

15 JUN 1948

LIST

DUPLICATE

CHECK TYPE REQUIRED

(See Instructions attached)

- UPRIGHT MARBLE HEADSTONE
- FLAT MARBLE MARKER
- FLAT GRANITE MARKER
- BRONZE MARKER (NOTE RESTRICTIONS)

APPLICATION FOR HEADSTONE OR MARKER

(Please make out and return in duplicate)

FLAT GRANITE
EMBLEM (Check one)

ENLISTMENT DATE

March 23-43

SERIAL No.

19193437

- CHRISTIAN
- HEBREW
- NONE

DISCHARGE DATE

PENSION No.

STATE

Vt

RANK

SGT.

COMPANY

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION

NAME (Last, First, Middle Initial)

293 ✓ ✓ ✓
BASKETT ROBERT C.

DATE OF BIRTH (Month, Day, Year)

April 7-1925

DATE OF DEATH (Month, Day, Year)

July 15-1944

NAME OF CEMETERY

Hillside Cemetery

SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)

J. H. [Signature]
(SIGNATURE OF CONSIGNEE)

USAGF

LOCATION (City and State)

Essex Junction Vt

NEAREST FREIGHT STATION (City and State)

Essex Junction Vt

POST OFFICE ADDRESS OF CONSIGNEE

Essex Junction Vt

DO NOT WRITE HERE

FOR VERIFICATION

JUN 1 4 1948

ORDERED

B/L

SHIPPED

I certify this application is submitted for a stone for the unmarked grave of a veteran.

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.

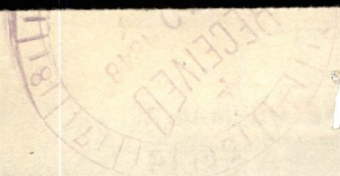
Mazel Reba Baskett June 3-48
APPLICANT'S SIGNATURE DATE OF APPLICATION

ADDRESS (Street, City, State)

320 Garden St. Rendon Vt

IMPORTANT—Complete Reverse Side

FOR ORD. 15 JUL 1948



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

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

J. W. Schubert Sexton

(Signature of superintendent, sexton, or caretaker)

Date *June 3-48*

16-11453-4

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

JUN 11 1948

FOR ORD. 12 111 1000

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

Washington
ROBERT C BASKETT / ~~WISCONSIN~~ / SGT 8 INF /
WORLD WAR II / APRIL 7 1925 JULY 15 1944

SHIP TO:

J W FLINTOFT, SEXTON
HILLSIDE CEMETERY
ISSAQUAH

R. R. STATION:

FOR:

~~WISCONSIN~~
Washington

R. R. STATION:

JUL 2 1948

APPLICANT:

MAZIE REBA BASKETT
320 GARDEN STREET
RENTON
~~WISCONSIN~~ *Washington*

CEMETERY:

HILLSIDE
ISSAQUAH
~~WISCONSIN~~ *Washington*

EWW *ent 3'*

OQMG FORM
Rev. 1 NOV. 45 312

APPROVAL AND ACCEPTANCE

Mazie Reba Baskett
SIGNATURE

*file
entry 1948
Washington*



JUL 3 1948

MISSOURI
ST. LOUIS
MISSOURI

LAUREL BASKETT
330 GARDEN STREET
RENTON
WASHINGTON

U. S. AIR FORCE
HILLBURY, ILLINOIS
HILLBURY, ILLINOIS
HILLBURY, ILLINOIS

WORLD WAR II
APRIL 7 1952

ROBERT C. BASKETT

RECEIPT OF REMAINS

DISTRIBUTION CENTER UTAH GENERAL DISTRIBUTION DEPOT
OGDEN UTAH

ROUTINE 19 MAY 1948

REMAINS CONSIGNED TO: WILLIAM FLINTOFT

ISSAQUAH WASHINGTON

REMAINS OF THE LATE SERGEANT ROBERT C BASKETT BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FOUR ZERO ONE NORTHERN PACIFIC RAILROAD DUE TO ARRIVE SEATTLE WASHINGTON STATION SIX FOUR FIVE AM THREE JUNE. REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN. REQUEST FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. YOU SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM SEATTLE WASHINGTON STATION TO ISSAQUAH.

Steven F. Capasso
STEVEN F CAPASSO
MAJOR QMC
CHIEF AGRD

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

THIS 3 DAY OF June, 1948

Wade M. Kinney, 1st Sgt
WITNESS (Escort)

William Flintoft
CONSIGNEE

*File
not
Records
2 July 48
Midway
Rt R An*

REPATRIATION
RECORDS BRANCH

JUN 21 11 17 PM '48

MEMORIAL DIVISION

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
3508 00271

DATE
15 12 47
DAY MONTH YEAR

NAME
BASKETT ROBERT C

SERIAL NUMBER
19193437

RANK
SGT

ARM
1

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS
1 9700 14
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
Y 4 61 FRANCE

CAUSE OF DEATH
1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
WILLIAM FLINTOFT
ISSAQUAH, WASHINGTON

NAME AND ADDRESS OF NEXT OF KIN
MAZIE REBA BASKETT (MOTHER)
350 GARDEN AVENUE
RENTON, WASHINGTON

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
BASKETT, Robert C. 19193437 Sgt UNK 29 JAN 48

IDENTIFICATION TAG ON ORGANIZATION
 REMAINS
 MARKER USAGF

RELIGION IDENTIFICATION VERIFIED BY
UTD JOHN H. CLARK, 2/Lt., QMC
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
O.D. uniform Advanced decomposition

OTHER MEANS OF IDENTIFICATION
None

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 Feb 48 BY Jack B. Wall

CASKET SEALED BY
Jack B. Wall

EMBALMER (Signature)
Jack B. Wall

CASKET BOXED AND MARKED
DATE 13 Feb 48 BY H. B. Albert

SHIPPING ADDRESS VERIFIED BY
Charles J. Missigman

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

CLERK

JOHN PALYOK, JR., 1/Lt., FA.
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC, Blossville		TO Casketing Point A, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER T/5 Gregory	
SIGNATURE OF SHIPPER <i>W.P. Dailey</i> W.P. DAILEY, Capt., CAV	DATE 12 FEB 48	SIGNATURE OF RECEIVER <i>E.N. Ciampo</i> E.N. CIAMPO, 1/Lt., FA	DATE 12 FEB 48

2. SHIPPED

FROM Casketing Point A, Cherbourg		TO Port Unit, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>E.N. Ciampo</i> E.N. CIAMPO, 1/Lt., FA	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> JOHN E. HENDRY, JR., MAJOR, CAC	DATE

3. SHIPPED

FROM CHERBOURG PORT UNIT		TO NYPE	
KIND OF CONVEYANCE USSS LAWRENCE VICTORY		NAME OF CONVOYER JOSEPH J. CARROLL, 1st Lt., TC.	
SIGNATURE OF SHIPPER JOHN E. HENDRY JR. MAJ. CAC.	DATE 26 April 1948	SIGNATURE OF RECEIVER <i>Joseph Carroll</i>	DATE APR 26 1948

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C.	DATE MAY 7 - 1948

5. SHIPPED

FROM NYPE Train. From		TO C# 12	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER JAMES L. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE MAY 13 1948	SIGNATURE OF RECEIVER <i>Floyd I. Sykes</i> FLOYD I. SYKES 1st Lt., QMC	DATE

6. SHIPPED

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

7. SHIPPED

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

14
TRANSFERRED FROM DC #~~9~~ TO DC # 12 ✓
AUTHORITY: CHANGED DISINTERMENT DIRECTIVE

MESSAGEFORM

MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT			
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS SW GOVT PD	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR	AGRD

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) UTAH GENERAL DISTRIBUTION DEPOT
OGDNE UTAH

- ACTION TO:
- WILLIAM FINTOFT
 - ISSAGUAH WASHINGTON

INFORMATION TO:

SECURITY CLASSIFICATION	
ACTION	PRECEDENCE FOR INFORMATION
<input type="checkbox"/> ORIGINAL MESSAGE	
REFERS TO ANOTHER MESSAGE IDENTIFICATION	CLASSIFICATION

DUE TO FLOOD CONDITION ORGINAL SHIPPING SCHEDULE FOR SERGEANT ROBERT C BASKETT CHANGED PD DECEASED DUE TO ARRIVE SEATTLE WASHINGTON STATION ON TRAIN NUMBER ONE NORTHERN PACIFIC RAILROAD SEVEN THIRTY AM THREE JUNE. END GRASSO

SECURITY CLASSIFICATION	AUTHORIZATION
ORIGINATING AGENCY	SIGNATURE STEVEN F C APASSO MAJOR QMC
SYMBOL	DATE-TIME GROUP 1 June 48
DATE-TIME GROUP 1600	OFFICIAL TITLE CHIEF AGRD
PAGE	OF

WUD73 30 COLLECT

RENTON WASH MAY 4 910A

UTAH GENERAL DISTRIBUTION DEPOT

M ATTN AMERICAN GRAVES REGISTRATION DIV

THE DELIVERY INSTRUCTIONS FOR THE REMAINS OF SERGEANT
ROBERT C BASKETT ARE THE SAME AS SENT TO YOU BEFORE. I
HAVE INSTRUCTED WILLIAM FLINTOFT FUNERAL DIRECTOR AS YOU
REQUESTED

MAZIE REBA BASKETT.

FLINTOFT.

1050A

U.S. F.D. OGDEN, UTAH

MAY 4 11 24 AM 1948

TELEGRAPH OFFICE

Victory

WU 23 30 COLLECT

RENTON WASH MAY 4 910A

UTAH GENERAL DISTRIBUTION DEPOT

ATTN AMERICAN GRAVES REGISTRATION DIV



A. G. R. S. D.
Utah General Depot

RECEIVED
MAY 4 1948

THE DELIVERY INSTRUCTIONS FOR THE REMAINS OF SERGEANT
ROBERT C BASKETT ARE THE SAME AS SENT TO YOU BEFORE
HAVE INSTRUCTED WILLIAM FLINTOFF FUNERAL DIRECTOR AS

REQUESTED

MAZIE REBA BASKETT.

FLINTOFF.

1050A

MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR AGRD

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) UTAH GENERAL DISTRIBUTION DEPOT
OGDEN UTAH

SECURITY CLASSIFICATION

ACTION TO:

- MAZIE REBA BASKETT
- 350 GARDEN AVENUE
- RENTON WASHINGTON

PRECEDENCE FOR

ACTION
DL

INFORMATION

 ORIGINAL MESSAGEREFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE **SERGEANT ROBERT C BASKETT** ARE ENROUTE TO THE UNITED STATES RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO **WILLIAM FLINTOFT ISSAQUAH WASHINGTON** PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION **SEATTLE WASHINGTON** UPON ARRIVAL WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO UTAH GENERAL DISTRIBUTION DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION OGDEN UTAH ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE 48-HOUR PERIOD YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

STEVEN F CAPASSO
MAJOR GRC

ORIGINATING AGENCY

OFFICIAL TITLE

CHIEF A GRD

SYMBOL

DATE-TIME GROUP

PAGE OF

2 MAY 1948

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NV-00-R

NAME <u>BASKETT, Robert C.</u>	RANK <u>Sgt</u> SERIAL NUMBER <u>19193437</u> <u>K9K3K37</u>
NEXT OF KIN <u>Mazie Reba Baskett</u> Shipping Case- General Appearance (Check ONLY Discrepancies)	ADDRESS <u>350 Garden Avenue</u> <u>Renton, Washington</u> CONDITION OF THE SHIPPING CASE (Check one) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory
FINISH (Exterior) <input checked="" type="checkbox"/> FINISH (Interior) <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input type="checkbox"/> STENCILLING- NAMEPLATE <input checked="" type="checkbox"/>	REMARKS <u>Case faded</u> <u>all Panels require painting</u> <u>Name plate slanting</u>

CASKET - General Appearance (Check ONLY Discrepancies)	CONDITION OF CASKET (Check one) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory
FINISH (Exterior) <input checked="" type="checkbox"/> HANDLES AND FASTENINGS <input type="checkbox"/> STENCILLING - NAMEPLATE <input type="checkbox"/> CAM LOCKS (Sealing) <input type="checkbox"/> ODOR OR MOISTURE <input type="checkbox"/>	REMARKS <u>Cams chipped</u> <u>Bottom molding marred</u> <u>Top molding chipped</u> <u>Handrail plate nicked</u> <u>Lid scratched</u> <u>Angle ring stuffed</u>
OK. OUTGOING	
ROUTED THROUGH	

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input checked="" type="checkbox"/> MORTUARY REPAIR SHOP
CONDITION OF REMAINS <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	CASKET REPAIRED <input checked="" type="checkbox"/> CASKET EXCHANGED <input type="checkbox"/> SHIPPING CASE REPAIRED <input type="checkbox"/> SHIPPING CASE EXCHANGED <input checked="" type="checkbox"/>
NECESSARY DISINFECTION (Explain)	REMARKS
TIME DATE SIGNATURE OF MORTICIAN	TIME DATE SIGNATURE OF INSPECTING OFFICER <u>3:20</u> <u>5-19</u> <u>[Signature]</u>

Final Inspection by: Melvin C Jensen

Date: MAY 20 1948

4:35 P.M. 1 JUNE 1948
0.7.

HEADQUARTERS
UTAH GENERAL DISTRIBUTION DEPOT
U. S. ARMY
OGDEN, UTAH

2 September 1948
(Date)

UNPAID CLAIM AGAINST UNITED STATES GOVERNMENT
(Ref: Return of WW II Dead - Auth: AR 30-1830)

Travel was authorized at Government responsibility to

William Flintoft, Issaquah, Washington for transportation
(Funeral Director or Consignee)

293 of remains of BASKETT, Robert C. Sgt. 19193437
(Name of Deceased) (Rank) (ASN)

Disinterment Directive No. 3508 00271 from

Seattle, Washington to Issaquah, Washington

for which claim has not as yet been submitted to this Distribution
Center for settlement.

Doris Jensen
Doris Jensen
Clerk, 1194 (Outgoing)

Steven F. Capasso
STEVEN F. CAPASSO
Major, QMC
Chief, AGR Division

*See 293 How (Disci)
9/7/48*

CERTIFICATE

(AR 30-1830)

WW II
 C. G. GEALTA
 Col., F.D., F.O.U.S.A.
 Utah Gen. Dist. Depot
 Ogden, Utah
 212,017

1. **FILL IN EITHER PART A OR PART B; NOT BOTH.**
2. **USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.**
3. **USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.**

JUN 1948
 Sta. 268

PART A - CIVILIAN OR PRIVATE CEMETERY

A	REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)		
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
BASKETT ROBERT C.	SCT.	19193437	USAGP
I certify that the sum of \$ <u>75.00</u> was paid by me from 1948 personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.			
INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE	
HILLSIDE CEMETERY,	ISSAQUAH,	W.N.	
INSTRUCTIONS TO PERSON SIGNING THIS FORM	SIGNATURE OF CLAIMANT		
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: CHIEF, A.G.R.D. UTAH GENERAL DIST. DEPOT OGDEN, UTAH	<i>Mazie Reba Baskett</i> ADDRESS OF CLAIMANT (City, Street or RFD, and State) 320 GARDEN ST. RENTON, W.N.		
	RELATIONSHIP TO DECEDENT	DATE	
	MOTHER	3 JUNE, 1948	

PART B - NATIONAL OR POST CEMETERY

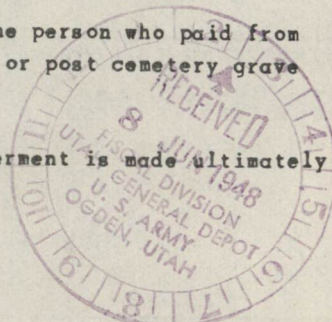
B	REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES (PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)		
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places: NOT APPLICABLE			
INSERT CITY OR TOWN FOR ADDRESS NOT IN A CITY OR TOWN FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED		
INSTRUCTIONS TO PERSON SIGNING THIS FORM	SIGNATURE OF CLAIMANT		
1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:	ADDRESS OF CLAIMANT (City, Street or RFD, and State)		
	RELATIONSHIP TO DECEDENT	DATE	

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.
2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.
3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.
4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2, below.
2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.
3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.
4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.



REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 15 September 1947

Sgt. Robert C. Baskett, 19 193 437
Plot Y, Row 4, Grave 61,
United States Military Cemetery
Blosville, France

15 September 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, MAZIE REBA BASKETT (Please indicate relationship to the deceased by placing an "X" in the proper box.)
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

100 Bras 17 Feb 48
Coded 20 Nov 47 Benoit

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

NOV 14

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

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

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

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

FULL NAME OF FUNERAL DIRECTOR			
WILKIAM FLINTOFT			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
—	14 ISSAQUAH KING		WASH
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
RENTON	ISSAQUAH	6	

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
HARRINGTON	EVERETT	F.	UNCLE
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
—	ISSAQUAH	KING	WASH.

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

X

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.

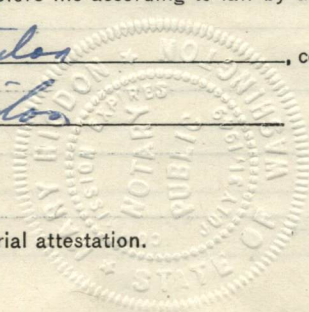
I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Mazie Reba Baskett (SIGNATURE OF NEXT OF KIN) 350 GARDEN AVE (STREET AND NUMBER)
 MAZIE REBA BASKETT (NAME PRINTED OR TYPED) RENTON, WASHINGTON (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 21 day of October,

1947, at city (or town) of Renton, county of King, and State (or Territory or

District) of Washington



Mary Hughes (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public (OFFICIAL TITLE)

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

PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

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

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN) _____ (STREET AND NUMBER)

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

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

_____ (DATE)

_____ (SIGNATURE) _____ (STREET AND NUMBER)

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



MEMORIAL DIVISION
OCT 29 11 59 PM '47
RECORDS BRANCH

293 Baskett, Robert C 19193437

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 8
Registrar's No. 203

1. PLACE OF DEATH: King
(a) County King
(b) City or town Benton
(If outside city or town limits, write RURAL.)
(c) Name of hospital or institution: Bronson Memorial Hosp
(If not in hospital or institution write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community (Years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Wash (b) County King
(c) City or town Benton
(If outside city or town limits, write RURAL.)
(d) Street No. 210 Williams St
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) FULL NAME Calvin M. Baskett
(b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? _____ Name of organization in which such service was rendered _____ Rank _____ Period of service _____
(c) Social Security Number _____

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced married
6(b) Name of husband or wife in ages 6(c) Age of husband or wife if alive 38 years
7. Birth date of deceased March 23 1903
(Month) (Day) (Year)
8. AGE: Years 41 Months 9 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Seattle Wn
(City, town or county) (State or foreign country)
10. Usual occupation plant superintendent
11. Industry or business rice manufacturing co
12. Name Montraville Baskett
13. Birthplace V. S. A.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Reaga
15. Birthplace V. S. A.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mozie B Baskett
(b) Address Issaquah Wn
17. (a) removal (b) Date thereof Jan 2 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Issaquah Wn
18. (a) Signature of funeral director J. H. Hight
(b) Address Issaquah Wn
(c) Date received local registrar Jan 10-45 (b) W. C. L. Dixon (Registrar's signature) (Date)

20. Date of death: Month Jan day 2 year 1945 hour 12 minute 55 a.m.
21. I hereby certify that I attended the deceased from 12-23, 1944 to 1-2, 1945; that I last saw him alive on 1-2, 1945 and that death occurred on the date and hour stated above. Duration _____
Immediate cause of death: Acute pulmonary edema 3 hrs.
lobar pneumonia 9 days
Due to 108
Other conditions Mitral stenosis Physician _____
(Include pregnancy within 3 months of death)
Major findings: _____ Underline the cause to which death should be charged statistically.
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____ (M. D. or other) _____

23. Signature W. C. L. Dixon (M. D. or other) _____
Address Issaquah Date signed 1-24

293 Baskett, Robert C. Sgt. 19193437

THIS IS TO CERTIFY, That the foregoing is a true copy (photographic) of a record on file in the Public Health Statistics Section, Washington State Department of Health, Seattle, Washington.



W. C. L. Dixon
State Registrar

By Lacey D. Wood Clerk Typist
Seattle, Wash. Oct. 16, 1947

13152



RECORDS BRANCH

Oct 29 11 59 PM '47

MEMORIAL DIVISION

DL

202
OQMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED

ROBERT C. BASKETT

RANK

SGT

SERIAL NUMBER

19 193 437

NAME OF NEXT OF KIN

MAZIE REBA BASKETT

RELATIONSHIP

MOTHER

OLD ADDRESS

210 WILLIAMS RENTON, WASH

NEW ADDRESS

350 GARDEN AVE., RENTON, WASH.

REMARKS

Mazie Reba Baskett ✓

NAH
File
10/22/47
JH

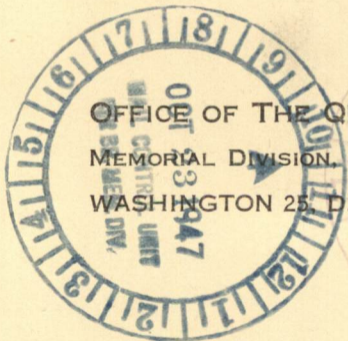
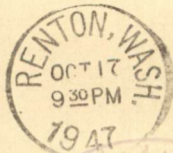
FORM OQMG 345 MILITARY WILL BE MAILED IN NEAR FUTURE. DELAY CAUSED BY NECESSITY OF PROCURING

DEATH CERTIFICATE OF DECEASED'S FATHER (NEXT OF KIN)

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

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300
(GPO)



OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION, R. R. BRANCH
WASHINGTON 25, D. C.

Sgt. Robert C. Baskett, 19 193 437
Plot Y, Row 4, Grave 61,
United States Military Cemetery
Blosville, France

15 September 1947

Mr. Calvin M. Baskett
210 Williams Street
Renton, Washington

Dear Mr. Baskett:

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

Incls.

SEP 18 2 05 PM '47
D. O. M. C.
U. S. RECORDS BRANCH

SPQYG 293
Baskett, Robert C.

1 April 1946

Mr. Calvin M. Baskett
210 Williams Street
Renton, Washington

Dear Mr. Baskett:

The War Department is most desirous that you be furnished the burial location of your son, the late Sergeant Robert C. Baskett, A.S.N. 19 193 437.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Blosville, France, plot Y, row 4, grave 61.

This cemetery is located approximately twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France, 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,

T. B. LARKIN
Major General
The Quartermaster General

mm

LMS

RESTRICTED
REPORT OF BURIAL

29348

16 OCT 1944

TM 10-630 AND AR 30-1815

31 July 1944

Date

293

Baskett

Robert

C.

~~Pvt~~ *Sgt*

19193437

Last Name

First

Initial

Rank

Serial No.

~~Unknown~~

Inf Regt

~~Unknown~~

193

Unit

Organization

France

~~Unknown~~ *15 Jul 44*

KTA

Place of Death

Date of Death

Cause of Death

~~31~~ 31 July 1944

Ellosville

~~FRANCE~~ France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

61

4

Y

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags
How were remains identified?

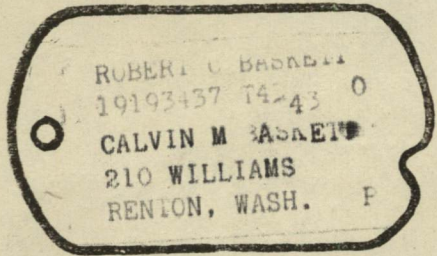
What means of identification were buried with the body?

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

Who is buried on:	Furciniti, G. A. 32943956	Unknown	Unknown	62	
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	NO GRAVE (BEGINNING OF ROW)				
Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.

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

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



Emergency Addressee _____ Name

_____ Address

Religion _____

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

- WALLET (2) Identif. cards
- Social Sec. Card 4 souvenir coins
- Drivers license
- wrist watch
- watch band
- ring

Signature of Officer or other person-reporting burial

F. A. GREENE
Capt., QMC

Verified by G.R.S. Officer

file
NOV 10 1944
SIC

inc #3

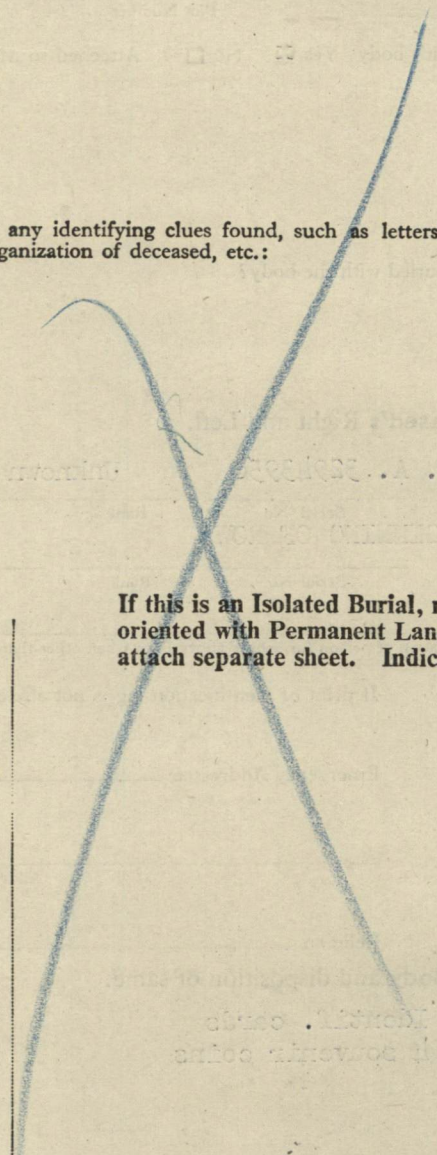
IF DECEASED UNIDENTIFIED

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.:



Left Hand

Right Hand

4

4

3

3

2

2

1

1

Thumb

Thumb

TOOTH CHART

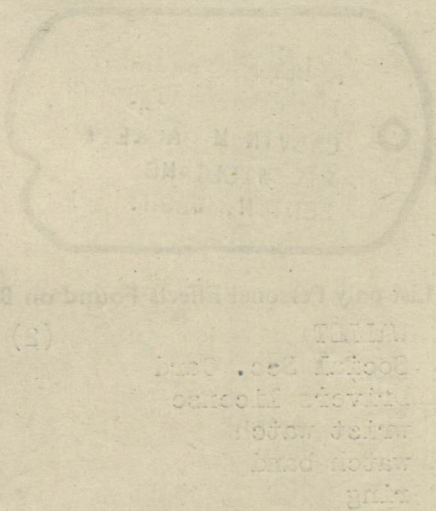
		Deceased's Left								Deceased's Right							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper																	
Lower																	

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

Characteristics: _____

Other Data: _____

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.



OMC FORM 1115

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

~~172051~~
149109

REPORT OF DEATH

DATE 12 August 1944

PMR 4627

FULL NAME <u>Baskett, Robert C.</u>		ARMY SERIAL NUMBER 19 193 437	GRADE Sgt.
HOME ADDRESS Renton, Washington		ARM OR SERVICE Infantry	DATE OF BIRTH 7 Apr 1925
PLACE OF DEATH European Area	CAUSE OF DEATH Killed In Action		DATE OF DEATH 15 Jul 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 19 Jun 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mr. Calvin M. Baskett, father, 210 Williams St., Renton, Washington			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mr. Calvin M. Baskett, father, 210 Williams St., Renton, Washington Mrs. Mazie R. Baskett, mother, same address.			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	
YES	NO	YES	NO
IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO
			X

ADDITIONAL DATA AND/OR STATEMENT



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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:
James W. Reinhardt
James W. Reinhardt
ADJUTANT GENERAL

17030

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

149109

-BATTLE CASUALTY REPORT

NAME BASKETT ROBERT C			SERIAL NUMBER 19193437		GRADE SGT	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE		DATE OF CASUALTY DAY MONTH YEAR 15 JUL 44		FLYING OR JUMPING STAT -	TYPE OF CASUALTY KIA	SHIPMENT NUMBER 142	

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 MR CALVIN M BASKETT	RELATIONSHIP FATHER	DATE NOTIFIED 4 AUGUST 1944 fmc
NO. AND NAME OF STREET—CITY—STATE 210 WILLIAMS STREET RENTON WASHINGTON		

REMARKS: EVIDENCE OF DEATH REC'D IN W D ON 4 AUGUST 1944 CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 43 AG 201 REQ *Aug 14*

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 *Walt Aug 14* REVIEWED BY

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" 38 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.



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

JRM:KD:wb ✓
April 28, 1945

IN REPLY REFER TO 149109 ✓

EW

Mrs. Mazie Reba Baskett ✓
210 Williams Street ✓
Renton, Washington ✓

Dear Mrs. Baskett: ✓

This acknowledges your letter of April 12
in connection with personal effects belonging to your
son, Staff Sergeant Robert C. Baskett. ✓

The Army Effects Bureau has received some
personal belongings of your son. These effects have
been forwarded and should reach you in the near future. ✓

I am returning the photo, letter and telegram
which you submitted. ✓

Yours very truly, ✓

HARRY NIEMIEC ✓
2nd Lt. Q.M.C.
Chief, Correspondence Branch

3 Incls--- ✓
Photo ✓
Letter
Telegram

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Calvin M. Baskett

210 Williams Street

Renton, Washington

Effects of:

Sgt. Robert C. Baskett

Name

19193437

ASN

149109 D

Case No.

Wt.

JRM:DW:po
DATE 11 April 1945

V. Russell
FOR: Effects Quartermaster

REMARKS:

- | | |
|---|--|
| <input type="checkbox"/> Inclose Bureau Check | <input type="checkbox"/> Remove G.I. |
| <input type="checkbox"/> Acct. No. _____ | <input type="checkbox"/> Note discrepancy in _____ |
| <input type="checkbox"/> Amount _____ | <input type="checkbox"/> Films removed |
| <input type="checkbox"/> Inclose "Valuables" item | <input type="checkbox"/> Diary removed |
| <input type="checkbox"/> Ship "Valuables" item(s) | <input type="checkbox"/> Laundry removed |

ROUTING:

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

REMARKS:

1 ypkg

Franked FRANKED
 Est. Exp. Chgs. _____
 Est. Prt. Chgs. _____
 No. of packages 1

APR 16 1945

BA
Shipping Clerk

SHEET	OF	SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED	4
BOX NUMBER	33	ORIGINAL NUMBER OF PACKAGES	1		MISSING.	
TALLY NUMBER	5811	INVENTORY DATE	2 Feb 1945	CASE NUMBER	149109	
EFFECTS OF	Robert Calvin Baskett			RANK	Pfc	
A.S.N.	19193437	ORGANIZATION				

PACKAGE DESCRIPTION

1 M49

CLOTHING	PERSONAL ITEMS	CONTAINERS
BELT	BRACELET, IDENTIFICATION	BAGS, CLOTH
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL
CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY) <i>u/c</i>
COATS	GLASSES	CASE,
FOOTWEAR, PR.	KNIVES	FOOTLOCKER
GLOVES, PR.	LIGHTERS	KIT, SEWING
HANDKERCHIEFS	MISC. INSIGNIA	KIT, TOILET
HEADWEAR	MISC. ITEMS	KIT, WRITING
JACKETS	PEN, FOUNTAIN	PAPERS AND MISC.
OVERCOATS	PENCIL, MECHANICAL	BOOKS
SCARFS	PIPES	BOOKS, ADDRESS
SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE
SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG
TIES	RINGS	DIARY (REMOVED FOR DURATION)
TOWELS	TOBACCO	FILMS
TROUSERS, PR.	TOILET ARTICLES	LETTERS
TRUNKS, PR.	WATCH <i>Heracles</i>	PAPERS, PERSONAL
UNDERWEAR	WINGS	PHOTOS
		SHOE SHINE ARTICLES
		SHORT SNORTER
		SOUVENIRS
		SOUVENIR MONEY <i>u/c</i>
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

W.P.

REMARKS:	ATTACHMENTS:	FORM #54	FORM #100
Home Address Renton, Wash.	19 R Label Inventory		

FEB 16 1945

C.A.T. Calvin M. Baskett 210 Williams St. Renton, Wash.	WEIGHT	GI REMOVED
WAREHOUSE SPACE 1993	DATE SHIPPED	SHORTAGE ON REVERSE
INVENTORIED BY Brewer	APR 16 1945	IDENT. TAGS REMOVED
PACKED BY <i>Huff</i>	CHECKED BY <i>Huff</i>	DIARY REMOVED
	#13 OR ADDITIONAL	LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

u/c

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

4-67
Serial No. 19193437 Name Robert C Bissett
Grade Pfc Rank
Organization
Address
Nearest Relative Calvin M. Bissett (Father)
Address 210 Williams St. Renton, Washington
Killed in Action Yes Died of Disease
Date 7/30/44 Hospital
Battle Area Information

Place of Burial Breville Cemetery France
Point of Coordination 364-934
Description of Body

Members Missing

Signed P. J. [Signature]

ROBERT C. BASKETT
19193437

Blossville Cemetery, 31 July 1944

INVENTORY OF EFFECTS

BASKETT ROBERT C. 19193437

Last Name) (First) (Mid. Init) (ASN)

Rate a Pvt Unknown
(Grade) (Organ or Arm of Service)

He died on the Unkn day of July 1944

- Wallet ✓
- Social Security Card ✓
- Drivers license ✓
- Wrist watch ✓
- Watch band ✓
- Ring ✓
- 2 Identification cards ✓
- 4 Souvenir coins ✓

I certify that the effects of Class I and those of Class II have been delivered to the _____ and that the funds have been delivered to the _____
~~_____~~

F. A. GREULICH
Capt., QMC

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

149109
Case No. 12 April 1945
Date _____

SUBJECT: Report of transaction in disposing of the effects of
Robert C. Baskett 19193437

_____ late a
(Name of deceased) (Army Serial Number)
Sergeant **Infantry**
_____ who died
(Grade) (Organization, Army or Service)
15 July **44 France**
on the _____ day of _____, 19____, at _____.

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.

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

c. Decedent owed undisputed local creditors the sum of \$ _____ 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 **7 April 1945**, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of **Calvin M. Baskett**

_____ 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 **Calvin M. Baskett** A.W. 112, _____ of

_____ (Name of person found entitled) of
210 Williams Street **Renton**
_____ (Number, Street or Avenue) _____ (City, Town or Village) State of
Washington **Father**
_____, is the _____ 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

✓ 149109

✓ ✓ JRM:DW:po
✓ April 12, 1945

✓ ✓ ✓
Mr. Calvin M. Baskett
210 Williams Street
Renton, Washington

Dear Mr. Baskett:

The Army Effects Bureau has received from overseas some personal effects of your son, Sergeant Robert C. Baskett.

These effects are being forwarded to you in one package.

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

The action of 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,

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

4
65

April 13, 1945.

File my

Army Effects Bureau,
601 Hardesty Ave.,
Kansas City, Missouri.

IMMEDIATE ACTION

Attention: Mr. F. A. Eckhardt.

In reply to 149109.

Enclose please find snap shot, personal letter he wrote home and the telegram telling us of his death.

He was not married, he did not leave a will to my knowledge. His Father passed away Jan. 2, 1945 leaving me, Mazie Reba Baskett, his Mother sole survivor to receive all personal properties.

Please return picture, letter and telegram.

Yours truly,

Mazie Reba Baskett

Mazie Reba Baskett.

210 Williams St.,
Renton, Washington

APR 1 1945

APR 1 1945

WAR DEPARTMENT
ARMY EFFECTS BUREAU
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

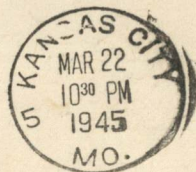
OFFICIAL BUSINESS

RETURN TO WRITER
REASON FOR NON-DELIVERY CHECKED

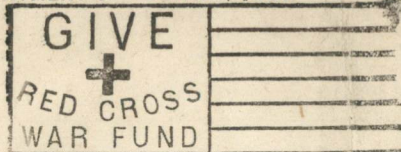
Unclaimed.....	Unknown.....
Moved, Left no address.....	For better address.....
No such post office in state names.....	Refused.....

Mr. Calvin M. Baskett
210 Williams Street
Benton, Washington

MISSSENT TO BENTON CITY, WASH.



PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300



BEN.
MAR
26
1945
WASH.



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

(S-4-22-45)

JRM:MD:sc

March 22, 1945

IN REPLY REFER TO 149109

Mr. Calvin M. Baskett
210 Williams Street
Benton, Washington

Dear Mr. Baskett:

The Army Effects Bureau has received from overseas some personal property consisting of a few items, which belonged to your son, Sergeant Robert C. Baskett.

To make proper disposition of this property it is necessary that we have certain information regarding your son's family. I would like to know whether he was married and, if so, the name and address of his widow.

If your son left a Will which has been probated, please furnish the original or a certified copy of the Letters Testamentary. Any papers submitted will be returned to you as soon as possible.

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

Sincerely yours,

Harry Niemiec

HARRY NIEMIEC
2nd Lt., Q.M.C.

Chief, Correspondence Branch

1 Incl--Envelope

WAR DEPARTMENT
ARMY EFFECTS BUREAU
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

ARMY EFFECTS BUREAU
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IMMEDIATE ACTION

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

149109
Case No. 12 April 1945
Date _____

SUBJECT: Report of transaction in disposing of the effects of
Robert C. Baskett 19193437

_____ late a
(Name of deceased) _____ (Army Serial Number)
Sergeant **Infantry**
_____ who died
(Grade) _____ (Organization, Army or Service)
15 **July** **44** **France**
on the _____ day of _____, 19____, at _____.

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

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Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, **Calvin M. Baskett** of _____ (Name of person found entitled) _____ of _____ (Number, Street or Avenue) _____ (City, Town or Village) _____ State of _____ is the **Father** (Relationship or Capacity) of the

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