

RRE Form #43  
20 Sep 48

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

FISCHER                      Thomas                      N                      PVT                      33774865  
(Last Name)                      (First Name)                      (Initial)                      (Rank)                      (ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery NEUVILLE

STATION FILE

Incl #

REPORT OF INVESTIGATION

ARLA SEARCH

AGRC Form #10 (Revised)  
1 January 1946.

Date 14 March 1946.

NAME FISCHER, Thomas N., Neuville en Condroz RANK Pvt ASN 33774865

ORGANIZATION 23rd Armd Inf Bn Inf

MEANS OF IDENTIFICATION 7 items of clothing were marked with F 4865 or 4865 A 14 Kt Ruby ring with the inscription "TS to TF 1942" was found and furthermore the 23 A.I.B. was operating in this sector at the time.

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? NO If so, state the following information:

a. NAME UNKNOWN RANK \_\_\_\_\_ ASN \_\_\_\_\_

b. ORGANIZATION \_\_\_\_\_

2. Was partial identification established? NO If so, state the facts as to whom you believe the deceased to be:

a. NAME James Cooksey RANK Private ASN 37 33

b. ORGANIZATION \_\_\_\_\_

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY? S/Sgt

James C. Cooksey ASN 37660733

(Use reverse side for listing of crew members from MACR)

a. Date of above burials 11 Oct 44 Common Graves? NO

5. Name and Type of Cemetery None  
(Military or civilian)
6. Map coordinates of the Cemetery \_\_\_\_\_  
a. Town \_\_\_\_\_ Country \_\_\_\_\_
7. Give exact location in cemetery of the remains \_\_\_\_\_  
a. Section \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_  
b. Is sketch attached? \_\_\_\_\_
8. If remains are not located in a cemetery, give exact location.  
a. Town VIERLINGSBEEK (Vortug) coordinates 2A & 3A-E 80-37  
b. Is sketch attached? yes  
c. Is area mined? no
9. How is the grave marked? cross
10. If grave is marked with cross, give exact markings thereon \_\_\_\_\_  
Ruste en vrede U.S.A.  
a. From what source was this information obtained? unk  
(Identification tags, personal effects)  
b. By whom Herman v.d. Bosch (statement)
11. Where are the cemetery records? \_\_\_\_\_  
(Town hall, cemetery, burgemeester's office)  
Piet Jansen A - 204 Spoorstraat, Vierl.  
a. What information was contained thereon? \_\_\_\_\_  
2 American graves.  
b. Where was the information obtained? not known  
c. By whom? \_\_\_\_\_
12. What is the date of death? 1 Oct 1944  
a. Give Basis Herman v.d. Bosch (statement)
13. What is the cause of death? snot left chest  
b. Give Basis? see statement
14. What is the date of burial? 11 Oct 1944

- a. Give basis Herman v.d. Bosch (statement) 2A & 3A
15. What was the place of death? Vortum Coords E 80-375
- Give basis see statement
16. Where were the remains found? Vortum, Holland Coords E 80-375 2A & 3A
- a. By whom? Jan v.d. Bosch
- b. Is sketch attached? yes
17. Was a casket used? no Who furnished the casket? -
- Type of casket - How marked? -
18. Who made the burial Dutch underground (civilian)  
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? Herman v.d. Bosch  
Jan v.d. Bosch, Steenstraat 14, Boxmeer, Holland
- b. Are certificates and statements attached? yes

SECTION B - AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

DOES NOT APPLY.

19. Were remains found in the place wreckage? \_\_\_\_\_
- a. Give location in plane from which the bodies were removed \_\_\_\_\_  
(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)
- b. Near wreckage? \_\_\_\_\_
20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom)
- a. Type of Plane \_\_\_\_\_
- b. Markings and/or name on plane \_\_\_\_\_
- c. Give numbers on motors, machine guns, instruments, radios or other equipment \_\_\_\_\_
21. How did crash occur? \_\_\_\_\_ Anti-aircraft \_\_\_\_\_
- Enemy Planes? \_\_\_\_\_ Collision? \_\_\_\_\_



22. Did plane explode in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
23. Did plane burn in the air? \_\_\_\_\_ On ground? \_\_\_\_\_
24. What was the direction of the flight? \_\_\_\_\_
25. What was the civilian opinion regarding destination of plane? \_\_\_\_\_
- \_\_\_\_\_
26. Had bombs been released prior to the crash? \_\_\_\_\_
27. Does specific time and date of crash correspond with date of death of above named deceased? \_\_\_\_\_
28. Number of planes in formation prior to crash \_\_\_\_\_
29. State precise time and date of plane crash \_\_\_\_\_  
(Night? Day?)
30. Were parachutists seen? \_\_\_\_\_ How many? \_\_\_\_\_ Escaped? \_\_\_\_\_  
Prisoners? \_\_\_\_\_

*DOES NOT APPLY*

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? \_\_\_\_\_
- a. Give specific position in tank from which deceased was removed.  
\_\_\_\_\_  
(Radio man, driver, assistant driver or... front, side, or back)
- b. Near wreckage? \_\_\_\_\_
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank \_\_\_\_\_
- b. Marking and/or name of tank \_\_\_\_\_
- c. Numbers on motors, machine guns, ammunition, instruments, etc. \_\_\_\_\_
- \_\_\_\_\_
33. What was the type of enemy action that resulted in the tank's disablement?  
\_\_\_\_\_
34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_

35. Numbers of tanks in immediate vicinity at time of disablement \_\_\_\_\_

**DOES NOT APPLY.**

36. Does specific time and date of disablement correspond with date of death of above named deceased? \_\_\_\_\_

37. Precise time and date of destruction of tank \_\_\_\_\_  
(Night?) (Day?)

38. Did any of the crew members escape? \_\_\_\_\_ Prisoners? \_\_\_\_\_

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (I.E., truck, jeep, mines, drowning or small arms fire) 1 shot

If so, give complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possesses knowledge of the case attached? yes

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased \_\_\_\_\_

unk

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team? no

If not, state reason unk

a. Were identification tags found at the time of death? yes

Where? on body By whom? An Am. or English Capt.

Present disposition unk., taken by said Captain

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? unk

Where? \_\_\_\_\_ by whom? \_\_\_\_\_

Present disposition? unk

- c. Was deceased identified by living members of the crew at the time of death? no
- d. Did Cemetery Register or cross indicate the immunization shot? no
42. Was deceased given first aid? unk If so, where? \_\_\_\_\_  
 By whom? \_\_\_\_\_ Are statements from the medical people attached?  
 \_\_\_\_\_
43. Was deceased evacuated to a German civilian hospital? no  
 Where? \_\_\_\_\_ Names of people concerned \_\_\_\_\_  
 \_\_\_\_\_
- Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? no
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? no  
 (Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? no
- a. If so, give basis for positive assumption \_\_\_\_\_  
 \_\_\_\_\_
- b. If so, has higher headquarters been notified? \_\_\_\_\_
47. Was case previously investigated? no By whom? \_\_\_\_\_  
 When? \_\_\_\_\_
48. Give full names, addresses, and information obtained from each person interviewed?  
Herman v.d. Bosch  
Jan v.d. Bosch  
Steenstraat 14, Boxmeer, Holland
49. Are all positive statements regarding identification and particulars surrounding death attached? yes

50. Has any information been given concerning isolation burials in the area outside the immediate vicinity? no

51. Was investigation preceded by advanced publicity? yes

(If special investigation, give case number) \_\_\_\_\_

52. Give brief Narrative SEE STATEMENTS

(Use attached sheets, if necessary)

J. M. Jolie  
Signature of Interpreter  
C. M. A. Jolie  
civilian  
Rank \_\_\_\_\_ ASN \_\_\_\_\_

David Schuster  
Signature of Investigator  
Schuster  
P.F.C. 42126823  
Rank \_\_\_\_\_ ASN \_\_\_\_\_

6857th C. CR Co.  
Organization

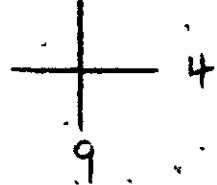
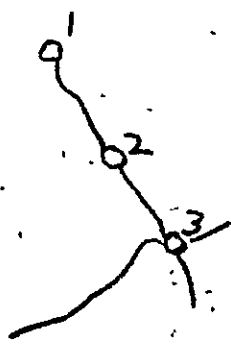
6857th C. CR Co.  
Organization.



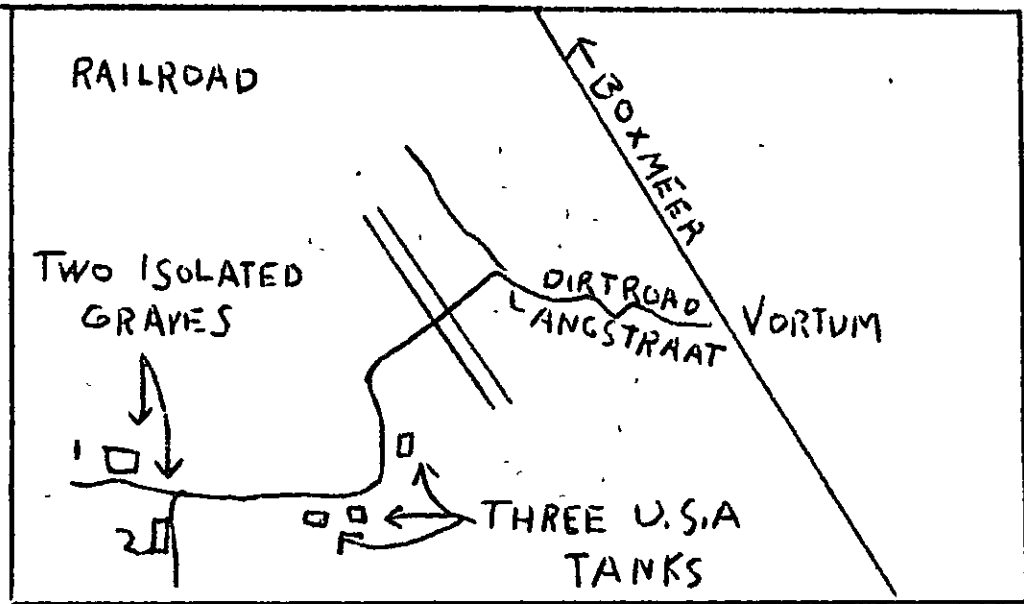
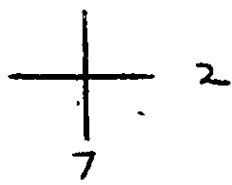
Vortum, Holland  
Isolated Grave  
North West Europe  
Series 4042  
2a&3a/E 80-375  
Scale 1/250,000  
WZ Holland

Gr. I - Cookse, James C. S/Sgt. Inf.  
37660733

Gr. 2 - Fisher, Thomas Pvt. Inf.  
33774865



1 - BOXMEER  
VORTUM  
VIERLINGSBEEK



Boerme 8 Maart 1946

## Verklaring

Hierby verklaar ik op 10 October 1945 in de Langstraat Vortum gemeente Vierlingstreek te hebben gevonden twee lijken van Amerikaanse soldaten.

Hier van was er een volgens mijn mening gedood door een bajonet. Steek de andere door een kogel.

Hier van heb ik melding gemaakt bij de geneesker directeur van het Rode Kruis en bij de commandant van de O D Op 11 Oct zijn wij in twee groepen daarheen teruggekeerd om hun te begraven de ene groep onder leiding van mijn broeder de andere onder mijn leiding.

De auto waarheen wij ons derwaarts begeven is op een mijn gereden dus zijn wij niet meer daar gekomen en heeft de andere groep hun ter aarde besteld. Verder kan ik hier over geen inlichtingen verstrekken en hoop hier mede het Amerikaanse leger van dienst te zijn geweest en teken Hoogachtend

Frans J. J. J.

Stenstraat 141

Boerme

S T A T E M E N T

Boxmeer, 8 March 1946.

Hereby I declare to have found at the Langstraat, Vortum, community of Vierlingsbeek, two bodies of American soldiers. I suppose one of them was killed by a prick of a bayonet and the other by a bullet.

I gave information of this case to the medical director of the Red Cross and to the Commander of the Underground Forces. On the 11th of October we were going to the place by two groups to bury the bodies, one group conducted by my brother, the other conducted by me.

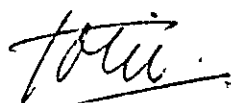
One of the cars, under my supervision, drove over a mine and they never arrived to that place and the other group buried the bodies.

Further I can't give any information about this case and I hope that I made a good service to the American Army.

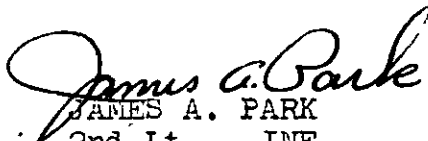
Yours sincerely,

S/ J. v.d. Bosch  
Steenstraat 14  
Boxmeer.

I certify that this is a true translation :

  
C.N.A.A. Jolie  
Stratumschedijk 8  
Eindhoven.

Certified true copy :

  
JAMES A. PARK  
2nd Lt .INF  
6857th QM GR Co.

Bon neer. 8. Maand. '46.

Verklaring.

Hier bij verklaar ik twee Amerikaanse schepen te hebben begraven in Vothum in de Langestraat. gemenl. vier lingsboek. 10 Feb. '44.  
De kisten zijn er op gezet door een Engels of American Kapitein en heeft Stevens alle kisten mede genomen.

Yongachter.

Ynd Boek.  
Langestraat. 14.  
Dorchester.



S T A T E M E N T

Boxmeer, 8 March 1946.

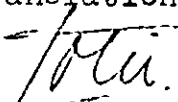
Hereby I declare to have buried two American soldiers at Vortum at the Langstraat, community of Vierlingsbeek on the 11th of October 1944.

An American or English captain put the crosses on the graves and he took along with him every distinctive mark.

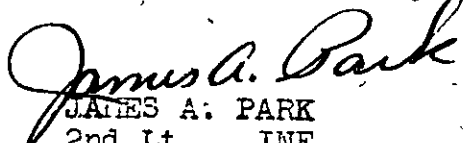
Yours sincerely,

S/ H. v.d. Bosch  
Steenstraat 14  
Boxmeer.

I certify that this is a true translation :

  
C.N.A.A. Jolie  
Stratumschedijk 8  
Eindhoven.

Certified true copy :

  
JAMES A. PARK  
2nd Lt INF  
6857th QM GR Co.

NEUVILLE EN CONDROZ

90V 30

1

PLOT: B. ROW: 40. GRAVE: 45.  
 DATE OF BURIAL: 1 April 1949...  
 VERIFIED BY GRS OFFICER: **DISINTERMENT DIRECTIVE**  
 THEODORE C. MURRAY, CAPT, QMC

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 1260 05304	DATE 15 08 48 DAY MONTH YEAR
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NAME FISCHER THOMAS N	SERIAL NUMBER 33774865	GRADE PVT	ARM 1	RACE 1	RELIGION 1
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CEMETERY NEUVILLE BELGIUM	PLOT C	ROW 4	GRAVE 77	DISPOSITION OF REMAINS 1202 80 CODE DIST CTR
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SECTION B - CONSIGNEE AND NEXT OF KIN FLAG SENT: 4 April 1949.

NAME AND ADDRESS OF CONSIGNEE NEUVILLE-EN-CONDROZ, BELGIUM	NAME AND ADDRESS OF NEXT OF KIN WILLIAM FISCHER (FATHER) 2923 NORTH ORKNEY STREET PHILADELPHIA, PENNSYLVANIA
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME THOMAS N FISCHER	SERIAL NUMBER 33774865	GRADE PVT	DATE OF DEATH	DATE DISTINTERRED 19.OCT.48
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IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION USAGF	RELIGION UNK	IDENTIFICATION VERIFIED BY ROBERT W GANSEL, 1/LT. QMC NAME AND TITLE
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SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM	CONDITION OF REMAINS REMAINS COMPLETE, ADVANCED STAGE OF DECOMPOSITION
-----------------------------	--

OTHER MEANS OF IDENTIFICATION  
 GRS TAG FOUND ON REMAINS 'MILITARY'  
 IN PROCESSING

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
 GRS TAG FROM MARKER (THOMAS) MISSPELLED FIRST NAME

**FILE**  
19 MAY 1949

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX:  
 29.OCT.48

ELAN E POORBAUGH, EMBALMER

CASKET SEALED BY WILFRED D HARRIS, EMBALMER	EMBALMER (Signature) WILFRED D HARRIS
--	--

CASKET BOXED AND MARKED 4.NOV.48 DATE BY STANLEY E GAJEWSKI CLERK RECORDER	SHIPPING ADDRESS VERIFIED BY TAGS, MARKINGS, PLATES VERIFIED BY: FRANKLIN J ST CLAIR, 1/LT. INF.
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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

ROBERT W GANSEL, 1/LT. QMC

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
 I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.  
 - I CERTIFY that the typed names appearing above are the same as the original signatures on the No 4 copy of F- 1194 concerned

Raymond J Rodriguez CWO USA

# RECORD OF CUSTODIAL TRANSFER

## 1 SHIPPED

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

RECEIVED  
 3 58 PM '49  
 RECORDS DIVISION  
 FEDERAL BUREAU OF INVESTIGATION

## 4 SHIPPED

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

02-24

## 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

6 May 1949

Pvt. Thomas N. Fischer, ASN 33 774 865  
Plot B, Row 40, Grave 45  
Headstone: Cross  
Neuville-en-Condroz (Belgium)  
U. S. Military Cemetery

Mr. William Fischer  
2923 North Orkney Street  
Philadelphia, Pennsylvania

Dear Mr. Fischer:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN  
Major General  
The Quartermaster General

6 4 11 11 10  
cey



# REQUEST FOR DISPOSITION OF REMAINS

24/9/48

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

DATE:

Pvt Thomas N. Fischer, 33 774 865  
Flot C, Row 4, Grave 77,  
United States Military Cemetery  
Nouville-en-Condroz, Belgium

86

Previously noted  
1 April 1948

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, WILLIAM FISCHER

(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. Neuville-en-Condroz, Bel
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(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 FORM  
AUG 25 1948

Coded 8/16/48  
D. Buchanan

29 JUN 1948

M. R. Home

**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			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U S A OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	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	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U S A, OR COUNTRY

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

William Fischer (SIGNATURE OF NEXT OF KIN)      2923 N ORKNEY ST (STREET AND NUMBER)  
WILLIAM FISCHER (NAME PRINTED OR TYPED)      PHILA 33 PA. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 6th day of April, 1948, at city (or town) of Philadelphia, county of Philadelphia, and State (or Territory or District) of Penna.

Isadore M. Yarus  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
My Commission Expires 3/9/51  
(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

\_\_\_\_\_ (DATE)

\_\_\_\_\_  
(SIGNATURE OF NEXT OF KIN) \_\_\_\_\_ (STREET AND NUMBER)

\_\_\_\_\_  
(NAME PRINTED OR TYPED) \_\_\_\_\_ (CITY AND STATE)

**PART III**

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

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

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

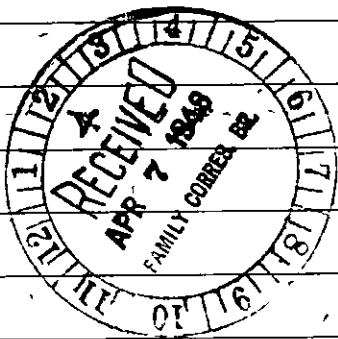
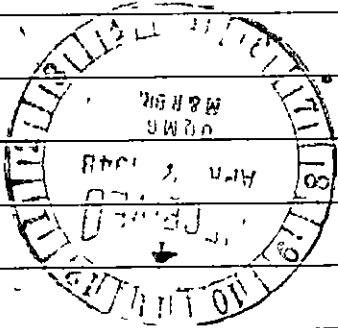
\_\_\_\_\_ (DATE)

\_\_\_\_\_  
(SIGNATURE) \_\_\_\_\_ (STREET AND NUMBER)

\_\_\_\_\_  
(NAME PRINTED OR TYPED) \_\_\_\_\_ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTION

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



293  
Pvt Thomas H. Fischer, 33 774 865 274  
Plot C, Row 4, Grave 77,  
United States Military Cemetery  
Neuville-en-Condros, Belgium

1 April 1948

Mr. William Fischer  
2923 Sanny Street  
Philadelphia, Pennsylvania

Dear Mr. Fischer:

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

Inc 15

APR 12 07 PM '48  
QDMG M&R

ant



OFFICE OF THE QUARTERMASTER GENERAL  
MEMORIAL DIVISION

SUBJECT: NEW LOI  
TO: MACHINE SECTION, R & R BRANCH, MEMORIAL DIVISION  
ROOM 2701, TEMPORARY B BLDG

Date: 28 Feb 1948

293  
Pvt. Thomas N. Fischer

33774805

Rank

Name

Serial No.

LOI to be sent to:

Grave Location: 21

Mr.

Mrs.

Miss

William Fischer

Name

Newville - ex - Cambria

Cemetery

2923 N. Oakley St

Street

Plot: e

Row: 7

Grave: 77

Phila. Pa

City

State

**L.O.I. SENT**

**1 APR 1948**

MULLIGAN  
5057

*1100 ft  
31 minutes  
to 200 ft  
to follow*

# QUEST FOR DISPOSITION OF REMAINS

*h y a e*

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

DATE

Pvt Thomas N. Fischer, 33 774 865  
Plot C, Row 4, Grave 77,  
United States Military Cemetery  
Neuville-en-Condroz, Belgium

12 January 1948

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

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

I, \_\_\_\_\_  
(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

(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)

*RSDA 3/5*

*MAT  
31 Jan 48  
file  
at 10:00  
10:00*

**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
EXPRESS OFFICE ( <i>Nearest railroad passenger station</i> )	TELEGRAPH ADDRESS		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			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U S A OR COUNTRY
EXPRESS OFFICE ( <i>Nearest railroad passenger station</i> )	TELEGRAPH ADDRESS		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	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U S A OR COUNTRY

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

_____	_____
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at city (or town) of \_\_\_\_\_, county of \_\_\_\_\_, and State (or Territory or District) of \_\_\_\_\_

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

_____
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
_____
(OFFICIAL TITLE)

**PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

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

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

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

(SIGNATURE OF NEXT OF KIN)	(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

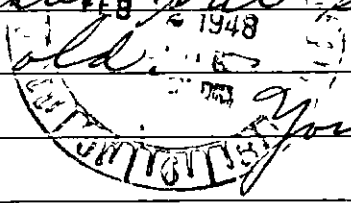
LAST NAME <i>Fischer</i>	FIRST NAME <i>William</i>	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED <i>Father</i>		
NUMBER AND STREET <i>2923 N. Oakney St.</i>	CITY OR TOWN <i>Philadelphia</i>	STATE OR COUNTRY <i>Pa.</i>

<i>Theresa M Till</i> (SIGNATURE)	<i>February 11, 1948</i> (DATE)
<i>THERESA M. TILL</i> (NAME PRINTED OR TYPED)	<i>1945 9<sup>th</sup> Mutter St.</i> (STREET AND NUMBER)
	<i>Phila, Pa.</i> (CITY AND STATE)

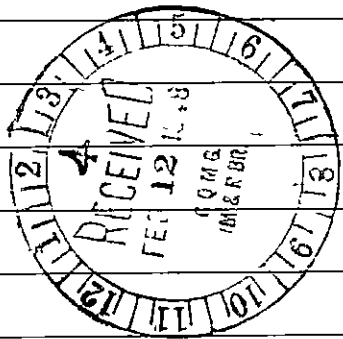
ADDITIONAL REMARKS AND INSTRUCTIONS

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

I remarried. My first husband's mother & father are living. I have a daughter but she is only four years old.



Yours truly  
Mrs. G. Till





Pvt Thomas H. Fischer, 33 774 865  
Plot C, Row 4, Grave 77,  
United States Military Cemetery  
Neuville-en-Condroz, Belgium

12 January 1948

Mrs. Theresa Fischer  
1945 North Mutter Street  
Philadelphia, Pennsylvania

Dear Mrs. Fischer:

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

8  
Incls.

(No)

203

JAN 12 1 13 PM '48  
O. O. M. G.  
MAIL & RECORDS BR

2. B. Larkin 10/24/48

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

In Reply Refer To  
QMGR 314.6

21 MAR 1947

**Graves Registration**  
**(European, U. S. Zone.)**

SUBJECT: Burial Records

TO : **Commanding Officer**  
**American Graves Registration Command**  
**European Theater Area**  
**APO 837, c/o Postmaster**  
**New York, New York**

1. Request the burial reports and grave markers for the following decedent be changed to read as follows:

Cemetery: **United States Military Cemetery, Neuville-en-Candres, Belgium.**

<u>NAME</u>	<u>RANK/ GRADE</u>	<u>SERIAL NO.</u>	<u>DATE OF DEATH</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>	<u>ORGAN.</u>	<u>RACE</u>
<u>Fisher, David D.</u>	<u>2/Lt</u>	<u>02 044 938</u>		<u>6</u>	<u>11</u>	<u>362</u>		<u>White</u>
<u>Fischer, Thomas H.</u>	<u>Pvt</u>	<u>33 774 865</u>		<u>6</u>	<u>4</u>	<u>77</u>		<u>White</u>

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*  
MARTIN G. RILEY  
Major, QMC  
Assistant

mb

7D

QMGYC 293

Fischer, Thomas N.

33 77 4865

3 August 1946

Mrs. Theresa Fischer  
1945 North Mutter Street  
Philadelphia, Pennsylvania

Dear Mrs. Fischer:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Thomas N. Fischer, A.S.N. 33 774 865.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Neuville-en-Condroz, plot C, row 4, grave 77.

This cemetery is located nine miles southwest of Liege, Belgium, 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,

F. B. LARKIN  
Major General  
The Quartermaster General

AUG 5 9 55:50 PM '46

U. S. M. C.  
MAIL & RECORDS BRANCH

EX

INFORMATION GUIDE FOR C & L TO FOR

CEMETERY Newville-en-Condraz C PLOT 4 ROW 77  
 NAME Fischer Thomas N PANK Put ASN 3377486

Next of Kin (Relationship) Wife

Name Fischer Theresa

Street 1945 North Mutter St.

City & State Philadelphia PA

Original Burial  Reburial

DATE 7-31-46 Name of Person Executing Form Anita Carlton  
 (First) (Last)

Photo Yes

No

AG 704 - AGC.

*AGC*  
*243 Fischer, Thomas N.*  
AG CAS 33774865BR

ARC. 3900  
Extension: 122  
FMG/ma.

HEADQUARTERS, UNITED STATES FORCES, EUROPEAN THEATER (REAR), APO 887, U.S. ARMY.

THE ADJUTANT GENERAL

WASHINGTON, 25, D. C.

1. The status of Pvt. Thomas N. FISCHER, 33774865, is changed from PDD, 2 October 1945, to KIA, 1 October 1944, included in "U" Project of Casualty Shipment this date, based upon Report of Burial. American Graves Registration Service, European Theater Area, states soldier has been reburied in Grave 77, Plot C, Row 4, Neuville en Condroz U. S. Military Cemetery, Belgium.

2. There is no further information available as to circumstances surrounding this casualty, except that shown on War Dept. Memorandum A. G. 704 Dead (2 October 1945), S. R. & D. No. 4226, Subject: Review and Determination of Status under the Missing Person Act.

MCNARNEY

OFFICIAL:

E. H. KOREMAN,  
Lt. Col., A. G. D.,  
Asst. Adjutant Gen.

1 Incl:

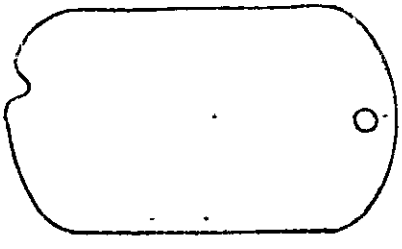
Report of Burial for :  
Pvt. Thomas N. FISCHER,  
33774865.

*File  
H.S. 46  
mem  
7044*



CCP

RESTRICTED

WD QMC FORM 1042 (Rev 1 Apr 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT <b>14 March 1946</b>	
Imprint Identification Tag If Possible DO NOT TYPE  		Section 1.—IDENTIFICATION			SERIAL NO	
		NAME (Last, first, middle initial) <b>FISCHER, Thomas N.</b>			<b>39774865</b>	
GRADE <b>Pvt.</b>		ORGANIZATION <b>7th ARMD. DIV. 23rd Armd. Inf. Bn.</b>		BRANCH OF SERVICE <b>Inf.</b>		
RACE <b>White unk.</b>		RELIGION <b>PROTESTANT unk.</b>		IF OTHER THAN U. S. DEAD GIVE NAME OF COUNTRY <b>J5</b>		
PLACE OF DEATH <b>VORTUM, Holland</b>		CAUSE OF DEATH <b>KIA OSW in left chest</b>			DATE OF DEATH <b>1 Oct. 1944</b>	
EMERGENCY ADDRESSEE (Name, relationship, and address)						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>7 items of clothing were marked with P-4865 or 4865. A 14 kt ruby ring with the inscription "T.S. to T.F. 1942" was found and further more the 23 Armd. Inf. Bn. was operating in this sector at the time.</b>				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <b>Yes (two)</b>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
<u>English coins</u> <b>1 six pence 1 threepence 1 shilling 1 penny 1 florin</b>		<u>American coins</u> <b>6 quarters 11 Nickels 4 dimes</b>		<b>1 Crawford wrist watch 1 14 kt ruby ring inscribed "T.S. to T.F. 1942" 1 key-ring with 6 keys. (Tag att. to ring)</b>		
<b>Disint. 1st Pl. 6857th Qm. Co. / inacr. AEG 1 Greenburg himself 802-804 Vine st. Phila. Pa. on back was engr. A pair of trousers with no. 507.</b>						
Section 2.—BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse						
NAME NUMBER COORDINATES AND LOCATION OF CEMETERY <b>U. S. MILITARY CEMETERY (VK 390187), NEUVILLE EN CONDROZ</b>						
DATE OF BURIAL	HOUR	BURIED IN (Should, blanket or name of other)	TYPE OF GRAVE MARKER	PLOT NO	ROW NO	GRAVE NO
<b>29 March 1946</b>	<b>1000</b>	<b>Coffin</b>	<b>Cross</b>	<b>C</b>	<b>4</b>	<b>77</b>
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL INDICATE NAME NUMBER COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE <b>Side of road Vortum, Holland 2A49A/E80-37 Series 4042 N.W. Europe 1,250.000</b>			PLOT NO	ROW NO	GRAVE NO
				<b>---</b>	<b>---</b>	<b>---</b>
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>Form 1042 buried in bottle with body</b>				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>					
<b>Tag made at Cemetery</b>		<b>Tag made at Cemetery</b>				
BODY BURIED ON DECEASED LEFT NAME (Last first middle initial) <b>HORWATH, Thomas</b>			RANK <b>S/Sgt</b>	SERIAL NO <b>33148912</b>	ORGANIZATION <b>31 Th Bn</b>	GRAVE NO <b>78</b>
BODY BURIED ON DECEASED RIGHT NAME (Last first, middle initial) <b>UNKNOWN X - 3410</b>			RANK <b>Unknown</b>	SERIAL NO <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	GRAVE NO <b>76</b>
SIGNATURE OF PERSON PREPARING REPORT <b>James A. Park</b> <b>JAMES A. PARK 2nd Lt. Inf.</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>WILLARD R. JONES</b> <b>1st Lt QMC (PA)</b> <b>Reinterment Officer</b>			
DISTRIBUTION OF REPORT Signed original for U S and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander						

RESTRICTED

25 AVR 1946

MC 26

# RESTRICTED

## Section 3.—UNIDENTIFIED REMAINS


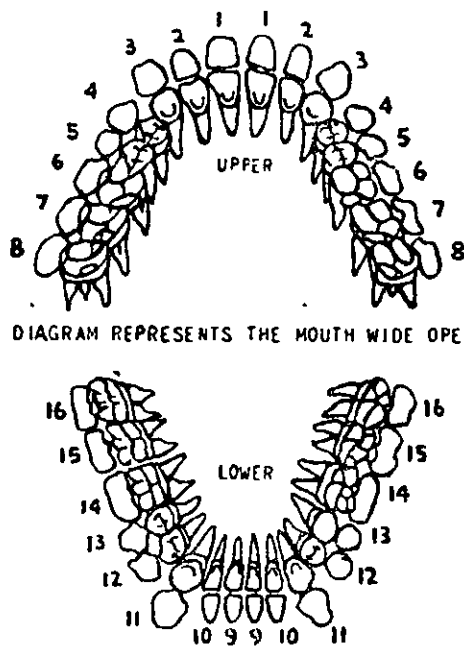




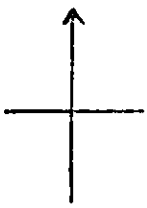
### INSTRUCTIONS

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under Other, such as shoe size, social security number, position of body found in airplanes, vehicles, and tanks and serial numbers of airplanes, vehicles and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS SCARS OR TATTOOS
WEAPON AND SERIAL NO		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		

REMARKS:

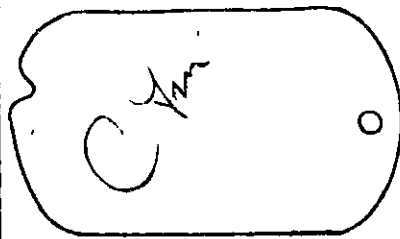
RIGHT LITTLE FINGER

WD QMC FORM 1042  
(Rev 1 Apr 1945)  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT  
**14 March 1946**

Imprint Identification Tag If Possible  
DO NOT TYPE



Section 1—IDENTIFICATION

NAME (Last, first, middle initial) <b>FISCHER, Thomas N.</b>		SERIAL No <b>33774865</b>
GRADE <b>Pvt</b>	ORGANIZATION <b>23rd Armd. Inf. Bn. 7th Armbr. Div.</b>	BRANCH OF SERVICE <b>Inf.</b>
RACE <b>WHITE unk. J1</b>	RELIGION <b>unk.</b>	IF OTHER THAN U. S. DEAD GIVE NAME OF COUNTRY

PLACE OF DEATH <b>VORTUM, Holland</b>	CAUSE OF DEATH <b>KIA GSW in left chest</b>	DATE OF DEATH <b>1 Oct. 1944</b>
--	--	-------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>7 items of clothing were marked with F-4865 or 4865. A 14 kt. ruby ring with the inscription "T.S. to T.F. 1942" was found. And further more the 23 Armd. Inf. Bn. was operating in this sector at the time.</b>
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <b>Yes (two)</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME	<b>1 Crawford wrist watch, 1 14 kt. ruby ring inscr. "T.S. to T.F. 1942", 1 key ring with 6 keys. Tag att to ring inscr. "ABE I. Greenburg himself 802-804 Vine st. Phil.-Pa. on back was engraved a pair of trousers with nr. 507.</b>
<b>English coins</b>	<b>American coins</b>
<b>1 sixpence 1 threepence 6 quarters 1 shilling 1 penny 1 florin</b>	<b>11 nickels 4 dimes</b>
<b>Disinterred by 1st Plat. 6857th QM, GR, Co.</b>	

Section 2—BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse

NAME NUMBER COORDINATES AND LOCATION OF CEMETERY  
**U. S. MILITARY CEMETERY (VK 390187), NEUVILLE EN CONDROZ**

DATE OF BURIAL <b>29 March 1946</b>	HOUR <b>1000</b>	BURIED IN (Shroud blanket, or name of other) <b>Coffin</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No <b>C</b>	ROW No <b>4</b>	GRAVE No <b>77</b>
--	---------------------	---	--------------------------------------	---------------------	--------------------	-----------------------

WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE <b>Side of road at Vortum, Holland 2A43A/E8037 Series 4042 1,250.000 NW Europe</b>
--	---

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>Form 1042 buried in bottle with body</b>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	
<b>Tag made at Cemetery</b>	<b>Tag made at Cemetery</b>	

BODY BURIED ON DECEASED LEFT NAME (Last, first middle initial) <b>HORWATH, Thomas</b>	RANK <b>S/Sgt</b>	SERIAL No <b>33148912</b>	ORGANIZATION <b>31 Tk Bn</b>	GRAVE No <b>78</b>
BODY BURIED ON DECEASED RIGHT NAME (Last, first middle initial) <b>UNKNOWN X - 3410</b>	RANK <b>Unknown</b>	SERIAL No <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	GRAVE No <b>76</b>

SIGNATURE OF PERSON PREPARING REPORT: **JAMES A. PARK 2nd Lt. Inf.**  
SIGNATURE OF GRS OFFICER VERIFYING REPORT: **MILLARD R. JONES 1st Lt QMC (FA) Reintering Officer**

DISTRIBUTION OF REPORT Signed original for U S and allied dead signed original and one copy for enemy dead to the Quartermaster General through Headquarters GRS Officer Copies for retention in theater as prescribed by theater commander

**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS**

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below and any other clues under "Other," such as shoe size, social security number, position of body found in airplanes, vehicles, and tanks, and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS SCARS OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS,	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

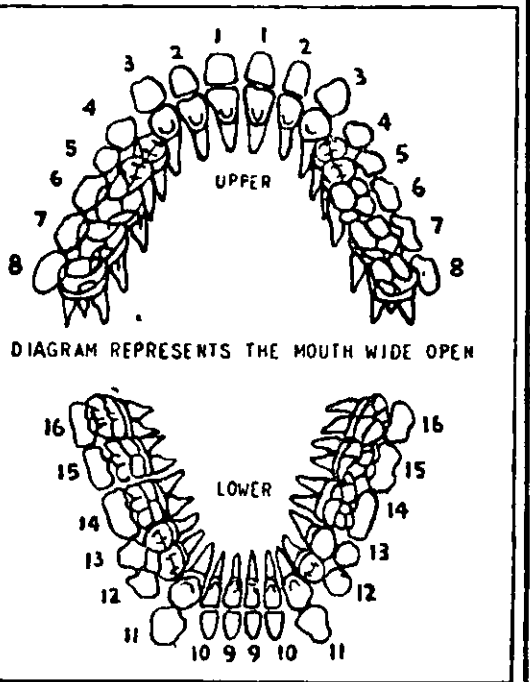
LEFT LITTLE FINGER	FILLINGS	
	LEFT RING FINGER	

LEFT MIDDLE FINGER	CAVITIES	
	LEFT INDEX FINGER	

LEFT THUMB	MISSING TEETH	
	RIGHT THUMB	

RIGHT THUMB	CROWNED TEETH	
	RIGHT INDEX FINGER	

RIGHT INDEX FINGER	BRIDGE WORK	
	RIGHT MIDDLE FINGER	



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS.

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

**—BATTLE CASUALTY REPORT**

NAME AND ADDRESS OF E. A.	NAME	GRADE	DATE CAS REPORT RECEIVED
	FISCHER, THOMAS N. 33 774 865	PVT HUS	1946 MAY 05
THERESA FISCHER 1945 NORTH MUTTER STREET PHILADELPHIA, PA.			LETTER DATE-TELEGRAM SENT 6 MAY 46

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	
PVT	FISCHER, THOMAS N.	33774865	INF			12208 U-1X	
TYPE OF CASUALTY		PLACE OF CASUALTY			DATE OF CASUALTY		CASUALTY CODE
KILLED IN ACTION		IN HOLLAND			DAY	MONTH	
					1	OCT	44

*no telegram sent special letter*

REMARKS. AG 201 /1 MAY 46/  CORRECTED COPY

MEMO S.R. AND D. SEC. APPROVED CHIEF, CAS. BR. SOURCE OF INFO MSG FORM FROM HQS. USFET DTD 12 APR 46. FINDING OF DEATH ISSUED PREVIOUSLY UNDER SEC. 5, PUBLIC LAW 490, 7 MAR 42, AS AMENDED, SHOWING PRESUMED DATE OF DEATH AS 2 OCT 45. THIS RPT OF DEATH BASED ON INFO REC'D SINCE & THAT DATE, IS ISSUED IN ACCORDANCE WITH SEC. 9 OF SAID ACT, AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS IS AS PRESCRIBED IN SEC. 9. PL-NEAR VIERLINGSBEEK. DO NOT SEND TELEGRAM. PROCESS IN ACCORDANCE WITH QPER. BUL. 35, 1945.

*MUN* REPORT OF DEATH ISSUED 8 MAY 1946. PLM

ACTION BY COMPOSITE SECTION: <input checked="" type="checkbox"/> VERIFIED		FORM 43	NO 501 REC.
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/>		CHARGED TO	DATE
PREVIOUSLY REPORTED NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (AS INDICATED BELOW):			
FILE NO	MESSAGE NO.	TYPE	DATE AND AREA
<i>Form</i>	0353	DED	2 Oct 45 ETO
E A NOTIFIED	2 Oct 45		
FORWARDED TO	SPEC. IDEN	C & P.	TELEGRAM
	LETTER	CERTIF	F. REL.
	CORRES	REPAT	R & X
	NON-DEL		
REPORT NOT VERIFIED: NO FORM 43		NO CAS BR. FILE	CHECKED BY <i>Mitchell May 46</i>
		REVIEWED BY <i>Chamber</i>	

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WD AGO FORM 0365  
1 MAY 1945

EDITION OF 1 JAN 1945 MAY BE USED.







**SENSITIVE SURFACE - HANDLE FOLGES ONLY**

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

REPORT OF DEATH

plm-3622

DATE 8 Mar 1946

FULL NAME <b>FISCHER, THOMAS N.</b>		ARMY SERIAL NUMBER <b>33 774 865</b>		GRADE <b>PVT.</b>	
HOME ADDRESS <b>Philadelphia, Pa.</b>		ARM OR SERVICE <b>Inf</b>		DATE OF BIRTH <b>19 Mar 1917</b>	
PLACE OF DEATH <b>European Area</b>		CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>1 Oct 1944</b>	
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>16 Mar 1944</b>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Theresa Fischer, wife, 1945 North Mutter St., Philadelphia, Pa.</b>					
BENEFICIARY (Name, relationship and address) <b>Theresa Fischer, wife, as above</b> <b>Theresa M. Fischer, daughter, same as wife's</b> <b>Minerva &amp; William Fischer, parents, 2923 North Orkney St., Philadelphia, Pa.</b>					
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
				<input checked="" type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL DATA AND/OR STATEMENT

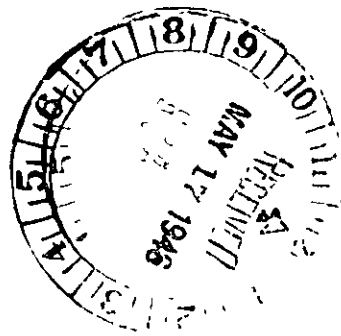
BATTLE  NON BATTLE

Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942 as amended, showing presumed date of death as 2 Oct 1945. 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

*Margaret Dilton*

ADJUTANT GENERAL





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

268016 · 4226 ·

**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 Private Thomas N. Fischer, Army Serial Number '33,774,865, Infantry,

to be dead. He was officially reported as missing in action as of the 1st day of October 1944. For the purposes stated in said Act, death is presumed to have occurred on the 2nd day of October, 1945.

BY ORDER OF THE SECRETARY OF WAR

*George F. Hebert*

**ADJUTANT GENERAL  
CHIEF, CASUALTY BRANCH**

**SUMMARY OF INFORMATION**

<b>AREA</b> European		<b>PREVIOUS STATUS</b> No	<b>JUMP STATUS</b> No	<b>LOST OF DUTY</b> Yes	<b>OWN HIS CONDUCT</b> No	<b>ON DUTY STATUS</b> Yes	<b>ABSENCE AUTH'D</b>
<b>PREVIOUS REVIEWS</b> None							
<b>DATE OF BIRTH</b> 19 Mar 1917	<b>HOME ADDRESS</b> Philadelphia, Pennsylvania	<b>DATE OF ENTRY ON CURRENT ACTIVE SERVICE</b> 16 Mar 1944		<b>LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)</b>			
				<b>YEARS</b> under	<b>MONTH</b> three	<b>DAYS</b> years	

**EMERGENCY ADDRESSEE**

<b>NAME</b> Mrs Theresa Fischer	<b>RELATIONSHIP</b> Wife	<b>ADDRESS</b> 1945 North Mutter Street Philadelphia, Pennsylvania
------------------------------------	-----------------------------	--

**BENEFICIARIES**

<b>NAME</b> Mrs Theresa Fischer	<b>RELATIONSHIP</b> Wife	<b>ADDRESS</b> 1945 North Mutter Street Philadelphia, Pennsylvania
<b>NAME</b> Theresa M. Fischer	<b>RELATIONSHIP</b> Daughter	<b>ADDRESS</b> 1945 North Mutter Street Philadelphia, Pennsylvania
<b>NAME</b> Minerva Fischer	<b>RELATIONSHIP</b> Mother	<b>ADDRESS</b> 2923 North Orkney Street Philadelphia, Pennsylvania
<b>NAME</b> William Fischer	<b>RELATIONSHIP</b> Father	<b>ADDRESS</b> 2923 North Orkney Street Philadelphia, Pennsylvania

**REMARKS**

Distribution - 56

Circumstances of disappearance: He was a member of an Infantry unit which was engaged in action against the enemy in the vicinity of Sambeek, Holland.



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

268016

**-BATTLE CASUALTY REPORT**

AG 201	NAME <b>FISCHER, THOMAS N.</b> 33 774 865	GRADE <b>PVT</b> <b>HUS</b>	DATE CAS REPORT RECEIVED
NAME AND ADDRESS OF E A	<b>THERESA FISCHER</b> <b>1945 NORTH MUTTER STREET</b> <b>PHILADELPHIA, PA.</b>		LETTER DATE-TELEGRAM SENT <b>6 MAY 46</b>

1946 MAY 05

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 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	
PVT	FISCHER, THOMAS N.	33774865	INF			12208 U-1X	
TYPE OF CASUALTY		PLACE OF CASUALTY			DATE OF CASUALTY		CASUALTY CODE
KILLED IN ACTION		IN HOLLAND			DAY	MONTH	YEAR
					1	OCT	44

*no telegram sent special letter*

REMARKS. AG 201 /1 MAY 46/  CORRECTED COPY

MEMO S.R. AND D. SEC. APPROVED CHIEF, CAS. BR. SOURCE OF INFO MSG FORM FROM HQS. USFET DTD 12 APR 46. FINDING OF DEATH ISSUED PREVIOUSLY UNDER SEC. 5, PUBLIC LAW 490, 7 MAR 42, AS AMENDED, SHOWING PRESUMED DATE OF DEATH AS 2 OCT 45. THIS RPT OF DEATH BASED ON INFO REC'D SINCE & THAT DATE, IS ISSUED IN ACCORDANCE WITH SEC. 9 OF SAID ACT, AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS IS AS PRESCRIBED IN SEC. 9. PL-NEAR VIERLINGSBEEK. DO NOT SEND TELEGRAM. PROCESS IN ACCORDANCE WITH OPER. BUL 35, 1945.

*MGN*

REPORT OF DEATH ISSUED 8 MAY 1946. PIM

ACTION BY COMPOSITE SECTION	VERIFIED	FORM 43	AG 201 REQ
CASUALTY BRANCH FILE ATTACHED	CHARGED TO	DATE	
PREVIOUSLY REPORTED	NO	YES	(AS INDICATED BELOW):
FILE NO	MESSAGE NO	TYPE	DATE AND AREA
<i>Form</i>	<i>0353</i>	<i>DED</i>	<i>2 Oct 45 ETO</i>
E. A NOTIFIED	<i>2 Oct 45</i>		
FORWARDED TO	SPEC IDEN	C & P	TELEGRAM
	LETTER	CERTIF	F REL
	CORRES	REPAT	R O D
	NON-DEL		
REPORT NOT VERIFIED	NO FORM 43	NO CAS BR FILE	CHECKED BY <i>Mitchell 3 May 46</i>
			REVIEWED BY <i>Chamber</i>

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

268016

**—BATTLE CASUALTY REPORT**

NAME			SERIAL NUMBER			GRADE	ARM OR SERVICE	REPORTING THEATRE	
FISCHER THOMAS N			33774865			PVT	INF	ETO	
PLACE OF CASUALTY		DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER			
HOLLAND 9		DAY	MONTH	YEAR		MIA	219		

**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 THYRESA FISHER			WIFE		23 OCTOBER 44	
NO AND NAME OF STREET—CITY—STATE						
1345 NORTH NOTTER STREET PHILADELPHIA PENNSYLVANIA						

REMARKS

CORRECTED COPY

lmc



**ACTION BY PROCESSING AND VERIFICATION SECTION** REPORT VERIFIED            FORM 48            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  B R & D  CERTIF  M & M  NON-DEL

REPORT NOT VERIFIED            NO FORM 48            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

AMOUNT OF CHECK	DISCREPANCY IN	ENCLOSE VALUABLES	RECIPIENT FROM
	NAME	SHIP VALUABLES	CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK		FORM 20
Pvt. Thomas N. Fischer ✓ Mrs. Theresa Fischer — 1945 N. Mutter Street — Philadelphia 22, Pennsylvania 33774865 — 268016 —			LETTER ✓
			NO. & TYPE OF CONTAINER
			ENVELOPE
			CARTONS
			PACKAGE ✓
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE GI
			SHIP BLOODSTAINED
			SHIP DAMAGED ✓
			REMOVE BL'DSTAINED
			REMOVE DAMAGED
			FILMS REMOVED
			DIARY REMOVED
CLR/LD/ah		SUMMARY COURT DATA	DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		MAIL REVIEWER (initials)
19 Sept 48	Mrs. Theresa Fischer		
REMARKS			SHIPPED
			FRANKED ✓
			EXPRESS
			FREIGHT
			DATE SHIPPED
			SEP 25 1948
			SHIPPING CLERK
			MMK
			ROUTING
			ACCOUNTING BRANCH
			WAREHOUSE ✓
			FILE ✓

ORDER FOR ACTION

268016

<b>ATTACHMENTS</b>		<b>EFFECTS INVENTORY</b> <b>ARMY EFFECTS BUREAU</b>	<b>STATUS</b>	
<input checked="" type="checkbox"/>	INBOUND INVENTORY		DECEASED	
<input checked="" type="checkbox"/>	G. R. OR SUB GR LABEL		MISSING	
<input type="checkbox"/>	WILL OR POWER OF ATTY.		P. O. W.	
<input type="checkbox"/>	TALLY IN FORM 43		ABANDONED	
			UNKNOWN	

<input checked="" type="checkbox"/>	BAGS, CLOTH OR TRAVEL		BELT		OVERCOATS	
	BELT, MONEY (NO MONEY)		BOOKS, ADDRESS		PAPERS, PERSONAL	1 Watch, wrist
	BILLFOLD (NO MONEY)		BOOKS, PILOT LOG		PENCIL, MECHANICAL	no strap; yel-
	BOOKS		BRUSHES		PEN, FOUNTAIN	low metal case;
	BRACELET, IDENT.		CASE		PHOTOS	"Crawford".
	CAMERAS		CLOTH. WASH		PIPES	
	CLOTHING		COATS		RINGS	
	MISC. ARTICLES		FOOTLOCKER		SCARFS	
	RELIGIOUS ARTICLES		FOOTWEAR, PR.		SHIRTS	
	RIBBONS, DECORATION		GLASSES		SOCKS, PR.	
	SHORT SNORTER		GLOVES, PR.		STATIONERY	
<input checked="" type="checkbox"/>	SOUVENIR MONEY		HANDKERCHIEFS		TIES	
	SOUVENIRS		HEADWEAR		TOBACCO	
	TESTAMENTS		JACKETS		TOILET ARTICLES	
	TOWELS & WASHCLOTHS		KITS		TOWELS	
#2.45	U. S. MONEY (AMOUNT)		KNIVES		TROUSERS, PR.	
	WATCH		LETTERS		TRUNKS, PR.	
	WINGS		LIGHTERS		UNDERWEAR	

<b>CONTAINERS ADDRESSED TO</b>		<b>INFORMATION</b>	
None		None	
<b>NAME AND STATUS VARIATIONS</b>		<b>CROSS REFERENCE</b>	
		Rechecked	
		Found effects of: Abe I. Greenberg, 802-804 Vine St., Phila, Pa.	

DAMAGED

<input type="checkbox"/>	CHECK	REC'D BY	NUMBER	<input type="checkbox"/>	BUREAU CHECK
<input type="checkbox"/>	MONEY ORDER		SYMBOL	<input type="checkbox"/>	TRANSMIT ORIGINAL
<input type="checkbox"/>	BOND		AMOUNT	<input type="checkbox"/>	ORIG. REG. MAIL
<input type="checkbox"/>	TRAV. CHECK		DATE	<input type="checkbox"/>	TO G. A. O.
<input type="checkbox"/>	FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	<input type="checkbox"/>	MUTILATED
<input type="checkbox"/>	U. S. CURRENCY		PAYEE	<input type="checkbox"/>	TO ISSUING AGENCY
		REMITTER OR DRAWER			

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET
3259		23 July, 46		OF SHEETS
NAME			A. S. N.	
Thomas N. Fischer			33774865	
ORGANIZATION			RANK	CASE NO.
			Pvt	
WAREHOUSE SPACE	EXAMINED BY	DIARY REMOVED		
727	Howison	PHOTO FILM REMOVED		
PACKAGE DESCRIPTION	PACKED BY	MOTION PICTURE FILM REMOVED		
#1 PKg	Hall	<b>SHIPPED</b>		
WEIGHT	INSPECTED BY	DATE	BY WHOM	
		SEP 25 1946	MK	
	STORED BY			

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

Coins corroded.  
Watch & ring tarnished  
Watch not in running order  
All effects have bad odor

SHORTAGES

U. S. GOV'T CHECK SHORT

6 keys w/tag



NUMBER

DATE

SYMBOL

AMOUNT

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

*Thomason*  
INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

FISCHER, THOMAS N.

PVT

4865

BAY

PALLET

BOX

TALLY

3259,

TYPE

GRD







268018

CLP/LD/mf  
23 September 1946

Mrs. Theresa Fischer  
1945 N. Mutter Street  
Philadelphia 22, Pennsylvania

who  
9-23

Dear Mrs. Fischer:

Thank you for the information furnished the Army Effects Bureau in connection with personal effects belonging to your husband, Private Thomas N. Fischer.

These effects are being forwarded to you in one package.

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

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

I wish to express my sympathy in the loss of your husband.

Sincerely yours,

C. L. RUMFIELD  
2nd Lt., QMC  
Asst. Effects Quartermaster

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

Case No. 268016

Date 19 September 1946  
PUM/LD/eh

SUBJECT: Report of transactions in disposing of the effects of

Thomas N. Fischer, 33774865 late a  
(Name of deceased) (Army Serial Number)  
Private, Infantry who died  
(Grade) (Organization, Army or Service)  
on the 1 day of October, 19 44, at European Area  
Washington

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 19 September 1946, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Theresa Fischer for the effects of the above named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112,

Mrs. Theresa Fischer of  
(Name of person found entitled)  
1945 N. Mutter Street, Philadelphia 22 State of  
(Number, Street or Avenue) (City, Town or Village)  
Pennsylvania, is the Widow of the  
(Relationship or Capacity)

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

\_\_\_\_\_  
(Signature of Summary Court Officer)  
P. U. MAXEY, LT. COL, QMC  
(Name, Rank, Organization)  
SUMMARY COURT MARTIAL



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

S-15 Oct 46  
 CLR/LD/dbs  
 11 September 1946

IN REPLY REFER TO 268016

Mrs. Theresa Fischer  
 1945 N. Mutter Street  
 Philadelphia 22, Pennsylvania

Dear Mrs. Fischer:

This acknowledges your footnote on our letter of 27 August 1946, relative to the additional property of your husband, Private Thomas N. Fischer.

Not infrequently, due to exposure to the weather and other natural conditions, certain articles received here have a peculiar or sometimes even disagreeable odor. Such an odor may develop from the length of time the articles have been packaged in transit from overseas. Upon rechecking your husband's property, it was found that all his effects received here, consisting of a watch; one ring; U.S. coins and souvenir money, are in this condition. Since it is our desire to spare the recipient any avoidable unpleasant reaction, I wish to acquaint you with this condition and ask that you tell me whether you, nevertheless, desire these articles sent you.

Your reply may be made at the foot of this letter, if desired, and mailed in the inclosed self-addressed envelope which needs no postage.

Yours very truly,

*C. L. RUMFIELD*  
 C. L. RUMFIELD  
 2nd Lt, QMC  
 Asst Effects Quartermaster

1 Incl  
 Envelope

*Dear Sir,*  
 I want my husbands' property  
 Mrs. T. Fischer  
 1945 N. Mutter St.  
 Phila, Pa.



~~CONFIDENTIAL~~

KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU

601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

S-27 Sept 46

CLR/LD/mf

27 August 1946

IN REPLY REFER TO 268016

Mrs. Theresa Fischer  
1945 North Mutter Street  
Philadelphia, Pennsylvania

Dear Mrs. Fischer:

The Army Effects Bureau has received some additional property of your husband, Private Thomas N. Fischer.

It is my intention to forward this property to you; however, in view of the lapse of time since our previous correspondence, I shall appreciate it if you will first confirm your address.

Your reply may be made at the foot of this letter, if desired, and mailed in the inclosed self-addressed envelope which needs no postage.

Yours very truly,

*C. L. Rumpf*  
C. L. RUMFIELD  
2nd Lt., QMC  
Asst. Effects Quartermaster

1 Incl--  
Envelope

*bf  
9-5*

*Dear Sir,  
I would like you to send  
me my husband's property.  
Thank you. Send to:  
Mrs. Theresa Fischer  
1945 N. Mutter St.  
Phila., Pa.*

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

(S-8-2-45)  
GHG:VB:rw  
June 2, 1945

In Reply Refer To: 268016

Mrs. Theresa Fischer  
1945 North Mutter Street  
Philadelphia 22, Pennsylvania

*file up*

Dear Mrs. Fischer:

The Army Effects Bureau has received and is forwarding to you the following additional property of your husband, Private Thomas N. Fischer:

- 1 Package and contents
- 1 Bureau Check for \$15.00 - inclosed

As previously indicated, my action in forwarding such effects does not, of itself, vest title in you. The property is transmitted in order that you may safely keep it on behalf of the owner, pending change in his status.

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.

Yours very truly,

A. G. SCHUMACHER  
1st Lt. Q.M.C.  
Asst. Chief, Admin. Division

- 2 Incls--  
Envelope  
Check

Receipt acknowledged:

Mrs. Theresa Fischer  
(Signature of Bailor)

June 18, 1945  
(Date)

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT.

Mrs. Theresa Fischer

SHIP TO:

1945 North Mutter Street

Pvt. Thomas N. Fischer

Philadelphia 23, Pennsylvania

Effects of:  
Name

38774865

ASN

~~268016 M~~

Case No.

268016

Wt.

DATE 2 June 1945

*H. Larson*

FOR: Effects Quartermaster

REMARKS: CHG:VB:TW

Inclose Bureau Check  
Acct. No. 97191  
Amount \$15.00 *mue*  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

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

ROUTING:

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

80880 jf

97191

268016

*File  
JUN 9 1945*

Theresa Fischer

15.00

*hpkg*

REMARKS:  
Fifteen and No/100

FRANKED  
JUN 13 1945  
Franke  
Est. Exp Chgs. \_\_\_\_\_  
Est. Prt. Chgs. \_\_\_\_\_  
No. of Packages \_\_\_\_\_

Shipping Clerk

NAME

RECD BY

Thomas N. Fischer

AC

A.S.N.

RANK

DATE

CASE NO.

33774865

Pvt.

4 May 45

#15-00

U.S. money

ac # 97191

negotiable

PAID-Check No. 80880 A 1474



T 5/16 in 42 5/17

PACKAGE DESCRIPTION <i>#1 pkg</i>	ARMY EFFECTS BUREAU INVENTORY	DECEASED MISSING P.O.W. ABANDONED TALLY NO. <i>7713</i> INV. DATE <i>4 May 45</i> ORIG. NO. OF PKGS. <i>1</i> BOX NO. <i>68</i> SHEET OF <i>1</i> SHEETS ORGANIZATION <i>Co "B" 23rd Inf. Br</i>
NAME <i>Thomas N. Fischer</i>	RANK <i>Pvt.</i>	
A.S.N. <i>33774865</i>		

BELT	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
CLOTH, WASH	BRACELET IDENT.	BILLFOLD, (NO MONEY) <i>no</i>
COATS	BRUSHES	CASE
FOOTWEAR, PR.	CAMERAS	FOOTLOCKER
GLOVES, PR.	CUTS/SAFS	KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS	KNIVES	BOOKS
HEADWEAR	LIGHTERS	BOOKS, ADDRESS
JACKETS	MISC. INSIGNIA	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 <input checked="" type="checkbox"/>
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

*Thomas N. Fischer*  
*33774865 Pvt. 4711111*  
*152 U.S. Money*  
*negative*

REMARKS	ATTACHMENTS	FORM #54	FORM #100
<i>Mrs Theresa Fischer</i> <i>1945 N. Nutter St.</i> <i>Philadelphia, Pa.</i>			<i>Inventory</i>
C.A.T. <i>none</i>			
WAREHOUSE SPACE <i>1054</i>	STORED BY <i>[Signature]</i>	WEIGHT	G.I. REMOVED
INVENTORIED BY <i>McConnell</i>		DATE SHIPPED <i>JUN 13 1945</i>	SHORTAGE ON REVERSE
PACKED BY <i>Reed</i>	CHECKED BY <i>[Signature]</i>		IDENT. TAGS REMOVED
			DIARY REMOVED
			LOCKED STORAGE <input checked="" type="checkbox"/>
			LAUNDRY REMOVED
			FILM REMOVED

ADDITIONAL REMARKS

PERCENTAGES

U. S. CYT. CHECK SPOT

AMOUNT

DATE

SYMBOL

MARKET

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

INVENTORY CLERK

SUPERVISOR

(L) REMOVED

NAME FISCHER, THOMAS N. PVT 4865

BAY	PALLET	BOX	TALLY
	9	68	7713
TYPE OF PKG	WHSE. SPACE	INVENTORIED	
PKG.			

R E S T R I C T E D

HEADQUARTERS 23D ARMORED INFANTRY BATTALION  
APO 237, U. S. Army

20 Oct 44

Date

SUBJECT: Inventory of Personal Effects of:

FISCHER,                      THOMAS                      N.                      PVT                      53774 65  
(Last Name)                      (First Name)                      (MI)                      (Rank)                      (ASN)

TO: Effects Quartermaster, Communication Zone, APO 871  
US Army

The above named individual of Co. "B"  
(Unit)

23d Arm'd Inf. Bn. was reported MIA  
(Organization)                      (Status-Killed, MIA,

Hospitalized, etc.) about 1 October 1944  
(Date)

Designated Beneficiary if information readily accessible \_\_\_\_\_

INVENTORY OF EFFECTS

EXHIBIT IDENTIFICATION:

- 1 - Notebook ✓
- 3 - Snapshots ✓
- 2 - Photographs ✓
- 1 - Social Security Card ✓
- 8 - Five Franc Notes ✓
- 4 - Ten Franc Notes ✓
- 1 - 100 Franc Note ✓
- 1 - 500 Franc Note ✓
- 1 - Five Dollar Bill (U. S.) ✓
- 1 - Ten Dollar Bill (U. S.) ✓
- 1 - Billfold ✓
- 1 Souvenir ✓
- 1 - Allotment paper ✓







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

GHG:VC:cms  
 May 24, 1945

IN REPLY REFER TO 268016

Dear Mrs. Fischer:

I have your recent inquiry regarding the personal effects of your husband, Private Thomas N. Fischer.

It is regretted that the items about which you inquire were not received here. All of his property received at this Bureau has been sent you.

So that you may better understand the difficulties encountered in the recovery of personal effects, I am inclosing an information circular on the subject.

I wish to assure you that in the event additional property is received at a later date, it will be forwarded promptly.

Yours very truly,

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

1 Incl- ✓  
 Form 51

M

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

(S-6-28-45)

JRM:VB:nm  
April 28, 1945

In Reply Refer To: 268,016

Mrs. Theresa Fischer  
1945 North Mutter Street  
Philadelphia, Pennsylvania

Dear Mrs. Fischer:

The Army Effects Bureau has received some personal effects belonging to your husband, Private Thomas N. Fischer.

This property is being forwarded to you in one package and should reach you in the near future.

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 husband.

Yours very truly,

*P. L. Koob*

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

Incl--  
Envelope

*I never received an envelope*

Receipt acknowledged:

*Mrs. Fischer*  
(Signature of Bailee)

*May 7, 1945*  
(Date)

*Could you tell me if my husbands ring or watch was found.*



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Theresa Fischer  
1945 North Mutter Street  
Philadelphia, Pennsylvania

Effects of: **Pvt. Thomas N. Fischer**  
Name

33774865

ASN

- 269016 M

Case No.

Wt.

DATE 28 April 1945

*Jerry Szwed*  
FOR: Effects Quartermaster

REMARKS: JRL:VB:nm

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

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

ROUTING:

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

*1 pkg*

REMARKS:

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

*✓*

**FRANKED**

*mk*

Shipping Clerk

**MAY 5 1945**

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASED

MISSING

P.O.W. ABANDONED

TALLY NO. 7260

INV. DATE 14 April 45

ORIG. NO. OF PKGS. 1

BOX NO. 9

SHEET OF 1 SHEETS

ORGANIZATION

Co. B  
Armd. Inf. Bn.

NAME

THOMAS FISHER

A.S.N.

33774865

RANK

Pvt.

268,016

BELT	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	1 BAGS, CLOTH OR TRAVEL
CLOTH, WASH	BRACELET IDENT.	BILLFOLD, (NO MONEY)
COATS	BRUSHES	CASE
FOOTWEAR, PR.	CAMERAS	FOOTLOCKER
GLOVES, PR.	GLASSES	KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS	KNIVES	X BOOKS
HEADWEAR	LIGHTERS	BOOKS, ADDRESS
JACKETS	MISC. INSIGNIA	BOOKS, PILOT LOG
OVERCOATS	FN, FOUNTAIN	DIARY (REMOVED FOR PUR)
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
		U.S. MONEY (AMOUNT)

REMARKS

ATTACHMENTS

FORM #54

FORM #100

No Information  
Rechecked.

July  
in DP

1 - Inventory  
2 - Sub yr labels

C.A.T. none

WAREHOUSE SPACE

1824

STORED BY

MA  
Bauerle

INVENTORIED BY

Bauerle

PACKED BY

CHECKED BY

MA

WEIGHT

G.I. REMOVED

X SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

DATE SHIPPED

May 5 1945

LOCKED STORAGE

LAUNDRY REMOVED

#49 OR ADDITIONAL

FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

*Testament  
(found 1 Prayer book)*

U. S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

*Bauerle*

INVENTORY CLERK

SUPERVISOR

G.J. REMOVED



RESTRICTED

HEADQUARTERS 23D ARMORED INFANTRY BATTALION  
APO 257, U. S. Army.

6 Nov. 44.

Date

SUBJECT: Inventory of Personal Effects of:

Fisher Thomas Pvt. 53774865  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO 871  
US Army

The above named individual of Co. B.  
(Unit)

23d Arm. Inf. Bn. was reported KIA  
(Organization) (Status-Killed, MIA,

Hospitalized, etc.) about 1 Oct. 1944  
(Date)

Designated Beneficiary if information readily accessible \_\_\_\_\_

-----  
INVENTORY OF EFFECTS

Shaving brush 2 ✓  
Testament 0  
Soap box ✓  
Comb ✓  
Razor ✓  
Blades 3pk. ✓

RESTRICTED

R E S T R I C T E D

Money in the amount of None has been turned into

Form WDFD 38

(Name of finance officer and symbol number)

enclosed.

Names and addresses of any Banks in which accounts may be

carried:

I certify that the above items constitute all of the effects,  
secured by me, of the above named individual and that they were for-  
warded to the Effects Depot by \_\_\_\_\_ on  
(Rail, Truck, etc.)

6 Nov. 4 1944.

Name Stephen M. Kew  
Stephen M. Kew  
Rank & ASN 1st Lt. O-441672  
Organization 23d Armd Inf Bn.

Any additional pertinent information:

R E S T R I C T E D

Serial No. \_\_\_\_\_ Name FLANNERY

Grade \_\_\_\_\_ Rank \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Nearest Relative \_\_\_\_\_

Address \_\_\_\_\_

Killed in Action \_\_\_\_\_ Died of Disease \_\_\_\_\_

Date \_\_\_\_\_ Hospital \_\_\_\_\_

Battle Area \_\_\_\_\_ Information \_\_\_\_\_

Place of Burial \_\_\_\_\_

Point of Coordination \_\_\_\_\_

Description of Body \_\_\_\_\_

Members Missing \_\_\_\_\_

Signed \_\_\_\_\_

DECEASED SOLDIER

OF SEVENTH INFANTRY

NAME

FISHER, THOMAS PVT 4865

BAY	PALLET	BOX	TALLY
		9	7233
TYPE OF PKG	WHSE SPACE	INVENTORIED	
PEB			