

293 CRAFT, WALTER C. 36167943 T/4 INF. EUR. AREA (MICH.) 114508

ORIGINAL ORDER

WAR DEPARTMENT
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

WALTER C CRAFT / MICHIGAN / TEC 4

7th. Armored Div.
INFANTRY / WORLD WAR II /

FEB 5 1914

DEC 21 1944

SHIP TO:

MS
WILLIAM EUNICH, SUPT
WOODLAWN CEMETERY
19975 WOODWARD AVE
DETROIT
MICHIGAN

FOR:

R. R. STATION:

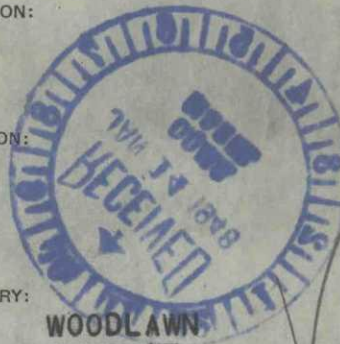
R. R. STATION:

APPLICANT:

MARTHA CRAFT
720 W EUCLID APT 303
DETROIT
MICHIGAN

CEMETERY:

WOODLAWN
DETROIT
MICHIGAN



JAN 8 1948

MVN

JAN 28 1948

OQMG FORM
Rev. 1 NOV. 45 312

APPROVAL AND ACCEPTANCE

SIGNATURE

FORM NO. 10 315
OCTOBER 1947

RECEIPT AND DELIVERY

RECEIPT

MICHIGAN
DETROIT
150 W EIGHTH AVE 203
MARINA SWIFT

MICHIGAN
DETROIT
MORRIS

DELIVERY



MICHIGAN
DETROIT
150 W EIGHTH AVE
WOODGAMI CEMETERY
MIGGIAN ELMICH SWIFT

DELIVERY

DELIVERY

DEC 2 1947

DEC 2 1947

MARINA SWIFT / MICHIGAN / DEC 2

WOODGAMI CEMETERY / MICHIGAN / DEC 2

THIS RECEIPT IS VALID ONLY IF THE PERSON RECEIVING THIS RECEIPT IS THE PERSON WHOSE NAME AND ADDRESS APPEAR ON THE RECEIPT. IF THE PERSON RECEIVING THIS RECEIPT IS NOT THE PERSON WHOSE NAME AND ADDRESS APPEAR ON THE RECEIPT, CHECK IN THE SPACE PROVIDED THE NAME AND ADDRESS OF THE PERSON TO WHOM THIS RECEIPT IS BEING DELIVERED. IF THE PERSON RECEIVING THIS RECEIPT IS NOT THE PERSON WHOSE NAME AND ADDRESS APPEAR ON THE RECEIPT, CHECK IN THE SPACE PROVIDED THE NAME AND ADDRESS OF THE PERSON TO WHOM THIS RECEIPT IS BEING DELIVERED. IF THE PERSON RECEIVING THIS RECEIPT IS NOT THE PERSON WHOSE NAME AND ADDRESS APPEAR ON THE RECEIPT, CHECK IN THE SPACE PROVIDED THE NAME AND ADDRESS OF THE PERSON TO WHOM THIS RECEIPT IS BEING DELIVERED. CHECK IN THE SPACE PROVIDED THE NAME AND ADDRESS OF THE PERSON TO WHOM THIS RECEIPT IS BEING DELIVERED.

ORIGINAL COPY

MICHIGAN 32 D C
OFFICE OF THE GOVERNMENT GENERAL
AND DEPARTMENT

FOR SIGNATURE / MARKER

DEC 31 1947 LIST

DUPLICATE

FLAT GRANITE

CHECK TYPE REQUIRED <i>(See Instructions attached)</i>		W II 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 <i>(Check one)</i>	
<input type="checkbox"/> FLAT MARBLE MARKER	Jan 22 - 1942	ASN 36167943	<input checked="" type="checkbox"/> CHRISTIAN	
<input checked="" type="checkbox"/> FLAT GRANITE MARKER	DISCHARGE DATE	PENSION No.	<input type="checkbox"/> HEBREW	
<input type="checkbox"/> BRONZE MARKER <i>(NOTE RESTRICTIONS)</i>			<input type="checkbox"/> NONE	
NAME <i>(Last, First, Middle Initial)</i>		STATE	RANK	COMPANY
293 Craft - Walter Co. C.		Michigan	24 (T/4)	40th Tank Bt.
		U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION		
		Service Co. 40th Tank Battalion		
		7th Armored Division		
DATE OF BIRTH <i>(Month, Day, Year)</i>	DATE OF DEATH <i>(Month, Day, Year)</i>	LOCATION <i>(City and State)</i>		
Feb. 5th, 1914	Dec. 21st, 1944	Detroit, Michigan		
NAME OF CEMETERY		NEAREST FREIGHT STATION <i>(City and State)</i>		
Woodlawn Cemetery M		Same		
SHIP TO <i>(I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)</i>		POST OFFICE ADDRESS OF CONSIGNEE		
19975 Woodward Ave. Detroit 3, Mich.		19975 Woodward Ave.		
<i>William Curial</i> <small>(SIGNATURE OF CONSIGNEE)</small>		Supt.		
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.		
DEC 30 1947		JAN 28 1948 FILE		
ORDERED		<i>x Martha Craft</i>		
B/L		APPLICANT'S SIGNATURE		
SHIPPED		DATE OF APPLICATION		
		12-8-47		
		ADDRESS <i>(Street, City, State)</i>		
		720 W. Euclid Detroit, Mich.		
		Apt #303		

FOR ORD 25 JAN 1948

OQMG FORM 623
REV 15 APR 47

IMPORTANT—Complete Reverse Side

16-11453-6 GPO



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)

William Linnich

(Signature of superintendent, sexton, or caretaker)

Date Dec. 10, 1947

16-11453-4

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

LMH

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1240 03138	DATE 15 07 47 DAY MONTH YEAR
NAME <u>CRAFT WALTER C</u>	SERIAL NUMBER 36167943	RANK TEC 4	ARM 1
CEMETERY <u>HENRI CHAPELLE EUPEN</u>	DISPOSITION OF REMAINS 1 6200 07 CODE DIST. PT.		CAUSE OF DEATH 1
PLOT ROW GRAVE AAA 6 117	COUNTRY BELGIUM		

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <u>HALEY FUNERAL HOME 16065 HAMILTON AVENUE HIGHLAND PARK, MICHIGAN</u>	NAME AND ADDRESS OF NEXT OF KIN <u>MARTHA CRAFT 730 WEST EUCLID AVENUE DETROIT, MICHIGAN</u>
--	---

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME <u>CRAFT WALTER C</u>	SERIAL NUMBER 36167943	RANK TEC 4	DATE OF DEATH Est 14 Jan 1945	DATE DISINTERRED 4 Sept 1947
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <u>CO. SERV., 40TH TK. BN. 7TH ARM'D DIV.</u>	RELIGION P	IDENTIFICATION VERIFIED BY <u>Orlando W. Carroza, 1/Lt Inf. 542 Qn Sv Co</u> NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <u>In uniform and mattress cover</u>	CONDITION OF REMAINS <u>Entire remains badly mangled and crushed.</u>
OTHER MEANS OF IDENTIFICATION None	
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET DATE <u>12 Sept 1947</u> BY <u>Richard N. Conrad, Emb. Supv.</u>	
CASKET SEALED BY <u>Richard N. Conrad, Emb. Supv.</u>	EMBALMER (Signature) <u>Richard N. Conrad, Emb. Supv. FOS Provisional</u>
CASKET BOXED AND MARKED DATE <u>12 Sep 47</u> BY <u>Charles E. Hackler Clk Rec</u>	SHIPPING ADDRESS VERIFIED BY <u>Richard N. Conrad, Emb. Supv.</u>

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

David L. Benshoff
David L. Benshoff, Capt. Inspr

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAN TRANSFER

*file
map
338
matters
Benshoff
B. B. B.*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	US MC Henri Chapelle, Belgium	TO	Liège, Belgium (Barge Loading Point)
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	Sgt. Lipe J. Valenzuela, RA 39570049
SIGNATURE OF SHIPPER	Capt Merle Kay	SIGNATURE OF RECEIVER	[Signature]
DATE	15/9/47	DATE	15/9/47

2. SHIPPED

FROM	Liège, Belgium (Barge Loading Point)	TO	Antwerp Port - Pier 140
KIND OF CONVEYANCE	Barge Caroline	NAME OF CONVOYER	W/Sgt Edward J. Malloy, RA 8129780
SIGNATURE OF SHIPPER	Capt. Paul McGee, 0505337 MIS	SIGNATURE OF RECEIVER	[Signature]
DATE	15/9/47	DATE	19 SEP 1947

3. SHIPPED

FROM	AGRC ANTWERP BELGIUM	TO	LEAT JOS V. CONNOLLY
KIND OF CONVEYANCE	ZEC	NAME OF CONVOYER	Wm G. Kendersen Capt T C
SIGNATURE OF SHIPPER	L E Butler, Lt Col Inf	SIGNATURE OF RECEIVER	[Signature]
DATE	4 OCT 1947	DATE	OCT 1947

4. SHIPPED

FROM	JOSEPH V. CONNOLLY	TO	NYPE
KIND OF CONVEYANCE	JOSEPH V. CONNOLLY	NAME OF CONVOYER	[Signature]
SIGNATURE OF SHIPPER	[Signature]	SIGNATURE OF RECEIVER	For JAMES C. McKINNON, COLONEL, T.C.
DATE	OCT 25 1947	DATE	27 Oct 47

5. SHIPPED PORT TRANSPORTATION OFFICER

FROM	NYPE	TO	D.C.#7 Columbus Ohio
KIND OF CONVEYANCE	HIGHWAY BARK TWIN	NAME OF CONVOYER	Admiral F. Morrow P.F.C.
SIGNATURE OF SHIPPER	NYPE PORT TRANSPORTATION OFFICER	SIGNATURE OF RECEIVER	[Signature]
DATE	29 Oct 47	DATE	31 Oct 47

6. SHIPPED

FROM	NYPE	TO	1
KIND OF CONVEYANCE	NYPE	NAME OF CONVOYER	1 2500
SIGNATURE OF SHIPPER	[Signature]	SIGNATURE OF RECEIVER	[Signature]
DATE		DATE	03

7. SHIPPED

FROM	NYPE	TO	03138
KIND OF CONVEYANCE	NYPE	NAME OF CONVOYER	12 03 47
SIGNATURE OF SHIPPER	[Signature]	SIGNATURE OF RECEIVER	[Signature]
DATE		DATE	

RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DISTRIBUTION DEPOT

COLUMBUS 15, OHIO

ROUTINE 23 November 1947

REMAINS CONSIGNED TO: HALEY FUNERAL HOME
16065 HAMILTON AVENUE
HIGHLAND PARK MICHIGAN

FROM QIDCG _____ BARDEN

REMAINS OF THE LATE TECHNICIAN FOURTH GRADE WALTER C CRAFT ASN 36167943
BEING SHIPPED TO YOU ACCOMPANIED BY ESCORT STAFF SERGEANT OTTO H KRAMER.
ON TRAIN NUMBER ONE NEW YORK CENTRAL RAILROAD LEAVING COLUMBUS OHIO
11:20 PM TWENTY THREE NOVEMBER AND DUE TO ARRIVE DETROIT MICHIGAN
5:10 AM RAILROAD TIME TWENTY FOUR NOVEMBER PD REQUEST YOU IMMEDIATELY
PASS THIS INFORMATION ON TO NEXT OF KIN PD REQUEST FURTHER YOU MAKE
ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND
TRANSPORT REMAINS AND ESCORT TO MARTHA CRAFT AT DETROIT MICHIGAN AND
RETURN ESCORT TO RAILROAD STATION PD YOU SHOULD SUBMIT ITEMIZED STATEMENT
IN QUADRUPPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF

TRANSPORTATION CHARGES ONLY IF ANY FROM DETROIT MICHIGAN TO HIGHLAND PARK MICHIGAN
I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 24th DAY OF November, 19 47
DAY MONTH

Otto H. Kramer Ssgt
WITNESS (Escort)
Escort

Haley Funeral Directors
CONSIGNEE
Wm. J. Sennitt Jr. mgr.



[Faint handwritten signature or initials]

[Faint, mostly illegible typed text, possibly a letter or report]

RECEIVED OF VIEWING

CLASS OF SERVICE
 This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTERN UNION

1308 (27)...

JOSEPH L. EGAN
 PRESIDENT

SYMBOLS	
DL	Day Letter
NL	Night Letter
LC	Deferred Cable
NLT	Cable Night Letter
	Ship Radiogram

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

JA226 DA16

D.ZA44 48 COLLECT 3 EXTRA=DETROIT MICH 26 1220P 26 PM 12 41

COLUMBUS GENERAL DISTRIBUTION DEPOT=

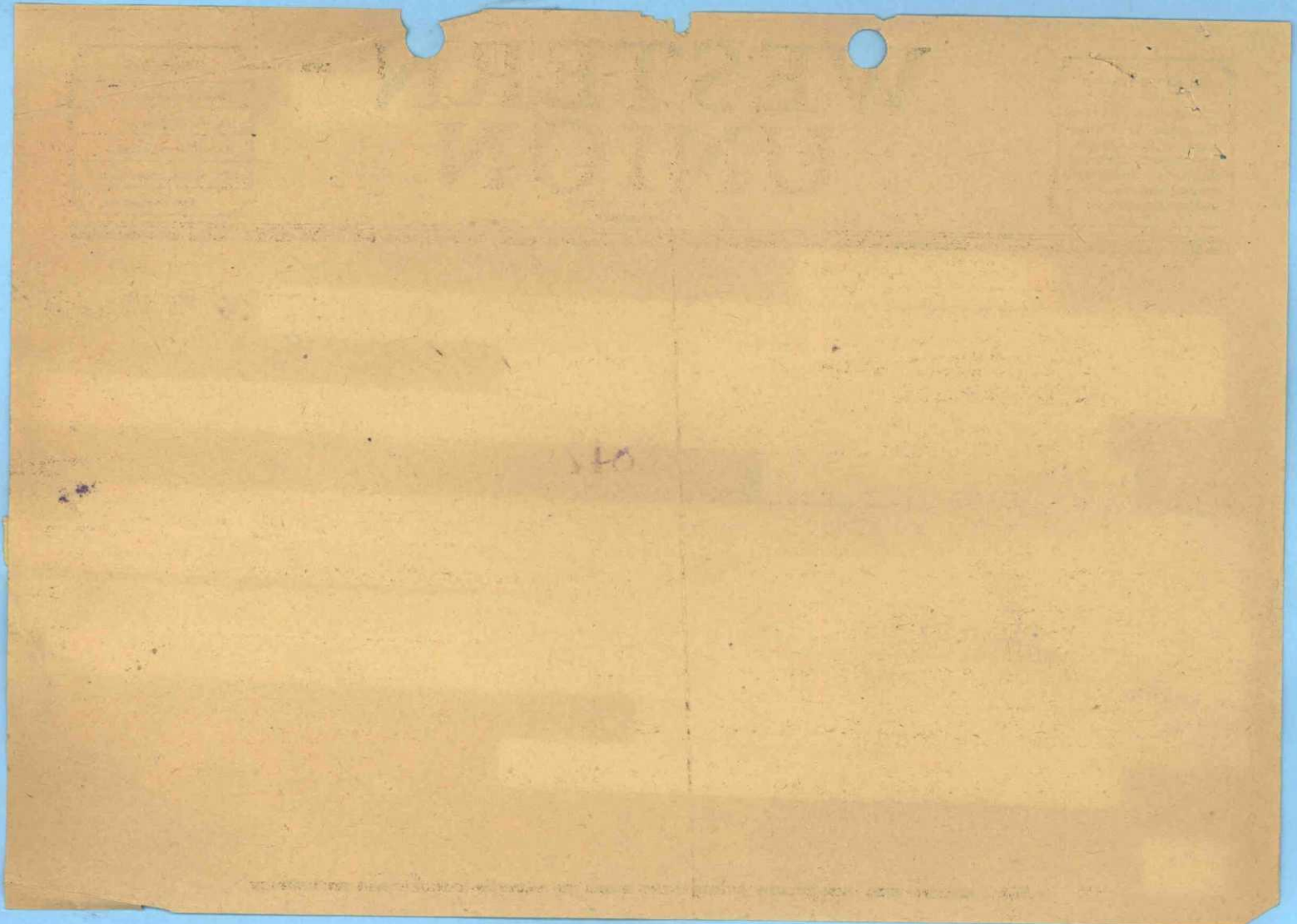
C M A ATTN CHIEF CMA AMERICAN GRAVES REGISTRATION DIVN
 CMA COLUMBUS OHIO= 0847

WISH TO CONFIRM PREVIOUS SHIPPING INSTRUCTIONS FOR REMAINS OF LATE TECHNICIAN FOURTH GRADE WALTER C CRAFT TO BE DELIVERED TO HALEY FUNERAL DIRECTOR HIGHLAND PARK MICHIGAN WHO HAS BEEN INSTRUCTED TO ACCEPT REMAINS AT RAILROAD STATION STOP THERE WILL NOT BE A MILITARY FUNERAL=

MARTHA CRAFT 730 WEST EUCLID.

730.

THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE



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 GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) BOWMAN COMMANDING GENERAL COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO			SECURITY CLASSIFICATION UNCLASSIFIED		
ACTION TO: • MARTHA CRAFT 730 WEST EUCLID AVENUE • DETROIT MICHIGAN DLR AND REPORT ANY CHARGES			PRECEDENCE FOR ACTION INFORMATION PRIORITY		
INFORMATION TO: FROM QMDCG 12878 B. BARDEN			<input type="checkbox"/> ORIGINAL MESSAGE REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p>WAR DEPARTMENT WILL DELIVER REMAINS OF LATE <u>TECHNICIAN FOURTH GRADE</u> <u>WALTER C CRAFT</u> IN NEAR FUTURE</p> <p>PD RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO <u>HALEY FUNERAL HIGHLAND PARK MICHIGAN</u> PD PLEASE INSTRUCT</p> <p>FUNERAL DIRECTOR TO MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL PD PRIOR TO SHIPMENT FUNERAL DIRECTOR WILL BE NOTIFIED OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION PD REQUEST IMMEDIATE CONFIRMATION OF ABOVE SHIPPING INSTRUCTIONS BY TELEGRAM COLLECT TO COLUMBUS GENERAL DISTRIBUTION DEPOT CMA ATTENTION CHIEF CMA AMERICAN GRAVES REGISTRATION DIVISION CMA COLUMBUS OHIO PD IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL PATRIOTIC OR VETERANS ORGANIZATION OF YOUR CHOICE TO MAKE ARRANGEMENTS PD NECESSARY YOU INCLUDE NAME OF DECEASED IN REPLY TELEGRAM</p>					
SECURITY CLASSIFICATION UNCLASSIFIED			AUTHORIZATION		
ORIGINATING AGENCY SYMBOL CAPT F FAPPIANO EXT 403 QMDCG			SIGNATURE OFFICIAL TITLE FRANCIS FAPPIANO CAPT, QMC, Asst AGR Div		
DATE-TIME GROUP			PAGE 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

GR Form A

RECEIVED FORM

TO: _____	FROM: _____
DATE: _____	TIME: _____

CLASSIFICATION	UNCLASSIFIED
PRIORITY	ROUTINE
REMARKS	

TO THE DIRECTOR, FBI WASHINGTON, DC 20535
 FROM THE SAC, NEW YORK (100-100000)
 RE: [Illegible] (NY 100-100000)
 [Illegible text follows, appearing to be a teletype message regarding a subject and their activities.]

CLASSIFICATION	UNCLASSIFIED
DATE	100-100000
BY	[Illegible]

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NAME Craft, Walter C.	RANK Tec 4	SERIAL NUMBER 36167943
--------------------------	---------------	---------------------------

SOURCE	CONSIGNEE Haley Funeral Home 16065 Hamilton Ave. Highland Park, Michigan
--------	---

SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)	CONDITION OF CASKET (CHECK ONE) Shipping case <input checked="" type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSAT ISFACTORY
--	--

FINISH (EXTERIOR) <input checked="" type="checkbox"/>
FINISH (INTERIOR)
HANDLES
HANDLE BOLTS
STENCILING - NAMEPLATE
HEALTH PERMIT MARKER
HEALTH PERMIT NUMBER

REMARKS
Sent to paint shop.
O.K.

3

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

FINISH (EXTERIOR)
HANDLES AND FASTENINGS
STENCILING - NAMEPLATE
CAM LOCKS (SEALING)
ODOR OR MOISTURE

REMARKS

MORTUARY OPERATING ROOM ROUTED THROUGH MORTUARY REPAIR SHOP

CONDITION OF REMAINS
 SATISFACTORY UNSATISFACTORY

CASKET REPAIRED
 YES NO

NECESSARY DISINFECTION (EXPLAIN)

CASKET EXCHANGED
 YES NO

SHIPPING CASE REPAIRED
 YES NO

SHIPPING CASE EXCHANGED
 YES NO

REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
			9:00	11/17/47	L. Davis HMM

REMARKS 312-H-693

INSPECTOR CHECKLIST
(FOR USE BY DISTRICT INSPECTOR)

NAME: *John J. ...*
 RANK: *Inspector*
 SERIAL NUMBER: *...*

ADDRESS: *Highland Park, Michigan*

SHIPPING CASE - GENERAL APPEL RANGE
 (CHECK ONLY DISCREPANCIES)
 CONDITION OF CASSETTE (CHECK ONE)
 SATISFACTORY UNSATISFACTORY

REMARKS: *Sent to repair shop*

FINISH (EXTERIOR)	<input checked="" type="checkbox"/>
FINISH (INTERIOR)	<input type="checkbox"/>
HANDLE	<input type="checkbox"/>
HANDLE BOLTS	<input type="checkbox"/>
STEEL TUBING	<input type="checkbox"/>
HEALTH PERMIT MARKER	<input type="checkbox"/>
HEALTH PERMIT NUMBER	<input type="checkbox"/>

CASSETTE - GENERAL APPEARANCE
 (CHECK ONLY DISCREPANCIES)
 CONDITION OF CASSETTE (CHECK ONE)
 SATISFACTORY UNSATISFACTORY

REMARKS:

FINISH (EXTERIOR)	<input type="checkbox"/>
HANDLES AND FASTENINGS	<input type="checkbox"/>
STEEL TUBING - WELDMENTS	<input type="checkbox"/>
DOOR LOCKS (SEALING)	<input type="checkbox"/>
DOOR OR MOISTURE	<input type="checkbox"/>

ROUTED THROUGH: WORTHY REPAIR SHOP

CONDITION OF REPAIRS: SATISFACTORY UNSATISFACTORY

NECESSARY DIRECTION (EXPLAIN):

CASSETTE REPAIRED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CASSETTE EXCHANGED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SHIPPING CASE REPAIRED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SHIPPING CASE EXCHANGED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SIGNATURE OF INSPECTOR: *[Signature]* DATE: *11/1/50* TIME: *9:40*

REMARKS: *...*

44

ESTABLISHED 1897

Haley
FUNERAL DIRECTORS

16065 HAMILTON AVENUE
HIGHLAND PARK

Detroit Mich.

293

Craft, Walter C.

3,616,794.3

TO ~~American Graves Registration Division,~~

~~Columbus General Distribution Depot
Columbus, 15, Ohio.~~

Tab 4 36167943 Army - Walter C. Craft

Transportation of remains from depot
to Highland Park office

10 00

Transportation of escort to office and
back to depot

5 00

15 00

I certify that the above bill is correct and just; that payment therefor has not been received, that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to the transaction have been complied with, and that State and local taxes are not included in the amounts billed.

Haley Funeral Directors

Edward J. Haley
Owner

PAID ON VOUCHER 35039
11/8/8
ACCOUNTS OF
W. KNOBELOCH, Lt. Col. F. D.



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

T/4 Walter C. Craft, 36 167 943
Plot AAA, Row 6, Grave 117,
United States Military Cemetery
Henri-Chapelle, Belgium

4 March 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, Martha Craft

(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

Woodlawn Cemetery, 19975 Woodward Avenue, Detroit, Michigan

(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMETLAND 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

Handwritten: NY printed 21 July 47

Handwritten: Coded 7 JUL 47
CRSP 999

Handwritten: 812

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	TELEGRAPH ADDRESS	TELEPHONE No.
EXPRESS OFFICE (Nearest railroad passenger station)		

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
Haley Funeral Directors

NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
16065 Hamilton Avenue	Highland Park Detroit 07	Wayne	Michigan
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Michigan Central Depot	16065 Hamilton Avenue Detroit, Michigan Highland Park	Townsend 8-7200	

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
Craft	Satie	M.	Mother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
20040 St. Aubin Avenue	Detroit	Wayne	Michigan

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.

Martha Craft
(SIGNATURE OF NEXT OF KIN)

Martha Craft
(NAME PRINTED OR TYPED)

730 W. Euclid
(STREET AND NUMBER)

Detroit, Michigan
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 1st day of April, 1947, at city (or town) of Detroit, county of Wayne, and State (or Territory or District) of Michigan

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

Gertrude L. Aldrich
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
Notary Public, Wayne County, Michigan
My Commission Expires Nov. 3, 1950

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.

AS THE NEXT OF KIN OF THE DECEDENT... TO HERETOFOR I HEREBY AFFIRM MY RIGHTS TO THE... FINAL DISPOSITION OF THE REMAINS OF THE DECEDENT... IN THE CASE OF ELIGIBILITY OF SAID REMAINS...

Form fields for LAST NAME, FIRST NAME, MIDDLE INITIAL, RELATIONSHIP TO THE DECEDENT, NUMBER AND STREET, CITY OR TOWN, STATE OR COUNTRY.

Form fields for ADDRESS, CITY OR TOWN, STATE OR COUNTRY.



T/4 Walter C. Craft, 36 167 943
Plot AAA, Row 6, Grave 117,
United States Military Cemetery
Henri-Chapelle, Belgium

4 March 1947

Mrs. Martha Craft
730 West Euclid Avenue
Detroit, Michigan

Dear Mr. Craft:

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

- 5A Enclosures
1. Pamphlet (Options)
 2. Disposition Form
 3. Envelope
 4. Pamphlet (Cemeteries)

MAR 5 12 47
MAIL & RECORDS

Handwritten signature/initials

Handwritten initials

March 1947

The Walter G. Graft, 36 1st St
Rt 1, Box 6, Grove City,
United States Military Cemetery
Horn-Gravelle, Belgium

Mrs. Martha Graft
130 West Shields Avenue
Detroit, Michigan

Dear Mr. Graft:

The people of the United States, through the Congress have authorized the disbursement and final burial of the heroic dead of World War II. The Quarter-
Master General of the Army has been entrusted with this sacred responsibility
to the honor 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 Cemetery," 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 en-
closed form "Request for Disposition of Remains." Should you desire to re-
gulate 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 the receipt by you? Its prompt return will
avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

- 1. Pamphlet (Options)
- 2. Disposition Form
- 3. Envelope
- 4. Pamphlet (Cemetery)

WAR RECORDS
MAR 2 1947

Handwritten signature or initials

Handwritten mark

QMGM 293
Craft, Walter C.
A.S.N. 36 167 943

at

22 January 1947

Mrs. Martha Craft
730 West Euclid Avenue
Detroit, Michigan

Dear Mrs. Craft:

Inclosed herewith is a picture of the United States Military Cemetery Henri-Chapelle, Belgium, in which your husband, the late Technician Fourth Grade Walter C. Craft, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

G. A. HORKAN
Brigadier General, QMG
Assistant

Jan 24 10 32 AM '47
QMGM M&R BR

1 Incl
Photograph

cb

ELN

A.S.M. 30 1st 243
Chief, Walter G.
Graham 203

22 January 1947

Mrs. Martha Grief
130 West Euclid Avenue
Detroit, Michigan

Dear Mrs. Grief:

Enclosed herewith is a picture of the United States Military Academy, West Point, New York, in which your husband, the late Technical Fourth Grade Walter G. Grief, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, amidst of countless others, now rest the remains of a few of those heroes dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the homeland for final burial.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

G. A. HOKAN
Brigadier General, G.M.
Assistant

1 Incl
Photograph

23

Wm 20 134
no non and

100

QMCMR 314.6
Graves Registration
(European-U.S. Misc.)

2 JAN 1947

SUBJECT: Burial Records

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

1. Request the burial reports and grave markers for the following decedents, interred in the United States Military Cemetery Henri-Chapelle, Belgium, be changed to read as follows:

<u>NAME</u>	<u>RANK/ GRADE</u>	<u>SERIAL NO.</u>	<u>DATE OF DEATH</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
_____ Craft, Walter C.	T/4	36 167 943	21 Dec 44	AAA	6	117
Kansas, Albert H.	Pfc	33 160 612	20 Jan 45	FFF	6	107
Sanders, Willie E.	Pvt	63 523 91	29 Sep 44	A	7	121
Wilcox, Kenneth E.	1/Lt	01 011 527	20 Oct 44	A	5	100

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

CHIEF, U.S. ARMY
GRAVE REGISTRATION
(European-U.S. Area)

JAN 1947

SUBJECT: Burial Records

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

1. Request the burial records and grave markers for the following documents, entered in the United States Military Cemetery (Hauptfriedhof), Belgium, be changed to read as follows:

NAME	RANK / GRADE	SERIAL NO.	DATE OF DEATH	UNIT	REG	GRAVE
Chief, Walter G. T.M.		30 107 263	21 Dec 44	AAA	6	117
Kenneth, Albert H. Pfc		13 100 618	20 Jan 45	TRW	6	107
Samuel, Willie E. Pvt		61 253 21	29 Dec 44	A	7	181
Alfred, Kenneth B. Pfc		01 011 257	18 Oct 44	A	2	100

2. The records of this office have been reviewed with the records of the Adjutant General's War Department, and have been found to be correct as indicated above.

FOR THE ADJUTANT GENERAL

MARTIN O. RILEY
Major, GPO
Assistant

REQUEST FOR PREPARATION OF LETTER
FOR 293 INFORMATION

17 Dec. 46

NAME
Craft, Walter C. Tsc. 4th

SERIAL NUMBER
36 167 943

LETTER TO
Field

NAME

RANK

ASN

ORGANIZATION

NEXT OF KIN

LATEST ADDRESS OF NEXT OF KIN

DATE OF DEATH
21 Dec. 44

<input type="checkbox"/>	CEMETERY	PLOT	ROW	GRAVE
--------------------------	----------	------	-----	-------

MISCELLANEOUS

SPECIAL CHECKER (Signature)
L. P. Wai

REQUEST FOR PAYMENT OF COSTS
FOR THE INFORMATION

NO.	NAME	ADDRESS	CITY	STATE	ZIP
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mt

SPQYG-293
Craft Walter C.

19 September 1945

Mrs. Martha Craft
730 West Euclid Avenue
Detroit, Michigan

Dear Mrs. Craft:

The War Department is most desirous that you be furnished the burial location of your husband, the late Technician Fourth Grade.

The records of this office disclose that he is interred in the U. S. Military Cemetery, Henri Chapelle, Belgium, plot AAA, row 6, grave 117.

This cemetery is located approximately 7 miles southwest of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

Please accept my sincere sympathy in the loss of your husband.

Sincerely yours,

E. B. GREGORY
Lieutenant General
The Quartermaster General

and disposed
GRAVES REGISTRATION SECTION
SEP 25 10 13 AM '45
MEMORIAL DIVISION
rab

19 September 1946

8274-003
Great Haller C.

Mrs. Martha Craft
730 West Euclid Avenue
Detroit, Michigan

Dear Mrs. Craft:

The War Department is most grateful that you be furnished the burial location of your husband, the late Technician Fourth Grade.

The records of this office disclose that he is interred in the U. S. Military Cemetery, Hantel Chapelis, Belgium, plot 25A, row 8, grave 117.

This cemetery is located approximately 7 miles southwest of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

Please accept my sincere sympathy in the loss of your husband.

Sincerely yours,

E. B. GREGORY
Lieutenant General
The Quartermaster General

RECEIVED
SEP 22 10 41 AM '46
U.S. ARMY
DETROIT

Interviewing returning escorts

36167943

1. Name of Escort:

S. Sgt. Otto Kramer.

2. Remains Escorted

CRAFT, Walter Army
~~Walter C. Kraft, Tec/4~~

3. Funeral Director

Haley Funeral Home.

Highland Park, Mich.

4. Item's returned

 Receipt of Remains Arm Band Certificate of Internment Expenses Return of Ammunition Receipt of Ammunition

5. How Escort met family?

Didn't meet the family.

Funeral Director

Station

Were family pleased with casket and shipping case?

Funeral Director

7. Was shipping case used as vault?

8. Condition of Flag.

 Good

9. Did Escort present Flag?

 Military Funeral Private Funeral

10. Did Baggage Handlers or Passenger Agent's handle shipping case reverently?

Good.
If not so, state station.

11. Were expenses covered by your per diem?

Did Escort stay at Hotel or Private Home?

12. Indentification.

13. Remarks.

This family informed the funeral director that he could release the escort as soon as he arrived. - So escort returned to base.

COGD - GR 18

This escort was extremely nice and very well mannered.

STATION FILE

Interviewing testimony records

<p>1. Name of subject</p>	<p>1. Name of subject</p>
<p>2. Funeral Director</p>	<p>2. Funeral Director</p>
<p>3. How subject met family?</p>	<p>3. How subject met family?</p>
<p>4. How subject met family?</p>	<p>4. How subject met family?</p>
<p>5. Was shipping case used as vault?</p>	<p>5. Was shipping case used as vault?</p>

CONFIDENTIAL

RESTRICTED

80360

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1942)

REPORT OF BURIAL 530

17 Jan 45

IM 10-630 AND AR 30-1815
WALTER C. ~~Unknown~~

36167913

CRAFT

Last Name First Initial Rank Organization
Unknown Unknown Unknown Unknown SEAV. Co
PR

Grid P588-861

Unit Belgium

Date of Death 21 Dec 44 Cause of Death SF head

1700 hrs, 17 Jan 45

Name of Cemetery Henri Chapelle #1

Coordinates of Location K 721-348

Time and Date of Burial

Name of Cemetery

Name of Coordinates of Location

Grave Number

Row Number

Plot Number

Type of Marker

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

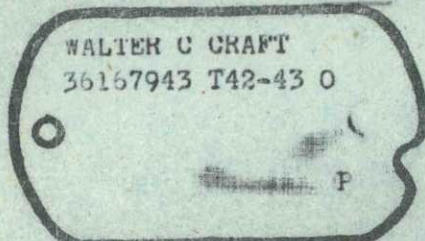
If No Identification Tags
How were remains identified?

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

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

Who is buried on:	Yates, Roy 35291332			118
	Name	Serial No.	Grave No.	
Deceased's Left:	Bourque, Rudolph D. 31344290			116
	Name	Serial No.	Grave No.	

If this is an isolated burial, make a sketch of the location. Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



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

Emergency Addressee Name Address Religion

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

TOOTH CHART

1	2	3	4	5	6	7	8	9	10	11	12

Signature of Officer or other person reporting burial: N. J. SLOANE
Rank: 1st Lt, QMC
G.R.O. 1591451

RESTRICTED

80300

RESTRICTED

IF DECEASED UNIDENTIFIED

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

Height: _____ 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.

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

Who is buried on:

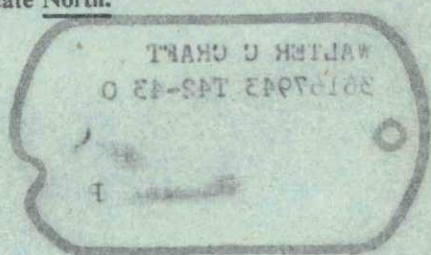
Deceased's Right

Deceased's Left

Name: Yates, Roy Rank: 35291332
 Name: Bourque, Rudolph D. Rank: 31311200

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.



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

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

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

Characteristics: _____
 Other Data: _____

Signature of Officer or other person reporting: _____
 Verified by O.C.S. Officer: _____

Name: _____
 Address: _____
 Emergency Address: _____

RESTRICTED

AG P-BR HQ 505 22560

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH fmw/tel/4627

DATE 16 Feb 1945

FULL NAME Craft, Walter C.		ARMY SERIAL NUMBER 36 167 943	GRADE Tec 4
HOME ADDRESS Detroit, Mich.		ARM OR SERVICE Inf.	DATE OF BIRTH 5 Feb 1914
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 21 Dec 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 22 Jan 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Martha Craft, Wife, 730 West Euclid Ave., Detroit, Mich.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Martha Craft, Wife, same as above. Sadie Craft, mother, 4264 W. Grand St., Detroit, Mich. Harry Craft, Father, same as mother's.			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)		YES	
NO		X	

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 21 December 1944 until such absence was terminated on 8 February 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

COPIES FURNISHED:

S. G. O.	F. B. I.	F. O., U. S. A.
2. O. O. M. O.	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

file ref

Albert G. Lindquist
ADJUTANT GENERAL

24 FEB 1945

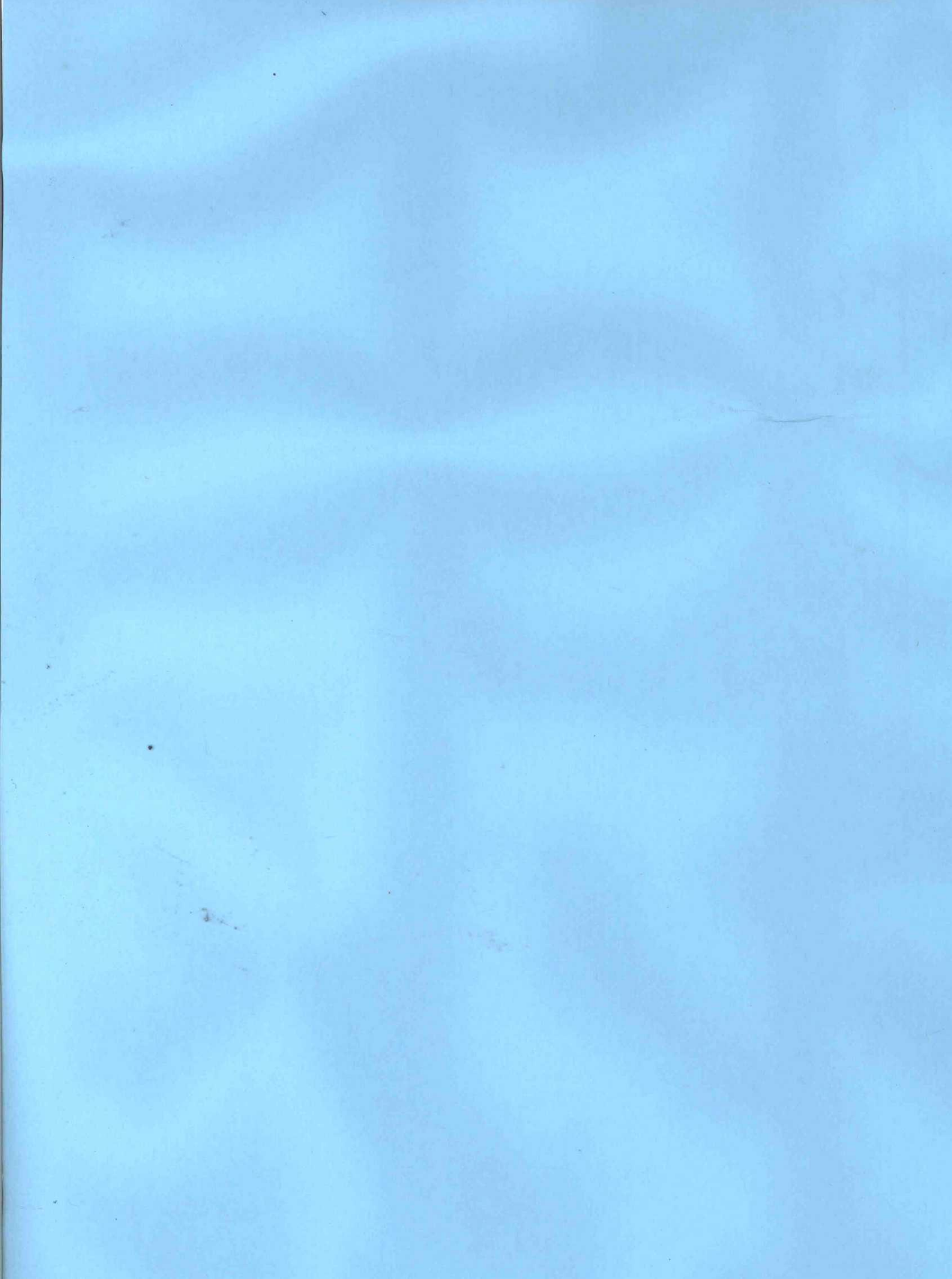
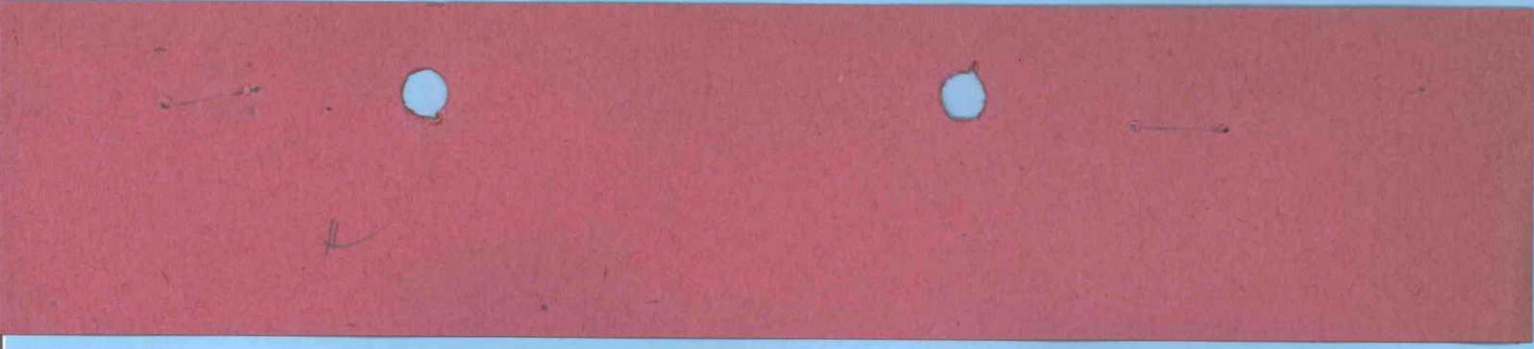
UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

NAME	DATE OF BIRTH	SEX	RACE	HAIR	EYES	HEIGHT	WEIGHT	HAIR COLOR	HAIR STYLE	HAIR COLOR	HAIR STYLE
EDUCATION	EMPLOYMENT	RESIDENCE	CITY	STATE	COUNTRY	DATE OF ENTRY	REASON FOR ENTRY	STATUS	CLASSIFICATION	EXPIRES	REMARKS

The following information was obtained from the records of the Bureau of Investigation, Department of Justice, Washington, D. C. 20535, on the subject named above. It is to be understood that this information is being furnished to you for your information only and is not to be used for any other purpose.

[Handwritten signature]

APPROVED AND FORWARDED	DATE



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

JRM:MH:mb
366,088
Case No. _____
Date 14 May 1945

SUBJECT: Report of transactions in disposing of the effects of
Walter C. Craft 36167943 late a
(Name of deceased) (Army Serial Number)
Technician Fourth Grade Infantry who died
(Grade) (Organization, Army or Service)
on the 21 day of December, 1944, ~~xxx~~ European Area
in

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 11 May 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Martha Craft for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Martha Craft of (Name of person found entitled) 730 West Euclid Avenue, Detroit State of (Number, Street or Avenue) (City, Town or Village) Michigan, is the widow of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)
JOHN R. MURPHY, Colonel, Q.M.C.

(Name, Rank, Organization)
SUMMARY COURT MARTIAL



366088DL

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH fmw/tel/4627

DATE 16 Feb 1945

FULL NAME Craft, Walter C.		ARMY SERIAL NUMBER 36 167 943	GRADE Tec 4	
HOME ADDRESS Detroit, Mich.		ARM OR SERVICE Inf.	DATE OF BIRTH 5 Feb 1914	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 21 Dec 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 22 Jan 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Martha Craft, Wife, 730 West Euclid Ave., Detroit, Mich.				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Martha Craft, Wife, same as above. Sadie Craft, mother, 4264 W. Grand St., Detroit, Mich. Harry Craft, Father, same as mother's.				
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT
YES	NO	YES	NO	YES
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS
YES	NO	YES	NO	YES
				NO
				X
OTHER PAY STATUS (SPECIFY BELOW) YES NO				

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 21 December 1944 until such absence was terminated on 8 February 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.



COPIES FURNISHED:

S. G. O.	F. B. I.	F. O. U. S. A.
2. 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

Albert G. Lindquist
ADJUTANT GENERAL

WD AGO FORM 52-1
1 DECEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 52-1, 29 MAY 1944, WHICH STOCKS ARE EXHAUSTED.



NAME OF VENDOR		ADDRESS		CITY		STATE		ZIP	

The following names are listed in this report to assist in the identification of vendors who have been in a financial position to supply the Government with goods and services who furnished the data for this report. The names are listed in alphabetical order of the last name of the vendor.

Albert J. [Signature]

4419

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

366088

BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
CRAFT WALTER C		36167943	TEC4	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY
	DAY	MONTH	YEAR		
BELGIUM9	21	DEC	44		MIA
					SHIPMENT NUMBER
					006

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS-FIRST NAME-MIDDLE INITIAL-LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS MARTHA CRAFT	WIFE	1st 16 JANUARY 1945
NO. AND NAME OF STREET-CITY-STATE		
730 WEST EUCLID DETROIT MICHIGAN		

REMARKS: CORRECTED COPY

RECEIVED
JAN 23 1945
CASUALTY BRANCH, A.G.O.
JAN 14 1 00 PM '45
RECEIVED

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 43 AG 201 REQ.

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO. _____ YES _____ (AS INDICATED BELOW):

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

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

REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY *Edmund G. Smith* REVIEWED BY *Perkins*

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

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

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

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

W.D., A.G.O. FORM NO. 0385
16 JUNE 1944

14-00000

36000

UNITED STATES DEPARTMENT OF THE ARMY
HEADQUARTERS, ARMY
WASHINGTON, D. C.

TO: [illegible]		FROM: [illegible]	
SUBJECT: [illegible]		DATE: [illegible]	
CLASSIFICATION: [illegible]		PRIORITY: [illegible]	
ACTION: [illegible]		STATUS: [illegible]	
DISTRIBUTION: [illegible]		REMARKS: [illegible]	

TO: [illegible]		FROM: [illegible]	
SUBJECT: [illegible]		DATE: [illegible]	
CLASSIFICATION: [illegible]		PRIORITY: [illegible]	
ACTION: [illegible]		STATUS: [illegible]	
DISTRIBUTION: [illegible]		REMARKS: [illegible]	

TO: [illegible]		FROM: [illegible]	
SUBJECT: [illegible]		DATE: [illegible]	
CLASSIFICATION: [illegible]		PRIORITY: [illegible]	
ACTION: [illegible]		STATUS: [illegible]	
DISTRIBUTION: [illegible]		REMARKS: [illegible]	

366088

RTB:RW:il
August 20, 1945

Mrs. Martha Craft
730 West Euclid Avenue
Detroit, Michigan

app

Dear Mrs. Craft:

The Army Effects Bureau has received some additional property of your husband, Technician Fourth Grade Walter C. Craft, consisting of funds in the amount of \$8.89. A check for this sum is inclosed.

The transmittal of funds by this Bureau does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of decedent's legal residence.

Sincerely,

C. B. QUINN
2nd Lt., QMC
Chief, Files Branch

1 Incl
Check

RTB:RW:11
August 20, 1945

350088

Mrs. Martha O'Neil
750 West Euclid Avenue
Detroit, Michigan

Dear Mrs. O'Neil:

The Army Effects Bureau has received some additional property of your husband, Technician Fourth Grade Walter G. O'Neil, consisting of funds in the amount of \$8.89. A check for this sum is inclosed.

The transmittal of funds by this Bureau does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of decedent's legal residence.

Sincerely,

C. B. QUINN
2nd Lt., OMC
Chief, Files Branch

1 Incl
Check

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Martha Craft

730 West Euclid Avenue

Detroit, Michigan

Effects of:

Name T/4 Walter C. Craft

ASN 36167943

Case No. 366088 D

Wt.

DATE 20 July 1945

RTB:RW:il

Winkel

FCR: Effects Quartermaster

REMARKS:

x Inclose Bureau Check *✓*
Acct. No. 136487
Amount \$8.89 *ut*
Inclose "Valuables" item
Ship "Valuables" item(s)

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

126375 mew

ROUTING:

1 Accounting Branch *PC*
Warehouse Division
2 Files Branch, Adm. Div.

136487

366088

August 24

45

Martha Craft

8.89

Eight and 89/100

REMARKS:

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

Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

366,088
JR

CASE NO. _____

TYPED BY _____
bt

DATE _____
7/12/45

STATUS _____
DEC

NAME _____
Walter C. Craft

A.S.N. _____
36167943

RANK _____

ORGANIZATION _____

AMOUNT _____ ACCOUNT NO. _____
8.89 PAID-Check No. 12637574 136487mlh

LIST NO. _____
F 206

REMARKS _____

mf
7-20

A C C O U N T I N G I N V E N T O R Y



Handwritten scribbles consisting of several parallel diagonal lines.



ARMY SERVICE FORCES *vs*
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO 366,088

JRM:MH:pjj
May 19, 1945

Mrs. Martha Craft
730 West Euclid Avenue
Detroit, Michigan

Dear Mrs. Craft:

The Army Effects Bureau has received from overseas some property of your husband, Technician Fourth Grade Walter C. Craft.

This property, consisting of a few small items, is being sent you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

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

Yours very truly,

P. L. KOEB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

67



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 11, MISSOURI

IN REPLY REFER TO

100-000
MAY 18, 1945

Mrs. Martin Craft
130 West Mallin Avenue
Detroit, Michigan

Dear Mrs. Craft:

The Army Service Forces has received from
your property of your husband, Frederick
Frederick Craft, (MIA).

This property, consisting of a few small items,
is being sent you.

If, for some reason, it has not been received
at the expiration of thirty days from this date,
please notify us so that further effort be initiated.

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

Yours very truly,

P. J. KOHL
2nd Lt. Col.
Officer-in-Charge
ST Dept

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Martha Craft

730 West Euclid Avenue

Detroit, Michigan

SHIP TO:

T/4 Walter C. Craft

36167943

366,088 D

Effects of:
Name

ASN

Case No.

It.

DATE 14 May 1945

JRM:MH:mb

AB Cowart

FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

hptcg

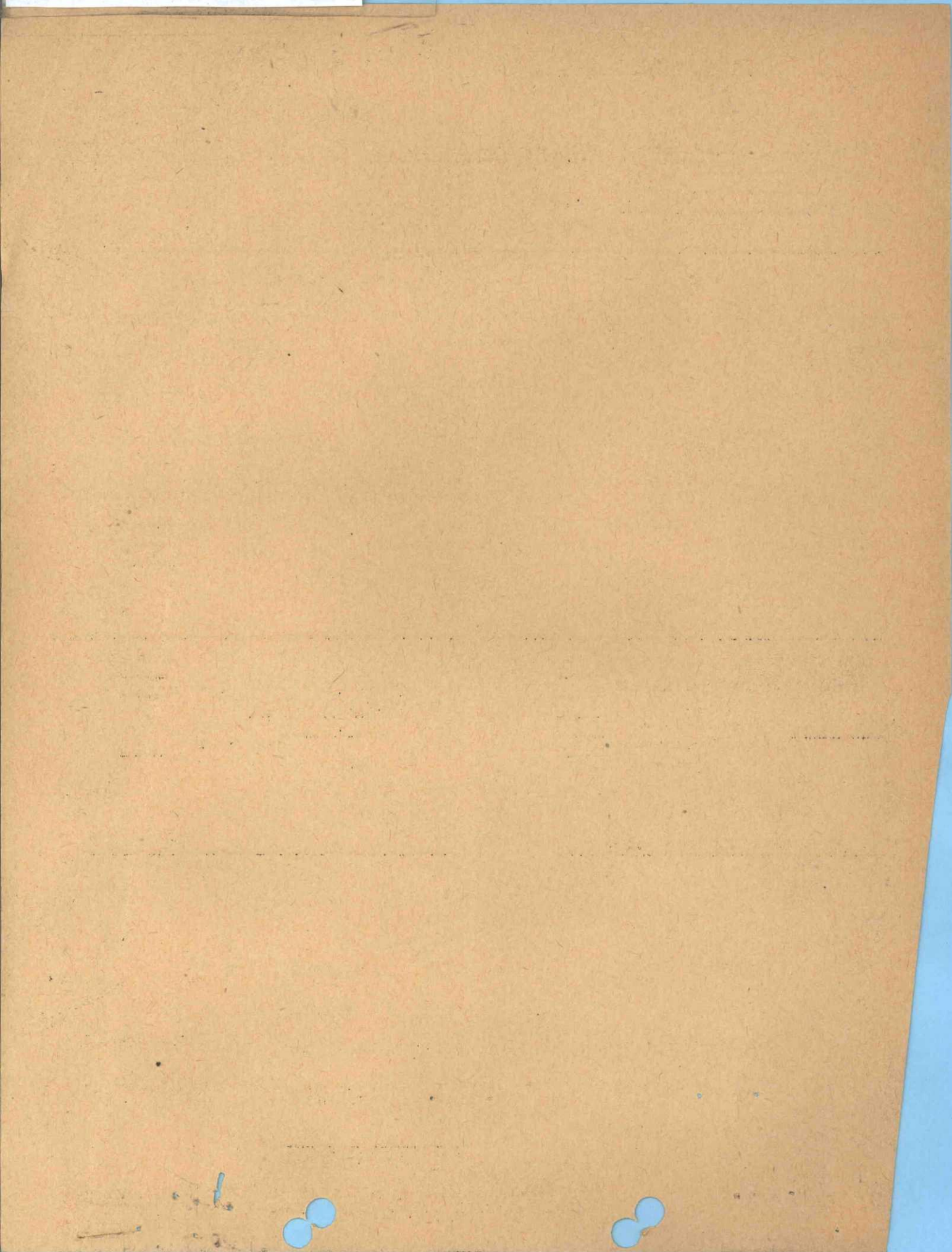
REMARKS:

FRANKED

MAY 25 1945

Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages 1

AB
Shipping Clerk



PACKAGE DESCRIPTION <i># 1 pkg</i>	ARMY EFFECTS BUREAU INVENTORY <i>KW</i> <i>366,088</i>	DECEASED <input checked="" type="checkbox"/> MISSING <input type="checkbox"/> P.O.W. <input type="checkbox"/> ABANDONED <input type="checkbox"/>	
		TALLY NO. <i>7412</i>	
		INV. DATE <i>24-APR-45</i>	
		ORG. NO. OF PKGS. <i>1</i>	
NAME <i>Walter C. Craft</i>		BOX NO. <i>4</i>	
A.S.N. <i>3616 794.3</i> RANK _____		SHEET <i>1</i> OF <i>1</i> SHEETS	
		ORGANIZATION <i>Inf</i>	

Belt BELT, MONEY (NO MONEY) Cloth, Wash Coats Footwear, Pr. Gloves, Pr. Handkerchiefs Headwear Jackets Overcoats Scarfs Shirts Socks, Pr. Ties Towels Trousers, Pr. Trunks, Pr. Underwear	TOWELS & WASHCLOTHS CLOTHING BRACELET IDENT. Brushes CAMERAS Glasses Knives Lighters MISC. INSIGNIA Pen, Fountain Pencil, Mechanical Pipes RELIGIOUS ARTICLES RIBBONS, DECORATION Rings Tobacco Toilet Articles WATCH	WINGS BAGS, CLOTH OR TRAVEL BILLFOLD, (NO MONEY) Case Footlocker KIT, SEW, FLT. OR WRITING BOOKS Books, Address Books, Pilot Log DIARY (REMOVED FOR DUR) FILMS Letters Papers, Personal Photos Shoe Shine Articles SHORT SHORTER SOUVENIRS SOUVENIR MONEY <i>✓</i> Stationery TESTAMENTS U.S. MONEY (AMOUNT)
--	--	--

5/11

REMARKS (wife) <i>Mrs. Martha Craft</i> <i>730 W. Euclid</i> <i>Detroit, Mich.</i>	ATTACHMENTS	FORM #54	FORM #100
		<i>Form 26</i>	<i>" 28</i>
		<i>U.S. Label</i>	

C.A.T. <i>none</i>					WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>1993</i>	STORED BY <i>[Signature]</i>					<input checked="" type="checkbox"/> SHORTAGE ON REVERSE <i>✓</i>
INVENTORIED BY <i>m Smith</i>						IDENT. TAGS REMOVED
PACKED BY <i>Walter Craft</i>	CHECKED BY <i>[Signature]</i>				DATE SHIPPED <i>MAY 25 1945</i>	DIARY REMOVED
					<input checked="" type="checkbox"/> #49 OR ADDITIONAL	LOCKED STORAGE
						LAUNDRY REMOVED
						FILM REMOVED

NAME CRAFT, WALTER C 1943

BAY	PALLET	BOX	TALLY
		4	7412

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

Eff. QM Form 43

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

117 H C #1
1000 # 455
Reg. # 93

17 Jan 45
Date

SUBJECT: Inventory of Personal Effects of:

Craft, Walter C. Unk 36167943
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of unk 7th Armd Div.
(Unit) (Organization)

was reported ~~buried~~ buried ~~about~~ 17 Jan 45 1944.
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Unk

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

souvenir coins ✓
1 Paybook ✓
1 Leather folder ✓

440 French francs 0

E. H. JENISON
Major, F. D.
Sym. 211-039

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

_____ Form WDFD 38 enclosed. 0
symbol number)

Unk

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

I certify that the above items constitute all of the effects, secured by me, of
the above named individual and that they were forwarded to the Effects Depot
by reg. mail on _____ 194____.
(Rail, Truck, etc.)

Name H. Shackelford
Rank & ASN H. SHACKELFORD
1st Lt, OMC
O-1596803
Organization G. R. O.

Any additional pertinent information:

E. H. JENKINSON
Major, U. S. A.
Sym 211-030

H. SHACKELFORD
Major, U. S. A.
O-10303
G. B. M.

117-AAA

Serial No. 26167943 Name CRAFT, WALTER C.
 Grade _____ Rank _____
 Organization _____
 Address _____
 Nearest Relative _____
 Address _____
 Killed in Action _____ Died of Disease _____
 Date EST 14 JAN 45 Hospital _____
 Battle Area P 588-864 Information _____
 Place of Burial HENRY CHAPPELL #1
 Point of Coordination _____
 Description of Body _____
 Members Missing _____

Signed _____

117 AAA