

293 FOSSUM, GRANT A. 36 213 321 SGT, INF. EUROP. ARE(WIS, (45gf

Declassified in accordance with D.O. 13526



ARR1-588848102

REQ711301229

WNR-01-09-021-1-002-03-003

Transfer#: W092-70A0001

Box:1234 CC:00

Asset#: AAC1-23782452

Whole Container: N

C/F: FOSSUM, GRANT A. 2 OF 5 FOIA 13-0694

Created: 11/30/2012

General Reference

Temporary Loan of Records

Standard

Standard (billed)

N/A

To: AARON ALTON
1600 SPEARHEAD DIVISION AVE, FOIA/PA OFFICE BLDG 3 FL1 RM 37
DEPARTMENT 107
FT. KNOX, KY, 40122
P: (502) 613-4202 F: (703) 325-1844

F2 2821

*F2 2952**

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Sgt. Grant A. Fossum, 36 213 321
Plot M, Row 5, Grave 106,
United States Military Cemetery
Andilly, France

29 July 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, Melvin J. Fossum
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) _____

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
Riverside Cemetery, Grantsburg, Wisconsin
(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.)

All correct.

Coded V. Blane
10-20-48

DD Proc
11-22-48
12

00710

14 JUL 1948

Blane
7/14/48

PART I (Continued)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR <i>Taylor Mortuary</i>			
NUMBER AND STREET —	CITY OR TOWN <i>Grantsburg</i>	COUNTY OR PROVINCE <i>Burnett</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Wisconsin</i>
EXPRESS OFFICE (Nearest railroad passenger station) <i>Grantsburg, Wisconsin</i>	TELEGRAPH ADDRESS <i>Grantsburg, Wisconsin</i>	TELEPHONE No. —	

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 <i>John B. Fossum</i>	FIRST NAME <i>John</i>	MIDDLE INITIAL <i>B.</i>	RELATIONSHIP TO DECEASED <i>Brother</i>
NUMBER AND STREET <i>617 Winsor Street</i>	CITY OR TOWN <i>La Crosse</i>	COUNTY OR PROVINCE —	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Wisconsin</i>

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.

Melvin J. Fossum
(SIGNATURE OF NEXT OF KIN)

Melvin J. Fossum
(NAME PRINTED OR TYPED)

1620 1/2 Oak Street
(STREET AND NUMBER)

Brainerd, Minnesota
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 14th day of August,

1949, at city (or town) of Brainerd, county of Crow Wing, and State (or Territory or District) of Minnesota

Kay Butorac
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

KAY BUTORAC

Notary Public, Crow Wing Co., Minn.

My Commission Expires Aug. 26, 1953 16-50411-1

*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.

_____	_____
<small>(SIGNATURE OF NEXT OF KIN)</small>	<small>(DATE)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(STREET AND NUMBER)</small>
_____	_____
	<small>(CITY AND STATE)</small>

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

_____	_____
<small>(SIGNATURE)</small>	<small>(DATE)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(STREET AND NUMBER)</small>
_____	_____
	<small>(CITY AND STATE)</small>

NAME **KEEH FOSSUM, GRANT A. SGT. 3321**

BAY	PALLET	BOX	TALLY
	11	22	7787

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

Sgt. Grant A. Fossum, 36 213 321
Plot M, Row 5, Grave 106,
United States Military Cemetery
Andilly, France

29 July 1947

Mr. Andrew Fossum
Grantsburg, Wisconsin

Dear Mr. Fossum:

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.

Jul 30
MAIL & RECORDS

B

AIR MAIL

QMGMR 314.6
Graves Registration
(European, U.S. Misc.)

15 APR 1947

SUBJECT: Burial Records

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

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

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	ORGAN.	PLOT	ROW	GRAVE
<u>Fossum, Grant A.</u>	Sgt	<u>36213321</u>		<u>Co. "C"</u> <u>23rd Armd</u> <u>Inf Bn 7th</u> <u>Armd Div.</u>	M	5	106
Francis, Bill	<u>Pvt</u>	35772176		<u>Hq Co 23rd</u> <u>Armd Inf Bn</u> <u>7th Armd</u> <u>Inf Div</u>	A	11	275

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Memorial Division

AIR MAIL

A I R - M A I L

QCMB 314.6
Graves Registration
(European, U. S. Misc.)

1 APR 1947

SUBJECT: Burial Records

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

1. Request the burial reports and grave markers for the following decedents, interred at the United States Military Cemetery, Andilly, France, be changed to read as follows:

NAME	RANK GRADE	SERIAL NO.	PLOT	ROW	GRAVE	ORGANIZATION	DATE OF DEATH
Currey, David P.	Pfc	35 386 426	J	10	240	Co A 318 Inf Rgt 80 Inf Div	8 Oct 44
Fincke, Fred V.	Pfc	32 841 994	A	8	180	-	-
<u>Fossum, Grant A.</u>	Sgt	36 215 321	M	5	106	-	11 Sep 44
Freundlich, Carl S.	2/Lt	01 016 925	I	8	192	Co A 51 Tk Bn 7 Armd Div	26 Sep 44
Fritz, Leroy B.	Pvt	33 336 889	L	12	300	-	5 Nov 44
Fulcher, Henry E. Jr.	2/Lt	0 517 468	F	10	235	Co L 318 Inf Rgt 80 Inf Div	21 Sep 44
Fuller, Herritt C.	Pvt	42 089 295	K	3	55	Co B 317 Inf Rgt 80 Inf Div	9 Oct 44

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILBY
Major, QMC
Memorial Division

A I R - M A I L

SPQYG 293
Fossum, Grant A.
S.N. 36 213 321

24

Address Reply to
THE QUARTERMASTER GENERAL
Attention: Memorial Division

21 January 1946

Mrs. Andrew Fossum
Grantsburg, Wisconsin

Dear Mrs. Fossum:

Your letter to The Adjutant General concerning your son, the late Sergeant Grant A. Fossum, has been referred to this office.

The official Report of Burial discloses that the remains of your son were interred in Plot M, Row 5, Grave 106, in the United States Military Cemetery, Andilly, France, located five miles north of Toul and fourteen miles south and east of St. Mihiel, both in France.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

§
mik

JAN 22 11 03 AM '46
Q. M. G.
RECORDS BRANCH

JAN 22 9 03 AM '46
GRAVES REGISTRATION SECTION
MEMORIAL DIVISION

JRB
WBR
DSL
JLP

02-7P

DMS

m7

90

Grantsburg, Wisconsin
January 8, 1946

Edward F. Witsell
Major General
Acting the Adjutant General of the Army
War Department
Washington 25, D. C.

298
Re: AG 201 Fossum, Grant A.
PC-O ETO 286 (36,213,321)

Dear Sir:

After receiving official notice of my son's death, the thought came to me that it would be nice if you could inform me at what place and where my son is buried.

Your answer to this letter would be most welcome.

Sincerely yours,

Mrs. Andrew Fossum

(Mrs.) Andrew Fossum

af



Grantburg, Wisconsin
January 8, 1946

Edward F. Wisell
Major General
Acting the Adjutant General of the Army
War Department
Washington 25, D. C.

Re: AG 501 Form, Grant A.
FC-0 MD SRG (36, 213, 321)

Dear Sir:

After receiving official notice of my son's death, the thought
came to me that it would be nice if you could inform me at what
place and where my son is buried.

Your answer to this letter would be most welcome.

Sincerely yours,
Andrew Johnson

(Mrs.) Andrew Johnson

GRAVES REGISTRATION SECTION

JAN 16 11 15 AM '46

MEMORIAL DIVISION



1946 JAN 23
WAR DEPARTMENT
AGD

WAR DEPARTMENT
MESSAGEFORM

Date 13 OCT 1945

File No. AG 201 - AGC.

Telephone No. KLE. 7225.
JBC/ma

Office of origin AG. CAS.
(Arm or service) (Division) (Branch) (Section) (Symbol)
Address HEADQUARTERS, UNITED STATES FORCES, EUROPEAN THEATER (REAR), APO 887,

To: []
THE ADJUTANT GENERAL,
WASHINGTON, 25, D.C.

PRECEDENCE		Initial of officer assigning precedence
WIRE OR RADIO	ESSENTIAL MILITARY MAIL	
Urgent	Air mail	X
Priority	Special delivery	
Routine	Ordinary	
Deferred	Registered	
Week end		

Any message not X'd for precedence will be sent "Deferred."

MESSAGE:

293 Fossum, Grant A. (36,213,321)

THE STATUS OF SGT. GRANT A. FOSSUM, 36213321, IS CHANGED
PDD
FROM ~~MIA~~, 11 SEPT. 1944, TO KIA, 11 SEPT. 1944, INCLUDED IN
"U" PROJECT OF CASUALTY SHIPMENT THIS DATE. GRAVES REGISTR-
ATION SERVICE COMMAND, THIS HEADQUARTERS, STATES SOLDIER HAS
BEEN REBURIED IN GRAVE 106, PLOT M, ROW 5, ANDILLY U. S.
MILITARY CEMETERY.

OFFICIAL:

H. M. RUND,
Colonel, AGD.
Asst. Adj. Gen.



EISENHOWER

Plotted

*OK 4-10-46
H. M. RUND*

*File in Mem. Div.
Repatriation Rec. Div.
O. S. M. H. Rm. #401
Tempo 'B'
for Lt. Col. Cochran,
A. M. C.*



MESSAGE FORM

43 OCT 1945

Date

File No. 43 501 - 415

Telephone No.

Office of origin

(Area in square)

(City)

(State)

(Zone)

(Country)

Address

PRIORITY

WAR OR RADIO

ESSENTIAL MILITARY MAT

Urgent

In war

Priority

Special delivery

Normal

Ordinary

Deferred

Registered

Week end

Any message not R'd for precedence will be sent "Deferred"

Initial of officer receiving message

To:

THE ASSISTANT GENERAL

WASHINGTON, D.C.

MESSAGE

THE BIRTH OF SON, GRANT A. FORD, (SERIAL 18 04000)

FROM THE 11 DEPARTMENT, TO THE 11 DEPT. 1946

FOR RECORD OF DEPARTMENTAL RECORDS AND FOR THE

STATE SERVICE CENTER, THE HEADQUARTERS, STATE SERVICE

AND SERVICE CENTER, THE HEADQUARTERS, STATE SERVICE



MEMORIAL DIVISION

APR 10 11 05 AM '46



W.D.A.-O. Form No. 27

AMERICAN 62

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

REPORT OF BURIAL

(PR) 9 July 1945

Take fingerprints of both hands if possible to obtain complete set of fingerprints. Take those you can and

Date

FOSSUM

Last Name

Grant

First

A.

Initial

36213321

Serial No.

Unit

CO "C"

Rank

Private

Organization

7th Army Div.

U-793536 8 km SW of Metz, on N 57°

Place of Death

Date of Death

1944

Color of Eyes

Blue

Color of Hair

Dark

Color of Teeth

White

Height

5' 10"

Weight

160 lbs

Build

Slender

Complexion

Fair

Scars

None

Marks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Remarks

None

Other

None

Right Hand

Left Hand

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

Who is buried on: James V Montiaci 35454678 T/5 Co A 439 Hwy Constr 105

Deceased's Left: Unknown X-56 Unk. Unk. Unknown 107

If this is an isolated burial, make a sketch of the TOOTH CHART

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

more space needed attach separate sheet

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

Emergency Addressee Unknown

Address

Religion Protestant

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

None

Signature of Officer or other person reporting burial

Matthew M. Flattery

Verified by G.R.S. Officer

MATTHEW M. FLATTERY, 1st Lt, FA, 0-1169109 3rd Platoon, 3049 GM Graves Registration Co.

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: _____ 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.

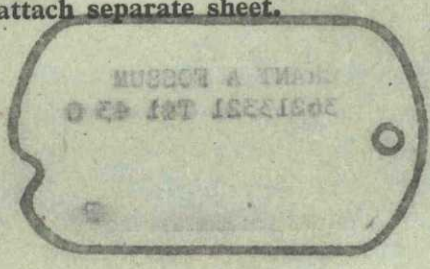
Position of Identification Tags: Buried with body Yes No Attached to Marker Yes No

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

To determine Right or Left use Deceased's Right and Left.
 Deceased's Left: _____
 Deceased's Right: _____
 Name: _____
 Rank: _____
 Organization: _____
 Grave No.: _____
 Unknown Y-56 Unk. _____
 Unknown _____

TOOTH CHART

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



List only Personal Effects Found on Body and disposition of same: None

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ▢; linkings anchor teeth; replacements by artificial teeth by X.
 Characteristics: _____
 Other Data: _____
 Signature of Officer or other person reporting burial: _____
 Address: _____
 Emergency Address: _____
 Religion: Protestant
 Name: _____
 Rank: _____
 Organization: _____
 Grave No.: _____

Form prescribed by
Comptroller General, U.S.
7 October 1944

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

4049

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Sergeant Grant A. Fossum, Fossum Army Serial Number 36,213,321, Infantry, to be dead. He was officially reported as missing in action as of the 11th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 12th day of September, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Herbert

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	LYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
19 Jun 1918	Grantsburg, Wisconsin	17 Jun 1941	YEARS	MONTH	DAYS	
			Over	Three	Years	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mrs. Andrew Fossum	Mother	Grantsburg, Wisconsin

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Caroline Fossum	Mother	Grantsburg, Wisconsin
NAME	RELATIONSHIP	ADDRESS
Andrew Fossum	Father	Grantsburg, Wisconsin

REMARKS

Distribution 56

Circumstances of disappearance: Soldier failed to return from an enemy attack while holding the front line along the Moselle River, Dornot, France.

FILED
SEP 22 1945

WD AGO FORM 0353
1 FEB 1945

THIS FORM SUPERSEDES WD AGO FORM 0353, 1 NOVEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

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

att

AG 201	NAME FOSSUM, GRANT A. 36 213 321	GRADE SGT	DATE CAS. REPORT RECEIVED 1945 OCT 16 15
NAME AND AD. DRESS OF E. A.	Mrs. Andrew Fossum, mother, Grantsburg, Wisconsin Grantsburg, Wisconsin.		DATE TELEGRAM SENT

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER	
SGT	FOSSUM GRANT A	36213321	INF	ETO		286	
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY			CASUALTY CODE
KILLED IN ACTION		IN FRANCE		DAY	MONTH	YEAR	
				11	SEP	44	1J

No Telegram - Send Spec. dtp.

REMARKS: CORRECTED COPY

U PROJECT

Finding of death has been issued previously under Section 5, Public Law 490, as amended, showing presumed date of death as 12 Sep 45. This Report of Death based on information received since that date is issued in accordance with Section 9, of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

ACTION BY COMPOSITE SECTION: REPORT VERIFIED FORM 43 AG 201 REQ

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO *Stella Krumm Oct* DATE

PREVIOUSLY REPORTED NO YES (AS INDICATED BELOW):

FILE NO. MESSAGE NO. TYPE *Wet* DATE AND AREA *12 Sep 45* E. A. NOTIFIED *12 Sep 45*

FORWARDED TO SPEC. IDEN. C. & P. TELEGRAM LETTER CERTIF. F. REL. CORRES. REPAT. NOV 8 1945 NON-DEL.

REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY *not 17 Oct* REVIEWED BY *[Signature]*

DISTRIBUTION "A" COPIES DISTRIBUTION "B" COPIES

0365 MAY 1945 EDITION OF 1 JAN. 1945 MAY BE USED.

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATH

DATE 2 Nov 45 fmw 3611

FULL NAME Fossum, Grant A.		ARMY SERIAL NUMBER 36 213 321		GRADE Sgt.									
HOME ADDRESS Grantsburg, Wisconsin		ARM OR SERVICE Infantry		DATE OF BIRTH 19 Jun 1918									
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action.		DATE OF DEATH 11 Sep 44									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Jun 41		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 3 yrs.									
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Andrew Fossum, mother, Grantsburg, Wisconsin													
BENEFICIARY (Name, relationship, and address) Caroline Fossum, mother, Grantsburg, Wisconsin Andrew Fossum, father, Grantsburg, Wisconsin													
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
ADDITIONAL DATA AND/OR STATEMENT												<input checked="" type="checkbox"/> BATTLE	<input type="checkbox"/> NON-BATTLE

Finding of death has been issued previously under Section 5, Public Law 490, as amended, showing presumed date of death as 12 Sep 45. This Report of Death based on information received since that date is issued in accordance with Section 9, of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

FILE

NOV 8 1945

BY ORDER OF THE SECRETARY OF WAR

Grafton L. George
ADJUTANT GENERAL

Andiecy
M-5-10A

29 July? acc 16 Oct.

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL

Att. Log. Etr.

AP-7

IN REPLY REFER TO QMGMF 293
Fossum, Grant A.
SN 36 213 321

WASHINGTON 25, D. C.

IMPORTANT

Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the official who signed the communication.

The F. Andrew Fossum
Grantsburg, Wisc

8 December 1947

Mr. Frank Barstow, Service Officer
Court House
Brainerd, Minnesota

NIF 6/2/48

Dear Mr. Barstow:

Your letter pertaining to the remains of the late Sergeant Grant A. Fossum, has come to my attention.

The copies of death certificates for the parents of the decedent, which you inclosed with your letter, are returned for certification by the clerk of the office where the original certificates are recorded, showing that they are of record in his office. Upon completion of proper certification, it is requested that the certified copies be returned to this office in order that our records may be properly amended.

It is also requested that you furnish this office the present mailing address of Mr. Melvin J. Fossum, brother of the decedent, together with the ages and addresses of all surviving brothers and sisters.

Your cooperation and promptness in this request will be sincerely appreciated.

Sincerely yours,

Richard B. Coombs
RICHARD B. COOMBS
Major, QMC
Memorial Division

- 4 Incls.
- #1 Copy of death certificate of Mr. Andrew Fossum
- #2 " " " " " Mrs. Caroline Fossum
- #3 Information slip
- #4 Franked envelope

Brothers and Sister:

- Melvin J. Fossum--1620 1/2 E. Oak Street, Brainerd, Minn. Age 42
- John B. Fossum--517 Winsor Street, LaCrosse, Wisconsin. Age 40
- Albin W. Fossum--Grantsburg, Wisconsin. Age 37
- Arlene Fossum--Grantsburg, Wisconsin, Age 32.
- Carl Fossum--Grantsburg, Wisconsin, Age 34.

o/s the without incl. + 3 more

*File
7 am copy
14 July 48
Brenson
J.D.*

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

IN REPLY REFER TO

FORM 293
FOSSUM, Grant A.
ST 36 213 321

IMPORTANT

Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the
official who signed the communi-
cation.

8 December 1947

Mr. Frank Barstow, Service Officer
Court House
Brainerd, Minnesota

Dear Mr. Barstow:

Your letter pertaining to the remains of the late Sergeant
Grant A. Fossam, has come to my attention.

The copies of death certificates for the parents of the
decendent, which you inclosed with your letter, are returned for
certification by the clerk of the office where the original certi-
ficates are recorded, showing that they are of record in his office.
Upon completion of proper certification, it is requested that the
certified copies be returned to this office in order that our re-
cords may be properly amended.

If it is also requested that you furnish this office the present
mailing address of Mr. Melvin J. Fossam, brother of the decendent,
together with the ages and addresses of all surviving brothers
and sisters.

Your cooperation and promptness in this request will be sin-
cerely appreciated.

Sincerely yours,



RICHARD B. COMBS

- 4 Incls.
- 1 Copy of death certificate
- 2 " " " "
- 3 Information slip
- 4 Printed envelope

Brothers and Sisters:
Melvin J. Fossam--1807 E. Oak St., Brainerd, Minn. Age 43
John B. Fossam--517 W. 1st St., Brainerd, Minn. Age 40
Arthur J. Fossam--Brainerd, Minn. Age 37
Alvin J. Fossam--Brainerd, Minn. Age 33
Carl J. Fossam--Brainerd, Minn. Age 30

DEPARTMENT OF THE ARMY

////////////////////

Handwritten signature/initials

QMCMF 293
Fossum, Grant A.
SN 36 213 321

8 December 1947

Mr. Frank Barstow, Service Officer
Court House
Brainerd, Minnesota

Dear Mr. Barstow:

Your letter pertaining to the remains of the late Sergeant Grant A. Fossum, has come to my attention.

The copies of death certificates for the parents of the decedent, which you inclosed with your letter, are returned for certification by the clerk of the office where the original certificates are recorded, showing that they are of record in his office. Upon completion of proper certification, it is requested that the certified copies be returned to this office in order that our records may be properly amended.

It is also requested that you furnish this office the present mailing address of Mr. Melvin J. Fossum, brother of the decedent, together with the ages and addresses of all surviving brothers and sisters.

Your cooperation and promptness in this request will be sincerely appreciated.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

B
RBC

DEC 8 5 25 PM '47
MAIL & RECORDS BRANCH
Handwritten signature

- Incls.
- #1 Copy of death certificate of Mr. Andrew Fossum
 - #2 " " " " " Mrs. Caroline Fossum
 - #3 Information slip
 - #4 Franked envelope

COOMBS RICHARD B.
DEC 8 4 09 PM '47
MEMORIAL DIVISION

CORRESPONDENCE ACTION SHEET

Mr.
 Miss.
 Addressee: ~~Ms.~~ Frank Barstow Service Officer Relationship
 State Court House
 City, State Brainerd, Minnesota '47 Date letter

Cemetery
 Temporary:
 Permanent:
 Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence) -- ADDITIONAL -- DATA -- MODIFICATIONS --

165A

The inclosed copies of death certificates for the parents of the decedent are returned for ~~proper~~ certification of clerk of office where it is recorded that they are of record in his office. Upon completion of proper certification, it is requested that the copies of death certificates be returned to this office in order that our records may be properly amended.

It is also requested that you furnish this office with the present mailing address of Mr. Melvin J. Fossum, brother of the decedent, together with the ages and addresses of all surviving brothers and sisters.

Your cooperation and promptness in this request will be sincerely appreciated.

Bennett Analyst Typist Reviewer Modifications OKed

Decedent: Fossum Last
Frank First
F Initial
Frank Rank
36 213 321 ASN

*File
8 Dec 47
cal*

OQMG FORM 638
1 SEP 1946OFFICE OF THE QUARTERMASTER GENERAL THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Mem Div Corres Section RR Br	Mem Div Disinter- ment & Locator Section	18 Nov 1947	Returned for explanation of action desired by this section. <i>[Signature]</i> GRIFFITH 4/28
2	O/L	Family Camp Alto: Capt Super	11/18/47	Copies of death certificate are attached but do not contain certification of death of opia where they are recorded that they are on record in his office. As a matter of fact they do not even contain a certification of anyone that they are true copies. <i>[Signature]</i>

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

1383 - QMTTS - Camp Lee, Va. - 3-21-47 - 100M

File attached

VETERANS' SERVICE OFFICER
CROW WING COUNTY
BRainerD, MINNESOTA



FRANK BARSTOW,
VETERANS' SERVICE OFFICER

August 18, 1947

Office of The Quartermaster General
War Department
Washington 25, D. C.

Re: 293 Sgt. Grant A. Fossum, 36 213 321
Plot M, Row 5, Grave 106
United States Military Cemetery
Andilly, France

Gentlemen:

We are enclosing herewith the following forms for Mr. Melvin J. Fossum, the brother of the above captioned deceased:

- Form 345
- Death Certificate of Father -- Andrew Fossum
- Death Certificate of Mother -- Caroline Fossum

Mr. Fossum would like to have the body of his brother, grant, be sent to the Riverside Cemetery at Grantsburg, Wisconsin.

Sincerely yours,

Frank Barstow
Frank Barstow, Service Officer
Court House, Brainerd, Minn.

FB:CB

ENC: 3

RECORDED
INDEXED
AUG 20 1947
U.S. DEPT. OF WAR

VETERANS SERVICE OFFICER
BROWNS COUNTY
BRAND, MINNESOTA

FRANK BARSTOW
VETERANS SERVICE OFFICER

August 18, 1947

Office of the Quartermaster General
War Department
Washington 25, D. C.

Re: Sgt. Grant A. Ross, SS 413 321
1st Lt. Roy E. Ross, 100
United States Military Cemetery
Arling, Texas

Gentlemen:

We are enclosing herewith the following forms for Mr.
Melvin J. Ross, the brother of the above captioned
deceased:

Form 345

Death Certificate of Father -- Andrew Ross
Death Certificate of Mother -- Caroline Ross

Mr. Ross would like to have the body of his brother, Grant,
be sent to the Riverside Cemetery at Oshkosh, Wisconsin.

Sincerely yours,

Frank Barstow, Service Officer
Court House, Brand, Minn.

WB:CB
EHO: B

RECORDS BRANCH

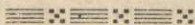
AUG 22 9 49 AM '47

MEMORIAL DIVISION



74

Certificate to Copy of Records



STATE OF WISCONSIN, }
Burnett County } ss.

I, Wilbur A. Thoreson Register of Deeds of the County of Burnett, State of Wisconsin, having by law the custody of the seal, and all the records, books, documents and papers of, or appertaining to said office, do hereby certify that I have carefully and interchangeably compared the annexed and foregoing copy of Death Record-Caroline Fossum-Vol. 7-Pg. 3360 with the original records and files in my office; and that the annexed and foregoing is a true, full and correct transcript therefrom and of the whole thereof.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said office at the Court House in the Village of Grantsburg, said county, this 15th

day of August A. D. 1947

Wilbur A. Thoreson
Register of Deeds, Burnett County Wisconsin

*not read
but accepted
oct 16*

*Fossum, Grant A. 362/331
see file
Family with
at
3 man 4
son
also*

Form No. 206-6-46-50M
Copy Certificate of DEATH

WISCONSIN STATE BOARD OF HEALTH
Bureau of Vital Statistics

Local Registrar's No. 3360

Please Cooperate. Use black ink to improve a photostatic copy of this record for legal purposes.

1. PLACE OF DEATH:

(a) County Burnett
(b) Township -
or
~~City~~ Village of Grantsburg
(c) Name of hospital or institution At Residence

2. USUAL RESIDENCE OF DECEASED:

(a) State - (b) County Burnett
(c) If rural - Give township (not postoffice)
or
~~City~~ Village of Grantsburg
(d) Street No. Grantsburg, Wisconsin

Reserved for coding
Residence
Local—Cause of death
State—Cause of death
Age
Acc. Co.
Acc. Place
Queried
Fee Code
Dr.
Sub.-R.

3. (a) Full Name Caroline Sophia Fossum

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew Fossum 6. (c) Age of husband or wife if alive Dead years.

7. Birth date of deceased October 2nd 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 29 - hr. - min.

9. Birthplace Orkadahlen, Smolenen, Sweden
(City, town, or county) (State or foreign country)

10. Occupation and industry or business Housewife

Father { 11. Name John S. Holmberg.
12. Birthplace Smolenen Sweden
(City, town, or county) (State or foreign country)

Mother { 13. Maiden name Ulrika Peterson.
14. Birthplace Smolenen, Sweden
(City, town, or county) (State or foreign country)

15. (a) Informant Miss Arlene U. Fossum
(b) Address Grantsburg, Wisconsin

16. (a) Burial (b) Date thereof 1-3-1947
(Burial, cremation or other) (Mo.) (Da.) (Yr.)
(c) Place: burial or cremation Vil. of Grantsburg

17. (a) Signature of funeral director Claude A. Taylor.
(b) Address Grantsburg, Wisconsin Bx #31.

18. (a) Jan. 6, 1947 (b) Wilbur A. Thoreson
Local Filing Date Signature of City Health Officer or County Register of Deeds

MEDICAL CERTIFICATION

19. Date of death: Month Dec. Day 31 Year 1946

20. I hereby certify that I attended the deceased from Sept. 1945 to 12-31, 1946; I last saw h.er alive on 12-31 1946 and that death occurred on the date stated above at 6: A

21. Immediate cause of death Chronic Myocarditis associated with general anasarea Duration Many mos.

Due to Secondary anemia 6 mos.

Other conditions _____
Include pregnancy within 3 months of death

Name of operation _____ Date _____

Major findings: _____
Of operation _____ Underline cause to which death should be charged statistically.

Autopsy No. _____
Performed? Yes _____

Findings: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide _____ (b) Date _____

(c) Where did injury occur? _____
(City, village or township, county and state)

(d) Did injury occur in or about home, on farm, in industrial place in public place? _____ While at work? _____
(Specify type of place)

(e) Means of injury _____
(Fall? Auto? Machinery? etc.)

23. Signature C O Lindberg (M. D. or other) _____
Address Grantsburg, Wis Date signed 12-31-46

Incl # 2

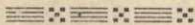
Att

293 Fossum Grant A.

A.S.N. 36-213-321

21

Certificate to Copy of Records



STATE OF WISCONSIN, }
Burnett County } ss.

I, Wilbur A. Thoreson Register of Deeds of the County of Burnett, State of Wisconsin, having by law the custody of the seal, and all the records, books, documents and papers of, or appertaining to said office, do hereby certify that I have carefully and interchangeably compared the annexed and foregoing copy of Death Record-Andrew J. Fossum-Vol. 7-Pg. 3186 with the original records and files in my office; and that the annexed and foregoing is a true, full and correct transcript therefrom and of the whole thereof.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said office at the Court House in the Village of Grantsburg, said county, this 15th day of August A. D. 1947.

Wilbur A. Thoreson
Register of Deeds, Burnett County Wisconsin

Fossum, Grant A
3691 3321
Family
File in A
3 mar 44
Daugherty
ada

Form No. 206-6-46-50M
Copy Certificate of DEATH
RD 4/6/45

WISCONSIN STATE BOARD OF HEALTH
Bureau of Vital Statistics

Local Registrar's No. 3186

Please Cooperate. Use black ink to improve a photostatic copy of this record for legal purposes.

Reserved for coding
Residence
Local—Cause of death
State—Cause of death
Age
Acc. Co.
Acc. Place
Queried
Fee Code
Dr.
Sub.-R.

1. PLACE OF DEATH:

(a) County Burnett

(b) Township _____
or
~~XXX~~ or Village of Grantsburg

(c) Name of hospital or institution At Village Residence

3. (a) Full Name Andrew J. Fossum

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6 (b) Name of husband or wife Caroline Fossum 6. (c) Age of husband or wife if alive 65 years.

7. Birth date of deceased July 26th 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Trondhjem, Orkendalen, Norway
(City, town, or county) (State or foreign country)

10. Occupation and industry or business Retired Store Clerk

11. Name Johannes Fossum

12. Birthplace Trondhjem, Orkendalen, Norway
(City, town, or county) (State or foreign country)

13. Maiden name Maren Backen

14. Birthplace Trondhjem, Orkendalen, Norway
(City, town, or county) (State or foreign country)

15. (a) Informant Mrs. Caroline Fossum

(b) Address Grantsburg, Wisconsin

16. (a) Burial (b) Date thereof 4-5-1945
(Burial, cremation or other) (Mo.) (Da.) (Yr.)

(c) Place: burial or cremation Vl. of Grantsburg

17. (a) Signature of funeral director Claude A. Taylor

(b) Address Grantsburg, Wis. Box #31

18. (a) April 6, 1945 (b) Ellsworth Sundquist
Local Filing Date Signature of City Health Officer or County Register of Deeds

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County Burnett

(c) If rural _____ Give township (not postoffice) _____
or
~~XXX~~ or Village of Grantsburg
Gen. Delivery

(d) Street No. _____

MEDICAL CERTIFICATION In U.S.A. since Aug. 1870

19. Date of death: Month March Day 31 Year 1945

20. I hereby certify that I attended the deceased from May 1943 to 3-31, 1945; I last saw am alive on 3-31, 1945 and that death occurred on the date stated above at 6 P. M.

21. Immediate cause of death Acute exacerbation of Chronic Myocarditis Duration 4 days

Due to Chronic Prostatitis 3 yrs.

Other conditions Senility

Include pregnancy within 3 months of death

Name of operation	Date
Major findings: Of operation <u>None</u>	
Autopsy No. <u>None</u> Performed? Yes	
Findings:	

Underline cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide _____ (b) Date _____

(c) Where did injury occur? _____
(City, village or township, county and state)

(d) Did injury occur in or about home, on farm, in industrial plant in public place? _____ While at work? _____
(Specify type of place)

(e) Means of injury _____
(Fall? Auto? Machinery? etc.)

23. Signature C. O. Lindberg (M. D. or other) _____
Address Grantsburg, Wis. Date signed 4-5-45

Incl #1

*FOSSUM
GRANTSBURG
WISCONSIN
4-5-45*

Att

293

Fossum, Grant A.

A.S. N. 36-213-321 et

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE
9 Apr. 49

NAME OF DECEDENT (Last, First, Middle Initial) 293 FOSSUM, GRANT A.		BRANCH OF SERVICE ARMY	TO BE FILLED IN BY CLAIMANT A. <input type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) B. <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)
RANK OR GRADE SGT	SERIAL NO. 36213321		

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies. **Sign Original Only**
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FORWARD COPY
QUARTERMASTER GENERAL
ATTN: 11DQRS., A. G. R. S.
TO OFFICE OF
WASHINGTON 25, D. C.

CLAIM VALID-REPATRIATION MAY 9 1949 *acc*

<p>FILL IN THIS STATEMENT IF BOX "A" IS CHECKED</p> <p>I certify that the sum of \$ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:</p> <p>NAME: of cemetery Remonde Cen.</p> <p>CITY OR COUNTY: Grantsburg</p> <p>STATE: Wis.</p>	<p>FILL IN THIS STATEMENT IF BOX "B" IS CHECKED</p> <p>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: (City, town, or place from which remains were shipped)</p> <p>PO: (Name and location of National or Post Cemetery)</p>
<p>RETURN FOUR COPIES TO</p> <p>COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT 1819 WEST PERSHING ROAD CHICAGO 9, ILLINOIS ATTN: AGR DIVISION</p>	<p>SIGNATURE OF CLAIMANT MR. MELVIN J. FOSSUM</p> <p>ADDRESS (Street number or RFD, City and State) 16204 OAK STREET, BRAINARD, MINNESOTA</p> <p>RELATIONSHIP TO DECEDENT BROTHER</p>

181316

REMARKS

F. O., U. S. ARMY, CHICAGO, ILL.
PAID ON
MAY 23 1949
ACCOUNTS OF E. G. DOYEL
AGC, F. D., Symbol Number 210-587

(DO NOT SIGN THIS)
COPY

PART A

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.

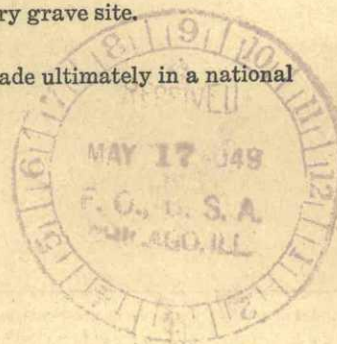
PART B

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.



REV. 18B

WESTERN UNION

RECEIPT OF REMAINS

DELIVER AND REPORT ANY CHARGES

DISTRIBUTION CENTER 1818 W. PERSHING RD., CHICAGO 9 ILL. ROUTINE

DAY LETTER

REMAINS CONSIGNED TO:
TAYLOR MORTUARY
GRANTSBURG, WISCONSIN

REMAINS OF THE LATE *cu* SGT. GRANT A. FOSSUM, SN 36213321
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 736

NP RR

DUE TO ARRIVE GRANTSBURG, WIS., 7:15 AM FRI. 8 APRIL 1949
REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS
TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 21705

THOS. O. CALL
MAJOR, Q.M.C.

NAT
FILE
RECORDS ANNOTATED
DATE MAY 24 1949
SERIES 3 & 4
CHICAGO ILL. DIV.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased
this 9th day of April, 1949
(Day) (Month)

Taylor Mortuary
Frank C. Robinson, Sgt. Se (Witness (Escort))
By Claude A. Taylor (Consignee)
Mortician & Owner

RECORDS SECTION
MAY 13 1949
RECORDS SECTION
MAY 13 1949

REPATRIATION
RECORDS BRANCH
MAY 13 11 50 AM '49
MEMORIAL DIVISION

MMM

DISINTERMENT DIRECTIVE

77-16 (3) *di*

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3504 00968	DATE 15 10 48		
NAME FOSSUM GRANT A	SERIAL NUMBER 36213321	GRADE SGT	ARM 1	RACE 1	RELIGION 1
CEMETERY ANDILLY FRANCE	PLOT M	ROW 5	GRAVE 106	DISPOSITION OF REMAINS 6300 08	
				CODE	DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE TAYLOR MORTUARY GRANTSBURG, WISCONSIN	NAME AND ADDRESS OF NEXT OF KIN MELVIN J. FOSSUM (BROTHER) 1620 1/2 OAK STREET BRAINERD, MINNESOTA

SECTION C — DISINTERMENT AND IDENTIFICATION				
NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	USAGF		NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

SEE ATTACHED WORK SHEET

CONFIRMED: NO CONFLICTING EVIDENCE

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (signature)
	Elijah H Fields, Embalmer	<i>E. H. Fields</i> Elijah H Fields

CASKET BOXED AND MARKED	SHIPPING AND RECEIVING OPERATIONS
30 Dec 48 Elijah H Fields	All markings, tags and plates verified by
DATE BY	<i>Rafael T Ruiz</i> Rafael T Ruiz, 1st Lt FA

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

Rafael T Ruiz
Rafael T Ruiz, 1st Lt FA, 7857 AGRC Zone 3 Hq
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

917

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO
USMC St Avold France	OTC Casketing Point, Antwerp, Belgium
KIND OF CONVEYANCE	NAME OF CONVOYER
rail	
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
<i>J R Ward, Capt PA</i>	<i>R D Miller</i>
DATE	DATE
28/1/49	-1 FEB 1949

2. SHIPPED

FROM	TO
ANTWERP, BELGIUM	USAT HAITI VICTORY
KIND OF CONVEYANCE	NAME OF CONVOYER
VC. 2	A. S. KIMBERLIN 1st Lt. INF.
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
<i>R. D. MILLER, Lt. COL. T.C.</i>	<i>A. S. Kimberlin</i>
DATE	DATE
MAR 1949	MAR 1949

3. SHIPPED

FROM	TO
	NYPE
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
	<i>W. W. Preisch</i>
DATE	DATE
	3-15-49

4. SHIPPED

FROM	TO
N Y P	OC 08
KIND OF CONVEYANCE	NAME OF CONVOYER
TRAIN	
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
<i>W. W. PREISCH</i>	<i>L. A. BOCKSTABLER</i>
DATE	DATE
MAR 22 1949	3/28/49

5. SHIPPED

FROM	TO
PORT TRANSPORTATION OFFICER	1st Lt., QMC
KIND OF CONVEYANCE	NAME OF CONVOYER
	Chief, Operations Br.
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
DATE	DATE

6. SHIPPED

FROM	TO
	LOSSON (BROTHER)
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
	<i>Joe</i>
DATE	DATE
	8

7. SHIPPED

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

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER	DATE
NAME FOSSUM GRANT A		SERIAL NUMBER 36213321	DATE OF DEATH DAY MONTH YEAR
CEMETERY		RANK SGT	ARM 1
PLOT ROW GRAVE COUNTRY M 5 106 ANDILLY FRANCE		DISPOSITION OF REMAINS CODE DIST. PT. CAUSE OF DEATH	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME FOSSUM, Grant A.	SERIAL NUMBER 36213321	RANK Sgt	DATE OF DEATH	DATE DISTINTERRED 15 July 1948
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION P	IDENTIFICATION VERIFIED BY JOHN D REGAN, EMBALMER NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL MATTRESS COVER	CONDITION OF REMAINS DISARTICULATED. NO FRACTURES EVIDENT.
OTHER MEANS OF IDENTIFICATION NONE	

MINOR DISCREPANCIES 1
NO IDENTIFICATION TAG FOUND WITH REMAINS.

REMAINS PREPARED AND PLACED IN CASKET xxxx Transfer box	
DATE 15 July 1948	BY JOHN D. REGAN, EMBALMER
CASKET SEALED BY Geo W. Lowry, Embalmer	EMBALMER (Signature) <i>Geo W. Lowry</i> Geo W. Lowry, Embalmer

CASKET BOXED AND MARKED 15 Sept 48 Geo W. Lowry, Embalmer	SHIPPING ADDRESS VERIFIED BY All markings, tags & plates verified by: Donald H. Fackett 1st Lt QMC
---	--

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

Final Casketing by *Donald H. Fackett*
Donald H. Fackett 1st Lt QMC ERNEST A. FOOTE, CAPT. FA., DET. A. AGRC.
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC ANDILLY, FRANCE		TO OIC, ST. AVOLD, FRANCE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER ELMO R. KING, 1ST. LT. INF.	DATE	SIGNATURE OF RECEIVER JESSE R. WARD, CAPT. FA.	DATE
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	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

21705 gw

CASE NO.		INSPECTION CHECK LIST				SPACE NO. 698
NAME OF DECEASED (<i>Last, First, Middle Initial</i>) BOSSUM, GRANT A.		BRANCH OF SERVICE ARMY	RACE V	RELIGION P	SEX M	DATE
RANK OR GRADE SGT	SERIAL NUMBER 36213321	CONSIGNEE TAYLOR MORTUARY GRANTSBURG, WISCONSIN				
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—NAME PLATE						
HEALTH PERMIT MARKER						
HEALTH PERMIT NUMBER						
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			
HANDLES AND FASTENINGS						
STENCILING—NAME PLATE						
CAM LOCKS (<i>Sealing</i>)						
ODOR OR MOISTURE						
ROUTED THROUGH						
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input type="checkbox"/> REPAIR SHOP			
CONDITION OF REMAINS			CASKET REPAIRED			
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			<input type="checkbox"/> YES <input type="checkbox"/> NO			
NECESSARY DISINFECTION (<i>Explain</i>)			CASKET EXCHANGED			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			SHIPPING CASE REPAIRED			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			SHIPPING CASE EXCHANGED			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			REMARKS			
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR	
				3/28	<i>Dalacker</i>	
REMARKS						
NY 0201						

WU A104 25 COLLECT 6 EXTRA

BRAINERD MINN MAR 1 1949 1044A

CHICAGO QUARTERMASTER DEPOT

AGRD

RETEL CONTROL NO 21705 SHIP REMAINS SGT GRANT A FOSSUM TO
TAYLOR MORTUARY GRANTSBURG WISCONSIN PER ORIGINAL
INSTRUCTIONS

MELVIN J FOSSUM 1620 1/2 OAK ST BRAINERD MINN

1140A

21705 1620 1/2..

FILE

MAR 11 12 09 AM

RF
TO
SIGN
R

WU A104 S2 COLLECT & EXTRA

BRAINERD MINN MAR 10 1949 1044A

CHICAGO QUARTERMASTER DEPOT

AGRD

RETEL CONTROL NO 2105 SHIP REMAINS SGT GRANT A FOSSUM TO

TAYLOR MORTUARY GRANTSBURG WISCONSIN PER ORIGINAL

INSTRUCTIONS

MELVIN J FOSSUM 1650 1/2 OAK ST BRAINERD MINN

1140A

2105 1650 1/2



A 36213321 sb

AG IV., CHICAGO QUARTERMASTER DEP
1819 W. PERSHING RD., CHICAGO 9, ILL.

WESTERN UNION
DAY LETTER

DELIVER AND REPORT ANY CHARGES

MR. MELVIN J. FOSSUM
1620 1/2 OAK STREET
BRainerd, MINNESOTA

RECEIVED
MAR 9 4 17 PM '49

FILE
[Handwritten mark]

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE

SGT. GRANT A. FOSSUM

ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO TAYLOR MORTUARY,

GRANTSBURG, WISCONSIN.

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. DELIVERY OF REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY SEVERAL WEEKS. AT LEAST THREE DAYS PRIOR TO SHIPMENT OF REMAINS ACCOMPANIED BY MILITARY ESCORT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF METHOD OF TRANSPORTATION AND TIME OF ARRIVAL AND REQUESTED TO NOTIFY YOU. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. IN REPLY REFER TO CONTROL NO. 21705.

THOS. O. CALL
MAJOR, QMC

MAR 9 1949

4A-1 and 4E-1
Combined and Revised

C. M. ODENWALDER
CAPT., QMC

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

242960

1033

—BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
FOSSUM GRANT A		36213321	SGT	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY
	FRANCE 9	11	SEP	44	MIA
					SHIPMENT NUMBER
					199

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 ANDREW FOSSUM	MOTHER	20 SEPT 44 MD
NO. AND NAME OF STREET—CITY—STATE		
GRANTSBURG WISCONSIN		

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						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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" 32 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.

SENSITIVE SURFACE - HANDLE EDGES ONLY

242,960

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

REPORT OF DEATH

DATE 2 Nov 45 fmw 3611

FULL NAME Fossum, Grant A.		ARMY SERIAL NUMBER 36 213 321		GRADE Sgt.									
HOME ADDRESS Grantsburg, Wisconsin		ARM OR SERVICE Infantry		DATE OF BIRTH 19 Jun 1918									
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action.		DATE OF DEATH 11 Sep 44									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Jun 41		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 3 yrs.									
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Andrew Fossum, mother, Grantsburg, Wisconsin													
BENEFICIARY (Name, relationship, and address) Caroline Fossum, mother, Grantsburg, Wisconsin Andrew Fossum, father, Grantsburg, Wisconsin													
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
ADDITIONAL DATA AND/OR STATEMENT												<input checked="" type="checkbox"/> BATTLE	<input type="checkbox"/> NON-BATTLE

Finding of death has been issued previously under Section 5, Public Law 490, as amended, showing presumed date of death as 12 Sep 45. This Report of Death based on information received since that date is issued in accordance with Section 9, of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

BY ORDER OF THE SECRETARY OF WAR

Grafton L. George

ADJUTANT GENERAL

WAR DEPARTMENT

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

—BATTLE CASUALTY REPORT

242,960

AG 201	NAME FOSSUM, GRANT A. 36 213 321	GRADE SGT	DATE CAS. REPORT RECEIVED 29 OCT 16 15
NAME AND AD. DRESS OF E. A.	Mrs. Andrew Fossum, mother, Grantsburg, Wisconsin Grantsburg, Wisconsin.		DATE TELEGRAM SENT

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER	
SGT	FOSSUM GRANT A	36213321	INF	ETO		286	
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY			CASUALTY CODE
KILLED IN ACTION		IN FRANCE		DAY	MONTH	YEAR	
				11	SEP	44	1J

No Telegram - Send Spec. ltr.

REMARKS:

CORRECTED COPY

U PROJECT

Finding of death has been issued previously under Section 5, Public Law 490, as amended, showing presumed date of death as 12 Sep 45. This Report of Death based on information received since that date is issued in accordance with Section 9, of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

ACTION BY COMPOSITE 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
		used	12 Sep 45
FORWARDED TO			E. A. NOTIFIED
			12 Sep 45
SPEC. IDEN.	C. & P.	TELEGRAM	LETTER
REPORT NOT VERIFIED	NO FORM 43	NO CAS. BR. FILE	CHECKED BY
			noted 17 Oct 45
DISTRIBUTION "A"	COPIES	DISTRIBUTION "B"	COPIES
NO FORM 0365			
MAY 1945	EDITION OF 1 JAN. 1945 MAY BE USED.		

242.960

Form prescribed by
Comptroller General, U.S.
7 October 1944

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

4049

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Sergeant Grant A. Fossum, Army Serial Number 36,213,321, Infantry, to be dead. He was officially reported as missing in action as of the 11th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 12th day of September, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Herbert

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	LYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D
European	No	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
19 Jun 1918	Grantsburg, Wisconsin	17 Jun 1941	YEARS	MONTH	DAYS	
			Over	Three	Years	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mrs. Andrew Fossum	Mother	Grantsburg, Wisconsin

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Caroline Fossum	Mother	Grantsburg, Wisconsin
NAME	RELATIONSHIP	ADDRESS
Andrew Fossum	Father	Grantsburg, Wisconsin

REMARKS

	Distribution <u>56</u>
Circumstances of disappearance: Soldier failed to return from an enemy attack while holding the front line along the Moselle River, Dornot, France.	

WD AGO FORM 0353
1 FEB 1945

THIS FORM SUPERSEDES WD AGO FORM 0353, 1 NOVEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

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

(S-9-6-45)
GHG:MH:vm
June 23, 1945

In Reply Refer To: 242960

*filed
wp*

Mrs. Andrew Fossum
Crantsburg, Wisconsin

Dear Mrs. Fossum:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your son, Sergeant Grant A. Fossum:

One carton and contents.

My action in transmitting the property does not, of itself, vest title in you. The items are forwarded in order that you may act as gratuitous bailee in caring for them pending the return of the owner, who has been reported missing in action. In the event he later is reported a casualty, and I sincerely hope he never is, it will be necessary that the property be turned over to the person or persons legally entitled to receive it.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

I regret the circumstances prompting this letter, and wish to express my hope for the safe return of your son.

Yours very truly,

P. L. KOOB
1st Lt. Q.M.C.
Officer-in-Charge
SJ Unit

Incl--
Envelope

Receipt acknowledged:

Mrs. Andrew Fossum
(Signature of Bailee)

July 9, 1945
(Date)

Eff. QM Form 205 (11 Apr 45)



JUL 1 0 1945

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Andrew Fossum.

Grantsburg, Wisconsin

Effects of: Sgt. Grant A. Fossum

Name 36213321

ASN 242960 M

Case No.

Wt.

DATE 28 June 1945

GHC:MH:vm

Margaret Hill
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

Franked **FRANKED**
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages 1

MMB
Shipping Clerk

JUL 4 1945

R E S T R I C T E D

13 Sep 44

Date

SUBJECT: Inventory of Personal Effects of:

ROSSUM GRANT A. SGT XXXXXXXX 36213321
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO _____
US Army

The above named individual of Company "C"
(Unit)

2 3d Armd Inf. Bn. was reported MIA
(Organization) (Status-Killed, MIA,

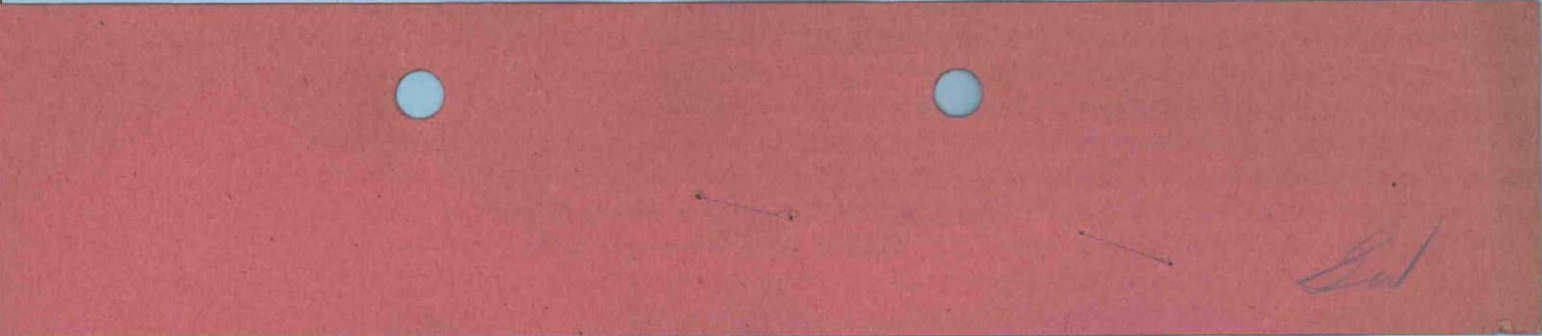
_____ about 11 September 1944
Hospitalized, etc.) (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

- Testament ✓
- Address book ✓
- Photographs ✓
- Personal correspondence ✓
- Snapshots ✓

R E S T R I C T E D



JUN 20 1945
 242,960
 MMB

PACKAGE DESCRIPTION #I Ctn	ARMY EFFECTS BUREAU INVENTOR	DECEASED MISSING <input checked="" type="checkbox"/>
		P.O.W. ABANDONED
		TALLY NO. 7787
		INV. DATE 12 June 45
		ORG. NO. OF PKGS. 1
NAME Grant A. Fossum		BOX NO. 22
A.S.N. 36213321	RANK Sgt	SHEET 1 OF 1 SHEETS
		ORGANIZATION Co C 93 Airborne Div Pon

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

REMARKS *Mrs. A. Fossum mother* ATTACHMENTS *1 Inventory* FORM #54 FORM #100
Grantsburg Mass

C.A.T. <i>None</i>	STORER'S SIGNATURE <i>MMB</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>3040</i>	STORED BY <i>HB</i>	DATE SHIPPED <i>AUG 4 1945</i>	SHORTAGE ON REVERSE
INVENTORIED BY <i>M. Manahan</i>	CHECKED BY <i>[Signature]</i>	<input checked="" type="checkbox"/> #45 OR ADDITIONAL	IDENT. TAGS REMOVED
PACKED BY <i>Le Monahan</i>			DIARY REMOVED
			LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED

gd

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



APPROVED
FOR RELEASE
BY
DATE