

RECEIPT OF REMAINS
DAY LETTER

DISTRIBUTION CENTER AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILLINOIS

HEALY UNDERTAKING COMPANY
332 DOWNER PLACE
AURORA, ILLINOIS

ROUTINE

REMAINS CONSIGNED TO:

REMAINS OF THE LATE CPL. ELWYN HOLDIMAN
BY GOVERNMENT HEARSE
WILL BE DELIVERED TO YOU/ON MON. 13 DEC. 1948 AT APPROXIMATELY 1:30 PM
ACCOMPANIED BY MILITARY ESCORT. REQUEST YOU IMMEDIATELY INFORM THE NEXT OF
KIN AND THAT YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS UPON DELIVERY. REFER
TO CONTROL NUMBER 11968

R. D. BLANKENHORN
LT. COL. QMC

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

THIS 13 DAY OF Dec. 1948
DAY MONTH

M/Colt R. Dempsey
WITNESS (Escort)

Healy Undertaking Co EFBund Pass
CONSIGNEE

REV. 18A

NAT

FILE

RECORDS ANNOTATED

DATE FEB 7 1949

NAME Dickson

R & R BR.

DEC 9 1948

DJH

QMC FORM 15 NOV 46 1193

DISINTERMENT DIRECTIVE

70-50

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 4650 07514		DATE 15 04 48 DAY MONTH YEAR		
NAME HOLDIMAN ELWYN			SERIAL NUMBER 36313921		RANK CPL	ARM 1	DATE OF DEATH DAY MONTH YEAR	
CEMETERY MARGRATEN - AACHEN						1	DISPOSITION OF REMAINS 6100 08 CODE DIST. PT.	
PLOT KKK	ROW 11	GRAVE 273	COUNTRY HOLLAND			CAUSE OF DEATH 1		

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE HEALY UNDERTAKING COMPANY 332 DOWNER PLACE AURORA, ILLINOIS				NAME AND ADDRESS OF NEXT OF KIN MRS. HAZEL HOLDIMAN (MOTHER) RURAL DELIVERY #2, BOX #175 AURORA, ILLINOIS			
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME ELWYN HOLDIMAN		SERIAL NUMBER 36313921		RANK CPL	DATE OF DEATH		DATE DISTINTERRED 11 AUGUST 1948	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION USAGF			RELIGION P	IDENTIFICATION VERIFIED BY CLYDE B. SPINKS, CAPT., FA., NAME AND TITLE			

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM		CONDITION OF REMAINS L/FIBULAMISSING, LOWER 1/3 OF LEFT TIBIA MISSING. ADVANCED STAGE OF DECOMPO- SITION.					
OTHER MEANS OF IDENTIFICATION NONE							
MINOR DISCREPANCIES 1 NONE							

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX							
DATE 13 AUGUST 1948		BY JACK B. WALL, EMBALMER					
CASKET SEALED BY JOHN A. BRICKLEY, EMB. SUPV.				EMBALMER (Signature) John A. Brickley JOHN A. BRICKLEY, EMB. SURV.			
CASKET BOXED AND MARKED ORVILLE W. BILLINGS DATE 23/9/48 BY CLERK RECORDER				SHIPPING ADDRESS VERIFIED BY ALL TAGS, PLATES & MARKINGS VERIFIED BY F. M. MAC DONALD, CAPT., QMC.			

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

Edward H. Day
EDWARD H. DAY, CAPT., CAV.,
SIGNATURE OF GR5 INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC MARGRATEN HOLLAND		TO ANTWERP PORT - PIER 140	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER S/SGT EDWARD M KNOLL RA 12039880	
SIGNATURE OF SHIPPER <i>[Signature]</i> 1/LT INV. 01327166	DATE 9/9/48	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 10 SEP 1948

2. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USAT CARROLL VICTORY	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER K. W. WHEREOTT, CAPT. T. C.	
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE 29 OCT. 1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 29 OCT. 1948

3. SHIPPED

FROM ROME		TO NY PE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> W. W. PREISCH	DATE NOV 16 1948

4. SHIPPED

FROM NY PE		TO PORT TRANSPORTATION OFFICER	
KIND OF CONVEYANCE Train		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER W. W. PREISCH	DATE 18 Nov 48	SIGNATURE OF RECEIVER <i>[Signature]</i> N. C. Jones; for: L. A. BOCKSTAHER	DATE NOV 22 1948

5. SHIPPED

FROM PORT TRANSPORTATION OFFICER		TO Chief, Operations Co.	
KIND OF CONVEYANCE ALBORA' IGGINOIS		NAME OF CONVOYER ALBORA' IGGINOIS	
SIGNATURE OF SHIPPER HEAVY UNDERTAKING COMPANY	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	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

INSPECTION CHECKLIST

NAME Holdiman, Elwyn	RANK Cpl.	SERIAL NUMBER 36313921
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NEXT OF KIN	ADDRESS
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SHIPPING CASE - General Appearance <i>(Check ONLY Discrepancies)</i>	CONDITION OF SHIPPING CASE <i>(Check One)</i> <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH <i>(Exterior)</i>	REMARKS
FINISH <i>(Interior)</i>	
HANDLES	
HANDLE BOLTS	
STENCILING - NAMEPLATE	
	INSPECTED BY: <i>J. W. Malinowski</i>

CASKET - General Appearance <i>(Check ONLY Discrepancies)</i>	CONDITION OF CASKET <i>(Check One)</i> <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH <i>(Exterior)</i>	REMARKS <i>Base head end } scratched</i>
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
CAM LOCKS <i>(Sealing)</i>	
ODOR OR MOISTURE	
	INSPECTED BY:

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"/> <i>Touched up Hall</i>
NECESSARY DISINFECTION <i>(Explain)</i>	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
	REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME <i>1340</i>	DATE <i>12/10/48</i>	SIGNATURE OF INSPECTING OFFICER <i>RS Crum</i>
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REMARKS

STORAGE LOCATION				PASS. LIST NUMBER 020
FLOOR	SECTION	BAY	STORAGE NUMBER <i>142</i>	

STAMP INCOMING OR OUTGOING INSPECTION OUTGOING	CONTROL NUMBER 11968
---	--------------------------------

RECEIVED
SIGNAL CENTER
Nov 26 2 26 PM '48

WU A049 21/20 GOVT COLLECT

AURORA ILL NOV 26 1948 111P

R W BENNETT

LT COL QMC CHIEF AGR DIV

DELIVERY REMAINS CPL ELWYN HOLIMAN CONTROL #11968 TO HEALY
UNDERTAKING CO PER TELEGRAM OF NOV 10 ORIGINAL INSTRUCTIONS OK
MRS HAZEL HOLDIMAN

225P.

#11968 10.. CLR..

✓
File
G.M.

MISS TO** CFB**



5526*

MRS HAZEL HOGDINAM

UNDERSTANDING CO PER TELEGRAM OF NOV 10 ORIGINAL INSTRUCTIONS OK
DELETED REMAINS BY ELMAN HOGDINAM CONTROL MISS TO HEAD
FI COG OMC CHIEF VCB DIA

R W BENNETT

ANSWER 117 NOV 26 1948 1116

NO ANSWER TO YOU COLLECT

NOV 26 5 36 PM '48
RECEIVED
CHICAGO

RWB/MS

HOLDIMAN, ELWYN
CPL

24 NOVEMBER 1948

MRS. HAZEL HOLDIMAN
RURAL FREE DELIVERY #2, Box 175
AURORA, ILLINOIS

DEAR MRS. HOLDIMAN:

INCLOSED IS A COPY OF TELEGRAM DISPATCHED TO YOU FROM THIS OFFICE ON NOVEMBER 10, 1948. TO THIS DATE WE HAVE RECEIVED NO REPLY FROM YOU CONFIRMING INSTRUCTIONS IN REGARD TO FINAL BURIAL OF CPL. ELWYN HOLDIMAN.

IT IS REQUESTED THAT YOU IMMEDIATELY CONFIRM OR SUBMIT NEW DELIVERY INSTRUCTIONS BY TELEGRAM COLLECT TO THIS OFFICE. REFER TO CONTROL NUMBER 11968 AND NAME OF DECEASED.

SINCERELY YOURS,

R. W. BENNETT,
LT. COL., QMC
CHIEF, AGR DIV.

1 INCL: Cy TELEG TO
NEXT OF KIN.

FILE

36313921

MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE DAY LETTER	TRANSMISSION INSTRUCTIONS		ORIGINATOR
ACTION		INFORMATION		EXEMPT	OPERATING SIGNALS
					GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT 18 19 W. PERSHING RD., CHICAGO, ILL.			SECURITY CLASSIFICATION		
ACTION TO:			PRECEDENCE FOR		
<ul style="list-style-type: none"> • MRS. HAZEL HOLDIMAN • RURAL FREE DELIVERY #2, BOX 175 • AURORA, ILLINOIS 			ACTION INFORMATION <input type="checkbox"/> ORIGINAL MESSAGE REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
INFORMATION TO:					
<p>WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE CPL. ELWYN HOLDIMAN</p> <p>ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO HEALY UNDERTAKING COMPANY, 332 DOWNER PLACE, AURORA, ILLINOIS.</p> <p>WITHIN 48 HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT AGRD 18 19 WEST PERSHING ROAD CHICAGO ILLINOIS. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF 48 HOURS. WHILE DELIVERY OF REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF THE DATE AND APPROXIMATE HOUR REMAINS WILL BE DELIVERED TO HIM. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS WHEN THEY ARE DELIVERED TO HIM. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IN TELEGRAM REPLY REFER TO CONTROL</p>					
NUMBER	11968	AND FULL NAME OF DECEASED.			
WESTERN UNION			REV. 4A-1		
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL			OFFICIAL TITLE		
<i>no reply 11/18/48</i> <i>no Extra 11/23</i>			THOS. O. CALL Major, QMC Chief Adm. Br. A. G. R. D.		
DATE-TIME GROUP			PAGE		
NOV 10 1948			OF		

CERTIFICATE

(AR 30-1830)

CONTROL NO. 11968
 OFFICE OF
 QUARTERMASTER GENERAL, WASHINGTON 25, D. C.
 ATTN: HDQRS., A. G. R. S.

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.

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 HOLDIMAN, ELWYN	GRADE CPL.	SERIAL NUMBER 56313921	COMPONENT U.S. ARMY
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I certify that the sum of \$ 180.⁰⁰ was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

CLAIM VALID REPATRIATION 1-12-49 E. J. H.

INSERT NAME OF CEMETERY Lincoln Highway	CITY OR COUNTY Rendall co Aswego Twp	STATE Ill 12/15/48
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: AGR DIVISION, CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL.	SIGNATURE OF CLAIMANT MRS. HAZEL HOLDIMAN <i>Mrs. Hazel Holdiman</i>	
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) RURAL DELIVERY #2, Box #175, Aurora, Ill.	
	RELATIONSHIP TO DECEDENT MOTHER	DATE 12/15/48

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
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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:

INSERT CITY OR TOWN (OR 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 10244
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILLINOIS	SIGNATURE OF CLAIMANT LT. COL. F. D. BOYEL <i>F. D. BOYEL</i>
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) ACCOUNTS OF F. D. BOYEL
	RELATIONSHIP TO DECEDENT LT. COL. F. D. BOYEL

FORM 1236

REPLACES WD AGO FORM R-5507, OMC FORM R-5048 AND OMC FORM R-5066, WHICH ARE OBSOLETE.

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.

STATE: *Ill* CITY OR COUNTY: *Chicago* NAME OF CEMETERY: *Lincoln*

DATE: *12/2/48* SIGNATURE OF CLAIMANT: *[Signature]* INSTRUCTIONS TO PERSON SIGNING THIS FORM: *[Signature]*

ADDRESS OF CLAIMANT (Call, Street or RFD, and State): *[Address]* RETURN FOUR COPIES TO: *[Address]*

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.

NAME OF DECEDENT: *[Name]* GRADE: *[Grade]* RELATIONSHIP TO DECEDENT: *[Relationship]* DATE: *[Date]*

RECEIVED: *[Stamp]* RECEIVED: *[Stamp]*

AGY BLDG. CHICAGO QUARTERMASTER DEPOT. 1812 N. FERRIS ST., CHICAGO, ILLINOIS

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

333
3/18/48
msd

Cpl Elwyn Holdiman, 36 313 921
Plot KKK, Row 11, Grave 273,
United States Military Cemetery
Margraten, Holland

5 December 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, MRS HAZEL HOLDIMAN (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
LINCOLN HIGHWAY CEMETERY AURORA, ILLINOIS.
(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 _____
(FOREIGN COUNTRY) (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

DD Processed 10 may 48 ame

CODED 29 apr 48

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

10 APR 1948

M Hitt

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 HEALY UNDERTAKING CO.,			
NUMBER AND STREET 332 DOWNER PLACE	CITY OR TOWN AURORA 08	COUNTY OR PROVINCE KANE	STATE OR TERRITORY OF U. S. A., OR COUNTRY ILLINOIS.
EXPRESS OFFICE (Nearest railroad passenger station) C.B. & Q. RY	TELEGRAPH ADDRESS AURORA, ILLINOIS	TELEPHONE No. 9291	

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 ALBERT HOLDIMAN	FIRST NAME ALBERT	MIDDLE INITIAL J	RELATIONSHIP TO DECEASED FATHER
NUMBER AND STREET RD#2 BOX 175	CITY OR TOWN AURORA	COUNTY OR PROVINCE KANE	STATE OR TERRITORY OF U. S. A., OR COUNTRY ILLINOIS.

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.

Mrs Hazel Holdiman
(SIGNATURE OF NEXT OF KIN)
MRS HAZEL HOLDIMAN
(NAME PRINTED OR TYPED)

RD#2 BOX #175
(STREET AND NUMBER)
AURORA ILLINOIS.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 6 day of January, 1948, at city (or town) of Aurora, county of Kane, and State (or Territory or District) of Illinois

W. E. Williams
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
State Service Officer
(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 _____, (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)	(DATE)
(NAME PRINTED OR TYPED)	(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.

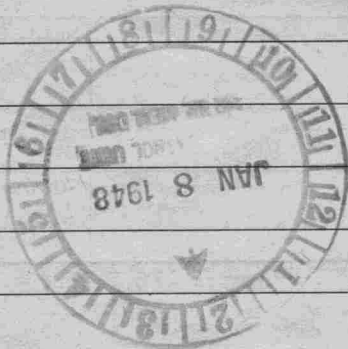
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

(SIGNATURE)	(DATE)
(NAME PRINTED OR TYPED)	(STREET AND NUMBER)
	(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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



RRE Form #39
13 Jul 48

70

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

Jm

HOLDIMAN	Elwyn		CPL	36313921
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

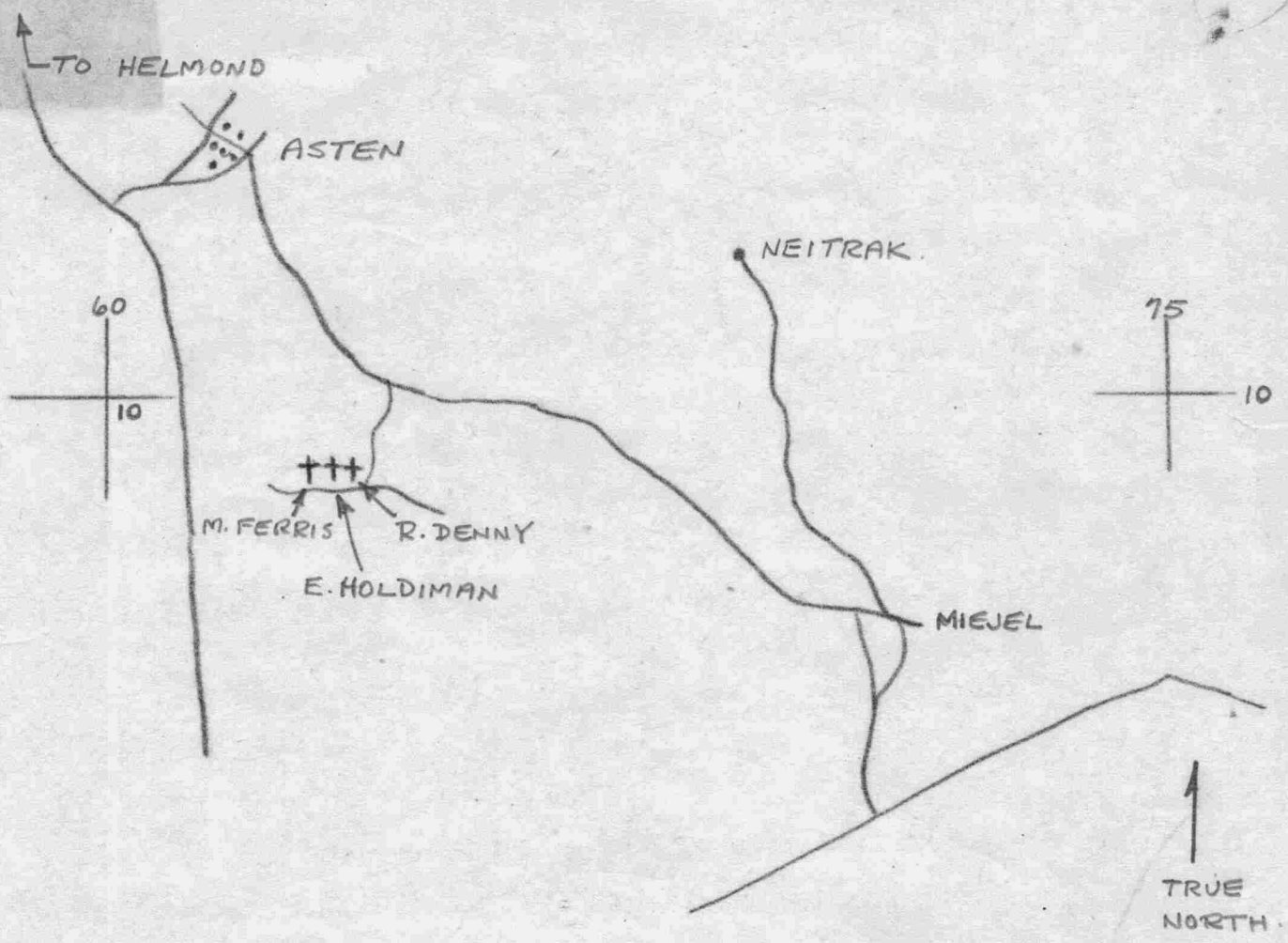
870. NOV-9 / 6-NOV-48

Repatriated to the United States: _____

STATION FILE

Incl #

W 84



BELGIUM N.E. FRANCE 1:100000
 MAESEYCK SHEET 4 1ST EDITION
 GRID COORD
 635-098

Cpl Elwyn Holdiman, 36 313 921
Plot ~~HHK~~, Row 11, Grave 273,
United States Military Cemetery
Margraten, Holland

5 December 1947

Mr. Albert Holdiman
Rural Free Delivery #3
Aurora, Illinois

Dear Mr. Holdiman:

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. 6

DEC 10 10 22 AM
O. D. M. G.
MAIL & RECORDS BRANCH

mew

18 November 1946

Mr. Albert Holdiman
Rural Free Delivery #3
Aurora, Illinois

Dear Mr. Holdiman:

W
The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Corporal Elvyn Holdiman, A.S.N. 36 313 921.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot KKK, row 11, grave 273. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

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

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

Nov 18 3 50 PM '46
Lcd
O-D-M-C
MAIL & RECORDS BRANCH

C O P Y

HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA

WBM/RVC/jes

APO 887

AGRRE 293.9 (IB)

8 February 1946

SUBJECT: Isolated Burials

TO : The Quartermaster General, Washington 25, D. C.

1. Reference is made to letter, your Office, SPQYG-293, Goers, Leo W., S.N. 37174737, subject, "Report of Burial ", dated 4 January 1946.

2. Information was received from the British Government that upon one of its Army organizations moving into the area where T/4 Goers was reported MIA, they discovered a burnt-out Sherman tank (3082237) with remains of four (4) thereat. Three were buried by this organization and the fourth, according to the report, was left in the tank.

3. An inquiry was made to the British Government as to the exact circumstances of burial, and as to whether the fourth person was recovered from tank, and if so, where he was buried.

4. A reply was received from British Army Chaplain, A. I. Dunlop from which the following is extracted:

"I have not been to the location of this particular one which is clearly recorded in my return as beside a track in the middle of a peat bog.

Ferris's body was about (2) twenty yards from the tank and was unburned. (Note: Pvt. Michael Ferris, 33601604, Cannoneer).

Another body was burned very badly, and was lying about (2) two yards from the tank - quite unidentified. (Note: 2nd Lt. Robert W. Denny, 01996426, tank Commander, identification tags).

A third was below the left hand front seat of the Sherman. All that was left I lifted out easily-again quite unidentified. (Note: Cpl Elwyn Holdiman, 36313921, Gunner, identification tags).

- 1 -

C O P Y

293 293, Holdiman, Elwyn, SN ~~362~~ 36313921

*Fisher
7 Mar 46
JOT*

C O P Y

The fourth was behind this last man and was so burnt that it was difficult to decide that the remains of a human being lay in the corner among the metal. If failed to remove it". (Note: Undoubtly Tec 4 Leo W. Goers who would ordinarily be in this position as tank driver, and is the only member of crew not accounted for.)

5. For your information the fifth member of the crew Pvt Frank F. Velus, 36903476, Light machine gunner escaped from the tank.

6. After further inquiries, a report was received from the British Second Army, giving the location of the three graves, and stating, "The burned-out Sherman with the fourth body inside it has been removed."

7. Information is not available at this time as to when and who removed the tank, but investigations are being conducted and your Office will be notified if tank or remains are discovered.

FOR THE COMMANDING GENERAL:

/s/ V. J. Blondell
V. J. BLONDELL
Lt. Col., A. G. D.
Adjutant General

C O P Y

784

REPORT OF INVESTIGATION AREA SEARCHING
To be completely filled out and attached to each copy of
GR Form 1, "Report of Burial" when disinterment is accomplished.

1. Elwyn Holdiman Cpl 36313921 17th Tank Bn
(Full name of deceased) (Rank) (ASN) (Organization)

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

3. Give exact location from which disinterred, furnishing coordinates and map series used
Map Ref: Belgium N.E. France 1/100,000 Sheet 4, Grid Coord: VE 635098 Maeseck.

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

4. Full name of cemetery (include plot, row and grave if organized cemetery)
Remains found in isolated burial.

5. Approximate or established date of death (state which and give basis for date selected)
KIA OCT/NOV 44. See reference: Case Record #784.

6. Approximate or established date of burial (give basis for date established)
Not determined.

7. Manner in which grave was marked and all information contained on the marker
Marking on cross: "Unknown American soldier K/A OCT/NOV 44."
Wording on metal strip on cross.

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned
No personal effects were recovered for deceased.

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)
Gerardus Jonsken Meilesweg 41, Asten, Holland ~~and J. Vink~~ furnished information as to the isolated graves being near their homes in the locality. He did not know who prepared the burials.

10. If buried in a coffin, give description and markings
Deceased was not buried in coffin, but in own clothing.

11. Action taken Deceased disinterred and evacuated to US Mil Cem, Margraten, Holland by Hq 3060th QM Gr Reg Co, APO 562 US Army
Disinterment approved by HQ GR REG SERV COMD, USFET APO 887 US Army
Disinterment and *reburial/burial made by
Date of *burial/reburial 13 Sept 1945
Place of *burial/reburial US Military Cemetery, Margraten, Holland by 603d QM Gr Plot KKK Row 11 Grave 273 Reg Co, APO 562 US Army

NOTE: Additional particulars regarding investigation will be placed on reverse side.
Register No: 784
(Holland)

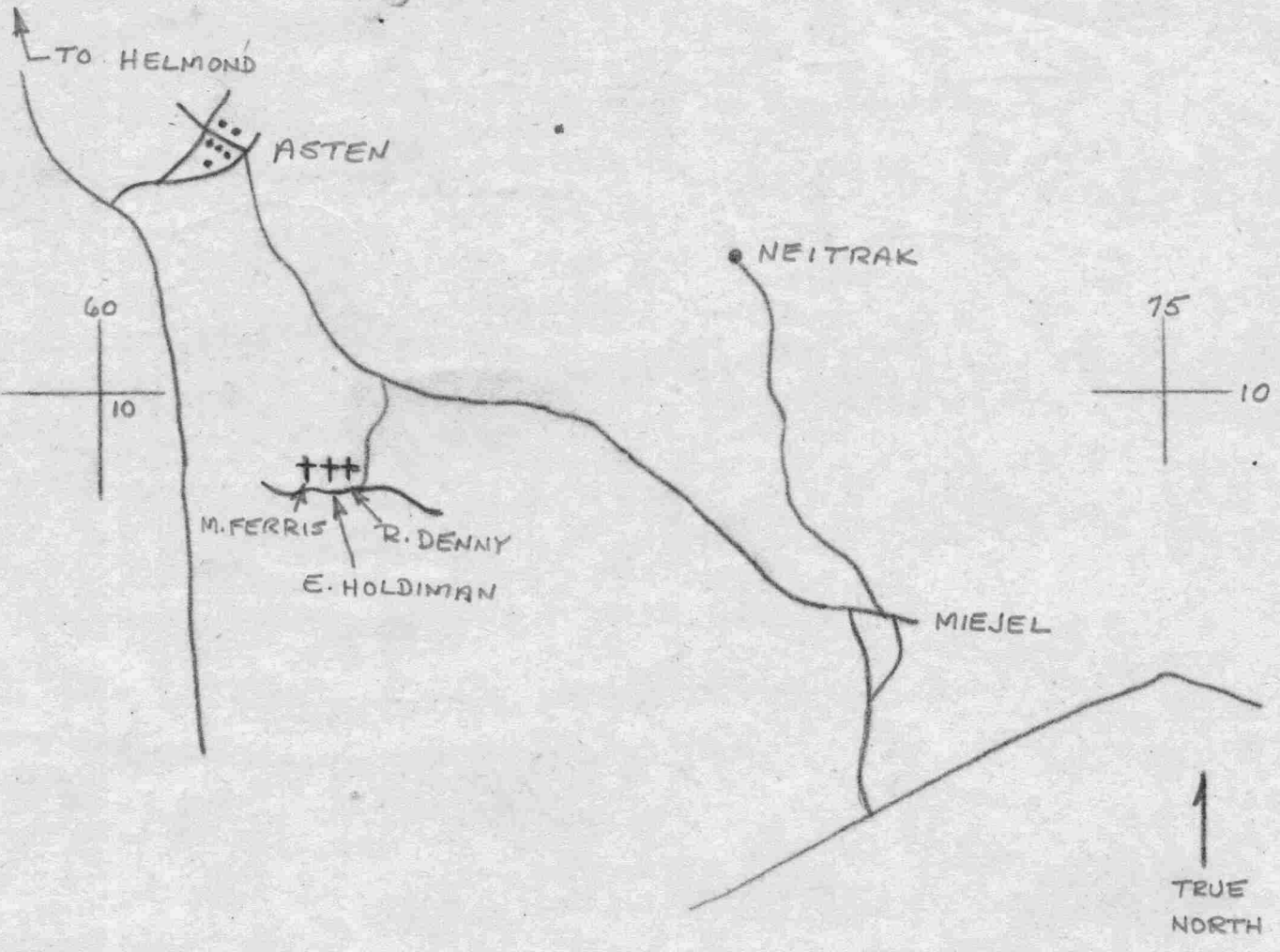
Near [Signature]
Signature of Investigating Officer
N. F. RAKER
1st Lt, QMC
Rank ASN

FILED
FEB 1 1946

*Cross out word not applicable

Included

78



BELGIUM N.E. FRANCE 1:100000
 MAESEYCK SHEET 4 1ST EDITION
 GRID. COORD.
 635-098

FILE
 FEB 1 1946
ln

REPORT OF BURIAL

13 September 1945

TM 10-630 AND AR 30-1815

Holdiman, Elwyn

Date 36313921

Last Name

First 17 Tank Bn Initial Rank

Serial No.

Unit

Vic Asten, Holland

29 Oct/Nov 1944

KIA

Place of Death

Date of Death

Cause of Death

0900 13 Sept 1945 273

U.S. Mil. Cemetery, Margraten, Hol.

VK 645482

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

Grave Number

Row Number

Plot Number

Type of Marker

Cross

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

If No Identification Tags How were remains identified?

REBURIAL

What means of identification were buried with the body?

Previously buried in isolated grave located at VE 635098, Holland

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

Who is buried on:

Connard, 0-1185398

272

Deceased's Right:

Howard, 32042510

274

Deceased's Left:

Name Serial No. Rank Organization Grave No.

Grave No.

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

ELWYN HOLDIMAN
36313921 T42+43
MRS E HOLDIMAN
RFD 1
AURORA ILL

Emergency Addressee

Name

Address

Religion Prot.

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

None found

Evacuated by 3060 QM Gr. Reg. Co.

Cleon E. Wells

CLEON E. WELLS, 1st Lt., QM Co.
603rd QM Gr. Reg. Co.

Verified by G.R.S. Officer

Case # 784 (Holland)
Formerly Unknown T-736

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FILED
SEP 9 1945

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

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

- Height: _____
- Weight: _____
- Color of Eyes: _____
- Color of Hair: _____
- Race: _____
- Laundry Marks: _____
- Number of Rifle: _____
- Wear Glasses? Yes No
- Is Tooth Chart Attached? Yes 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 Attached to Marker Yes No How were remains identified? _____

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

Date

Serial No.

Case of Death

Location of Burial

Type of Marker

Attached to Marker Yes No

Disposition of Identification Tags

How were remains identified?

What means of identification were used?

Who is buried on:

Deceased's Right:

Deceased's Left:

Name

Serial No.

Rank

Organization

Grave No.

Grave No.

Graves Registration Form No. 1 (Revised 5 Sept. 1948)

Last Name

Place of Death

Time and Date of Burial

Grave Number

Left Hand

Right Hand

Thumb

Thumb

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

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

Characteristics: _____

Other Data: _____

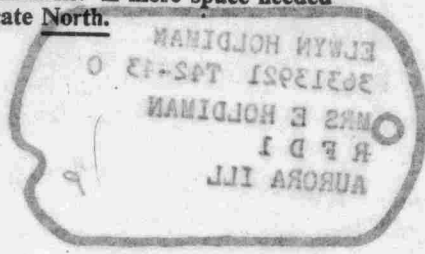
Signature of Officer or other person reporting: _____

Name: _____

Address: _____

Emergency Address: _____

Religion: _____



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

Women found _____

Formerly known as _____

Case # 784 (Holland)

AG-P-BR HQ 805 696/22560

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

REPORT OF DEATH

DATE 15 Mar 45

FULL NAME Holdiman, Elwyn		ARMY SERIAL NUMBER 36 313 921	GRADE gw Cpl
HOME ADDRESS Oswego, Ill.		ARM OR SERVICE Infantry	DATE OF BIRTH 22 Jan 20
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 29 Oct 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 26 Jan 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Hazel Holdiman (Mother) Route 2, Corner Montgomery and Joliet Roads, Aurora, Ill.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Hazel Holdiman (Mother) Same as above. Albert Holdiman (Father) R.F.D. #3 Aurora, Ill.			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

The individual named in this report of death is held by the war Department to have been in a missing in action status from 29 Oct 44 until such absence was terminated on 10 Mar 45, when evidence considered sufficient to establish the fact of death was received by the secretary of war from a commander in the European Area.

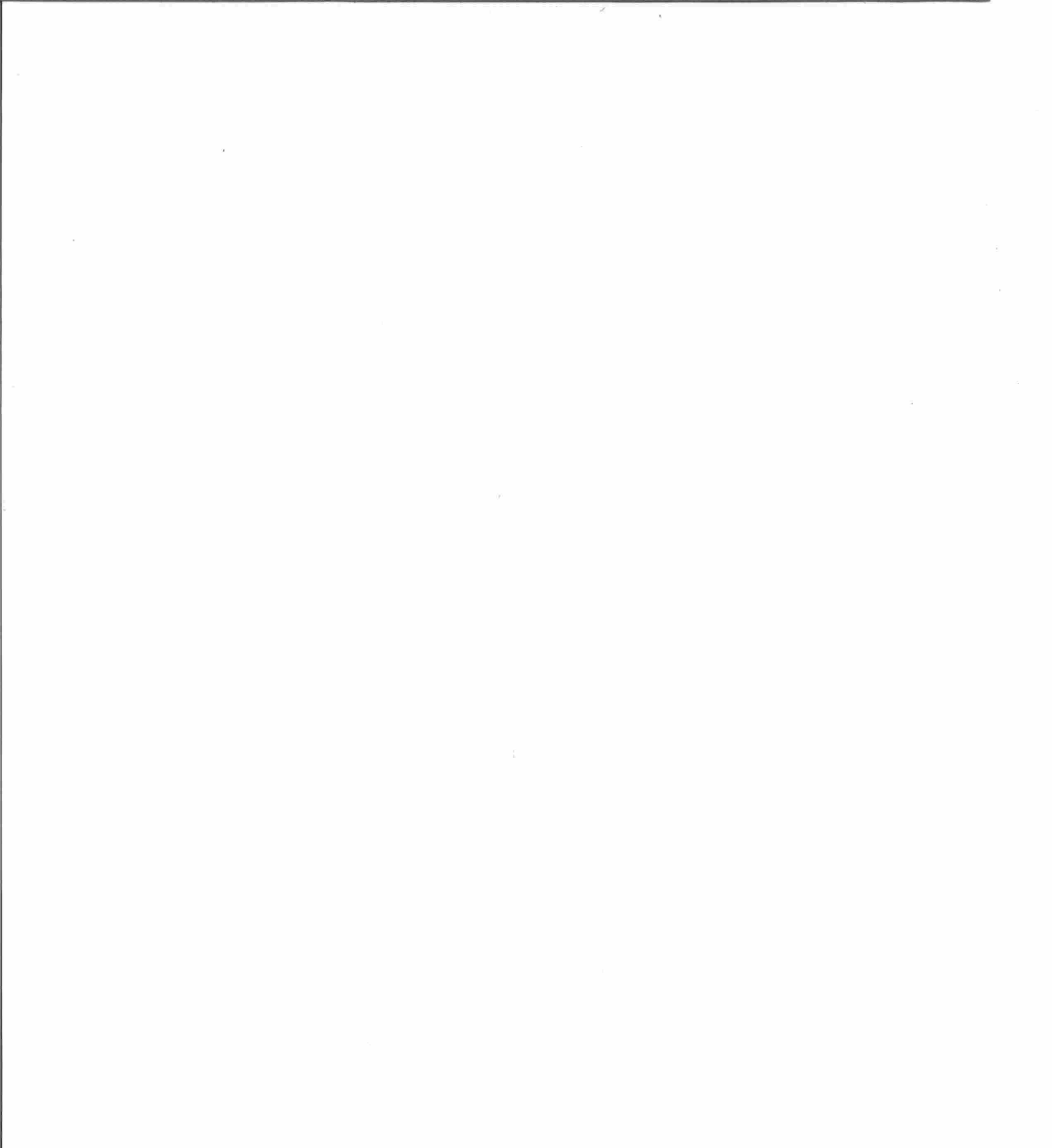
FILE
4R 23 1945

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

BY ORDER OF THE SECRETARY OF WAR:

J. P. Carl

ADJUTANT GENERAL



290, *K*

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

DATE 15 Mar 45

REPORT OF DEATH

FULL NAME Holdiman, Elwyn		ARMY SERIAL NUMBER 36 313 921	GRADE gw cpl
HOME ADDRESS Oswego, Ill.		ARM OR SERVICE Infantry	DATE OF BIRTH 22 Jan 20
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action ✓	DATE OF DEATH 29 Oct 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 26 Jan 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Hazel Holdiman (Mother) Route 2, ^{Box 175} Corner Montgomery and Joliet Roads, Aurora, Ill.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Hazel Holdiman (Mother) Same as above. Albert Holdiman (Father) R.F.D. #3 Aurora, Ill.			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
			<input checked="" type="checkbox"/>
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

The individual named in this report of death is held by the war Department to have been in a missing in action status from 29 Oct 44 until such absence was terminated on 10 Mar 45, when evidence considered sufficient to establish the fact of death was received by the secretary of war from a commander in the European Area.

COPIES FURNISHED:

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2. G. O. M. G.	O. F. D.	ARMY EFFECTS BUREAU
S. A. G.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:

J. P. Carl

ADJUTANT GENERAL

290,890
KW

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

—BATTLE CASUALTY REPORT

NAME				SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
HOLDIMAN ELWYN				36313921		CPL	INF	ETO
PLACE OF CASUALTY			DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
HOLLAND 9			DAY	MONTH	YEAR			
			29	OCT	44		MIA	238

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. HAZEL HOLDIMAN	MOTHER	11 NOV 44 DA
NO. AND NAME OF STREET-CITY-STATE		
ROUTE 2, CORNER MONTGOMERY AND JOLIET ROADS, AURORA, ILLINOIS		

REMARKS:

CORRECTED COPY

*CHANGE IN ADDRESS OF EA.



Verified

ACTION BY PROCESSING AND VERIFICATION SECTION:		REPORT VERIFIED <input checked="" type="checkbox"/>	FORM 43 <input checked="" type="checkbox"/>	AG 201 REQ. <input type="checkbox"/>
CASUALTY BRANCH FILE ATTACHED _____		OR CHARGED TO _____		DATE _____
PREVIOUSLY REPORTED		NO <input checked="" type="checkbox"/>	YES _____	(AS INDICATED BELOW):
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
FORWARDED TO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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 _____
				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" _____ 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.

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

290890

—BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER			GRADE	ARM OR SERVICE	REPORTING THEATRE
HOLDIMAN ELWYN		36313921			CPL	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER	
	DAY	MONTH	YEAR				
HOLLAND9	29	OCT	44		MIA	238	

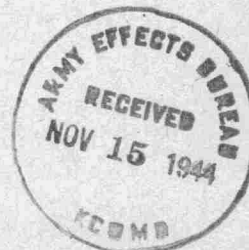
NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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 HAZEL HOLDIMAN	MOTHER	11 NOV 44 IFR
NO. AND NAME OF STREET—CITY—STATE		
ROUTE NUMBER TWO AURORA ILLINOIS		

REMARKS:

CORRECTED COPY



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

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO YES _____ (AS INDICATED BELOW):

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

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

REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY _____ 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

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(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.

290890

jm
PUM/NS/fj
4 April 1947

Mrs. Hazel E. Holdiman
Box 175, RFD 2
Aurora, Illinois

Dear Mrs. Holdiman:

This refers to letter of 11 March, written on your behalf by L. H. Wormley, Service Officer, Illinois Veterans' Commission, regarding the personal effects of your son, Corporal Elwyn Holdiman.

A careful check of Army Effects Bureau records and those of the European Theater Area, now at this Bureau, has failed to disclose any information regarding the personal property of your son. Due to the lapse of time since Corporal Holdiman was reported a casualty, it is doubtful if any of his personal effects were recovered. Realizing that any of your son's property would be of immeasurable value to you, we regret that we cannot give you a favorable report.

Yours very truly,

P. U. MAXEY
Lt Col, QMC
Effects Quartermaster

REPLY

TO: Correspondence Branch - Army Effects Bureau

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

(Dated)

(Signed by)

Effects shipped to:

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

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

Remarks:

ETA records do not show any information on Cpl Holdeman.

*File
4-1-47
me*

ETA Records Branch

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

KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU

NW/MS/ajb
26 March 1947

Case No. 290890

REQUEST

TO: European Theater Records Branch - Army Effects Bureau

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

Holdman (Last Name) Blawn (First Name) NMI (MI) 36313921 (ASN) Col. (Rank)

Co. C., 17th Tank BN (Organization) Deceased 29 Oct. 44 (Status)

Place of burial Unknown

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

Property received at AEB is listed on following overseas inventories:

Allegedly missing items, not received here, consist of:

Personal effects

Remarks:

N. WHIPPLE
Chief Clerk
Correspondence Branch

JAMES P. RINGLEY
CHAIRMAN
TELFER MACARTHUR
JOHN A. STELLE



HOMER G. BRADLEY
ADMINISTRATOR

LEONARD V. EYER
RALPH S. GARDNER
ASSISTANT ADMINISTRATOR

STATE OF ILLINOIS
DWIGHT H. GREEN, Governor

ILLINOIS VETERANS' COMMISSION

290,890

L. H. Wormley

SERVICE OFFICER

11 March 1947

Yorkville ILLINOIS

Commanding Officer
Army Effects Bureau,
Quartermaster Corps
Kansas City, Missouri

re: Holdiman, Elwyn
A.S.N.#: 36 313 921
CPL. Co C, 17 Tank Bn
A.P.O. #25

Dear Sir:

Please make a careful check to ascertain if any personal effects of the above named casualty in Holland on 29 October 1944 can be found.

This request is made in behalf of his mother and family. Send answer or any articles found direct to her as here shown:

Mrs. Hazel E Holdiman
Aurora, Illinois
Box 175, R.F.D.#2

Very truly yours,

L. H. Wormley
L. H. Wormley, Service Officer
Kendall County

File
3-24-47
nd

LHW:aeb



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

JRM:AP:wh
 April 25, 1945

IN REPLY REFER TO 290890

Mrs. Hazel Holdiman
 Rural Route # 2, Box 175
 Aurora, Illinois

Dear Mrs. Holdiman:

This refers to your letter of April 12, making inquiry regarding the personal effects of your son, Corporal Elwyn Holdiman.

I am sorry to report that the Army Effects Bureau has not yet received any of your son's property. All War Department agencies are under instruction to forward the personal effects of military personnel to this Bureau for distribution, and it is reasonable to assume that his effects ultimately will arrive.

It is our intention to forward your son's property promptly upon receipt here, unless of course, he is survived by a widow. If so, please furnish her complete name and mailing address.

For your convenience in replying, there is inclosed an addressed envelope which needs no postage.

Yours very truly,

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

1 Incl.
 Envelope

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

IMMEDIATE ACTION

— Aurora Ill. ^{MT}

Apr. 12, 1945

Effects Quartermaster - 290890

Dear Sir -

recd
4-20-45
md

Will you please
send me all or any ^{personal} effects you
have of my son's. He was
reported killed on Oct, 29, 44 in
Holland. In reply it was to
refer to A9201 Holdiman Elwyn
Pc - n etc 064.

I hope to hear from you
soon

Sincerely yours

Mrs Hazel Holdiman

R.R. #2 Box 175

Aurora Ill

ARMY EFFECTS BUREAU
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

AEB
CASE NO.

TO: The Adjutant General, Washington, D. C.

Please complete and return to the Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, Kansas City, Missouri

(**)

(Last Name) (First Name) (Middle Initial) (Serial No.) (Grade)

1. Organization and APO number:
2. Name, Relationship and Address of:
 - a. Beneficiary:
 - b. Alternate Beneficiary:
 - c. Nearest Relative:
 - d. Emergency Addressee:
 - e. Bailee shown on W.D., A.G.O. Form 43:

(*) If the above ASN is not assigned to the soldier named, it is requested that the AEB be advised the name, rank and present mailing address of the soldier to whom this ASN is assigned, together with the information requested in paragraph 2 above.

(**) In the event the above ASN is not assigned to this soldier, it is further requested that this Bureau be furnished available information regarding this soldier of record in your office.

RET:ml
Eff QM Form 20 (Rev. 10/12/43)