

293 CLOUSE, ALBERT D.

33148433

PFC.

INF. EUR. AREA (PA.) 1145eg

92-20A-001

1030

9/16/00-11

**US ARMY HRC
CASUALTY AND
MORTUARY AFFAIRS
OPERATIONS CENTER**

293 IDPF

SCANNED INTO DCIPS

US ARMY HRC
CASUALTY AND
MORTUARY AFFAIRS
OPERATIONS CENTER

503 10PF

SCANNED INTO DORS

CLAIMS FROM RAILHEAD TO INLAND TOWN TRANSPORTATION

DECEASED Pfc. Albert D. Clouse, 33148433

CONSIGNEE J. R. Shulenberger

ADDRESS 169 West High St.,
Carlisle, Penna.

FROM: Harrisburg, Penna.

TO: Carlisle, Penna.

(A) AUTHORIZED-PAYMENT MADE: 1/5/48
PURCHASE ORDER AND AMOUNT: P.O. #1756 - \$10.00

(B) AUTHORIZED-INVOICES NOT RECEIVED:
(REASONS IF KNOWN)

FILE

CLASSIFICATION - INTERNAL SECURITY - CIVIL RIGHTS

PROCESSED Pfc. Albert D. Glouse, 33148433

CONSIGNEE J. R. Simulberger

ADDRESS 109 West High St., Carlisle, Penna.

FROM: Harrisburg, Penna.

TO: Carlisle, Penna.

(A) AUTHORIZED-PAYMENT MADE: 1/2/48
PURCHASE ORDER AND AMOUNT: P.O. #1756 - \$10.00

(B) AUTHORIZED-INVOICES NOT RECEIVED:
(REASONS IF KNOWN)

FILE

blow TJ

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1240 02746	DATE 05 08 47 DAY MONTH YEAR
NAME CLOUSE ALBERT D <i>DW</i>		SERIAL NUMBER 33148433	RANK PFC
CEMETERY HENRI CHAPELLE EUPEN		ARM 1	DATE OF DEATH DAY MONTH YEAR 3200 03 CODE DIST. PT.
PLOT C4	ROW 1	GRAVE 5	COUNTRY BELGIUM
			CAUSE OF DEATH 1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE J.R. SHULENBERGER 169 WEST HIGH STREET CARLISLE, PENNSYLVANIA	NAME AND ADDRESS OF NEXT OF KIN MRS. HILDA L. CAUFMAN RURAL FREE DELIVERY #6 CARLISLE, PENNSYLVANIA
--	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME CLOUSE ALBERT D	SERIAL NUMBER 33148433	RANK Pfc	DATE OF DEATH Sat. Jan 45	DATE DISINTERRED 6 Oct 1947
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION COB 48TH ARMD INF BN 5TH ARMD DIV	RELIGION P	IDENTIFICATION VERIFIED BY <i>Raymond F. Johnston</i> Raymond F. Johnston, 1/Lt FOS Provisional NAME AND TITLE Inf	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Mattress cover and uniform	CONDITION OF REMAINS Fractured skull
OTHER MEANS OF IDENTIFICATION Clouse A D 33148433 marked in field jacket	
MINOR DISCREPANCIES 7th Armd. patch on field jacket	
REMAINS PREPARED AND PLACED IN CASKET DATE 6 Sept 1947 BY Harold D. Wheeler, Ident. Tech.	
CASKET SEALED BY Harold D. Wheeler, Emb. Supv.	EMBALMER (Signature) <i>Raymond F. Johnston</i> Raymond F. Johnston, Emb. Supv. 544 Qm Sv Co
CASKET BOXED AND MARKED DATE 6 Oct 47 BY Charles E. Hackler Clk Rec	SHIPPING ADDRESS VERIFIED BY Harold D. Wheeler, Ident. Tech.

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. Inf

SIGNATURE OF GRS INSPECTOR

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

*333 annotated
Dobson 78
Burbule
RFB*

RECORD OF CUSTODIAL TRANSFER

FROM US MC Henri Chapelle, Belgium		KIND OF CONVEYANCE Truck		SIGNATURE OF SHIPPER Capt. Merle Kay, 0290506 11/10/47		DATE 11/10/47		SIGNATURE OF RECEIVER <i>[Signature]</i>		DATE 11/10/47	
TO Lt. Lege, Belgium (Barge Loading Pt.)		FROM Lt. Lege, Belgium (Barge Loading Pt.)		TO Antwerp Port - Pier 140		FROM Antwerp Port - Pier 140		NAME OF CONVOYER Sgt. Lude J. Valenzuela, RA 39570049		NAME OF CONVOYER Sgt. James W. Blackmon, RA 34051352	
3. SHIPPED		3. SHIPPED		3. SHIPPED		3. SHIPPED		3. SHIPPED		3. SHIPPED	
FROM AGRC ANTWERP, BELGIUM		KIND OF CONVEYANCE ZEC		SIGNATURE OF SHIPPER L E Butler, Lt Col Inf		DATE 6 NOV 47		SIGNATURE OF RECEIVER <i>[Signature]</i>		DATE 6 NOV 47	
TO USAI ROBERT F. BURNS		FROM USAI ROBERT F. BURNS		TO USAI ROBERT F. BURNS		FROM USAI ROBERT F. BURNS		NAME OF CONVOYER ERROY N. NATHAN, 1st Lt. I.C.		NAME OF CONVOYER ERROY N. NATHAN, 1st Lt. I.C.	
4. SHIPPED		4. SHIPPED		4. SHIPPED		4. SHIPPED		4. SHIPPED		4. SHIPPED	
FROM ERROY N. NATHAN, 1st Lt. I.C.		KIND OF CONVEYANCE ZEC		SIGNATURE OF SHIPPER ERROY N. NATHAN, 1st Lt. I.C.		DATE 24 NOV 47		SIGNATURE OF RECEIVER <i>[Signature]</i>		DATE 24 NOV 47	
TO ERROY N. NATHAN, 1st Lt. I.C.		FROM ERROY N. NATHAN, 1st Lt. I.C.		TO ERROY N. NATHAN, 1st Lt. I.C.		FROM ERROY N. NATHAN, 1st Lt. I.C.		NAME OF CONVOYER ERROY N. NATHAN, 1st Lt. I.C.		NAME OF CONVOYER ERROY N. NATHAN, 1st Lt. I.C.	
5. SHIPPED		5. SHIPPED		5. SHIPPED		5. SHIPPED		5. SHIPPED		5. SHIPPED	
FROM CARLISLE, PENNSYLVANIA		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER JAMES T. STELLTON		DATE 12/2/47		SIGNATURE OF RECEIVER <i>[Signature]</i>		DATE 12/2/47	
TO CARLISLE, PENNSYLVANIA		FROM CARLISLE, PENNSYLVANIA		TO CARLISLE, PENNSYLVANIA		FROM CARLISLE, PENNSYLVANIA		NAME OF CONVOYER CARLISLE, PENNSYLVANIA		NAME OF CONVOYER CARLISLE, PENNSYLVANIA	
6. SHIPPED		6. SHIPPED		6. SHIPPED		6. SHIPPED		6. SHIPPED		6. SHIPPED	
FROM CLOUSE ALBERT D		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER EUPHIE		DATE 1 3500 03		SIGNATURE OF RECEIVER <i>[Signature]</i>		DATE 1 3500 03	
TO CLOUSE ALBERT D		FROM CLOUSE ALBERT D		TO CLOUSE ALBERT D		FROM CLOUSE ALBERT D		NAME OF CONVOYER 05748		NAME OF CONVOYER 05748	
7. SHIPPED		7. SHIPPED		7. SHIPPED		7. SHIPPED		7. SHIPPED		7. SHIPPED	
FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
TO		FROM		TO		FROM		NAME OF CONVOYER		NAME OF CONVOYER	

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) PHILADELPHIA QUARTERMASTER DEPOT PHILADELPHIA, PENNA.			SECURITY CLASSIFICATION		
ACTION TO: RAPID MRS. HILDA L. GAUFMAN RURAL FREE DELIVERY #6 GOVT PD CARLISLE, PENNA.			PRECEDENCE FOR INFORMATION ACTION Routine O. I. 1280		
INFORMATION TO: DLR. AND CHECK ANY CHGS.			<input checked="" type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p>WAR DEPARTMENT WILL DELIVER REMAINS OF LATE <u>PFC</u> <u>ALBERT D. CLOUSE</u> IN NEAR FUTURE. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO <u>J. R. SHULENBERGER</u> <u>169 WEST HIGH STREET, CARLISLE, CUMBERLAND COUNTY, PA.</u></p> <p>PLEASE INSTRUCT FUNERAL DIRECTOR TO MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. PRIOR TO SHIPMENT FUNERAL DIRECTOR WILL BE NOTIFIED 72 HOURS IN ADVANCE /OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. REQUEST IMMEDIATE CONFIRMATION OF ABOVE SHIPPING INSTRUCTIONS BY TELEGRAM COLLECT TO PHILADELPHIA QUARTERMASTER DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION PHILADELPHIA PENNA. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL PATRIOTIC OR VETERANS ORGANIZATION OF YOUR CHOICE TO MAKE ARRANGEMENTS. IF YOU ARE UNABLE TO MAKE SUCH ARRANGEMENTS INCLUDE THIS INFORMATION IN YOUR TELEGRAM REPLY REFERRED TO ABOVE. NECESSARY YOU INCLUDE NAME OF DECEASED IN REPLY TELEGRAM.</p> <p style="text-align: right;">D. G. POLLARD LT. COL., QMC</p>					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE 1 OF 1	

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

T-5

MESSAGEFORM

MESSAGE CENTER TO TRANSMITTING MESSAGE	CRYPTOGRAPHIC OR CLEAR TEXT
DATE AND TIME	OPERATING SIGNALS
OPERATING SIGNALS	OPERATING SIGNALS
OPERATING SIGNALS	OPERATING SIGNALS

FROM: (Originator)	PHILADELPHIA QUARTERMASTER DEPOT PHILADELPHIA, PENNA.
TO: (Destination)	WAR DEPARTMENT
PRECEDENCE FOR ACTION	Routine
ORIGINAL MESSAGE	
REFERS TO ANOTHER MESSAGE	
CLASSIFICATION	

WAR DEPARTMENT WILL DELIVER REMAINS OF LATE
 THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO
 PLEASE INSTRUCT FUNERAL DIRECTOR TO MAKE ARRANGEMENTS TO ACCEPT
 REMAINS AT RAILROAD STATION UPON ARRIVAL. PRIOR TO SHIPMENT FUNERAL
 DIRECTOR WILL BE NOTIFIED OF RAIL ROUTING AND SCHEDULED TIME REMAINS
 WILL ARRIVE AT RAILROAD STATION. REQUEST IMMEDIATE CONFIRMATION OF
 ABOVE SHIPPING INSTRUCTIONS BY TELEGRAM COLLECT TO PHILADELPHIA
 QUARTERMASTER DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION
 PHILADELPHIA PENNA. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU
 SHOULD ASK LOCAL PATRIOTIC OR VETERANS ORGANIZATION OF YOUR CHOICE
 TO MAKE ARRANGEMENTS. IF YOU ARE UNABLE TO MAKE SUCH ARRANGEMENTS
 INCLUDE THIS INFORMATION IN YOUR TELEGRAM BEING REFERRED TO ABOVE.
 NECESSARY YOU INCLUDE NAME OF DECEASED IN REPLY TELEGRAM.

D. G. POLLARD
 LT. COL., QMC

AUTHORIZATION		SIGNATURE		SECURITY CLASSIFICATION	
DATE-TIME GROUP	OFFICIAL TITLE	ORIGINATING AGENCY		PAGE 1 OF 1	

NOV 22 1947 *Korp*

1947 NOV 22 PM 4 02

S & I
SIG CENTER

WESTERN
UNION

WU Y186 17 COLLECT

CARLISLE PENN NOV 22 1209P

PHILADEL QUARTERMASTER DEPOT

ATTN AMERIC GRAVES REG DIV

CONFIRMING TELEGRAM RE PFC ALBERT D CLOUSE J R

SCHULENBERGER UNDERTAKER WILL MEET TRAIN WHEN ADVISED

MRS HILDA L CAUFMAN

139P

WESTERN
UNION



ERN
ON

WU 1182 17 COLLECT

CARLSLE PENN NOV 22 1209P

PHILADEL QUARTERMASTER DEPOT

ATTN AMERIC GRAVES REG DIV

CONFIRMING TELEGRAM RE PFC ALBERT D CLOUSE J R

SCHULENBERGER UNDERTAKER WILL MEET TRAIN WHEN ADVISED

MRS HILDA J GAFFMAN

1209P

RECEIVED
NOV 22 1951
MEMPHIS

RECEIPT OF REMAINS

DISTRIBUTION CENTER

AGR DISTRIBUTION CENTER, PHILADELPHIA QM DEPOT

J. R. SHULENBERGER
169 WEST HIGH STREET
CARLISLE, PENNA.

~~XXXXXX~~
PRIORITY

O. I. 1280

REMAINS CONSIGNED TO:

REMAINS OF THE LATE PFC ALBERT D CLOUSE 33148433 BEING SHIPPED TO YOU ACCOMPANIED BY ESCORT M/SGT THOMAS E. HALL ON TRAIN NUMBER NINETEEN PENNSYLVANIA RAILROAD LEAVING PHILADELPHIA TWELVE FOUR PM THIRTEEN DECEMBER AND DUE TO ARRIVE HARRISBURG, PA. RAILROAD TIME TWO SIXTEEN PM THIRTEEN DECEMBER. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND DELIVER TO CARLISLE, PA. REQUEST YOU SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM HARRISBURG, PA. TO CARLISLE, PA. REQUEST YOU NOTIFY NEXT OF KIN.

D. G. POLLARD LT. COL., QMC

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 13 DAY OF December, 19 47
DAY MONTH

M/Sgt Thomas E. Hall
WITNESS (Escort)

J. R. Shulenberger
CONSIGNEE

RECEIPT OF REMAINS

AMERICAN RAILROADS COMPANY, PHILADELPHIA, PA.

NOV 17 1950

PRIORITY

J. W. SHULLENBERGER
100 WEST HIGH STREET
CARLISLE, PENN.

REMAINS DELIVERED TO:

RESULTS OF THE LATE P.C. ALBERT'S CROWN JEWELRY STORE TO YOU
ACCOUNTED BY CHECK # 1007 FROM THE PAID BY TRAIN NUMBER NINETEEN
PENNSYLVANIA RAILROAD LEAVING PHILADELPHIA TWELVE FOUR PM THIRTEEN
THIRTEEN AND DUE TO ARRIVE HARRISBURG, PA. RAILROAD THREE TWO FIFTEEN
PM THIRTEEN THIRTEEN. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS
AT RAILROAD STATION UPON ARRIVAL AND DELIVER TO CARLISLE, PA. REQUEST
YOU SUBMIT ITINERARY STATEMENT IN APPROPRIATE PROPERTY CERTIFIED TO THIS
DEPT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IN ANY FROM HARRISBURG
PA. TO CARLISLE, PA. REQUEST YOU NOTIFY NEXT OF HIM.

E. G. HOLLAND JR., GEN. MGR.

I THE UNDERSIGNED DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE NAMED DECEASED

THIS DAY OF _____ 1950

Witness (Name)

O.I. 1280 **INSPECTION CHECK LIST**
 (For Use at Distribution Point)

Name: CLOUSE, ALBERT D. Rank: PFC Serial Number: 33148433

Source: Mrs. Hilda L. Cauffman Rural Free Delivery #6 Carlisle, Penna. Consignee: J. R. Shulenberger 169 West High Street Carlisle, Cumberland County, Pa.

SHIPPING CASE - General Appearance (Check ONLY Discrepancies) Condition of Shipping Case (Check One)
 Satisfactory Unsatisfactory

FINISH (Exterior) _____
 FINISH (Interior) _____
 HANDLES _____
 HANDLE BOLTS _____
 STENCILING - NAMEPLATE _____
 HEALTH PERMIT MARKER _____
 HEALTH PERMIT NUMBER _____
 Remarks: *✓*

CASKET - General Appearance (Check ONLY Discrepancies) Condition of Casket (Check One)
 Satisfactory Unsatisfactory

FINISH (Exterior) _____
 HANDLES AND FASTENINGS _____
 STENCILING - NAMEPLATE _____
 CAM LOCKS (Sealing) _____
 ODOR OR MOISTURE _____
 Remarks: *Clean + Retouch Molding*

ROUTED THROUGH

MORTUARY OPERATING ROOM 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 or Mortician: _____ Time: _____ Date: 12/11 Signature of Inspector: *WJ Duffey*

Remarks: *Set for ship* *Saturday J. Fleming*

100
A273

INSPECTION CHECK LIST		1980	
Name: CLOUSE, ALBERT B.		Rank: PFC	
Company: Mrs. Hilda J. Galtman Rural Free Delivery #0 Carlisle, Penna.		Serial Number: 3314833	
Condition of Shipping Case - General Appearance (Check ONLY Discrepancies)		Condition of Shipping Case (Check One)	
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Remarks:		Remarks:	
FINISH (Exterior) FINISH (Interior) HANDLES HANDLE BOLTS STENCILING - NAMEPLATE HEALTH PERMIT MARKER HEALTH PERMIT NUMBER		FINISH (Exterior) FINISH (Interior) HANDLES AND FASTENERS STENCILING - NAMEPLATE CAN LOGS (Sealing) GOR ON MOISTURE	
Condition of Case - General Appearance (Check ONLY Discrepancies)		Condition of Case (Check One)	
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Remarks:		Remarks:	
ROUTED THROUGH			
<input type="checkbox"/> WORTHY OPERATING ROOM <input type="checkbox"/> REPAIR SHOP		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Condition of Remarks		Necessity Disinfection (Explain)	
Case Reported Case Exchanged Shipping Case Reported Shipping Case Exchanged		Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Remarks:		Remarks:	
Time: _____		Signature of Medic: _____	
Date: _____		Date: _____	
Signature of Inspector: _____		Signature of Medic: _____	
Date: _____		Date: _____	

att

RETURN OF REMAINS -- WORLD WAR II DEAD

CERTIFICATE OF INTERMENT EXPENSES

Date 18 Dec. 1947

I Mrs. Hilda Kaufman, Carlisle, Pa. R.D. # 6
(Name and address of person responsible for payment of interment expenses)

hereby certify that the total sum of \$160.⁰⁰/₁₀₀ was incurred by me in connection

293

with the interment of the remains of the late Albert D. Clouse
(Name)

PFC 33148433

Army

(Grade, Serial Number, & Arm of Service of Decedent)

in the Westminster Cumberland, Co. Pa.
(Name of Cemetery) (County or City) (State)

Mrs. Hilda Kaufman
(Signature)

NOTE:

1. This certificate will be completed in quintuplicate and signed by the person who engaged the receiving funeral director and is responsible for payment of his bill. It is Not to be accomplished or signed by the funeral director.

2. Return to:

Commanding Officer
Philadelphia Quartermaster Depot
2800 South 20th Street
Philadelphia 45, Pa.
ATTN: Officer in Charge Distribution Center

QMC FORM R-5066
7 Nov. 46

PAID
DEC 31 1947

RETURN OF REMAINS -- WORLD WAR II DEAD
CERTIFICATE OF INTERMENT EXPENSES

Date 18 Dec 1947

Name and address of person responsible for payment of interment expenses
Mrs. Helen [unclear] R.R. # 6

herby certify that the total sum of \$ 100.00 was incurred by me in connection

with the interment of the remains of the late
Albert H. [unclear]
(Name)

Grade, Serial Number, & Arm of Service of Deceased
[unclear]

Name of Cemetery
[unclear]
(County or City) [unclear]
(State) [unclear]



Signature
Mrs. Helen [unclear]
(Signature)

NOTE:

1. This certificate will be completed in duplicate and signed by the person who engaged the receiving funeral director and is responsible for payment of his bill. It is not to be accomplished or signed by the funeral director.

2. Return to:

Commanding Officer
Philadelphia Quartermaster Depot
2800 South 20th Street
Philadelphia 45, Pa.
ATTN: Officer in Charge Distribution Center



OMC FORM 7 Nov. 46

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc. Albert D. Clouse, 33 148 433
Plot 04, Row 1, Grave 5,
United States Military Cemetery
Henri-Chapelle, Belgium

24 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, Hilda L. Cauffman
(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

Westminster Cemetery Carlisle, Pa.
(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO _____ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
- (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.)

*1010 Processed
9/5/47*

*Coded 15 JUL 47
C.S. Spragg*

OQMG FORM 345 MILITARY
14 NOV 1946

16-50411-1

PAGE 1

MAY 9

SP

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 Caufman	FIRST NAME Hilda	MIDDLE INITIAL L
NUMBER AND STREET R.F.D. # 6	CITY OR TOWN Carlisle	COUNTY OR PROVINCE Cumberland
EXPRESS OFFICE (Nearest railroad passenger station) Carlisle, Pa.	TELEGRAPH ADDRESS Carlisle, Pa.	STATE OR TERRITORY OF U. S. A., OR COUNTRY Penna
		TELEPHONE No. None

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 J. R. Shulenberg			
NUMBER AND STREET 169 W. High St	CITY OR TOWN Carlisle	COUNTY OR PROVINCE Cumberland	STATE OR TERRITORY OF U. S. A., OR COUNTRY Penna.
EXPRESS OFFICE (Nearest railroad passenger station) Carlisle Pa.	TELEGRAPH ADDRESS Carlisle Pa.		TELEPHONE No. 89

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 Sherman	FIRST NAME Freeda	MIDDLE INITIAL L	RELATIONSHIP TO DECEASED Sister
NUMBER AND STREET R.D.D. # 6	CITY OR TOWN Carlisle	COUNTY OR PROVINCE Cumberland	STATE OR TERRITORY OF U. S. A., OR COUNTRY Penna

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.

Hilda L. Cauffman
(SIGNATURE OF NEXT OF KIN)

R.F.D # 6

(STREET AND NUMBER)

Hilda L. Cauffman

(NAME PRINTED OR TYPED)

Carlisle, Penna.

(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 17th day of April,

1947, at city (or town) of Carlisle, county of Cumberland, and State (or Territory or

District) of Pennsylvania

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

John H. Otto
NOTARY PUBLIC
My Commission Expires January 2, 1949
(OFFICIAL TITLE)

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

LAST NAME	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)

(NAME PRINTED OR TYPED)

(DATE)

(STREET AND NUMBER)

(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)

(NAME PRINTED OR TYPED)

(DATE)

(STREET AND NUMBER)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTION

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

IF THE NEXT OF KIN OF THE DECEASED NAMED IN PART I OF THIS FORM OR HEREIN PREVIOUSLY IN WRITING TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED THE NEXT EXISTING PERSON THE ORDER OF ELIGIBILITY OF DECEASED'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
Fanna	land	



PART III

If you are NOT the next of kin, a friend, or a relative of the decedent, please fill in PART III of this form. NAME OR NAME IN FULL OF THE PERSON TO WHOM THE REMAINS ARE TO BE DELIVERED, AND THE ADDRESS TO WHICH THE REMAINS ARE TO BE SENT.

LAST NAME	FIRST NAME	MIDDLE INITIAL

STATE OF TEXAS
 COUNTY OF DALLAS
 CITY OF DALLAS

293
Pfc. Albert D. Clouse, 33 148 433 ay
Plot C4, Row 1, Grave 5,
United States Military Cemetery
Henri-Chapelle, Belgium

24 March 1947

Mrs. Hilda L. Cauffman
Rural Free Delivery 6
Cortisio, Pennsylvania

Dear Mrs. Cauffman:

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

5 Incls.
MAR 24 2 07 PM '47
MAIL & RECORDS BRANCH

23 March 1947

Mr. Albert B. Glavin, 12 248 412
Room 67, New York, New York
United States Military Academy
Harrisburg, Pennsylvania

Mr. W. L. ...
Room 67, New York, New York
United States Military Academy
Harrisburg, Pennsylvania

Dear Mr. ...

The people of the United States, through the Congress have authorized the
Department and staff of the United States of World War II. The Department
of the Army has been entrusted with the honor and responsibility
to the honored dead. The records of the War Department indicate that you are
the nearest relative of the above-named deceased, who gave his life in the
service of his country.

The enclosed pamphlet, "Disposition of World War II Armed Forces Dead,"
and "Armed Forces Dead," explain the Department's policies and services with
available to you by your Government. It is for 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 retain
your rights to the next of kin in 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 B, it is advised that no funeral arrangements
or other personal arrangements be made until you are further notified by this
office.

All you please complete the enclosed form, "Request for Disposition of
Remains" and mail in the enclosed self-addressed envelope, which includes an
address, within 30 days after the receipt by you. The postage return will
make necessary delay.

Sincerely,

WALTER B. ...
Major General
The Quartermaster General

RECEIVED
MAR 21 1947

Mr. W. L. ...

Yours truly,

QMR 293
Clouse, Albert D.
A.S.N. 33 148 433

8 January 1947

Mrs. Hilda L. Cauffman
Rural Free Delivery #6
Carlisle, Pennsylvania

Dear Mrs. Cauffman:

Inclosed herewith is a picture of the United States Military Cemetery Henri-Chapelle, Belgium, in which your son, the late Private First Class Albert D. Clouse, 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, QMC
Assistant

1 Incl
Photograph

mbk

101 9 10 42 11 247
MAIL & RECORDS BRANCH

Handwritten initials

GENERAL
CLARK, ALBERT D.
A.R.N. 33 148 133

8 January 1947

Mrs. Hilda L. Carlson
Rural Tree Nursery
Carlisle, Pennsylvania

Dear Mrs. Carlson:

Incorporated herewith is a picture of the United States Military Cemetery, Aisne-Marais, Belgium, in which your son, the late Private First Class Albert D. Clark, 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. There, amidst of continuous care, now rest the remains of a few of those heroes 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 the 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. HOSKIN
Quartermaster General, GPO
Assistant

1 Incl
Enclosure

MR. CLARK
A. D. CLARK
A. D. CLARK

SPQYG 293
Clouse, Albert D.

mb _____

17 September 1945

Mrs. Hilda L. Cauffman
RFD 6
Carlisle, Pennsylvania

Dear Mrs. Cauffman:

The War Department is most desirous that you be furnished the burial location of your son, the late Private First Class Albert D. Clouse.

The records of this office disclose that he is interred in the U. S. Military Cemetery, Henri Chapelle, Belgium, plot C-4, row 1, grave 5.

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 son.

Sincerely yours,

E. B. GREGORY
Lieutenant General
The Quartermaster General

copy destroyed
djh
8-20.

GRAVES REGISTRATION SECTION

SEP 17 4 30 PM '45

MEMORIAL DIVISION

Handwritten initials

8902 233
Clouse, Albert D.

17 September 1945

Mrs. Hilda L. Caulman
RFD 6
Carlisle, Pennsylvania

Dear Mrs. Caulman:

The War Department is most desirous that you be furnished the burial location of your son, the late Private First Class Albert D. Clouse.

The records of this office disclose that he is interred in the U. S. Military Cemetery, Henri Chapelle, Belgium, Plot C-4, row 1, grave 2.

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 son.

Sincerely yours,

E. S. GREGORY
Lieutenant General
The Quartermaster General

REGISTRATION DIVISION

SEP 17 1945

REGISTRATION DIVISION

Handwritten notes and signatures:
13
43h
[Signature]

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

RESTRICTED
REPORT OF BURIAL

12 Mar. 45.
Date

TM 10-630 AND AR 30-1815

793 **CLOUSE ALBERT D.** PFC. **33148433**

Co B **48th Armd Inf. Bn.** *5th ARMD DIV 4 DEC 1944*

803-907 1.8 mi, N.W. Sart Lez St. Vith Bel. ~~6 Jan 45~~ Est GSW Head

1000-hrs, 12 Mar. 45. **Henri Chapelle # 1** **K 721-348**

5 **1** **G-4** **Perm.**

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No 360

If No Identification Tags
How were remains identified?

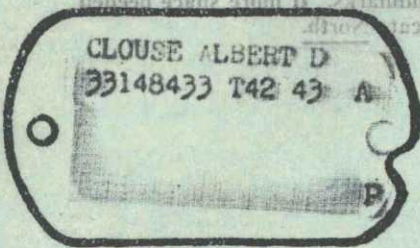
What means of identification were buried with the body?

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

Who is buried on:				
Deceased's Right:	<u>Woodard, Jessie C</u>	<u>34254603</u>		<u>6</u>
	Name	Serial No.	Rank	Grave No.
Deceased's Left:	<u>Wright, Leonard L.</u>	<u>6920071</u>		<u>4</u>
	Name	Serial No.	Rank	Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

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



Emergency Addressee _____ Name

Address _____

Religion _____

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

Bisinterred by 606 QM GR. Co.

Previously buried in isolated grave
located at at P 803907. 1.8 mi. N.W. of Sart Lez-St. Vith, Map 1/50,000, Vielsalm, Belgium. Sheet 92.

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

N. F. RAKER
1st-Lt, QMC
O-515237
G. R. O.

RESTRICTED

#69

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

Form No. 1
Revised Sept. 1953

U.S. MAR. 45
Date

Serial No. 3148483

Case of Death
K 721-348

Name of Coordinates of Location
Form

Type of Marker
No Yes

Left Hand

2

1

Thumbs

Grave No. 4

Grave No. 6

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, take those you can, and fill in the following:

Height: 5' 10" Weight: 150 lbs. Color of Eyes: Blue Color of Hair: Brown Race: White

Laundry Marks: None Number of Teeth: 28 Is Tooth Chart Attached? No

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

Disposition of Identification Tags: Buried with body Yes No If No Identification Tags How were remains identified?

What means of identification were buried with the body? probable organization of deceased, etc.:

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

Who is buried on: Deceased's Right: Wright, Leonard L. Deceased's Left: Woodward, Jessie E.

Name Serial No. Rank Organization

Wright, Leonard L. 6250071

Woodward, Jessie E. 34254603

TOOTH CHART

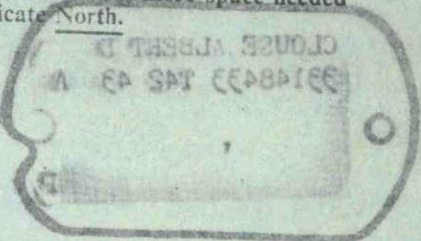
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

Indicate missing natural teeth by X; crowns by C; fillings by F; bridges by B; missing anchor teeth; replacements by artificial teeth X

Name: Address: Region: Emergency Address:

Signature of Officer or other person reporting: Other Data: Verified by: R.S. Officer: Characteristics:



List only Personal Effects Found on Body and Disposition of Same: Reburied by 608 CR. Co.

RESTRICTED

45 P. 88. H. 625 22569

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT

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

293 Clouse, Albert D.

REPORT OF DEATH

DATE 13 Apr 1945

FULL NAME Clouse, Albert D.		ARMY SERIAL NUMBER 33 148 433	Imp 2831 Pfc
HOME ADDRESS Carlisle, Pennsylvania		ARM OR SERVICE Infantry	DATE OF BIRTH 21 Nov 1917
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 24 Dec 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 6 Feb 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Hilda L. Cauffman, Mother, RFD #6, Carlisle, Pa.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Hilda Cauffman, Mother, RFD #6, Carlisle, Pa.
Freda Sherman, Sister, same as above

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	*X

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

*Awarded Combat Infantryman Badge, per GO #66, Hq. 7th Armd. Div., dated 20 Oct 1944.
The individual named in this report of death is held by the War Department to have been in a missing in action status from 24 Dec 1944 until such absence was terminated on 5 Apr 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General in the European Area.

COPIES FURNISHED:

S. G. O.	F. B. I.	F. O., U. S. A.
S. O. C. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:

James Rinkhart
ADJUTANT GENERAL

FILE

APR 20 1945

SENSITIVE SURFACE HANDLE EDGE ONLY

VIA AIRMAIL

UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON 25, D. C.

JUN 19 1952

REPORT OF SEARCH

NAME: [illegible]

ADDRESS: [illegible]

CITY: [illegible]

STATE: [illegible]

ZIP: [illegible]

DATE OF SEARCH: [illegible]

SEARCHED BY: [illegible]

INDEXED BY: [illegible]

RECORDED BY: [illegible]

FILED BY: [illegible]

SEARCHED _____ INDEXED _____

SERIALIZED _____ FILED _____

JUN 19 1952

FBI - [illegible]

SEARCHED BY: [illegible]

INDEXED BY: [illegible]

RECORDED BY: [illegible]

FILED BY: [illegible]

JUN 19 1952

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]

[illegible]

[illegible]

[illegible]

AIRBORNE

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

[illegible]

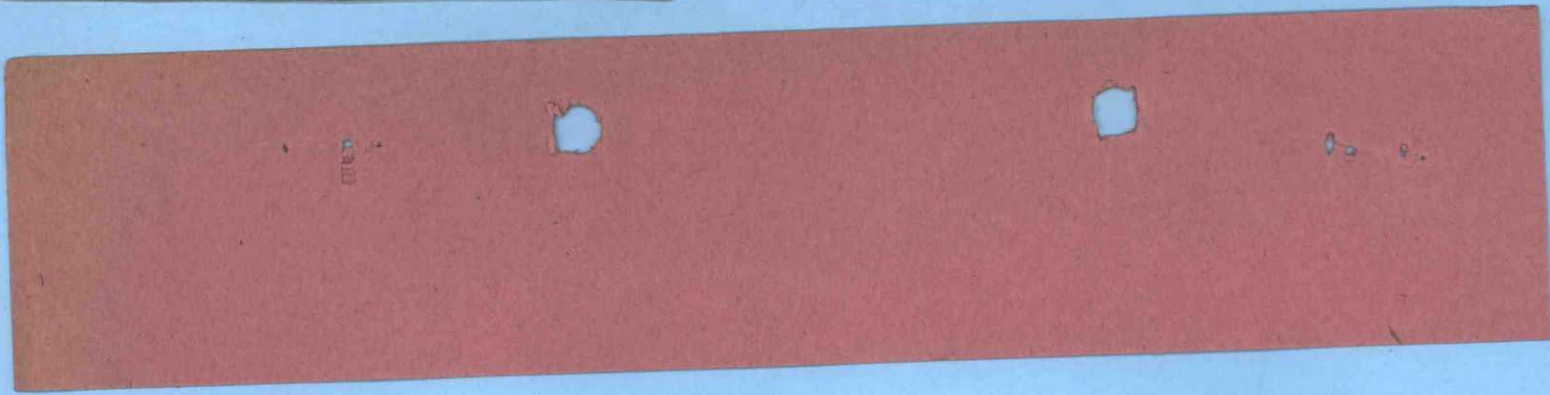
[illegible]

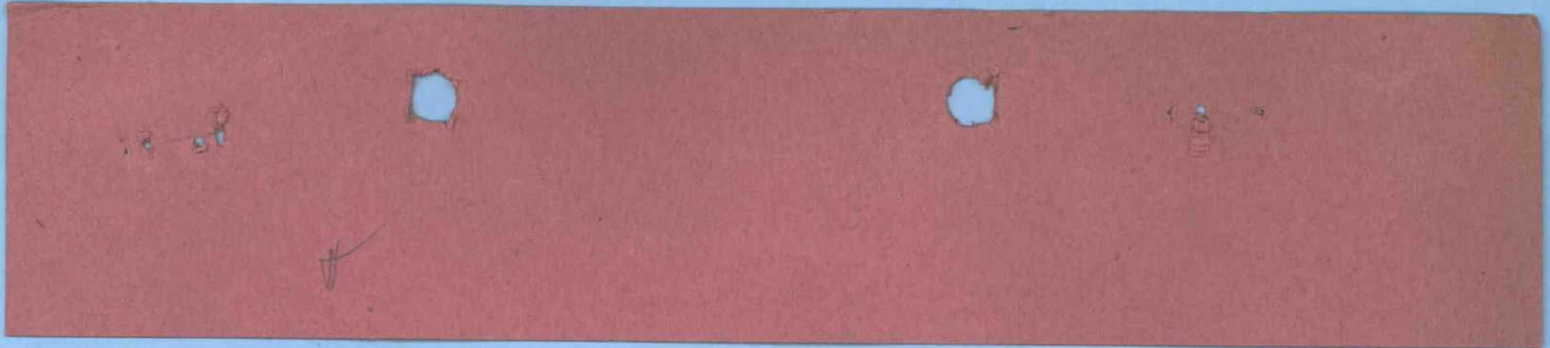
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SENSITIVE SURFACE - HANDLE EDGES ONLY

365,226
DL

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

REPORT OF DEATH

DATE 13 Apr 1945

FULL NAME Clouse, Albert D.		ARMY SERIAL NUMBER 33 148 433		Imp 2831 Pfc	
HOME ADDRESS Carlisle, Pennsylvania		ARM OR SERVICE Infantry		DATE OF BIRTH 21 Nov 1917	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 24 Dec 1944	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 6 Feb 1942		LENGTH OF SERVICE FOR PAY PURPOSES	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Hilda L. Cauffman, Mother, RFD #6, Carlisle, Pa.		YEARS		MONTHS	
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Hilda Cauffman, Mother, RFD #6, Carlisle, Pa. Freda Sherman, Sister, same as above		DAYS			
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
				X	
OTHER PAY STATUS (SPECIFY BELOW)				*X	
YES		NO			

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE NON-BATTLE

*Awarded Combat Infantryman Badge, per GO #66, Hq. 7th Armd. Div., dated 20 Oct 1944. The individual named in this report of death is held by the War Department to have been in a missing in action status from 24 Dec 1944 until such absence was terminated on 5 Apr 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General in the European Area.

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

James W. Reinhart
ADJUTANT GENERAL

ADJUTANT GENERAL

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

RECEIVED [mirrored text]

THE [mirrored text]

NO. 1	DATE	PLACE	REMARKS

THE [mirrored text]

THE [mirrored text]

DATE [] TIME []

The [mirrored text] of the [mirrored text] is [mirrored text] by the [mirrored text] of the [mirrored text] on [mirrored text] at [mirrored text]. The [mirrored text] of the [mirrored text] is [mirrored text] by the [mirrored text] of the [mirrored text] on [mirrored text] at [mirrored text].

THE [mirrored text]

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

3652-96

—BATTLE CASUALTY REPORT

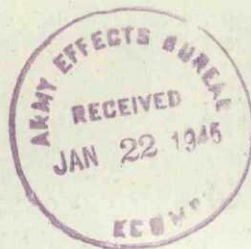
NAME				SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
CLOUSE ALBERT D				33148433	PFC	INF	ETO
PLACE OF CASUALTY		DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
BELGIUM9		DAY	MONTH	YEAR	V	MIA	006

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. HILDA G L CAUFMAN	MOTHER	16 Jan 45 reh
NO. AND NAME OF STREET—CITY—STATE		
RURAL DEKI FREE DELIVERY NUMBER SIX CARLISLE PENNSYLVANIA		

REMARKS:

 CORRECTED COPY


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

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

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

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

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

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY Jay 16 Jan 45 REVIEWED BY [Signature]

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

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

DISTRIBUTION "A" 28 COPIES LB.
(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.

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

100-102323

NAME	UNIT	GRADE	SERIAL NUMBER
BRANCH		COMPONENT	

NAME AND ADDRESS OF NEAREST RELATIVE



NO.	DATE	NAME	UNIT	GRADE	SERIAL	STATUS

365226

RTB:LB:ap
August 6, 1945

Mrs. Hilda L. Cauffman
R. F. D. #6
Carlisle, Pennsylvania

Dear Mrs. Cauffman:

The Army Effects Bureau has received from overseas some personal effects of your son, Private First Class Albert D. Clouse.

I am inclosing a check for \$4.96, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

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

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

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

Yours very truly,

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

1 Incl--
Check

ew
68

August 6, 1945

38222

Mrs. Hilda J. Guffman
R. F. D. 46
Carlisle, Pennsylvania

Dear Mrs. Guffman:

The Army Effects Bureau has received your statement
concerning the personal effects of your son, Private First Class Albert
D. Guffman.

I am enclosing a check for \$1.96, representing
the amount which was forwarded to him. The remainder of the property
is being forwarded to you in one package.

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

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

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

Yours very truly,

C. D. GUFFIN
and Mr. Guffin
Chief, Effect Branch

I enclose
Check

2/2

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Hilda L. Cauffman

SHIP TO:

R. F. D. #6

Carlisle, Pennsylvania

Effects of: PFC Albert D. Clouse
Name

33148433

ASN

365226 D

Case No.

Wt.

DATE 6 August 1945
RTB:IB:rt

J. Marshall
FCR: Effects Quartermaster

REMARKS:

x Inclose Bureau Check
Acct. No. 114797
Amount \$4.96 *Yes*
Inclose "Valuables" item
Ship "Valuables" item(s)

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

114290 hmc

ROUTING:

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

114797

365226

August 9

45

Hilda L. Cauffman

4.96

Four and 96/100

REMARKS:

Franked **FRANKED**
Est. Exp. Chgs. _____
Est. Frt. Chgs. **13 AUG 1945**
No. of packages _____

Shipping Clerk *mk*

PACKAGE DESCRIPTION

1 Pkg

ARMY EFFECTS BUREAU INVENTORY

365,226
DJ

DECEASED	<input checked="" type="checkbox"/>
MISSING	<input type="checkbox"/>
P.O.W.	<input type="checkbox"/>
ABANDONED	<input type="checkbox"/>
TALLY NO.	9900
INV. DATE	21 July 45
OP. NO. OF PKGS.	1
BOX NO.	28
SHEET OF SHEETS	1
ORGANIZATION	Co B 48th Am'd Inf Bn

NAME ALBERT D. CLOUSE
A.S.N. 33148433 RANK PFC.

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

REMARKS

no information
rechecked

ATTACHMENTS

FORM 854

FORM #100

1 SR Label
1 inventory of effects

C.A.T. none

WAREHOUSE SPACE

1547

STORED BY

me

INVENTORIED BY

Fedeli

PACKED BY

Henton

CHECKED BY

B

WEIGHT

G.I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

DATE SHIPPED

18 AUG 1945

LOCKED STORAGE

LAUNDRY REMOVED

#3 OR ADDITIONAL

FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

Rec'd

6.50 Gludew

17.50 Marks

1 Form 38

Sign 212-332

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

Fedeli

INVENTORY CLERK

LaFever

SUPERVISOR

G.I. REMOVED

Serial No. 33148435 Name CLOUSE, ALBERT. D.
 Grade _____ Rank _____
 Organization C.B. 48th ARMD INF. BN.
 Address _____
 Nearest Relative _____
 Address _____
 Killed in Action _____ Died of Disease _____
 Date _____ Hospital _____
 Battle Area ST. VITH, BELGIUM Information _____
 Place of Burial HENRI-CHAPELLE NO. 1
 Point of Coordination _____
 Description of Body _____
 Members Missing _____

Signed _____

504

Handwritten text on a piece of aged, yellowed paper with a hole punch at the top center. The text is extremely faint and illegible, appearing as ghostly impressions of words and lines. The paper is placed on a blue background.

Box No. Am 117

REGISTERED

(US Military Cemetery)
(Henri Chapelle, Belg.) # 1

INVENTORY FORM

C-4/5

12 Mar 1945

SUBJECT: Inventory of Personal Effects of:

Clouse	Albert	D.	Pfc	53148433
(Last name)	(First Name)	(MI)	(Rank)	(Serial No.)

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

The above named individual of Co. B, 48th Arm'd Inf. Bn.

(Unit) (Organization)

was buried by the 607th QM Graves Reg. Co., on 12 Mar 1945.

Designated Beneficiary: NOT AVAILABLE TO THIS HEADQUARTERS.

INVENTORY OF EFFECTS

CLASS I

CLASS II

- 1 ring ✓
- 1 fountain pen ✓
- 1 billfold ✓
- 1 religious article ✓
- 1 medallion ✓
- 1 picture ✓

8.50 Gulden 0
17.50 Marks 5

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

H. E. BIGELOW
Lt. Col. F. D.
Sym. 212-332

and Form WD FD #38

INFORMATION NOT AVAILABLE TO THIS HEADQUARTERS

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

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

REMARKS:

H. Shackelford
H. SHACKELFORD
1st Lt, QMC
O-1596803
G. R. O.

AG ETO FORM 26
(Sub)

W. H. ...

ARMY EFFECTS BUREAU
INVENTORY

365,226

DL

CASE NO.

Wilkins

TYPED BY

6-9-45

DATE

Dec.

STATE

Clouse, Albert D. ←

NAME

83148433 ←

A.S.N.

PFC

RANK

Unk.

ORGANIZATION

\$4.96

PAID-Check No. 114290 DL

AMOUNT

114797 DL
ACCOUNT NO.

F 204

LIST NO.

REMARKS

ACCOUNTING INVENTORY

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

JMB:IBrt
Case No. 365226
Date 2 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Albert D. Clouse, 33148433 late a
(Name of deceased) (Army Serial Number)
Private First Class, European Area who died
(Grade) (Organization, Army or Service)
on the 24 day of December, 1944, at European Area

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

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

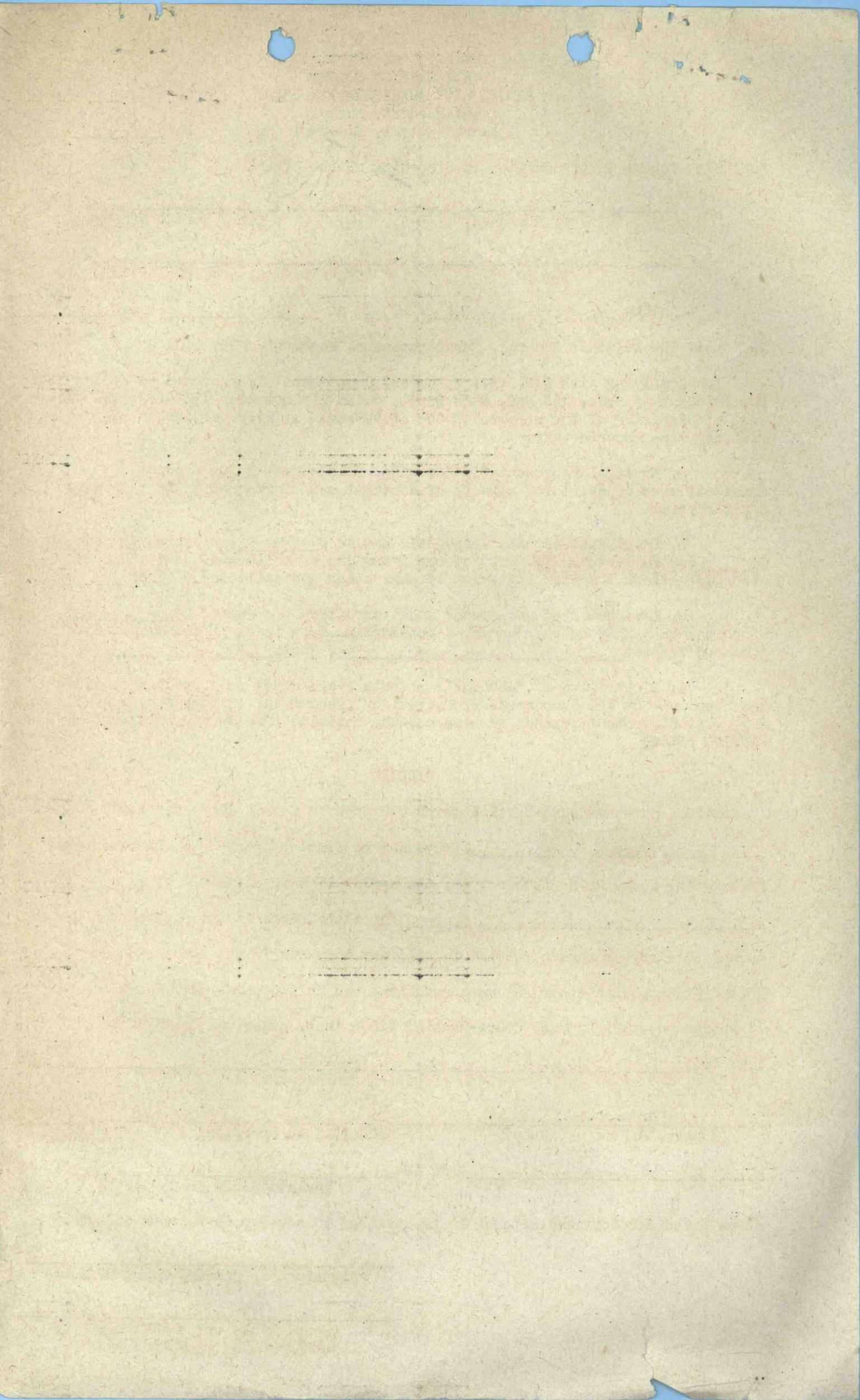
- a. No legal representative or widow of decedent being present at decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.
- b. Local debtors owed decedent's estate \$ none, of which the sum of \$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. _____.)
- c. Decedent owed undisputed local creditors the sum of \$ none which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt _____, Incl. _____)
- d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled, (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 28 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Hilda L. Kaufman 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. Hilda L. Kaufman of (Name of person found entitled)
R. F. D. #6, Carlisle State of (Number, Street or Avenue) (City, Town or Village)
Pennsylvania, is the Mother 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, QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL



22 for m + R