Funeral Dire                                      | ctor.             |  |
| 2. [   | orders or front to to the                                   |                   |  |
| 3. Check Box "A" or Box "  | 'B" above not both  |                   |  |
| 4. Check Box "A" when in   |   | n or private come | stery  |
|  |   |                   |  |
| 5. Check Box "B" when re   | mains are delivered to                                      | home or other p   | lace prior to burial in a national or post cemetery.   |
| FILL IN THIS STATEMENT I   | E DOV "A" IS CHECKED  |                   | FILL IN THIS STATEMENT IF BOX "B" IS CHECKED           |
|  | 7950  | T conti           | ify that the sum of \$ was                             |
| I certify that the sum of \$ paid by me from personal fu   | nds in connection with                                      |                   | me from personal funds in connection with the          |
| interment of the remains of the  |   |                   | rtation of the remains of the above-named dece-        |
| the cemetery indicated below:  |   |                   | m: (City, town, or place from which remains were       |
| as assatance   | DOE   | shipped)          | •  |
| NAME: Of cemetery:   | U,U,P,  |                   |  |
| CITY OR COUNTY: 6 lay  | , Thebeter Co   | TO: (Nam          | e and Location of National or Post Cemetery)           |
| O .  |   |                   |  |
| STATE:   | K.  |                   |  |
|  | rig.  | SIGNATIVE &       | OF CLAIMANT  |
| RETURN FOUR COPIES TO  |   | SIGNATURE         | Jr CLAIMANI  |
| AMESTEROE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO TH |   | ADDRESS (S        | Street number or RFD, City and State)                  |
| COLUMN SAIN  | REGISTRATION DIVISIO  |                   |  |
| GGLUMBUS 15 OF   | DEDUCA DIVIDION   | RELATIONSH        | IIP TO DECEDENT  |
| REMARKS  |   |                   |  |
| REMARKS  |   |                   |  |
|  |   |                   |  |
|  |   |                   |  |
|  |   |                   |  |
|  |   |                   | PAID ON  |
|  |   |                   | MAY 1 61949  KNGBELUCH, Lt. Col. F. D.                 |
|  |   | w                 | MAY 161949 3435-                                       |
|  |   |                   | NOBELUCA ACCULA  |
|  |   | CVI               | 1, Lt. Col. F 15 4                                     |
|  |   | SIMB(             | OL NO. 211-047   |

#### RECEIPT OF REMAINS

DISTRIBUTION CENTER

FROM OMDCG

COLUMBUS GENERAL DEPOT

COLUMBUS 15 OHIO
ROUTINE 20 APRIL L949

BARDEN

REMAINS CONSIGNED TO:

T G FRANKLIN FUNERAL HOME

CLAY KENTUCKY

| 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  |
| RATIROAD 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.                          |

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

(Witness (Escort))

this 26 day of 6, (Month), 1944

For 2. Al Lund Home

QMC FORM 1103

I. S. SOVERNMENT PRINTING OFFICE 16-54737-1

| 1   |   | ISINT _R    | MENT DIRI      | ECTIVE 24           | 11-92                      |
|---|---|-------------|----------------|---------------------|----------------------------|
|   |   |             | DIRECTIVE NUA  | ABER                | DATE                       |
| SECTION A — NAME AND BU                               | RIAL LOCATION OF DECEASED                   |             | 1225           | 00134               | 15 12 48<br>DAY MONTH YEAR |
| BAKER JOHN  | F   | SERIAL NU   | MBER<br>86851  | GRADE ARM           | RACE RELIGION              |
| CEMETERY  |   | PLC         | OT ROW         | GRAVE               |                            |
| FOY BELGIUM   |   |             | I 1            | 10                  | DISPOSITION OF REMAINS     |
|   |   | ONSIGNEE A  | ND NEXT OF KIN |                     | CODE DIST. CTR.            |
| T. G. FRANKLIN CLAY, KENTUCKY                         |   |             | ROBERT L       | . BAKER             | FATHER)                    |
|   | SECTION C - DISIN                           | TERMENT A   | ND IDENTIFICAT | ION                 |                            |
| NAME  | SERIAL NUMBER                               | GRADE       | DATE OF DEAT   | гн                  | DATE DISTINTERRED          |
| IDENTIFICATION TAG ON ORGA REMAINS MARKER             | USAGF                                       |             | RELIGION       | IDENTIFICATION      | VERIFIED BY                |
| MARKER  | SECTION D — PREPAR                          | ATION OF RE | MAINS FOR SHIP | MENT                | HAME AND THE               |
|   | SEE ATTACH                                  |             |                |                     |                            |
| MINOR DISCREPANCIES (Prepare D                        |   | m 1194a fo  | r major discr  | epancies.)          |                            |
| REMAINS PREPARED AND PLACED IN C                      |   |             |                |                     | 1                          |
| CASKET SEALED BY                                      | ВУ  | EMBALMI     | R (Signature)  |                     |                            |
| CASKET BOXED AND MARKED                               |   | SHIPPING    | ADDRESS VERIF  | IED BY              |                            |
| I hereby certify that all and that the report above i | Il the foregoing operations v<br>s correct. | vere condu  | cted and acc   | complished under r  | ny immediate supervision   |
|   |   |             | SIGN           | ATURE OF AGRS INSPI | ECTOR                      |
| remarks and special instructions                      |   |             |                |                     |                            |

#### DISINTERMENT OPERATIONS RECON DIRECTIVE NUMBER DATE SECTION A -NAME AND BURIAL LOCATION OF DECEASED DAY HTHOM YEAR NAME SERIAL NUMBER GRADE ARM RACE RELIGION BAKER JOHN F 36886851PFC 1 CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS FOY BELGIUM 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 X REMAINS HERBERT NORTON 1/LT. INF MARKER EMB SECTION D'- PREPARATION OF REMAINS FOR SHIPMENT CONDITION OF REMAINS ADVANCED STAGE OF DECOMPO-NATURE OF BURIAL SITION. 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 CASKEX TRANSFER BOX. THE ODOR 16 SEPTEMBER 1948 DATE EMBALMER (Signature) CASKET SEALED BY MELVIN W BLACKBURN CASKET BOXED AND MARKED 15 NOV 48 PETER J POULOS IDENT TECH DATE I hereby certify that all the foregoing operations, were conducted and accomplished under my immediate supervision and that the report above is correct.

1/LT. INF.

SIGNATURE OF AGRS INSPECTOR

EXCEPT CASKETING

REMARKS AND SPECIAL INSTRUCTIONS

| MESSAGEFORM<br>CALLS STA. SER. NO.  |  | TRANSMITTING MEANS   | CRYPTOGRA  | APH OR CLEAR TEXT  |
|---|--|--|--|--|
|   |  |  | 11/02  | -6 R   |
| V   | PRECEDENCE   | TRANSMISSION INSTRUC   | TIONS  | ORIGINATOR DATE-TIME GROU  |
| ON INFORM   | ATION  | EXEMPT   | OPERATING SIGNALS  | GROUP COUNT  |
|   | WESTE  | RN UNIO  | N  | GR   |
| OM: (Originator)  | SPACE ABOVE FOR  | R SIGNAL CENTER ONLY   |  | I to the track as the second   |
| Olvi: (Originator)  |  |  | SECURITY CL.   |  |
| ION TO:   |  |  | GOVT   |  |
| DLR AND REPORT  | ANY CHARGES  | D  | ACTION PRECEDE   | INFORMATION  |
| CLAY KENTUCKY   |  |  | GINAL MESSAGE  |  |
| •   | 19637-0  |  | REFERS TO ANO DENTIFICATION  | THER MESSAGE<br>CLASSIFICATION   |
| ARE ENROUTE TO THE UNITE TO T G FRANKLIN FUNERAL  |  | RECORDS INDICA   | TE YOU WISH R  | EMAINS DELIVERED   |
| POSSIBLE TO COMPLY AT GO INSTRUCTIONS RECEIVED AF THE REMAINS WILL BE MADE CONTROL MAY DELAY DELIVE REMAINS ARE RECEIVED HER FUNERAL DIRECTOR WILL BE REMAINS WILL ARRIVE AT F THIS INFORMATION SO THAT BE SENT AT LEAST THREE I PLEASE INSTRUCT FUNERAL ARRIVAL. REMAINS WILL BE | EW DELIVERY IN ECT TO COMMAND OPLY IS NECESSAL OVERNMENT EXPENDED THE EXPIRATION OF REMAINS OF REMAINS OF AND IT IS POSSIBLE OF THE EXPIRATION OF THE EXPIRA | STRUCTIONS AND ING OFFICER COLUMN THIS IN SE WITH ANY DESTRUCTION OF FORTY EN ACTICABLE AFTER FOR SEVERAL WEED SIBLE TO SCHEDURE ELEGRAM OF RAIL IN. ALSO HE WILL BETE FUNERAL ARE CTUAL SHIPMENT IN CEPT REMAINS AT BY MILITARY ESCORES | FURNISH YOUR IMBUS GENERAL PERIOD SINCE IRED CHANGES IGHT HOURS. RECEIPT FACT KS. HOWEVER ILE THEM FOR ROUTING AND L BE REQUESTE ANGEMENTS. T FROM THIS DIS RAILROAD STA DRT. IF YOU | CORRECT MAILING DISTRIBUTION IT WILL NOT BE IN DELIVERY WHILE DELIVERY ORS BEYONE OUR AS SOON AS DELIVERY YOUR SCHEDULED TIME TO FURNISH YOU HIS TELEGRAM WIL TRIBUTION CENTER TION UPON DESIRE MILITARY |

WUA029 18/17 COLLECT CLAY KY MAR'S 515P

COMMANDING OFFICER

COLUMBUS GENERAL DIST DEPOT

PROCEED AS INSTRUCTED ON REMAINS OF THE LATE PUT FIRST CLASS

JOHN F BAKER QMDCG 19637-C

ROBERT L BAKER

911A

QMDCG 19637-C

|                 | *                         | and the second s | RANK  | SERIAL NUMBER                          |                           |
|-----------------|---------------------------|--|---|--|---------------------------|
| Ba              | ker, John 1               | · V  | Pfe   | 3688685                                |                           |
| SOURCE          | 1 /2                      |  | CONSIGNEE   |  | Lin Funeral Home          |
| SH              |                           | - GENERAL APPEARANCE<br>Y DISCREPANCIES)   |   | OF SHIPPING CASE                       | (CHECK ONE) UNSATISFACTOR |
| F               | INISH (EXTER              |  | REMARKS   | DATIDIROTORI                           | CMBATTBI-ACTOR            |
| F               | INISH (INTER              | TOR)   |   |  |                           |
|                 | IANDLES                   |  |   |  |                           |
| Н               | ANDLE BOLTS               |  |   |  |                           |
|                 | TENCILING -               |  |   | ) ,                                    | 0                         |
|                 | EALTH PERMIT              |  |   | - margan                               | F                         |
| H               | EALTH PERMIT              | NUMBER   | - Comments of the comments of |  |                           |
|                 | CASKET -                  | GENERAL APPEARANCE   | CONDITTON   | OF CASKET (CHECK                       | ONE                       |
|                 |                           | ONLY DISCREPANCIES)  |   | ATISFACTORY                            | UNSATISFACTORY            |
| F               | INISH (EXTER              | IOR)   | REMARKS   | 1                                      |                           |
| Н               | ANDLES AND F              | ASTENINGS  |   | ACV                                    | P Refust                  |
| S               | TENCILING -               | NAMEPLATE  | Their.  | レンド・シャイ                                | 4 / Tehmal                |
| C.              | AM LOCKS (SE              | ALING)   |   |  |                           |
| 0:              | DOR OR MOIST              | URE  | Cark  | 1-                                     |                           |
|                 |                           |  |   |  |                           |
|                 |                           |  |   |  |                           |
|                 |                           | Routed   | Through   |  |                           |
|                 | MORTUAR                   | Y OPERATING ROOM   |   | MORTUARY REPA                          | IR SHOP                   |
| CONDITIO        | ON OF REMAIN              |  | CASKET REPA   | AIRED                                  |                           |
|                 |                           | UNSATISFACTORY   |   | YES                                    | NO NO                     |
|                 | SATISFACTORY BY DISINFECT |  | CACKEM BYOU   | TANGED                                 |                           |
|                 |                           | ION (EXPLAIN)  | CASKET EXCH   | HANGED<br>YES                          | NO                        |
|                 |                           |  |   |  | NO                        |
|                 |                           |  | SHIPPING CA   | YES ASE REPAIRED YES                   | NO NO                     |
|                 |                           |  | SHIPPING CA   | YES ASE REPAIRED YES ASE EXCHANGED     | NO                        |
|                 |                           |  | SHIPPING CA   | YES ASE REPAIRED YES                   |                           |
|                 |                           |  | SHIPPING CA   | YES ASE REPAIRED YES ASE EXCHANGED     | NO                        |
|                 |                           |  | SHIPPING CA   | YES ASE REPAIRED YES ASE EXCHANGED     | NO                        |
|                 | RY DISINFECT              | ION (EXPLAIN)  | SHIPPING CA<br>SHIPPING CA<br>C<br>SHIPPING CA<br>REMARKS   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO                        |
| NECESSA         |                           |  | SHIPPING CA   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO                        |
| NECESSA         | RY DISINFECT              | ION (EXPLAIN)  | SHIPPING CA<br>SHIPPING CA<br>C<br>SHIPPING CA<br>REMARKS   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO                        |
| NECESSA         | RY DISINFECT              | ION (EXPLAIN)  | SHIPPING CA<br>SHIPPING CA<br>C<br>SHIPPING CA<br>REMARKS   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO                        |
| NECESSA<br>TIME | RY DISINFECT              | ION (EXPLAIN)  | SHIPPING CA<br>SHIPPING CA<br>C<br>SHIPPING CA<br>REMARKS   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO                        |
| NECESSA<br>TIME | RY DISINFECT              | ION (EXPLAIN)  | SHIPPING CA<br>SHIPPING CA<br>C<br>SHIPPING CA<br>REMARKS   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO                        |
| NECESSA<br>FIME | RY DISINFECT              | ION (EXPLAIN)  | SHIPPING CA<br>SHIPPING CA<br>C<br>SHIPPING CA<br>REMARKS   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO                        |
| NECESSA<br>FIME | RY DISINFECT              | ION (EXPLAIN)  | SHIPPING CA<br>SHIPPING CA<br>C<br>SHIPPING CA<br>REMARKS   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO NO                     |
| NECESSA<br>FIME | RY DISINFECT              | ION (EXPLAIN)  | SHIPPING CA<br>SHIPPING CA<br>C<br>SHIPPING CA<br>REMARKS   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO NO                     |
| NECESSA<br>TIME | RY DISINFECT              | ION (EXPLAIN)  | SHIPPING CA<br>SHIPPING CA<br>C<br>SHIPPING CA<br>REMARKS   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO                        |
| NECESSA<br>TIME | RY DISINFECT              | ION (EXPLAIN)  | SHIPPING CA<br>SHIPPING CA<br>C<br>SHIPPING CA<br>REMARKS   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO                        |
| NECESSA<br>TIME | RY DISINFECT              | ION (EXPLAIN)  | SHIPPING CA<br>SHIPPING CA<br>C<br>SHIPPING CA<br>REMARKS   | YES ASE REPAIRED YES ASE EXCHANGED YES | NO                        |

OQMG FORM 623 SHIPPED ORDERED B/L FOR VERIFICATION NAME OF CEMETERY DATE OF SIRTH (Month, Day, Year) NAME (Last, First, Middle Initial) BRONZE MARKER A FLAT GRANITE MARKER FLAT MARBLE MARKER UPRIGHT MARBLE HEADSTONE CHECK TYPE REQUIRED (See Instructions atlached) DO NOT WRITE HERE HE SPONE FOR THE STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT NEAREST FREIGHT STATION (CHy and State) John F (SIGNATURE OF CONSIGNEE) DATE OF DEATH (Month, Day, Year) DISCHARGE DATE ENLISTMENT DATE WAY 5 3 Van Klin IMPORTANT—Complete Reverse Side ADDRESS (Street, City, State) 1949 WORLD WAR II DECEASED 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 expenses I certify this application is submitted for a stone for the unmarked grave of a yeteran. APPLICATION FOR HEADS APPLICANT'S SIGNATURE POST OFFICE ADDRESS OF CONSIGNED U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION STATE PENSION NO. SERIAL NO. Please make out and return in duplicate) lay, / Jaker 36886851 an 8 USAGF Pfc State) IE OR MARKER 7-28-1949 CHRISTIAN
HEBREW
NONE COMPANY Armid, Inf. DATE OF APPLICATION \* EMBLEM (Check one) 16-11453 DUPLICATE PAGI YAM 8 104

ORIGINAL ORDER

DEPARTMENT OF THE ARMY OFFICE OF THE QUARTERMASTER GENERA' 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 OFFICIALS and make sure a government flat granite marker with belowed at grave. Check NAME AND LOCATION OF CEMETERY. Check with CEMETERY 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.

36 ARMD INF BN DEC 23 1944 / KENTUCKY / PFC / FEB 18 1921 INSCRIPTION: LATIN CROSS JOHN F BAKER / WORLD WAR II / SHIP TO: T G FRANKLIN CLAY

7 ARMD DIV

R. R. STATION:

R. R. STATION;

APPLICANT: ROBERT L BAKER

CLAY KENTUCKY

POMG FORM 312

6283716

Shell still

CEMETERY: 1.0.0.0.F. CEMETERY CLAY KENTUCKY

APPROVAL AND ACCEPTANCE

| RRE | Fo  | rm | #:39 |
|-----|-----|----|------|
|     | Jul |    |      |

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

| BAKER                | JOHN          | F         | PFC      | 36886851 |
|----------------------|---------------|-----------|----------|----------|
| (Last Mame)          | (First Name)  | (Initial) | (Rank)   | (ASN)    |
| Renatriated to the U | nited States: | - 5 MA    | AR. 1949 |          |

W FILE

#### CHECK LIST-FOR DISINTERMENTS

(To accompany Report of Reburial)

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

| Baker, John F.  |  | cation)  | 10 March 1945  |
|---|--|--|--|
|   | Unk  | 36886851   | Unknown  |
| (Full name of deceased)   | (Rank)   | (ASN)  | (Organization)   |
| . State if identification tags were attached to remains,  | how many, and  | where attached one   | tag around necl  |
| Give exact location from which disintered furnishing  | coordinates and  | l map series used Fo   | Bonn S-1   |
| NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF Full name of cemetery (if buried in an organized certains)   |  |  |  |
| Approximate or established date of death (state, which  | n & give basis f   | or date selected Few<br>ichel Felts  | days prior to a  |
| hear St. Vith, Eel. Map Coordin   | ate of h   |  |  |
| Approximate or established date of burial (give basis   | for date establis  | hed) Few days  | prior to 25 Dec  |
| Manner in which grave was marked and all information soldiers partor the bodies of Allen I. Wi  | on contained or<br>Inted on<br>rt 30662  | the marker One it. Wirt & C39 & John F   | marker with two<br>Baker One Grave<br>• baker 36886851   |
|   |  |  |  |
| Mayor, priest, cemetery caretaker, those responsible for michel Felts who lives on far  | r burial and an  | y others possessing im   | portant information).  |
| Michel Felts who lives on far common grave and furnished ot   | r burial and an<br>m near St<br>her info   | y others possessing im<br>5.Vith, Belg.<br>Mation. Eric  | portant information).  who located the   |
| Mayor, priest, cemetery caretaker, those responsible for  | m near Sther infor   | y others possessing im<br>5.Vith, Belg.<br>rmation. Eric<br>lichel Felts   | portant information).  who located the   |
| Mayor, priest, cemetery caretaker, those responsible for michel Felts who lives on far common grave and furnished of St. Vith acted as interpreter  | or burial and and ments of the services of the | y others possessing im<br>t.Vith, Belg.<br>mation. Eric<br>lichel Felts  | portant information).  who located the   |
| Mayor, priest, cemetery caretaker, those responsible for ichel Felts who lives on far common grave and furnished of ct. Vith acted as interpreter liersach at in charge of dis PART II (Doubtful a Fill in any information available regarding name, rank   | or burial and and mear 3d her information internmental as Undetermined A, ASN, or organized as the state of t | y others possessing im t. Vith, Belg. rmation. Eric lichel Felts nt. lidentification) nization (Check cemete                                       | portant information).  who located the eliel also of and dichard E.  |
| Mayor, priest, cemetery caretaker, those responsible for ichel Felts who lives on far common grave and furnished of it. With acted as interpreter liersach at in charge of dis part in charge of dis interpreter in any information available regarding name, rank  | or burial and and mean set in for informer as Undetermined   | y others possessing im L.Vith, Belg. Mation. Frical Felts it.  I Identification) mization (Check cemeter   | portant information).  who located the e Fiel also of and dichard E.   |
| Mayor, priest, cemetery caretaker, those responsible for inchel Felts who lives on far common grave and furnished of twith acted as interpreter liersach at in charge of dis part in charge of dis inches and part in charge of disconnection and information available regarding name, rank                                | or burial and and ment near State in for informer as Undetermined A. ASN, or organization of the street of possible,   | y others possessing im L.Vith, Belg. Mation. Eric Lichel Felts  I Identification)  mization (Check cemeter  Color of Hair)  including the presence | portant information).  who located the e Fiel also of and lichard E.  ery records and office)  (Color of Eyes) e of scars, moles, circumcision |
| Mayor, priest, cemetery caretaker, those responsible for it chell relts who lives on far common grave and furnished of twith acted as interpreter liersach at in charge of dis part in any information available regarding name, rank (Est Height) (Est Weight)  Give description of facial features and body characterists | or burial and and mear State in the results of the  | y others possessing im L.Vith, Belg. Mation, Fridichel Felts  I. Identification)  mization (Check cemeter  Color of Hair)  including the presence  | portant information).  who located the e Fiel also of and dichard E.  ery records and office)  (Color of Eyes) e of scars, moles, circumcision |

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

Sty Jew 11 3046 (Internation from EM Identification Card) Noformation from cross) なら L'and 1 may be "whirey" 3761ee30 Alphonse J Francavillo, 4206818 Wahlon L Noecker, 33168757 36886881 31388686 36561738 33572884 31065880 36813807 3138383 3306EC.0 Unknown (last name Everson C Lovejoy, George A Bernier, Norman J Hostak, Franklin Stancel, Lloyd F Marsey. Julian L Noyes, Allen I Wirt, John F Baker, St. Vith 400040 6. -00 10. DEST

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL Pro John F. Baker, 36 886 851 Plot I, Row 1, Grave 10, 19 April 1948 United States Military Cometery Foy, Belgium C A B D DO NOT WRITE ABOVE THIS LINE E.—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 (Please indicate relationship to the deceased by placing an "X" in the proper box.) WIDOWER SON OVER 21 YEARS OLD DAUGHTER OVER 21 YEARS OLD 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 ATATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A 3. BE RETURNED TO (FOREIGN COUNTRY) 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) 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.) 16-50411-1 OOMG FORM 345 MILITARY NOV 1 5 1948

#### PART I (Continued)

| It on Page I of this form you have selected Option N  | umber 2 or 3 or Option Number 1 with your    | num fumanal agramania di       |               |
|---|--|--------------------------------|---------------|
| If on Page 1 of this form you have selected Option N other than the selected national cemetery, complete of | amber 2 or 3, or Option Number 4 with your ( | own tuneral ceremonies desired | at a location |
| other than the selected national cemetery, complete of  | one of these sections.                       |                                |               |
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|   | l space use page 4.*)  |  |  |
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\*NOTE.—Page 4 is part of the notarial attestation.

#### PAPELINQUISHMENT OF DISPOSITION ALT TRITY

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|  | PART III   |   |
| ou are NOT the next of kin authorized to direct  | PART III the disposition of remains, please fill in F  | PART III of this form.  |
| ou are NOT the next of kin authorized to direct  | the disposition of remains, please fill in f   |   |
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#### DITIONAL REMARKS AND INSTRUCTIONS

| All remarks and information entered here will be considered as  | P |
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INTRAOFFICE REFERENCE SHEET 5 4 2 3 MESSAGE TO-DATE FROM-NO. 1. As 333 card in this case April . LOI : Record : 1. could not be immediately located Section: Section: action has been taken with a R/R Br.: R/R Br.: view to resolving the case without the 333 card. 2. File is forwarded to your Section for such correction in 333 card as may be indicated. 3. When your action has been completed, please forward file to Mail and Records. 71/207 Records this section corrected. SNEA IGAR THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

> info. extracted 10 may 48 January 48

> > Typed by pap 9 April 194

r. Robert L. Baker ox 203 lay, Kentucky

ear Mr. Baker:

The people of the United States, through the Congress have authorized the isinterment and final burial of the heroic dead of World War II. The Quarter-aster General of the Army has been entrusted with this sacred responsibility the the honored dead. The records of the War Department indicate that you may the hearest relative of the above-named deceased, who gave his life in the ervice of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made vailable 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 the line of kinship as set forth in the enclosed pamphlet, "Disposition of the line disposition of the remains of the deceased by completing Part I of the enche disposition of the remains of the deceased by completing Part I of the enchosed form "Request for Disposition of Remains." Should you desire to relinioush your rights to the next in line of kinship, please complete Part III 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,

Inc.s.

THOMAS B. LARKIN
Major General
The Quartermaster General

QMGHI 203 Dalar, John F. SH 35 836 351

-

29 March 1948

Mr. Robert L. Belter Box 203 Glay, Kentucky

Dear Mr. Baker:

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

Your son's former widos 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 person authorized to direct final disposition of your son's remains.

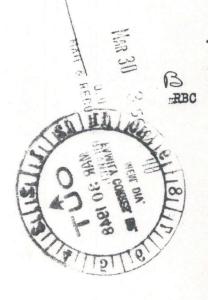
Under sevarate cover, a "Request for Disposition of Remains" form is being forwarded for an indication of your desires. When this completed form is returned, action will be initiated to comply with the request made thereon.

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

Sincerely yours,

id

RICHARD B. COOMBS Major, QMC Memorial Division



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may

CANH 293 Baker, John F. SN 36 836 851

29 March 1948

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

Dear Mrs. Swertz:

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

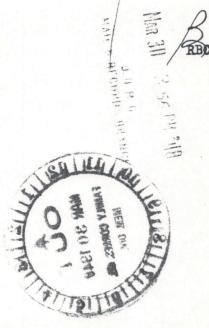
Thank you most sincerely for forwarding us your birth certificate. Our records have been amended to show the decedent's father as next of kin, and a "Request for Disposition of Remains" form is being forwarded for an indication of his desires in this matter.

Returned herewith is the birth certificate as you requested.

Sincerely yours,

1 Incl.
Birth certificate

RICHARD B. COOMBS Major, QMC Memorial Division



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### CORRES. CODENCE ACTION SHEET

| State                 | 2514 A Van Directer and  |
|-----------------------|--|
| City                  | State Sh Laure mo. 147   |
| Cemetery<br>Tempor    |  |
| Perman                | Plot Row Gr Cem. Name or No. City Country  |
| PARAGRAI<br>(sequence |  |
| SA                    | y melane   |
|                       | 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 Bit 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 authorize 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.   |
| 7// 30                | Your   |
| 166 M                 |  |

St. Louis, mo. mar. 15, 1948 Dear Sir. In regards to the Imformation you requested regarding my name. I used my maiden name in marriage. Davis is my maiden name Genericue is really my name but my mother has never Called me that, and I have oney used my name Geneview eney in business. In sending along my with record to varify this trusting you shill send it back as it is all I have. Hopeing this Imformation Thee he satisfactory. Sincerely yours,

| Operator certify that I is the preceding abstract.  Menature of Renhanding (Michael Control of Renhanding (Michael of Renhanding (Michael of Control of Co | 6-14-19-15<br>Additional information:    | WIRTH TOTAL OR ALE              | maiduni                     | 106 Vermont Det  | Mothers mine Ma  | race White se           | Full range Gen   | STATE BOARD OF BLALTE OF |
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| luve reviewed  | mistaum                                  | INFORMATION CONCERNING REGISTRA | a Russel                    | 106 Vermont Detroit Mich   | Mau ! R.Gibson   | Yencle Buthplace        | deneviere Lenora Davis   | DESCRIPTION APPRICES     |
| 3 (2)<br>3 (4)   | \{\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | 15 7                            | Record Steat in Some Person | S106 Vermont Detroit Mich, Subscriber and evern to before me on Missouri Common Missouri Miss | Maider Maul M.Gibson  AFFIDAVIT: I hereby declare upon each that the above statements are true.  Beauty Bea | Exception of Town)      | manda and a second | DELAYED OR SPECIAL       |
| and that the information contained and that the information contained Date State Board of Health.  |  | MOTAL OF PATHER OF PATHER       | De maningo                  | Missouri County of Ga  | Birthplace 1   | Siodard lidsom (County) | Date of Serie  | IATI No.                 |
| ed therein is as noted   |  | 1-11-1943                       | not o                       | County of Carps Girerdeeu  Description Training  | O Stored Charge  |                         | / 1919   | K.                       |

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|       |                |                   | Row Grave |                       | Foy. Belglum<br>Cometery |                              | Baker, John F.         | PLEASE PRINT OR TYPE |
| State | Clay, Kentucky | Box 203<br>Street | Name      | Miss. Robert L. Baker | Mr                       | L.U.I. to be sent to: Father | 36 886 851<br>A. S. N. | Date 3/25/48         |

QMCMF 293 Baker, John F. SN 36 886 851

11 March 1948

Mrs. Arthur Swartz 251hA 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;

2 Incls.

1. Information Slip

Envelope

RICHARD B. COOMBS Major, QMC Memorial Division









# CORRESPONDENCE ACTION SHEET

| C+ -+   | e 2514A Van Dervei  | Relationship   |
|---------|---|--|
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| City    | , State St Lucy misson  | Date letter "  |
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| ARACRA) |   | - MODIFICATIONS  |
|         | This office is desirous of securing a to the late ————  | dditional information pertaining   |
|         | The marriage certificate which was former father-in-law, Mr. Robert L. Bal Miss Jean L. Baker, whereas our records Mrs. Genevieve L. Baker. It is necessabe submitted to substantiate that the one and the same person. | ker, records the marriage of sindicate KK your name to be ary, therefore, that a statement |
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SEP 1946 080

#### OFFICE CT THE QUARTERMASTER GENERAL OF THE ARMY

#### INTEROFFICE REFERENCE SHEET

|     | DUE, HOUR AND DATE                               |                             |   |   |
|-----|--|-----------------------------|---|---|
| NO. | FROM-  | TO-                         | DATE  | MESSAGE .   |
| 1   | Family<br>Corres<br>Branch<br>Fam Ltr<br>Section | Miss<br>Williams<br>NK      | 26 Feb  | Forwarded for adequacy of document and decision as to the person authorized to direct disposition of decedent's remains.  |
|     |  |                             |   | GRIFFITH 4428   |
| 2   | NOK Sec<br>FC Br<br>Mem Div<br>Miss<br>Williams  | Ltr Sec<br>FC Br<br>Mem Div | 27<br>Feb<br>48                               | Form of marriage certificate CK. We have widow's nate as Genevieve L. Baker. Marriage certificate shows Jean I Davis. 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 kinot yet established. |
|     |  |                             |   | 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  |
|     | 2//2   | 141 5<br>00 7<br>E8 26 W    | 148 a. C. | FAMILY CONTRACTOR   |
|     | 1  | JIII I                      | OI.   | THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE  U. S. GOVERNMENT PRINTING OFFICE: 1948—0-706275—136  |

#### DEPARTMENT OF THE ARMY 20000000000000000

-01

QMOMP 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 ajor, QMC

1 Incl.

Marriage certific

morial Division

#### CORRESPONDENCE ACTION SHEET

|  | Post 202   | Re   | lationship                  |
|--|--|--|-----------------------------|
| State  | Box 203  |  |                             |
| City,State   | Clay, Kentucky   |  | 147                         |
| Temporary:   |  | Da   | te letter                   |
| Permanent:   | Row Gr Cem. Name or No.                                      | City   | Country                     |
|  |  |  | Country                     |
| PARACRAPHS<br>(sequence)                           | ADDITIONAL DATA  | MODIFICATIONS  |                             |
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Gentlemen:

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

Nours very truly,

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

STATE OF KENTUCKY)
Sct.
COUNTY OF WEBSTER)

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 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. Beker on this the 23rd day of February, 1948.

My Commisssion expires March 4th, 1950.

Seal

Notary Public, Webster County, Ky



Westalings This License Void 30 Days After Issuitace

1859327

## Marriage license

To Any Person Legally Authorized to Solemnize Marriage

gasstings

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|--|
| Marriage may be Celebrated, in the County of Cook and State of Illinois, between   |
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| Marriage may be Celebrated, in the County of County of the |
| and Market and Market  |
| and State of the age of years, and Make the age of Tyears  |
|  |
| Witness. MICHAEL L FLYNN. County Clerk of the County of Cook and the Seal thereof.  A. D. 134  |
| of my office in Chicago, this day of   |
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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,

6

RICHARD B. COOMBS Major, QMC Memorial Division

seh

Incls

Information Slip

Self addressed envelope

REC

CORRESPONDENCE ACTION SHEET Mr. Miss. Addressee: Mrs. City,State Date letter Cemetery Temporary: Permanent: Cem. Name or No. City Country Plot Row PARACRAPHS -- ADDITIONAL -- DATA -- MODIFICATIONS --(sequence)

Modifications

Analyst Typist Reviewer

47 11117

OKed

| FROM: ANALYSI  | S SECTION   | 6 Och           | <u> 48                                   </u> |
|----------------|---|-----------------|---|
|                |   | (Date)          |   |
| TO: ACCEPTA    | NCE UNIT SECTION  |                 |   |
| Baron          | John  | F               | 365568  |
| (Last Name     | (First Name)  | (Initial)       | (ASN)   |
|                | The Bir I   |                 | 2/3   |
| (Ceme          | tery) (Plot   | ) (Row)         | (Grave)                                       |
| the remains of | ched correspondence pertain<br>the subject decedent. In permation be supplied this ent: | t is requested  | that the                                      |
| 1.             | Has 345 been dispatched   |                 |   |
| 17/2.          | Has 345 been received and   | approved        |   |
| 3.             | What option was selected  |                 |   |
| 4.             | 345 was executed by whom  |                 | . hd  |
| 5.             | Did N.O.K. relinquish dis   | position author | rity her                                      |
| 1116.          | Did widow indicate remarr   | iage            |   |
| 7.             | Did documents accompany r (if so, what document)  | eply form       |   |
| [H 8.          | Have necessary records be change in N.O.K.  | en amended to r | reflect this                                  |
| 12 9.          | Has L. O. I. been dispate   | hed to new N.O. | . К.  |
| 10.            | Attach reply form and ret   |                 | etion   |

COOMBS 5072

B. artest

Cay. Ky. Freby 2-1948, Thomas B. Larkin, Major General. Trashing tow, D.C. Dear Div! I am writing you about the dispisition of Baker 368 8681. 2 tho is buried in military Cemetery. at Froy Belgium. His Hidow mrs Geneview L Backer Has married aguin, and is living in St Louis mo. Her address. Mrs. arthur Swartz. 2514. A. Van Derventer ave. now. major Larkin. as next of Kin, my desire is to have Jose Lond returned Home for Burial Do please send me all neccessary facons for This. Thank you Respt yours. Robert L. Baker. Bax-203 address 6 lay, Ky.

| REDIJEST FOR   | DISPOSITION OF REM                 | AIN?             | DATE: 1                             |                     |
|--|------------------------------------|------------------|-------------------------------------|---------------------|
| OF DECEASED, NAME, ARMY SERIAL NUMBER TO REPORTED PLA  | ACE OF BURIAL                      |                  | 011                                 |                     |
| OF DECEASED, NAME, ARMY SERIAL NUMBER  |                                    |                  | 11011                               |                     |
| . 12   |                                    |                  | NO                                  |                     |
| 790  | 11                                 |                  | 1948                                |                     |
| Pfc John F. Baker, 36 886 851  |                                    | 5                | January 1948                        |                     |
| Plot I, Row I, Grave 10,   |                                    |                  |                                     |                     |
| Tin ted States Millians  |                                    |                  | c                                   |                     |
| Foy, Belgium   |                                    | A                |                                     |                     |
|  |                                    | В                | D                                   |                     |
| DO NOT WRITE ABOVE THIS LIN  E.—The next of kin should familiarize himself with the con  filling out this form. When the proper part of this form i  | NE                                 | CMA              | J War II Armed Boro                 | es Dead," before    |
| E.—The next of kin should familiarize himself with the con filling out this form. When the proper part of this form of this form. When the proper part of this form of the filling out this form. When the proper part of this form of the public property of the public provided for this public provid | ntents of the pamphlet, "Dispo     | ed by the nex    | t of kin, it should be              | 25, D. C., in the   |
| E.—The next of kin should familiarize films.  When the proper part of this form i  | EMORIAL DIVISION, WAR              | DEPARTME         | NI, WASILIAN NI                     | ase fill in PART I  |
| E.—The next of kin should familiarize himself with the con filling out this form. When the proper part of this form i OFFICE OF THE QUARTERMASTER GENERAL, MI OFFICE OF THE QUARTER OF THE OFFICE OFFIC | rpose.                             | ct the disposit  | ion of the remains, pie             |                     |
| If you are the next of kin or authorized representative or   | HOX T                              |                  |                                     |                     |
| of this form.  | PART                               | * 1              |                                     |                     |
|  | 1                                  | Please indicate  | relationship to the dec<br>er box.) | eased by placing an |
|  |                                    | X" in the prop   |                                     |                     |
| I, (PLEASE PRINT OR TYPE NAME OF NE  | XT OF KIN)                         | - 1              | DAUGHTER OVER                       | 21 YEARS OLD        |
| WIDOWER  | SON OVER 21 YEARS OLD              | .D               | SISTER OVER 21 Y                    | EARS OLD            |
| WIDOW  |                                    |                  |                                     |                     |
| RELATIONSHIP OTHER THAN ABOVE (Specify)  HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE  |                                    |                  |                                     |                     |
| BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETER     BE RETURNED TO THE UNITED STATES OR ANY POSSESSI  | ON OR TERRITORY THEREOF FO         | OR INTERMENT     | BY NEXT OF KIN IN A                 | PRIVATE CEMETERY    |
| The state of the s | (NAME AND LOCATION OF CEMETERY)    |                  |                                     |                     |
| 3. BE RETURNED TO (FOREIGN COUNTRY)  | E HOMELAND OF THE DECEASED         | OR NEXT OF       | KIN, FOR INTERMENT E                | BY NEXT OF KIN IN A |
| PRIVATE CEMETERY LOCATED AT  | William Samuel and Market Street   |                  |                                     |                     |
| 1  | (LOCATION OF CEME                  | ETERY SELECTED)  |                                     |                     |
| 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERM   | ENT IN A NATIONAL CEMETERY         | LOCATED AT       | (LOCATION OF NATIONAL C             | EMETERY SELECTED)   |
| (Please indicate if your own religious services at a location oth  | ner than the selected national cen | netery are desir | ed by placing an "X" in             | the proper box)     |
|  | YES NO                             |                  |                                     | 1                   |
| NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARI  | E CORRECT EXCEPT FOR THE FOL       | LOWING CHANG     | ES: (If no corrections as           | re necessary, inc'  |
| s fact by inserting the word "NONE" in the space below.)   |                                    |                  |                                     |                     |
| None   |                                    |                  |                                     |                     |
| Laty 4/19/4/acces  | scal (F-2)                         | · ·              | 1                                   | 1/                  |
| 1/12/48  |                                    |                  | . )                                 |                     |
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| MG FORM 345 MILITARY   | 16-50411-1                         |                  | 6                                   | PAGE 1              |
| MUY 1940   |                                    |                  | 2                                   | 111.                |

PART I (Continued)

| THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE  |                          | THE PERSON WHO HAS  | AGREED TO PECCENTE THE                         |
|--|--------------------------|---|--|
| - NAME   | FIRST NAME               | - 1110  |  |
|  |                          |   | MIDDLE INITIAL                                 |
| NUMBER AND STREET  |                          |   |  |
| STREET   | CITY OR TOWN             | COUNTY OR PROVINCE  |  |
|  |                          | SOULT ON PROVINCE   | STATE OR TERRITORY OF U. S. A., OR COUNTRY     |
| EXPRESS OFFICE (Negreet 127)   |                          |   |  |
| EXPRESS OFFICE (Nearest railroad passenger station)  | TELEGRAPH ADDRESS        |   | TELEBOOK                                       |
|  |                          |   | TELEPHONE No.                                  |
| I AC THE NEW YORK  |                          |   |  |
| I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DECLARED IN THE DEC | ESIRE THE REMAINS TO BE  | SENT TO THE FOLLOWING THE   |  |
| FULL NAME OF FUNERAL DIRECTOR  |                          | SENT TO THE FOLLOWING FUNERA  | L DIRECTOR WHO HAS AGREED                      |
| ONLINE DIRECTOR  |                          |   |  |
|  |                          |   |  |
| NUMBER AND STREET  | Louis                    |   |  |
|  | CITY OR TOWN             | COUNTY OR PROVINCE  | STATE OR TERRITORY OF                          |
|  |                          |   | U. S. A., OR COUNTRY                           |
| EXPRESS OFFICE (Nearest railroad passenger station)  | TELEGRAPH ADDRESS        |   |  |
|  | TELEGRAPH ADDRESS        |   | TELEPHONE No.                                  |
|  |                          |   |  |
| CASE OF EINEL ARMED FORCES DEAD," IS:  |                          |   | I  |
|  | FIRST NAME               | MIDDLE INITIAL  | RELATIONSHIP TO DECEASED                       |
| LAST NAME  |                          |   |  |
|  |                          | TO PROVINCE   | STATE OR TERRITORY OF                          |
| NUMBER AND STREET  | CITY OR TOWN             | COUNTY OR PROVINCE  | U. S. A., OR COUNTRY                           |
|  |                          |   |  |
| RKS OR ADDITIONAL INSTRUCTIONS (For additional space   | use page 4.*)            |   |  |
|  | use page 4.*)            |   |  |
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### DE DEMAINS

16

## PART TO 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.

| TEXT EXISTING FERSON IN THE ORDER   | RELINQUISH MY RIGHTS TO DIRECT THE FINAL DIS<br>OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:  |  |
|---|---|--|
| LAST NAME   | FIRST NAME  | MIDDLE INITIAL   |
| BAKED.  | ROBERT  |  |
| DAKER RELATIONSHIP TO THE DECEASED  | NOBERT  | 1  |
| FATHER  | 그 그 이 기업이 많이 생기를 했다.  |  |
| NUMBER AND STREET   | CITY OR TOWN  | STATE OR COUNTRY   |
| Box 203   | CLAY  | Ky   |
| GENEVIEVE L.  (NAME PRINTED OR TYPE   | SWARTE St. Don  | A. M. Vandenen<br>(STREET AND NUMBER)  (CITY AND STATE)                                      |
|   | <b>()</b>   |  |
|   | PART III  direct the disposition of remains, please fill in PA  |  |
|   |   | SPOSITION OF THE REMAINS OF THE DEC  |
| S TO NOTIFY YOU THAT I AM NOT THE N<br>D ON PAGE 1 OF THIS FORM. THE FO   | direct the disposition of remains, please fill in PA  | SPOSITION OF THE REMAINS OF THE DEC  |
| S TO NOTIFY YOU THAT I AM NOT THE N<br>D ON PAGE 1 OF THIS FORM. THE FO<br>LD BE DIRECTED.                                    | direct the disposition of remains, please fill in PA  SEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DIS  LOWING PERSON, TO THE BEST OF MY KNOWLEDG             | SPOSITION OF THE REMAINS OF THE DEC<br>GE, IS THE NEXT OF KIN TO WHOM THIS                   |
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## ADDITIONAL REMARKS AND INSTRUCTIONS

All remarks and information entered here will be considered as part of the Notarial Attestation. U. S. GOVERNMENT PRINTING OFFICE Pfc John F. Baker, 36 886 851 Plot I, Row 1, Grave 10, United States Military Cometery 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 mearest 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,

Thola

Major General
The Quartermaster General

Jew Laine

1948 to frether

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.W. 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

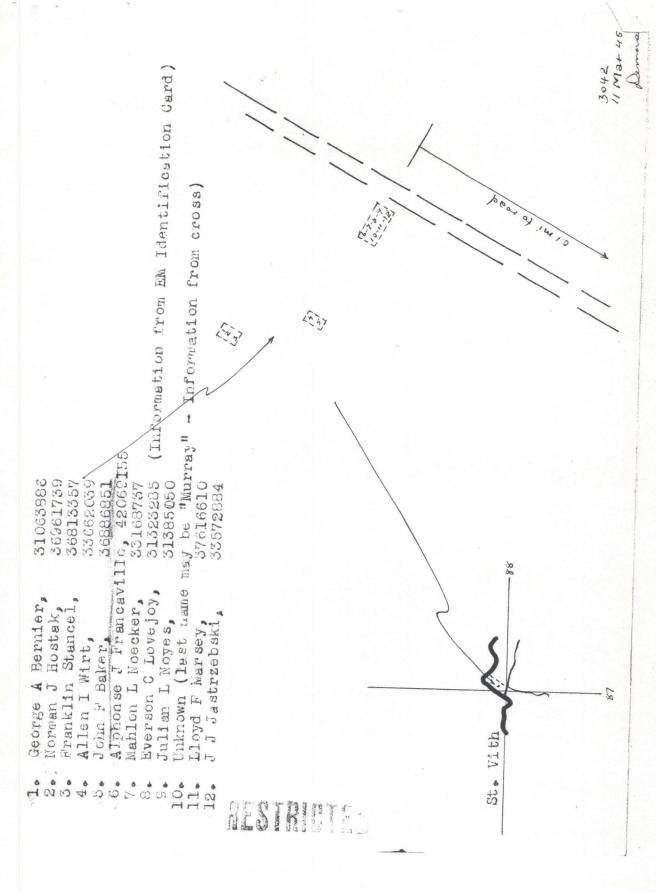
ENZ SWE

# CHE'K LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

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

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|      | individu                                | als co          | oncerned               | found in Non  | e<br>Possession                         | of civilia               | in or un                                | authori              | zed milit                               | tary pers  | onnel, fu                               | rnishing                                | name and                                | d addres    | ss of                                   |
| (    | Miche<br>commo<br>St.Vi                 | el<br>on<br>.th | Felts<br>grave<br>acte | of all per<br>y caretake<br>who<br>and<br>d as<br>in cl | lives<br>furnis                         | on fa<br>shed o          | ther                                    | al and<br>ear<br>inf | St.Vi<br>ormat                          | rs posses  | sing impo                               | who l                                   | formation<br>Ocate                      | )<br>ed. tr | <br>ne                                  |
|      |   |                 |                        |   | PART II                                 | (Doubtfu)                | l as Unde                               | etermin              | ed Identi                               | ification) | *************************************** |   |   |             |   |
| ). F | Fill in an                              | ny in           | formation              | available   | regarding                               | name, ra                 | nk, ASN,                                | or org               | anization                               | (Check     | cemetery                                | records                                 | and office                              | :e)         |   |
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| ta   | toos, len                               | igth (          | of hair, p             | al features<br>resence of                               | mustache                                | y characte<br>e or beard | ristics if                              | possible             | e, includi                              | ng the p   | presence o                              | of scars, i                             | moles, cir                              | cumcisio    | on,                                     |
|      |   |                 |                        |   |   | n                        | rot:                                    | 200                  | القاء معاً مثر                          |            |   |   | *                                       | A           | db                                      |
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# SENSITIV SURFACE - HANDLE E GES ONLY

### WAR DEPARTMENT

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

| REPORT                     | OF DE   | HTA  |                              |           |                     |                  |                         |           |                                 | DATE   | LO Apr                  | 11 19/          | 5         |  |  |  |
|----------------------------|---|--|------------------------------|-----------|---------------------|------------------|-------------------------|-----------|---------------------------------|--|-------------------------|-----------------|-----------|--|--|--|
| Baker, John F.             |   |  |                              |           |                     |                  | 36 886 851              |           |                                 | Pfc Pfc  |                         |                 |           |  |  |  |
| HOME ADDRE                 |   | roit,  | Michiga                      | ın        |                     |                  | ARM OR SERVICE Infantry |           |                                 |  |                         | 18 Feb 21       |           |  |  |  |
| PLACE OF DE                | European Area cause of DEATH killed in action |  |                              |           |                     |                  |                         | 23 Dec 44 |                                 |  |                         |                 |           |  |  |  |
| STATION OF                 |   |  |                              |           |                     |                  |                         |           | DATE OF EN                      | LENGTH OF SERVICE<br>FOR PAY PURPOSES          |                         |                 |           |  |  |  |
|                            | European Area 25 Oct 43                       |  |                              |           |                     |                  |                         | YEARS     | MONTHS                          | DAYS   |                         |                 |           |  |  |  |
| EMERGENCY                  |   |  | vieve I                      |           |                     | , PO B           | ox #20                  | 3, Cla    | у, Ку.                          |  |                         |                 | *         |  |  |  |
| SENEFICIARY                | Mrs.  | Ruby   | Wiever!<br>Baker,<br>t Baker | mothe     | r, Clay             | , Ky.            | ess abo                 | ove       |                                 |  |                         |                 |           |  |  |  |
| INVESTIGAT                 |   | IN LINE  | E OF DUTY                    | OWN MI    | SCONDUCT            |                  | DECEASED<br>TY STATUS   | A         | AUTHORIZED IN FLYIN             |  |                         | OTHER PAT       |           |  |  |  |
| YES                        | NO  | YES  | NO                           | YES       | но                  | YES              | NO                      | YES       | NO                              | YES  | No X                    | #Ks             | NO        |  |  |  |
| S. G. O.                   | fact<br>Euro                                  | inated of depean in the pean i | in a mid on 9 Bath was Area. | ssing i   | n acti, when ved by | on sta<br>eviden | tus fro                 | om 23 I   | Dec 44,<br>d suffic<br>Var from | eld by th<br>until su<br>cient to<br>n the Com | ch ab<br>estab<br>mandi | sence<br>lish t | was<br>he |  |  |  |
| 2. O. Q. M. G.<br>G. A. O. | o, F.   | D.<br>ADMIN.   |                              | BRANCH F  |                     |                  | >                       | To        | onus                            | when   | nho                     | uf              | - GENERAL |  |  |  |
| VD AGO FORM                | 52-1  |  | THIS FORM                    | SUPERSEDE | S WD AGO            | FORM 52-         | 1. 1 DEC                | MBER 194  | 4,                              |  |                         |                 |           |  |  |  |

370279

CLR/AlD/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 sen, Private John F. Baker.

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

Search of the personal effects records of the Buropean 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

and Lt., QMC

Asst. Effects Quartermaster



| TO: Correspondence  No record of any  No record of mis |               | ny Effect          | s Bures | au de la companya della companya della companya de la companya della companya del |                |
|--|---------------|--------------------|---------|--|----------------|
| (*) Inventory re  (Date                                | eccived from: |                    | (3      | igned !  | oy)            |
| Parcel<br>Parcel                                       | Date          | Baggage<br>Baggage | List_   |  | Sheet<br>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.

Leana Clatterhuck
LEONA CLATTERBUCK
Chief Clerk

ETA Records Branch

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

WAR DEPARTMENT

# **DISPOSITION**

SECURITY CI mm 370,27945.

FILE No.

SUBJECT

FROM-

RD-C

Baker, John F. 30 886 851

RAC, AGO

9 Sep 40

COMMENT No. 1

The Effects Quartermaster Army Effects Bureau

St. Louis 20, Mo.

Clark-S

Kansas City Quartermaster Depot Kansas City 1, Missouri

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:

1 Incl Ltr dtd 1 Apr 46

bli 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. - XC. 3.918.996 Derial-36886851. O.F.C. of Co-B. 38th armored Inf. He was killed in action Lec-231 1944. in Belgium in the battle of the Bulge. Here's the Information of want, We have never re-Ceword any of his personal telongings, or property. (and his wife states she has not either) from the army. Please M let me Know of They were ever mailed to Us. hanky. Robert L. Baker

P. D. Baker 3 CENTS 3

Office of Personnel any.
All Enited States.
This makington: 25.

Baker, John F. 36886851 PFC. C/601,376