

ROUTING SLIP

TO	ACTION TAKEN	INITIALS	DATE
IDENTIFICATION	<i>293 Hill Carl C</i>		
SPECIAL CHECKERS	<i>Henri Chapelle Pol</i>		
CORRESPONDENCE SECTION			
CORRESPONDENCE SUBSECTION			
CONTROL (In)			
A-Z AND 333 (For recheck)			
PLOT MAP			
	<i>Miss Johnson</i>		
ACTION REQUIRED	REMARKS		
NAME	<i>Send 345 + inclosures</i>		
RANK	<i>refer to phone call.</i>		
ASN			
ORGANIZATION	<i>3/5/48 - Home</i>		
ITEM No. 1			
ITEM No. 2			
ITEM No. 4			
ITEMS Nos. 5 AND 6			
ITEM No. 7			
ITEM No. 8	FILE		
ITEM No. 9	<i>Yvonne J Anderson</i>		
SUSPENSE	<i>Action NAT</i>		
	<i>Date 12-11-48</i>		
	Acceptance Section		
	Family Corres. Branch		

USMC: Henri-Chapelle

DECEASED ON *JLJ*

PLOT: D ROW: 5 GRAVE: 37
DATE OF BURIAL: 29 JUL 1948

REGISTRATION NUMBER: CHARLES J ROBINSON
36649925

VERIFIED BY GRS OFFICER

DISINTERMENT DIRECTIVE LEFT: WALTER L LEWIS
6935203

1

J. Hoffman

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 1240 06732

DATE 25 03 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
HILL CARL C	36961524	PVT	1	
CEMETERY				DISPOSITION OF REMAINS
HENRI CHAPELLE - EUPEN				1201 80
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
C-4	7	131	BELGIUM	6

SECTION B - CONSIGNEE AND NEXT OF KIN

FLAG SENT

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
HENRI CHAPELLE, BELGIUM	WM. RUSSELL HILL (BROTHER) 3 AUG 48 350 HARRISON STREET CHARLESTON, ILLINOIS

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
CARL C. HILL	36961524	PVT	EST 11 MAR 1945m	13 NOV 47
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	USAGF	F.	ROBERT C. MALLORY, 1ST LT 537 QM SV CO NAME AND TITLE INF	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
UNIFORM	COMPLETE
OTHER MEANS OF IDENTIFICATION	
GROUND FORCE CLOTHING	
MINOR DISCREPANCIES	
NONE	

CHANGE

NAT FILE
RECORDS ANNOTATED
DATE OCT 5 1948
NAME *Whitaker*
R & R ER.

REMAINS PREPARED AND PLACED IN CASKET	
DATE 21 NOV 47	BY RICHARD N. CONRAD, EMB. SUPV.
CASKET SEALED BY	EMBALER
RICHARD N. CONRAD, EMB. SUPV	RICHARD N. CONRAD, EMB SUPV FOS. PROVISIONAL
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
21 NOV 47 STEVEN J. HALASZ	RICHARD N. CONRAD, EMB. SUPV.
DATE 21 NOV 47	BY CLERK RECORDER

Richard N. Conrad

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

Raymond G. Johnson
RAYMOND G. JOHNSON, 1ST LT. INF.
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAN TRANSFER

QMC FORM 1194
REV 15 MAR 46

O.S. BY *N* FINAL LETTER SENT 21 SEP 1948

RECORD OF CUSTODIAL TRANSFER

1. Prepare Discrepancy Report GNC Form 119a for missing items.

FROM

TO

SIGNATURE OF GRS INSPECTOR

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

DATE

BY

SIGNATURE

BY

DATE

FROM

TO

SIGNATURE

BY

DATE

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

REMAINS PREPARED AND PLACED IN CASKET

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

OTHER MEANS OF IDENTIFICATION

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

IDENTIFICATION TAG ON

ORGANIZATION

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

NAME AND ADDRESS OF CONSIGNEE

6. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

7. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

INSURANCE BY

8. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

9. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

10. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

11. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

12. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

13. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

14. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

15. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

16. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

17. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

18. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

19. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

20. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

21. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

22. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

23. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

24. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

25. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

26. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

27. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

28. SHIPPED

FROM

TO

NAME AND ADDRESS OF NEXT OF KIN

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

COUNTRY

29. SHIPPED

FROM

TO

21 September 1948

~~Pvt Carl C. Hill, ASN 36 961 524~~
Plot D, Row 5, Grave 37
Headstone: Cross
Henri-Chapelle U. S. Military Cemetery

Mr. William R. Hill
350 Harrison Street
Charleston, Illinois

Dear Mr. Hill:

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 headstones. 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, the central address of which is Room 713, 1712 "G" Street, N. W., Washington 25, D. C.

While interment and beautification activities are in progress, the cemetery will not be open to visitors. However, upon completion thereof, due notice will be carried by the press.

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,

THOMAS B. LARKIN
Major General
The Quartermaster General

gwf

SEP 22 12 16 PM '48
O. C. H. C.
MAIL & RECORDS BRAN

FAMILY CORRESPONDENCE BRANCH
ACCEPTANCE SECTION

DATE 22 March 1948

<u>NAME</u>	<u>RANK</u>	<u>SERIAL NO</u>	<u>DD#</u>
Hill, Carl C.	Pvt.	36961524	06732-80-1201- 12 Nov. '47
<u>CEMETERY</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u> <u>RACE</u> <u>MAR STATUS</u> <u>BR OF SERV.</u>
Henri-Chapelle	C-4	7	131 W Single Army

	<u>FROM</u>	<u>TO</u>
<u>OPTION</u>	Administrative Order	#1
<u>CONSIGNEE</u>		
<u>NAME</u>	No Change	No Change
<u>ADDRESS</u>		
<u>DC#</u>		
<u>NEXT OF KIN</u>		
<u>NAME</u>	Mrs. Callie Hill (mother)	Mr. ^{Wm.} Russell Hill (BROTHER)
<u>ADDRESS</u>	215 North 5th Street Charleston, Illinois	1201 Van Buren Street 350 HARRISON ST. Charleston, Illinois

CHANGE

AUTHORITY - per 345 from NOK (Brother). *mother deceased per death certificate.*

25 MAR 1948

MAR 22 1948

*MPT
file
Capt Rogers
3/22/48
J E Mulligan
MULLIGAN
Mulligan's*

REQUEST FOR DISPOSITION OF REMAINS

6-3217-48

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

DATE: I R F

Pvt Carl C. Hill, 36 961 524
Plot C-4, Row 7, Grave 131,
United States Military Cemetery
Henri-Chapelle, Belgium

5 March 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

Wm. Russell Hill

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

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

None

CHANGE

NH
Foley
Capt Rogers
3/25/48

MAR 22 1948

Incl 1

NH

ADDITIONAL REMARKS AND INSTRUCTIONS

All remarks and information entered here will be considered as 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.

(SIGNATURE OF NEXT OF KIN)

(DATE)

(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 I OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

(SIGNATURE)

(DATE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

CERTIFIED COPY OF A DEATH RECORD

1. PLACE OF DEATH. County of <u>Coles</u> <u>Charleston</u> <small>(Cancel the three terms not applicable—Do not enter "R.R.," "R.F.D.," or other P. O. address.)</small>		Registration Dist. No. <u>148</u> Primary Dist. No. <u>3095</u>		STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH Registered No. <u>91</u> <small>(Consecutive No.)</small>	
Street and Number, No. <u>1021 Van Buren</u> <small>(If death occurred in a hospital or institution, give its NAME instead of street and number.)</small>		St. _____ Ward _____ <small>(If death occurred in a hospital or institution, give its NAME instead of street and number.)</small>		Hospital _____	
LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? <u>2</u> yrs. _____ mos. _____ ds.					
2. PLACE OF RESIDENCE: STATE <u>Ill.</u> County <u>Coles</u> Township _____ Road Dist. _____ <small>(Usual place of abode)</small>		City or Village <u>Charleston</u> Street and Number <u>Van Buren 1021</u>		19. LIST NO. _____	
3. (a) FULL NAME <u>Calla F. Hill</u>		3. (c) Social Security No. <u>None</u>			
3. (b) If Veteran, name war <u>No</u>		6. (a) Single, widowed, married, divorced <u>Widow</u>			
4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (b) Name of husband or wife <u>Millard Hill</u>			
7. Birth date of deceased <u>Oct. 29 1880</u> <small>(Month) (Day) (Year)</small>		6. (c) Age of husband or wife if alive _____ years.			
8. AGE: Years <u>66</u> Months <u>8</u> Days <u>29</u>	If less than one day _____ hr. _____ min.				
9. Birthplace <u>Morgan Co. Ky.</u> <small>(City, town, or county) (State or foreign country)</small>		10. Usual occupation <u>Housewife</u>			
11. Industry or business <u>Own Home</u>		12. Name <u>Henry Neff</u>			
13. Birthplace <u>Smith Co. Va.</u> <small>(City, town, or county) (State or foreign country)</small>		14. Maiden name <u>Rose Kirk</u>			
15. Birthplace <u>Morgan Co. Ky.</u> <small>(City, town, or county) (State or foreign country)</small>		16. INFORMANT <u>Dillard Hill</u> <small>(personal signature with pen and ink)</small>			
P. O. Address <u>Charleston, Ill.</u>		17. PLACE OF BURIAL Cremation or Removal (b) DATE			
(a) Cemetery <u>Union</u> Location <u>Morgan Twp.</u> <small>(Township, Road Dist., Village or City)</small>		Date <u>July 30, 1947</u>			
County <u>Coles</u> State <u>Ill.</u>		18. Funeral director <u>S. E. Harper</u> <small>(personal signature with pen and ink)</small> <u>Harper-Swickard</u> <small>(firm name, if any)</small>			
ADDRESS <u>Charleston, Ill.</u>		25. Filed <u>July 30, 1947</u> <u>Robert L. Etnire</u> Registrar.			
FATHER {		P. O. Address <u>Charleston, Ill.</u>			
MOTHER {		20. Date of death: Month <u>July</u> day <u>28</u> year <u>1947</u> hour <u>3</u> minute <u>35 A.M.</u>			
		21. I hereby certify that I attended the deceased from <u>Jan. 1, 1944</u> , to <u>July 28, 1947</u> that I saw her alive on <u>July 28, 1947</u> and that death occurred on the date and hour stated above.			
		Immediate cause of death <u>Carcinoma of uterus</u> <u>stomach and metastoses through</u> <u>bladder and rectum</u> Duration <u>6 mo.</u> <u>2 1/2 yrs.</u>			
		Associated diseases <u>Chronic Myocarditis with</u> <u>hypertension</u> <u>3 yrs.</u>			
		Other conditions <small>(Include pregnancy within 3 months of death)</small>			
		22. { Was an operation performed? <u>Yes</u> Date of <u>June 19, 1947</u> For what disease or injury? <u>Radium treatment of</u> <u>uterus & Adenoxa</u>			
		Was there an autopsy? _____ Findings? _____			
		23. If a communicable disease; where contracted? _____			
		Was disease in any way related to occupation of deceased? <u>No</u>			
		If so, specify how: _____			
		24. (Signed) <u>C. D. Swickard</u> M. D. Address <u>Charleston, Ill.</u> Date <u>July 28, 1947</u> Telephone <u>30</u>			
		<small>*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.</small>			

Put in my file Call a 36961524

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3a and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE March 10, 1948
AT Charleston, Illinois.

SIGNED Robert L. Etnire
OFFICIAL TITLE Local Registrar

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.



AIR MAIL

DEPARTMENT OF THE ARMY



293

QNGHW 293
Hill, Carl G., 36 961 524
Plot C-4, Row 7, Grave 131
USMC Henri-Chapelle, Belgium

293

[Handwritten signature]

5 March 1948

Mr. Russell Hill
350 Harrison Street
Charleston, Illinois

Dear Mr. Hill:

Confirming your telephone conversation of 4 March 1948 with Colonel Campbell of this office, we are inclosing a "Request for Disposition of Remains" form in order that you may indicate your wishes in regard to the final resting place of your brother, the late Private Carl G. Hill.

You should complete Part I of the form, including your signature on Page 2. If the remains are to be returned to the United States for final interment either in a National Cemetery or private cemetery of your choice, you should sign the form in the presence of a qualified Notary Public at the bottom of Page 2. However, since you have informed Colonel Campbell that you desire that the remains of your brother rest permanently overseas, the notarial attestation is not necessary.

Please forward a certified copy of your mother's death certificate with the completed Disposition Form in order that our records may be complete.

Your cooperation and promptness in completing and returning the form, together with the requested document, will be greatly appreciated.

Sincerely yours,

E. V. FREEMAN
Colonel, GIC
Memorial Division

MAR 8 9 20 AM '48
MEMORIAL DIVISION

[Handwritten signature]
VD

GMJ

2 Incls
Disposition Form
Franked Envelope

MAR 8 10 09 AM '48
MAIL & RECORDS BR

AIR MAIL

mh

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTEROFFICE REFERENCE SHEET

See reverse side for instructions in the use of this form

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
	NOK Sec FC Br Mem Div	Acc Sec FC Br Mem Div	4 Mar 48	<p>293, Hill, Carl C., 36 961 524</p> <p>Mr. Russel Hill, eldest brother of subject decedent, 350 Harrison Street, Charleston, Illinois, telephone 168, was contacted by telephone today. He requested that the remains be left at Henri-Chapelle. He will accomplish 345 and return, together with copy of death certificate of mother.</p> <p>Send 345 and confirm telephone conversation today. <i>No necessary action.</i></p> <p style="text-align: right;"><i>WEC</i> CAMPBELL 73370</p>

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

INTEROFFICE REFERENCE SHEET

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

FORM 1046
1 SEP 46

U. S. GOVERNMENT PRINTING OFFICE 16-46950-1

INSTRUCTIONS

1. This is the only transmittal form authorized for use among the several elements of the Office of The Quartermaster General. As of 1 September 1946 all similar forms, i. e., slips of various sizes, colors, and shapes, were discontinued; remaining supplies of old forms will be turned in to the Chief, General Administrative Services Division, for disposal.

2. Copies will NOT accompany original.

3. Messages addressed to The Quartermaster General will be signed by the DIVISION Chief IN PERSON unless he is absent, in which case the signature of his executive assistant will be accepted.

4. Due hours and dates as entered by the Chief, General Administrative Services Division, covering action on incoming correspondence, or as used by TQMG or Division Chiefs for dead line purposes, will be met in all cases.

5. Use of columns of form: Column 1, "No.," originator enters the number "1" as his entry; subsequent messages are numbered serially in column 1. Column 2, "From," enter Division identification (abbreviated) or, within Division enter Division identification PLUS branch or section. Column 3, "To," same instruction as for column 2—name of officer or civilian may be added where desirable. Column 4, "Date," spell out month, e. g. 6 Sept. 46. Column 5, "Message," present succinctly and accurately whatever you wish to say. Use full width of sheet when message goes far enough down sheet to clear entries in columns 1, 2, 3, and 4. Use one side of sheet only. Sign surname at end of "message," enter phone extensions under name, then, immediately below, draw line completely across sheet.

6. Use of typewriter is NOT required.

7. Division chief forwarding lengthy papers to TQMG will brief background action in concise manner in his "message" so that TQMG will not be forced to waste time reading nonessential information.

8. Questions as to use of this form and related matters will be directed to the Executive Officer, Office of TQMG.

QACMF 293
Hill, Carl C.
SN 36 961 524

6 August 1947

Mrs. Callie Hill
1021 Van Buren Street
Charleston, Illinois

Dear Mrs. Hill:

The inclosed form, "Request for Disposition of Remains", pertaining to the final burial of the remains of your son, the late Private Carl C. Hill, and signed by yourself, is returned for your final choice of option. I am sure you understand that this vital information is necessary to enable us to properly comply with the desires of the next of kin.

With sincere regret, I must inform you that it is not possible to fulfill your understandable desire to have the remains of your son buried in the Flanders Field American Military Cemetery.

This European cemetery was established as a "Field of Honor" a permanent shrine to the memory of those Americans who died in Europe during World War I, and is dedicated in grateful remembrance of their sacrifice. It was planned as to size, design and construction for their burial, and when these were completed, it was closed to future interments and placed under the care of the American Battle Monuments Commission.

World War II Dead will be similarly honored with equally beautiful, stately cemeteries in Europe.

The American Military Cemetery at Henri-Chapelle, Belgium, has been dedicated as a permanent memorial to the heroic dead of World War II now temporarily resting at Henri-Chapelle. May I suggest, if that cemetery has your approval, you line out the cemetery you have designated.

However, if you prefer that his remains be buried in a National Cemetery in the United States, please make your selection from the inclosed list of cemeteries having grave space still available.

CORRESPONDENCE ACTION SHEET

Decedent: Mrs. Carrie Wise
Address: Mrs. Carrie Wise
1021 Van Buren St
Charleston, W. Va.
City, State
Date Letter 1947

Relationship Mother

Cemetery Temporary:

Permanent: Plot How Gr Gen. Name or No. City Country

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

return for your price change
return of and price you indicated
etc.

1 - Standard Field

2 - Bureau Chicago, Ill.

1
2
3
4
5

85A

85M

85HA

2 files from 345-19mca
envelope

21

OKed

Analyst Typist Reviewer Modifications

ASN

Rank

Initial

First

Last

Wise, Carl C. Lt 36-961-524

ROUTING SLIP

TO	ACTION TAKEN	INITIALS	DATE
IDENTIFICATION			
SPECIAL CHECKERS			
✓ CORRESPONDENCE SECTION			5/27
CORRESPONDENCE SUBSECTION			
CONTROL (In)			
A-Z AND 333 (For recheck)			
PLOT MAP			
ACTION REQUIRED	REMARKS		
NAME	<i>Notify NOK that burial cannot be made in Flanders Field. Deceased is now buried in a permanent cemetery.</i>		
RANK			
ASN			
ORGANIZATION			
ITEM No. 1			
ITEM No. 2			
ITEM No. 4			
ITEMS Nos. 5 AND 6			
ITEM No. 7			
ITEM No. 8			
ITEM No. 9			
SUSPENSE			

293

Pvt. Carl C. Hill, 36 961 524
Plot C-4, Row 7, Grave 131,
United States Military Cemetery
Henri-Chapelle, Belgium

19 March 1947

Mrs. Callie Hill
215 North Fifth Street
Charleston, Illinois

Dear Mrs. Hill:

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.
pmh
MAR 24 9 53 AM '47
MAIL & RECORDS DIVISION

sb

717
293
QMMR 293
Hill, Carl C.
A.S.N. 36 961 524

7 January 1947

Mrs. Callie Hill
215 North Fifth Street
Charleston, Illinois

Dear Mrs. Hill:

Inclosed herewith is a picture of the United States Military Cemetery Henri-Chapelle, Belgium, in which your son, the late Private Carl C. Hill, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

1 Incl
Photograph

G. A. HOBAN
Brigadier General, QMC
Assistant

29

QCGR 314.6
Graves Registration
(European)

M. S. Muel

27 November 1946

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 be changed to read as underscored:

Cemetery: United States Military Cemetery Henri-Chapelle, Belgium.

<u>NAME</u>	<u>RANK</u> <u>GRADE</u>	<u>SERIAL NO.</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>	<u>ORGANIZATION</u>
Holcomb, Calvin L.	T/5th	34 263 754	C-4	8	150	<u>Troop A</u> <u>57 Reg Sg Mack</u> <u>7 Armd Div</u>
²⁹³ Hill, Carl C.	<u>Pvt</u>	36 961 524	C-4	7	131	<u>Co C</u> <u>23 Armd Inf Bn</u> <u>7 Armd Div</u>
Lewandowski, Leo, Jr.	<u>Pfc</u>	36 903 528	C-4	10	198	-
Herrmann, Theodore H.	Sgt	32 040 831	SSS	6	113	-
Hill, David B.	<u>Pvt</u>	31 400 590	SSS	4	76	-
Jenico, Ernest A.	Pfc	33 609 001	SSS	3	55	<u>Co F</u> <u>9 Inf Regt</u> <u>2 Inf Div</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
Major, QMC
Assistant

rvh

VD

REPATRIATION RECORDS BRANCH

20 Nov. 46
DATE

NAME HILL, CARL C. PVT.

SERIAL NO. 36 961 524

CEMETERY HENRI CHAPELLE #1, BEL.

PLOT C-4

ROW 7

GRAVE 131

LETTER FIELD

Correct Records to Read

Rank

Org.

S.O.S. 11 March 45

L. E. Wue
SPECIAL CHECKER

Kile
27 Nov 46
V. B. [unclear]
W. K.

DM

293
Hill, Carl C.

5 October 1945

Mrs. Callie Hill
215 North Fifth Street
Charleston, Illinois

Dear Mrs. Hill:

The War Department is most desirous that you be furnished the burial location of your son, the late Private Carl C. Hill.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Henri Chapelle, Belgium, plot C-4, row 7, grave 131. This cemetery is located approximately seven miles southwest of Aachen, Germany, five miles northwest of Eupen and eight miles east of Liege, both in Belgium, and is under the constant care and supervision of United States military personnel.

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

Sincerely yours,

E. B. GREGORY
Lieutenant General
The Quartermaster General

Orig. fwd. by this office
GRAVES REGISTRATION SECTION

OCT 8 12 15 PM '45

MEMORIAL DIVISION

lfj
OR

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

6 Apr 45

REPORT OF DEATH

FULL NAME HILL, Carl C.		ARMY SERIAL NUMBER 36 961 524		GRADE Pvt RM	
HOME ADDRESS Charleston, Ill.		ARM OR SERVICE Infantry		DATE OF BIRTH 30 Aug 14	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 11 Mar 45	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 31 Mar 44		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Callie Hill (Mother) 215 North Fifth St., Charleston, Ill.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Callie Hill (Mother) Same as above.
Betty Rose Hill (Sister) Same as above.

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

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

Evidence of death rec'd in WD 2 Apr 45.

*Combat Infantryman (Source and date of order will be furnished when rec'd)

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

WD AGO FORM 22-1 1 DECEMBER 1944 THIS FORM SUPERSEDES WD AGO FORM 22-1, 29 MAY 1944, WHICH STOPS ARE ENHANCED.

ADJUTANT GENERAL

[Handwritten signature]

APR 1 8 1945

[Handwritten initials]

[Handwritten note]

RESTRICTED

#12

FORM NO. 1 (REVISED 1 SEP. 1943)

REPORT OF BURIAL

RESTRICTED

GRAVES REGISTRATION
FORM NO. 1
(REVISED 1 SEP. 1943)

13 Mar 45

420

TM 10-630 AND AR 30-1815

Date 13 Mar 45

Serial No. 36961524

Organization *ARMED DIV*

Unit *93 Arm Div*

Place of Death *Germany*

Date of Death *11 Mar 45*

Name of Cemetery *Henri Chapelle #1*

Name or Coordinates of Location *K 721-378*

Type of Marker *Pyram*

Disposition of Identification Tags: Buried with body Yes No

Attached to Marker Yes No

If No Identification Tags How were remains identified?

Paybook

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right: **Steward, Wallace R. 35907110**

Deceased's Left: **Dominguez, Frank W. 39538598**

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

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

Emergency Address

Name

Address

Religion

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

Signature of Officer or other person reporting burial

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

Name

Serial No.

Organization

Rank

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

ADJUTANT GENERAL

[Handwritten signature]

BY ORDER OF THE ADJUTANT GENERAL

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

Evidence of death rec'd in WD 2 Apr 45.
 *Combat Infantryman (Source and date of order will be furnished when rec'd)

INVESTIGATION MADE?	YES	NO	IN LINE OF DUTY	YES	NO	OWN MISCONDUCT	YES	NO	WAS DECEASED ON DUTY STATUS	YES	NO	AUTHORIZED ABSENCE	YES	NO	IN FLYING PAY STATUS	YES	NO	OTHER PAY STATUS (SPECIFY BELOW)	YES	NO																					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Callie Hill (Mother) Same as above. Betty Rose Hill (Sister) Same as above.																																									
EMERGENCY ADDRESS (NAME, RELATIONSHIP & ADDRESS) Mrs. Callie Hill (Mother) 215 North Fifth St., Charleston, Ill.																																									
FULL NAME		HILL, Carl C.		ARMY SERIAL NUMBER		36 961 524		GRADE		Pvt		DATE OF BIRTH		30 Aug 14		PLACE OF DEATH		European Area		CAUSE OF DEATH		Killed in action		DATE OF DEATH		11 Mar 45		STATION OF DECEASED		European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE		31 Mar 44		LENGTH OF SERVICE FOR PAY PURPOSES		YEARS MONTHS DAYS			
HOME ADDRESS Charleston, Ill.																																									
ANN OR SERVICE Infantry																																									
PLACE OF DEATH European Area																																									
CAUSE OF DEATH Killed in action																																									
DATE OF DEATH 11 Mar 45																																									
STATION OF DECEASED European Area																																									
DATE OF ENTRY ON CURRENT ACTIVE SERVICE 31 Mar 44																																									
LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS																																									

REPORT OF DEATH

WASHINGTON 25, D. C.

DATE 6 Apr 45

WAR DEPARTMENT
 THE ADJUTANT GENERAL'S OFFICE

476423

450

REPORT OF BURIAL

GRAVE REGISTRATION
Form No. 1
Revised 1 Sept. 1943

IF DECEASED UNIDENTIFIED

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

Height: _____ Laundry Marks: _____
Weight: _____ Number of Rifle: _____
Color of Eyes: _____ Wear Glasses? _____
Color of Hair: _____ Is Tooth Chart Attached? _____
Race: _____

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

Date: 13 Mar 45

Serial No: 386725A

Case of Death: GSW head, tr

Name of Contractor: Henry Capote

Type of Marker: Plain

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

Left Hand: 2

Right Hand: 2

1

Organization: _____ Rank: _____

Organization: _____ Rank: _____

Last Name: Hill

Place of Death: Unkel, Germany

Time and Date of Burial: 1500 13 Mar 45

Grave Number: 131

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

How were remains identified? Paybook

What means of identification were buried with the body? _____

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

Who is buried on:

Deceased's Right: Steward, Wallace R. 350710

Deceased's Left: Dominguez, Frank W. 3523298

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

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.

Upper	Deceased's Right								Deceased's Left							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	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 ▢; linking anchor teeth; replacements by artificial teeth X

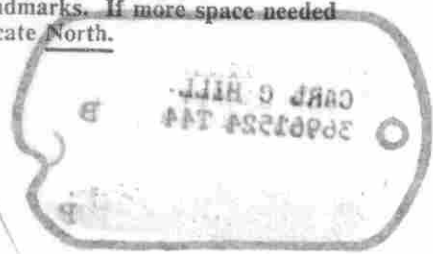
Emergency Address: _____

Address: _____

Religion: _____

Signature of Officer or other person reporting: _____

Other Data: _____



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

AG P.BR HQ SOS 722560

RESTRICTED

Effects Quartermaster
Major, MC
W. F. HEHMAN

W. F. Hehman
[Signature]

on

1. The paragraphs checked below are in answer to your recent communication. Reply is made in this manner in order to expedite response to your inquiry.
- a. The records of this bureau do not indicate receipt of this property, nor has any other information pertaining thereto been received here.
 - b. If not previously done, it is suggested that tracer be instituted to the Chief of Transportation, Baggage Clearance Unit, Traffic Control Division, 50 Broadway, New York 4, New York.
 - c. It is suggested that you contact the Port Transportation Officer, New York Port of Embarkation, 1st Avenue and 5th Street, Brooklyn, New York, regarding delivery of the baggage involved.
 - d. It is suggested that you contact the Port Transportation Officer, San Francisco Port of Embarkation, Fort Mason, California, regarding delivery of the baggage involved.
 - e. Records here indicate your effects were prepared for shipment to this Bureau from overseas, and in all probability are now enroute.
 - f. It is suggested that you contact the Port Transportation Officer, New York Port of Embarkation, 1st Avenue and 5th Street, Brooklyn, New York, requesting that the property be shipped directly to you upon receipt at that port.
 - g. If the property is received, it will be forwarded promptly as requested, unless you furnish other shipping instructions.
 - h. All property belonging to you which has been received here was forwarded, for safekeeping pending your return, to

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

In Reply Refer To

SUBJECT: Personal Effects

TO:

476423

RECEIVED
MAY 10 1944

[Handwritten scribbles]

476423

5624 10-28-44 R

Mrs. Cloteal Hill

Carl Hill 4318 Calumet avenue
Chicago Illinois

OR:
TO:
FROM:
ADDRESS:
CITY:
STATE:
ZIP:

[Faint, mostly illegible text, possibly a letter or form content]

NO:

ADDRESS: (REVERSE SIDE)

IN CASE OF...

RECEIVED
MAY 10 1944
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

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

JRM:AC:mog
Case No. 476423
Date 2 October 1945

SUBJECT: Report of transaction in disposing of the effects of

Carl G. Hill, 36961524 late a
(Name of decedent) (Army Serial Number)
Private, Infantry who died
(Grade) (Organization, Army or Service)
on the 11 day of March, 1945, at European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCCM 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 decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

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

c. Decedent owed undisputed local creditors the sum of \$ none which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt _____, Incl. _____)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 1 October 1945, pursuant to Special Orders 228, Headquarters KCCM Depot, dated 25 September 1943, the application or affidavit of Mrs. Callie Hill 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. Callie Hill of (Name of person found entitled)

215 North 5th Street, Charleston State of (Number, Street or Avenue) (City, Town or Village)

Illinois, is the Mother of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.

(Name, Rank, Organization)
SUMMARY COURT, MARTIAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Callie Hill

SHIP TO:

215 North 5th Street

Pvt. Carl C. Hill

Charleston, Illinois

Effects of:

Name

36961524

ASN

476423 D

Case No.

Wt.

DATE

3 October, 1945

RTB:AC meg

Smith
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 Warehouse Division
_____ 2 Files Branch, Adm. Div.

REMARKS:

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

DM
Shipping Clerk

476423
475423

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

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

CONTAINERS ADDRESSED TO		INFORMATION	
<i>none</i>		<i>Callie J. Hill (mother) 315 N. 5th St. Charleston, Ill.</i>	
NAME AND STATUS VARIATIONS		CROSS REFERENCE	

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER			TRANSMIT ORIGINAL
BOND		SYMBOL	ORIG. REG. MAIL
TRAV. CHECK		AMOUNT	TO G. A. O.
FOREIGN CURRENCY			MUTILATED
U. S. CURRENCY			TO ISSUING AGENCY
		DATE	
		BANK OR PLACE OF ISSUE	
		PAYEE	
	<i>AB</i>	REMITTER OR DRAWER	
	<i>10/1</i>		

TALLY NO. <i>77</i>	ORIG. NO. OF PKGS. <i>1</i>	EXAMINING DATE <i>9 Aug 45</i>	BOX NO. <i>26</i>	SHEET <i>1</i> OF <i>4</i> SHEETS
NAME <i>CARL C. HILL</i>		A. S. N. <i>36961524</i>		
ORGANIZATION <i>Unknown</i>		RANK <i>Y. C.</i>	CASE NO. <i>25-475423</i>	
WAREHOUSE SPACE <i>2169</i>	EXAMINED BY <i>R. Leach</i>	DIARY REMOVED		
PACKAGE DESCRIPTION <i>#1 pkg.</i>	PACKED BY <i>C. Hill</i>	PHOTO FILM REMOVED		
WEIGHT	INSPECTED BY <i>G. L.</i>	MOTION PICTURE FILM REMOVED		
	STORED BY <i>[Signature]</i>	SHIPPED		
		DATE <i>OCT 8 1945</i>	BY WHOM <i>[Signature]</i>	

C-4/131

Serial No. 36961524 Name HILL, CARL C
 Grade _____ Rank _____
 Organization _____
 Address _____
 Nearest Relative _____
 Address _____
 Killed in Action _____ Died of Disease _____
 Date 11 March 1945 Hospital _____
 Battle Area GERMANY Information _____
 Place of Burial MENAI CHAPELLE #1
 Point of Coordination _____
 Description of Body _____
 Members Missing _____

Signed _____

131-CH

NAME		HILL, CARL C.		1524
BAY	PALLET	BOX	TALLY	
	3	26	77	
TYPE OF PKG.	WHSE. SPACE	INVENTORIED		
GRB				

Eff. QM Form 48

478423

RTB:AC:dn
October 3, 1945

Mrs. Callie Hill
215 North 5th Street
Charleston, Illinois

Dear Mrs. Hill:

The Army Effects Bureau has received from overseas some personal effects of your son, Private Carl C. Hill.

These effects are being forwarded to you in one package.

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

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

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

Yours very truly,

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Branch