

292295

RTB:LD:mob
January 10, 1946

1-10-46 fc

Mrs. Lola M. Roan
Route #2
Collinsville, Alabama

Dear Mrs. Roan:

The Army Effects Bureau has received some additional property of your husband, Private First Class Henry T. Roan, consisting of a ring.

This ring is being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer may be instituted.

Yours very truly,

R. T. BROWN
1st Lt., QMC
Chief, Adm. Division

OVERLAY

am

67
10

293 Road, Henry J.

34197039

EN

MAIN ROUTE

THREE AMERICAN GRAVES

HUTTEN

GERMAN SOLDIER BUT WAS MARKED
UNKNOWN AMERICAN WITH AMERICAN
HELMET

GRAVES ARE JUST OFF ROAD
PAST ROAD BED

ASTENSCHIE RIVER

HEETRAN

- 1 Unknown X-1229
- 2 J. F. Hyden 7040975
- 3 H. T. Roan 34197039

GRID COORD
687-120

10
70

REF: ASTEN (HOLLAND)
1: 25,000
WESTERN HALF
SHEET 27 N.W.

FILE
JAN 22 1946
Am

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

28 July 1945
Date

293
Last Name: ROAN

First Name: Henry
Initial: H

PFC
Rank: Unknown

34197039
Serial No.

Unit: Unknown
Place of Death: Vic Asten, Holland

Date of Death: Est 31 Oct. 1944

Cause of Death: KIA SFW

Time and Date of Burial: 1000 28 July 1945

Name of Cemetery: U.S. Military Cemetery Margraten, Holland
Name or Coordinates of Location: YK646482

Type of Marker: Cross

Grave Number: 260
Row Number: 11

Plot Number: LL

Disposition of Identification Tags: Buried with Body Yes No

Attached to Marker Yes No Grs Tag

REBURIAL

If No Identification Tags
How were remains identified?

Previously buried in isolated grave
located at 687120, Holland

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

Who is buried on:
Deceased's Right:

PEHOTE 36520073
Name Serial No. Rank Organization Grave No. 259

Deceased's Left:

HYDEN 7040975
Name Serial No. Rank Organization Grave No. 261

Burial in Name, Rank and if possible Organization of officer 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 Prot: _____

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

- 1 Ring, gold, red stone
- Case No. 784 & 2241 (HOLL)
- Evacuated 3060 QM Gr. Reg. Co.
- (Formerly Unknown T-2364)

Signature of Officer or other person reporting burial
EDWIN H MILLER 1st Lt. GSO
303rd QM Gr. Reg. Co.
Verified by G.P.S. Officer

JAN 28 1946

33

QMGYG 293
Roan, Henry T.
SN 34 197 039

1 August 1946

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

Mrs. Lola Mae Roan
Route #2
Collinsville, Alabama

Dear Mrs. Roan:

Your letter to the War Department concerning your husband the late Private First Class Henry T. Roan, has been referred to this office.

The official Report of Burial discloses that the remains of your husband were interred in Plot LL, Row 11, Grave 240 in the U. S. Military Cometary, ~~MAYAGATE~~, located ten miles west of Aachen, Germany.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PREHN
Major, CMC
Assistant

JLP

ms
AUG 1 9 20 AM '46
MAILS ROOM
RECORDS BRANCH

RECORDED
AUG 1 8 40 AM '46
RECORDS BRANCH

12 November 1946

Mrs. Lola M. Roan
Route #2
Collinsville, Alabama

Dear Mrs. Roan:

893
The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private First Class Henry T. Roan, A.S.N. 34 197 039.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot LL, row 11, grave 260. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

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

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

mbk

Callinsville, Alabama
Route 2.
November 20, 1946

War Department.

Office of Quartermaster General;
Washington 25, D.C.

Dear Sirs.

I am writing in ans
to your letter. Desires where
I want my husband Buried.
Henry T. Bean, A.S.N. 34197039.

I wish my husband brought
back to the United States
and buried in a military
Cemetery in Alabama. if
there is one, or some where
close to Alabama in a Military
Cemetery.

Your Truly
Mrs. Lala Mae Bean
Route 2.
Callinsville, Ala.

QMOMR 293
Roan, Henry T.
SN 34 197 039

4 December 1946

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

Mrs. Lola Mae Roan
Route #2
Collinsville, Alabama

Dear Mrs. Roan:

Your letter concerning your husband, the late Private First Class Henry T. Roan, has been received in this office.

The War Department has now been authorized to remove the remains of our honored dead, at Government expense, to the final resting place which next of kin may designate.

When the necessary verification of records has been completed, a "Letter of Inquiry--Return of World War II Dead" will be mailed to you. The response to this letter will constitute a formal expression of your detailed desires as next of kin. Until you receive this letter of inquiry, therefore, it will not be necessary for you to communicate with this office regarding this subject, unless you desire to report any change of address. The necessity for complete coordination of movement in many parts of the world makes it impossible, at this time, to estimate when the letter will be mailed. Every effort, however, will be made to shorten the time between now and the date of mailing and your desires will be acted upon with a minimum of delay.

The remains of your husband may be interred in any National Cemetery where grave space is available. Inclosed herewith for your information and guidance is a list of National Cemeteries.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES D. PRENN
Major, QMC
Assistant

[Handwritten signature]
1 In
Cemetery
DEC 4 1946
Jov
DEC 4 1946
MAIL & RECORDS BRANCH
List

MEMORIAL DIVISION
DEC 4 9 59 AM '46
REGISTRATION AND RECORDS BRANCH

Pfc Henry T. Roan, 34 197 039
Plot II, Row 11, Grave 260,
United States Military Cemetery
Margraten, Holland

4 December 1947

Mrs. Lola M. Roan
Route #2
Collinsville, Alabama

Dear Mrs. Roan:

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.

(2)

bk

DEC 5 11 29 AM '47
MAIL ROOM
RECEIVED

293 Roan, Henry T.

Apr 3

4/3/44

To Quartermaster General,
War Dept

Dear Sir,

I'm writing in regards
of my brother's body, who
was killed in Holland, who
name is: ²⁹³ P.S.C. Henry S. Roan
A.S.N. 34197039.

This is to notify you
that my address has changed
it is now (Mrs. Clara Mae
Johnson, Route = 1 = Box = 164
Alexandria City, Ala.)
My old address Route = 4 =
Cullman, Ala. to Johnnie Johnson.

Thank you,
Mrs. Clara Mae Johnson

QMCENT 293
Roan, Henry T. SN 34 197 039
Plot 11, Row 11, Grave 260
USMC Margraten, Holland

2 June 1946

Mrs. Clara Mae Johnson
Route #1, Box 164
Alexander City, Alabama

Dear Mrs. Johnson:

We have received the "Request for Disposition of Remains" form in regard to the final interment of the remains of your brother, the late Private First Class Henry T. Roan.

In accordance with the precedence of relatives eligible to designate the disposition of the remains of your brother, the widow has prior disposition right unless legal documentary evidence substantiates that she has been separated, divorced or remarried. In either of these events, the disposition right reverts to the parent of the decedent, the father having precedence over the mother.

To enable the Department of the Army to determine who may legally exercise the right of disposition, you are requested to submit a certified copy of the marriage certificate to this office. Upon receipt of this evidence, our records may be amended to indicate that the father, if he is living, is the next of kin legally authorized to direct the disposition of the remains of his son.

It is also requested that a certified list or affidavit, containing the names, ages and addresses of all surviving brothers and sisters, together with the names and addresses of the parents, if living be forwarded to enable us to determine the person legally authorized to direct the disposition of the remains of your brother.

Your cooperation and promptness in forwarding the requested documents to our office will be greatly appreciated.

Sincerely yours,

RICHARD COOMBS
Major,
Memorial Division



2 Incls
1. Inf Slip
2. Envelope

QMNF 293 Ream, Henry T. - SN 34 197 039

21 July 1948 (Cont'd)

Your cooperation and promptness in forwarding the completed Disposition Form, together with the affidavit from the widow, to our office will be greatly appreciated. For your convenience, I am inclosing an envelope which requires no postage for its return to this office.

Sincerely yours,

3 Incls:

1. Req for Disp Fm (Signed)
2. Req for Disp Fm (Blank)
3. Envelope

RICHARD B. COOMBS
Major, QMC
Memorial Division

8
REC

rfs

Inf cc to: Arrowsmith

JUL 21 9 15 AM '48
MAIL & RECORDS BRANCH

QUONIP 293

Pfc. Henry T. Roan, 34 197 039
Plot LL, Row 11, Grave 260
USMC, Margraten, Holland

21 July 1948

Mrs. Clara M. Johnson
Route #1, Box 16h
Alexander City, Alabama

Dear Mrs. Johnson:

I am returning the "Request for Disposition of Remains" form in regard to the final interment of the remains of your brother, the late Private First Class Henry T. Roan.

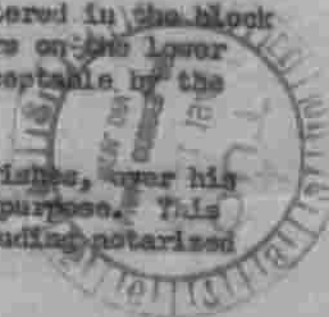
We appreciate being furnished with a certified copy of the marriage certificate. However, this certificate records the marriage of Mrs. Lola Mae Daugherty whereas our records show the name of your brother's widow as Mrs. Lola M. Roan. It is necessary, therefore, that legal documentary evidence be submitted to substantiate the fact that the two names refer to the same person. An affidavit by the widow that she is the Mrs. Lola Mae Daugherty recorded on the marriage certificate will be considered sufficient.

Upon verification of the widow's remarriage, the oldest brother, Mr. Grady R. Roan, may have the legal right to determine the final resting place of the remains of the deceased, unless he wishes to relinquish his prior disposition authority.

If it is desired that you direct the final disposition of your brother's remains, it will be necessary for all brothers, over 21 years of age, to voluntarily relinquish their prior disposition rights. To accomplish this, all brothers must indicate their relationship on line 1 of Part II on the upper half of page 3 of the Disposition Form, and each must sign Part II in the lower left corner.

Your name, relationship, and address may then be entered in the block in the middle of Part II, and your signature as it appears on the lower part of page 2 of the Disposition Form may be legally acceptable by the Department of the Army.

Should the oldest brother desire to record his own wishes, over his signature, a Blank Disposition Form is inclosed for this purpose. This form should be completely and properly accomplished, including notarized certification, and returned to our office.



QAMW 293
Roan, Henry T. SN 34 197 039
Plot II, Row II, Grave 260
USMC Margraten, Holland

9 September 1948

Mr. William O. Roan
Route #2
Collinsville, Alabama

Dear Mr. Roan:

We have received the "Request for Disposition of Remains" form in regard to the final interment of the remains of your brother, the late Private First Class Henry T. Roan.

The Disposition Form for the remains of your brother was signed by your sister, Mrs. Clara Mae Johnson, upon the relinquishment of the disposition right by your brother, Mr. Grady H. Roan. Inasmuch as you succeed Mr. Grady Roan in the order of priority among relatives, the Disposition Form for the remains of your brother signed by Mrs. Johnson, cannot be accepted unless you desire to relinquish your prior disposition right.

Therefore, if you desire to relinquish your disposition right, you may do so by completing Part II, page 3 of the inclosed form. Part II does not require notarial certification.

If you prefer to exercise the disposition right, please complete Part I, pages 1 and 2 of the form. This must be signed by yourself in the presence of a Notary Public, Judge or Clerk of a Court of Record, or Justice of the Peace. The Disposition must bear their seal or imprint.

The official report of burial indicates that the remains of your brother were interred, in a dignified and solemn manner, in Plot II, Row II, Grave 260, in the States Military Cemetery Margraten, Holland, located ten miles west of Aachen, Germany.

Your prompt cooperation in completing and returning the Disposition Form to us will avoid further unnecessary delay and will be greatly appreciated.

Sincerely yours,

JAMES F. SMITH
Major, GSC
Memorial Division

2 Incls.
1. Disp Pa (blank)
2. Envelope
cc: Mr. Arrowsmith

nsj

JFS

QUICK 293
Roan, Henry T.
SN 34 197 039

18 February 1949

Mrs. Clara Mae Johnson
Route #1, Box 164
Alexander City, Alabama

Dear Mrs. Johnson:

Your letter pertaining to the remains of your brother, the late Private First Class Henry T. Roan, has come to my attention.

Fully understanding your desire to have the remains of your brother returned to the United States for final burial, I wish to inform you that, as yet, no reply has been received to our letter to Mr. William G. Roan, dated 9 September 1948, in which we requested that he either relinquish his disposition authority to you or record his wishes over his own signature.

Inasmuch as our records indicate that the remains of your loved one have been casketed and are now being held in above-ground storage pending the receipt of final disposition instructions from his next of kin, it is urged that you instruct Mr. William G. Roan to complete the inclosed form by either relinquishing his disposition authority or by recording his wishes over his own signature, and mail the form to this office without delay.

The postage stamps, forwarded with your letter, are being returned as they are not necessary for our reply.

Sincerely yours,

JAMES F. SMITH
Major, QMC
Memorial Division

- 3 Incls.
1 - Disposition Form
2 - Postage Stamps
3 - Envelope



la

u-ml
QJMF 293
Roan, Henry T.
SN 34 197 039

16 March 1949

Miss Edna Mattox
Director of Home Service
Southeastern Area
American Red Cross
230 Spring Street, N. W.
Atlanta 3, Georgia

Dear Miss Mattox:

The Department of the Army is attempting to locate Mr. William G. Roan, who is presently recorded as the legal next of kin, and therefore the person legally authorized to direct the final disposition of the remains of the late Private First Class Henry T. Roan.

The sister of the decedent, Mrs. Clara M. Johnson, residing at Route #1, Alexander City, Alabama, has advised us that it is the desire of the surviving brothers, Mr. Grady R. Roan and William G. Roan, respectively, that she direct the final disposition of the remains of the decedent.

We have received a properly executed Relinquishment of Disposition Authority from the oldest brother, Mr. Grady R. Roan. However, before the Department of the Army can accept disposition instructions from Mrs. Johnson, it will be necessary for Mr. William G. Roan, last known address, Route #2, Collinsville, Alabama, to relinquish his right of disposition. Our efforts to contact Mr. Roan at this address, however, have been unsuccessful.

It is, therefore, requested that you endeavor to locate Mr. William G. Roan with the view to assist him to properly complete either Part I or Part II of the Disposition Form.

Any assistance you are able to render in having the inclosed Disposition Form properly accomplished will be greatly appreciated.

Sincerely yours,

JAMES F. SMITH
Major, QMC
Memorial Division



JFS

1 Incl.
Disposition, blank

bc

Plot LL, Row 11, Gra ve 260
USMC Margraten, Holland

2241

OVERLAY

67
14



- 1 Unknown I-1229
- 2 J. F. Hyden 7040975
- 3 H. T. Roan 34197039

GRID COORD
667-120

10
70

REF: ASTEN (HOLLAND)
1: 25,000
WESTERN HALF
SHEET 27 N.W.

Serial No. 34187039 Name ROAN, HENRY T.

Grade _____ Rank UNK

Organization UNKNOWN

Address _____

Nearest Relative _____

Address _____

Killed in Action KIA Died of Disease _____

Date FST 31 OCT. 44 Hospital _____

Battle Area _____ Information _____

Place of Burial U.S. MIL. GRM. MARGRATEN, HOV

Point of Coordination _____

Description of Body _____

Members Missing _____

ROAN Signed _____

F 980

Serial No. 34197039 Name Henry T. Roan
Grade Pfc. Rank Pfc.
Organization 22nd A.I. Bn., 7th A.D.
Address _____
Nearest Relative _____
Address _____
Killed in Action KIA Died of Disease _____
Date 29 Oct. 1944 Hospital _____
Battle Area _____ Information _____
Place of Burial _____
Point of Coordination _____
Description of Body _____
Members Missing _____

F15

Signed Sam B. Plyler
Capt. G.M.C.

CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle)		GRADE	SERIAL NUMBER	
ROAN, HENRY T.		Pfc	34197 039	
PREVIOUS BURIAL LOCATION (Cemetery and Country)		PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country)		PLOT	ROW	GRAVE
USMC MARGRATEN, HOLLAND		LL	11	260
ADDRESSEE		ADDRESS (Street, City, State)		
MR. MISS MRS. CLARA M. JOHNSON		RT #1, BOX 164		
RELATIONSHIP		ALEXANDER CITY, ALA		
sister				
PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS			
	<p>I am returning the "Request for Disposition of Remains" form in regard to the final interment of the remains of your brother, the late</p> <p>We appreciate being furnished with a certified copy of the marriage certificate. However, this certificate records the marriage of Mrs. Lola Mae Daugherty whereas our records show the name of your brother's widow as Mrs. Lola M. Roan. It is necessary, therefore, that legal documentary evidence be submitted to substantiate the fact that the two names refer to the same woman. An affidavit by the widow that she is the Mrs. Lola Mae Daugherty recorded on the marriage certificate will be considered sufficient.</p> <p>Upon verification of the widow's remarriage, the oldest brother, Mr. Grady R. Roan, may have the legal right to determine the final resting place of the remains of the deceased, unless he wishes to relinquish his prior disposition authority.</p> <p>If it is desired that you direct the final disposition of your brother's remains, it will be necessary for all brothers, over 21 years of age, to voluntarily relinquish their prior disposition rights. To accomplish this, all brothers must indicate their relationship on line 1 of Part II on the upper half of page 3 of the Disposition Form, and each must sign Part II in the lower left corner.</p> <p>Your name, relationship, and address may then be entered in the block in the middle of Part II, and your signature as it appears on the lower part of the page 2 of the Disposition Form may be legally acceptable by the Department of the Army, upon verification of the widow's remarriage.</p> <p>IFX Should the oldest brother desire to record his own wishes, over his signature, a blank Disposition Form is inclosed for this purpose. This form should be completely and properly accomplished, by the oldest brother, including notarized certification, and returned to our office.</p> <p>Your cooperation and promptness in forwarding the completed Disposition Form, together with the affidavit from the widow, to our office will be greatly appreciated. For your convenience, I am inclosing a self-addressed envelope which requires no postage for its return to this office.</p> <p style="text-align: center;">Over Over</p>			
ANALYST INITIALS AND DATE	TYPIST INITIALS		REVIEWER INITIALS AND DATE	
Wenderson 7-2-48				

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

28 19 49

PAID

NAME OF DECEDENT (Last, First, Middle Initial)

ROAN HENRY T

BRANCH OF SERVICE

USAGF

TO BE FILLED IN BY CLAIMANT

RANK OR GRADE

PFC

SERIAL NO.

34197039

A INTERMENT EXPENSES
(Civilian or Private Cemetery)

B TRANSPORTATION EXPENSES
(National or Post Cemetery)

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ 125.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: Harts Chapel
CITY OR COUNTY: Cherokee city.
STATE: Ala.

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

TO: (Name and Location of National or Post Cemetery)

SIGNATURE OF CLAIMANT
Charlene Johnson

ADDRESS (Street number or RFD, City and State)
Route 3 Alexander City Ala
RELATIONSHIP TO DECEDENT
Sister

RETURN FOUR COPIES TO

REMARKS

J. C. Kovarik
Col., F. D.
Brooklyn, N. Y.

AUG 1949

Syn. 215-130
Sta.

DISINTERMENT DIRECTIVE

37-91

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 4650 13407	DATE 15 05 49 DAY MONTH YEAR		
NAME ROAN HENRY T	SERIAL NUMBER 34197039	GRADE PFC	ARM 1	RACE 1	RELIGION 1
CEMETERY MARGRATEN HOLLAND	PLOT LL	ROW 11	GRAVE 260	DISPOSITION OF REMAINS 4100 08 CODE DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE BARTLETT FUNERAL HOME COLLINSVILLE, ALABAMA	NAME AND ADDRESS OF NEXT OF KIN CLARA MAE JOHNSON (SISTER) ROUTE 1, BOX 164 ALEXANDER CITY, ALABAMA
---------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

See Attached Sheet

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY
DATE	BY	

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

939

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE			
NAME ROAN HENRY T				SERIAL NUMBER 34197039		RANK PFC		ARM 1	
CEMETERY				DATE OF DEATH		DAY	MONTH	YEAR	
PLOT				ROW		GRAVE		COUNTRY	
LL				11		260		MARGRATEN HOLLAND	
DISPOSITION OF REMAINS				CODE		DIST. PT.			
CAUSE OF DEATH									

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME HENRY T. ROAN		SERIAL NUMBER 34197039		RANK PFC		DATE OF DEATH		DATE DISTINTERRED 24 AUG. 48		
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION				RELIGION P		IDENTIFICATION VERIFIED BY BERNARD P. STANTON CAPT FA NAME AND TITLE		

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM				CONDITION OF REMAINS REMAINS COMPLETE - ADVANCED DECOMPOSITION.					
OTHER MEANS OF IDENTIFICATION NO CONFLICTING EVIDENCE.									
THIS IS TO CERTIFY that the above cemetery having now been completely disinterred and no conflicting evidence whatsoever having been found, the remains of this deceased are considered adequately identified in compliance with AGRC - EA OI // 21.									
MINOR DISCREPANCIES				NONE					

REMAINS PREPARED AND PLACED IN CASKET									
DATE 11 OCT. 48				BY ROY T. PATTERSON EMBALMER					
CASKET SEALED BY ROY T. PATTERSON					EMBALMER (Signature) ROY T. PATTERSON				
CASKET BOXED AND MARKED ROBERT G. FRIER IDENT TECH					SHIPPING ADDRESS VERIFIED BY: ALL PLATES, TAGS, MARKINGS VERIFIED BY: BERNARD P. STANTON CAPT FA				

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

BERNARD P. STANTON CAPT FA

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report OMC Form 1194a for major discrepancies.

CERTIFY that the typed names appear as the original signatures on the No. 1194a copy of 1194 completed

Handwritten signatures and initials

Handwritten number 116

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC MARGRATEN, HOLLAND		TO ANTWERP PORT, PIER 140	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER PTC CHARLES E. BAILEY, ASN 37118818	
SIGNATURE OF SHIPPER <i>James E. Godley</i> JAMES E. GODLEY, Major Inf	DATE 10/6/49	SIGNATURE OF RECEIVER <i>R. D. Miller</i>	DATE

2. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USAT CARROLL VICTORY	
KIND OF CONVEYANCE VG. 2		NAME OF CONVOYER R. A. SALVADOR, CAPT INF	
SIGNATURE OF SHIPPER R. D. MILLER, Lt COL. T.S. 18	DATE JUN 1949	SIGNATURE OF RECEIVER <i>R. A. Salvador</i>	DATE JUN 1949

3. SHIPPED

FROM		TO <i>NYPE</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>William W. Preisch</i> W. W. PREISCH LIEUT. COLONEL, TC.	DATE JUN 28 1949

4. SHIPPED PORT TRANSPORTATION OFFICER

FROM <i>NYPE</i>		TO <i>PCA#01</i>	
KIND OF CONVEYANCE TRAILER		NAME OF CONVOYER	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC.	DATE JUN 29 1949	SIGNATURE OF RECEIVER <i>H. D. Young</i> H. D. YOUNG Captain, GAC	DATE JUN 29 1949

5. SHIPPED

FROM PORT TRANSPORTATION OFFICER		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM SIFELL LOWERY HOWE		TO NYPE	
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

DEPARTMENT OF THE ARMY

QCMP 293

Roan, Henry T. SN 34 197 039
Plot II, Row II, Grave 260
USMC Margraten, Holland

30 April 1948

Mrs. Clara Mae Johnson
Rural Route #4
Cullman, Alabama

*wrong add see ltr dtd
PT 1, Box 164
Alexander City 4/3/48
Ala.*

Dear Mrs. Johnson:

We have received the "Request for Disposition of Remains Form" in regard to the final interment of the remains of your brother, the late Private First Class Henry T. Roan.

In accordance with the precedence of relatives eligible to designate the Disposition of the remains of your brother, the widow has prior disposition right unless legal documentary evidence substantiates that she has been separated, divorced or remarried. In either of these events, the disposition right reverts to the parent of the decedent, the father having precedence over the mother.

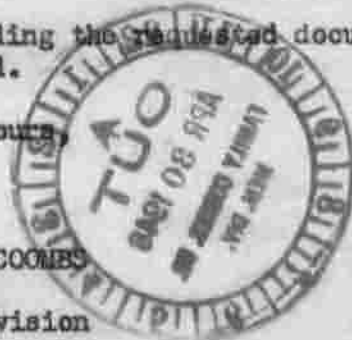
To enable the Department of the Army to determine who may legally exercise the right of disposition, you are requested to submit a certified copy of the marriage certificate to this office. Upon receipt of this evidence, our records may be amended to indicate that the father, if he is living, is the next of kin legally authorized to direct the disposition of the remains of his son.

It is also requested that a certified list or affidavit, containing the names, ages, and addresses of all surviving brothers and sisters, together with the names and addresses of the parents, if living, be forwarded to enable us to determine the person legally authorized to direct the disposition of the remains of your brother.

Your cooperation and promptness in forwarding the requested documents to our office will be greatly appreciated.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division



- 2 Incls
- 1. Information Slip
- 2. Envelope

msw
cc: Arrowsmith

RBC

ans w/o 293 or Form

CORRESPONDENCE ACTION SHEET

Mr. _____
 Miss. _____
 Addressee: Mrs. Clara Mae Johnson Sister
 State Route 1, Box 164 Relationship _____
 City, State Alexandria City, Alabama '47 Date letter _____

Cemetery _____
 Temporary: _____

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

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

165-D
 154-C

1st 2 paras. only
 omit "The late ---"
 para 2, line 2, marriage certificate
 para 2, line 4, father, if he is living, is
 It is also
 requested that a certified list or affidavit, containing
 the names, ages and addresses of all surviving brothers and sisters,
 together with the names and ~~addresses of the~~ addresses of the parents, if
 living, be forwarded to enable us to determine the person legally
 authorized to direct the disposition of the remains of your brother.

166-K documents

c/o to: Mrs. Arrowsmith

ans w/o 293 file

Precedent: _____
 Last Roan
 First Henry
 Initial H.
 Rank Pfc
 ASN 94 199035

Analyst _____ Typist _____ Reviewer _____
 Modifications _____ OKed _____

4-23-48

RESTRICTED
INVENTORY FORM

SUBJECT: Inventory of Personal Effects of:

ROAN HENRY T PTC 34197039
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of 23RD ARMD INF BN 7TH ARMORED DIVISION
(Unit) (Organization)

was reported KIA about 29 OCTOBER 1944
(Status (KIA, MIA, Hosp. etc.)) (Date)

Designated Beneficiary if information readily accessible NOT KNOWN

INVENTORY OF EFFECTS

- 2 HOCKETTS ✓
- 1 RIFLE MARKSMAN MEDAL ✓
- 1 RFC KIMBON ✓
- 2 INSIGNIAS ✓

Money in the amount of NONE has been turned into _____
(Name of Finance Office)

Form WDFD 38 enclosed.
and symbol number) NOT KNOWN

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 forwarded to the Effects Depot
by TRUCK on 10 JAN 1945.
(Rail, Truck, etc.)

Name Sam B. Plyler
SAM B. PLYLER
Rank & ASN CAPT GMC O-1016266
Organization Headquarters 7th A.D.

Any additional pertinent information:

ARMY SERVICES DIVISION
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Lola H. Roan
Route #2
Collinsville, Alabama

SHIP TO:

Effects of:
Name
ASN
Case No.
Wt.

Pfc. Henry T. Roan
34197039
292235 D

*file
fruit*

Margaret Hill

DATE 21 June 1945
CHG:MH:bc

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.

1/pkg

AR 15-1

REMARKS:

Franked JUN 23 1945
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages 1

mt

Shipping Clerk

292295

GHC:MH:dn
June 23, 1945

Mrs. Lela M. Roan
Route # 2
Collinsville, Alabama

Dear Mrs. Roan:

The Army Effects Bureau has received from overseas some property of your husband, Private First Class Henry T. Roan.

This property, consisting of a few items, is being sent you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

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

Yours very truly,

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

U. S. MILITARY CEMETERY, MARGHATER, HOLLAND

RESTRICTED

INVENTORY FORM

28 July 1945

DATE

SUBJECT: Inventory of Personal Effects of:

Roan, Henry T.

(LAST NAME)

(FIRST NAME)

(MII)

Unknown

(RANK)

34197030

(ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of Unknown

(UNIT)

(ORGANIZATION)

was reported NIA about Est. 31 Oct. 1944 1944.

STATUS (MIA, MIA, Hosp. etc.)

(DATE)

Designated Beneficiary if information readily accessible

INVENTORY OF EFFECTS

1 Ring, Gold, Red Stone

Money in the amount of None has been turned into _____

(NAME OF FINANCE OFFICE AND

Form WDFD 38 enclosed.

SYMBOL NUMBER)

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 forwarded to the Effects Depot by _____ on _____ 194_____.

(RAIL, TRUCK, ETC.)

Name Edwin Miller

EDWIN H. MILLER,

Rank & ASN 1st Lt. QMG O-1501314

Organization 603RD QM GR.REG. CO.

Any additional pertinent information:

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

292295

-BATTLE CASUALTY REPORT

NAME			SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
ROAN HENRY T			34197039	PFC	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
	DAY	MONTH	YEAR			
HOLLAND9	29	OCT	44		MIA	240

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 LOLA M ROAN	WIFE	13 NOV 44 IFR
NO. AND NAME OF STREET—CITY—STATE		
ROUTE NUMBER TWO COLLINSVILLE ALABAMA		

REMARKS:

CORRECTED COPY



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. S. H. & C. CERTIF. M. & N. 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	CHER FOR.	RESIDENCE		CONF	BACK											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A" _____ COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" _____ COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 49, 1944.

292293
DOL

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

ess/tel/4626

DATE 24 January 1945

REPORT OF DEATH

FULL NAME Roan, Henry T.		ARMY SERIAL NUMBER 34197039	GRADE PFC
HOME ADDRESS Collinsville, Ala.		ARM OR SERVICE Inf.	DATE OF BIRTH 15 Apr 1920
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 29 Oct 1944
STATION OF DECEASED European Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 30 Jan 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Lola M. Roan, Wife, Rt. #2, Collinsville, Ala.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Lola M. Roan, Wife, same as above. (Not designated) Mr. Grady R. Roan, Brother, Rt. #1, Fort Payne, Ala. Mr. William G. Roan, Brother, 167th Inf., Camp Blanding, Fla.			
INVESTIGATION MADE?	ON LEAVE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO	YES NO	YES NO	YES NO
		X	

ARMY EFFECTS BUREAU
RECEIVED
FEB 1 1945
RCMB

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 29 October 1944 until such absence was terminated on 18 January 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

BY ORDER OF THE SECRETARY OF WAR.

J. C. Cushman
ADJUTANT GENERAL

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

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

ess/tel/4626

DATE 24 January 1945

REPORT OF DEATH

FULL NAME Roan, Henry T.		ARMY SERIAL NUMBER 34197039	GRADE PFC	
HOME ADDRESS Collinsville, Ala.		ARM OR SERVICE Inf.	DATE OF BIRTH 15 Apr 1920	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 29 Oct 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 30 Jan 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS)				
Mrs. Lola M. Roan, Wife, Rt. #2, Collinsville, Ala.				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)				
Mrs. Lola M. Roan, Wife, same as above. (Not designated)				
Mr. Grady R. Roan, Brother, Rt. #1, Fort Payne, Ala.				
Mr. William G. Roan, Brother, 167th Inf., Camp Blanding, Fla.				
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT
YES	NO	YES	NO	YES
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS
YES	NO	YES	NO	YES
				NO
				OTHER PAY STATUS (SPECIFY BELOW)
				YES
				NO

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 29 October 1944 until such absence was terminated on 18 January 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

FILED
FEB 12 1945

COPIES FURNISHED:		
S. G. O.	F. S. I.	F. G. U. S. A.
E. O. G. H. G.	O. P. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 501 FILE

BY ORDER OF THE SECRETARY OF WAR:

ADJUTANT GENERAL

Collinsville, Alabama, Rte. 2 ⁸⁵
July 3rd 1946

War Department.
Room 3815. Munitions Building
Washington 25, D.C.

AG ²⁹³ 201 Rean, Henry T.
PC-N ETO 013
A.S.N. 34197039.

Dear Sir:
I am writing you in regard
of my husband, Henry T. Rean, who
was reported killed in action in Holland
October 29, 1944.

I haven't received any message
telling me where my husband was
buried. I would appreciate knowing
where he was buried and number
of his grave location.

I'll be expecting an answer
soon.

yours Truly,
Lala Mae Rean
Route 2.
Collinsville, Ala.

OFFICE OF QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 No.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	Family Corres Branch Fam Ltr Section	R. & R. Branch R. S. Section	7 April 48	<p>293, Roan, Henry T., 34 197 039</p> <hr/> <p>Forwarded for change of address.</p> <p><i>John</i> COOMBS 5072</p> <p><i>the form not attached</i></p>



THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

1352-QMTTS-Camp Lee, Va.-3-8-48-20M

file for R.R.
Apr 10
R.R.

DEPARTMENT OF THE ARMY
~~NAVY~~ DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGMF 293

Roan, Henry T. SN 34 197 039
Plot LL, Row 11, Grave 260
USMC Margraten, Holland
IMPORTANT

30 April 1948

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

Mrs. Clara Mae Johnson
Rural Route #4
Cullman, Alabama

Dear Mrs. Johnson:

We have received the "Request for Disposition of Remains Form" in regard to the final interment of the remains of your brother, the late Private First Class Henry T. Roan.

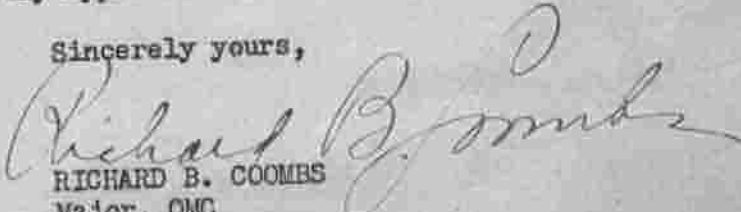
In accordance with the precedence of relatives eligible to designate the Disposition of the remains of your brother, the widow has prior disposition right unless legal documentary evidence substantiates that she has been separated, divorced or remarried. In either of these events, the disposition right reverts to the parent of the decedent, the father having precedence over the mother.

To enable the Department of the Army to determine who may legally exercise the right of disposition, you are requested to submit a certified copy of the marriage certificate to this office. Upon receipt of this evidence, our records may be amended to indicate that the father, if he is living, is the next of kin legally authorized to direct the disposition of the remains of his son.

It is also requested that a certified list or affidavit, containing the names, ages, and addresses of all surviving brothers and sisters, together with the names and addresses of the parents, if living, be forwarded to enable us to determine the person legally authorized to direct the disposition of the remains of your brother.

Your cooperation and promptness in forwarding the requested documents to our office will be greatly appreciated.

Sincerely yours,


RICHARD B. COOMBS
Major, QMC
Memorial Division

- 2 Incls
1. Information Slip
2. Envelope

101 SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

ANALYST ACTION REQUEST FORM

NAME Roan, Henry T. RANK Pfc DATE 11 May 48
SERIAL NO 34 197 039

This case has been thoroughly analyzed. Action to be taken as follows:

IRS to FB
293 file is forwarded with
undeliverable correspondence attached
for your action

SIGNED A. Caracha

THIS ACTION REQUEST WILL BECOME A PERMANENT PART OF
293 FILE CONCERNED

PAP

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

⁵
MESSAGE

¹ NO.	² FROM	³ TO	⁴ DATE
1	Chief RP Br Mem Div	Chief FC Br Mem Div Attn: FR Sec	19 May 1948

293 file for Pfc Henry T. Roan, 34197039, is forwarded with undeliverable correspondence attached for your action.

1 Incl
293 file w/corresp

[Signature]
HYATT
72980

[Signature]
CUTN IN GHAM
71507

AC
AC

CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle) Roan Henry T.		GRADE Pfc	SERIAL NUMBER 34197039	
PREVIOUS BURIAL LOCATION (Cemetery and Country)		PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country) USMC, Margraten, Holland		PLOT LL	ROW 11	GRAVE 260
ADDRESSEE MRS. Clara Mae Johnson		ADDRESS (Street, City, State) Rte. #1, Box 164 Alexander City, Ala.		
RELATIONSHIP Sister				

PARAGRAPHS (Sequence)

ADDITIONAL DATA — MODIFICATIONS

Rewrite ltr. dtd 30 April 48 to correct address. See above.

ANALYST INITIALS AND DATE M. R. Jolly 5-22-48	TYPIST INITIALS	REVIEWER INITIALS AND DATE
---------------------------------------------------------	-----------------	----------------------------



C. C. HORTON
STATE SERVICE COMMISSIONER

STATE OF ALABAMA
DEPARTMENT OF VETERANS' AFFAIRS

Centre, Alabama

June 7th. 1948

293
Re; Roan, Henry T.

SN 34 197 039

A F F I D A V I T

To Whom It May Concern;

This is to certify that I Clara Mae Johnson, Age 38 years address Alexander City Alabama am the only living sister of this deceased Veteran.

This is to certify that Grady Robert Roan, age 34 years and address Guntersville, Alabama R-2 is the brother of the deceased Veteran. ✓

This is to certify that I William G. Roan address, Age 32 years and address is Collinsville, Alabama R-2 is the brother of this Veteran.

Signed,

Clara Mae Johnson

Mrs Clara Mae Johnson,
Alexander City, Alabama. R-1

Sworn to and subscribed to this 7th. day of
June 1948

Signed,

D.C. Chesnut

D.C. Chesnut,
Notary Public.



293 Roan, Henry T. 34197039 PFE

STATE OF ALABAMA

COUNTY OF CHEROKEE

Certificate of Marriage

THIS CERTIFIES THAT I HAVE SOLEMNIZED MARRIAGE

Between J. W. Gladden

and Lola Mae Daugherty

according to law, at Collinsville, in said

County and State, on the 11th day of September 1946.

Rev. G. C. Hawkins

I, F. H. Norton, Judge of Probate in and for said County, in said State, do hereby Certify that the foregoing is a true and correct copy of Marriage of

J. W. Gladden

and Lola Mae Daugherty

on the 11th day of September 1946 with the

Certificate of Rev. G. C. Hawkins

who performed the Marriage Ceremony, as same appears in Marriage Record N, Page 569, in my office.

Given under my hand and official Seal, this 7th day of June 1948.



F. H. Norton
Judge of Probate.

293 Room Henry J. 341970 57 PFC

REPLY FORM ACTION REQUEST

TO: FL		FROM: REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH	
NAME (Last, First, Middle) ROAN HENRY T.		RANK PFE	SERIAL NUMBER 34197039
CEMETERY MARGRATEN, Holland	PLOT LL	ROW 11	GRAVE 260
NEXT OF KIN Contact ARE	ADDRESS (Street, City, State)		
MR. MISS MRS.			
RELATIONSHIP TO DECEASED	OPTION SELECTED 2	DDMG FORM 345 EXECUTED BY Sister	

WRITE NOK FOR CORRECTION OR COMPLETION OF REPLY FORM ON ITEMS CHECKED BELOW

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> RELATIONSHIP TO DECEASED | <input type="checkbox"/> SIGNATURE OF NOK |
| <input type="checkbox"/> OPTION DESIRED | <input type="checkbox"/> NOTARIZATION |
| <input type="checkbox"/> NATIONAL OR PRIVATE CEMETERY INTERMENT DESIRED | <input type="checkbox"/> NATIONAL CEMETERY SELECTED IS CLOSED |
| <input type="checkbox"/> COUNTRY (Homeland) OF DECEASED OR NOK | <input type="checkbox"/> REPLY TO "REMARKS" ON FORM 345 |
| <input type="checkbox"/> NAME AND/OR <input type="checkbox"/> ADDRESS OF CONSIGNEE | <input type="checkbox"/> SPECIAL INSTRUCTIONS |
| <input type="checkbox"/> SECURE DOCUMENTS: <input type="checkbox"/> REMARRIAGE <input type="checkbox"/> BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER _____ | |

SPECIAL INSTRUCTIONS

Contact brother for his signature or relinquishment, last known address Rt#2, Collinsville, Ala. as per sisters statement, etc. attached

DATE 30 Aug 47	CLERK'S SIGNATURE <i>[Signature]</i>
--------------------------	-----------------------------------------

The State of Alabama.
DeKalb county.

Personally appeared before me, the under-
signed authority, this day came Mrs. Lola Mae Roan-Gladden,
who being duly sworn deposes and says:-
My maiden names was Lola Mae Daugherty, I was married to
Henry T. Roan on January 25th, 1943, he was killed in action
on October 29th, 1944.
I was re-married ~~to~~ on September 11th, 1946 to J.W. Gladden
I further certify that Lola Mae Daugherty and Lola M. Roan
are one and the same person.

Lola Mae Gladden

Subscribed to and sworn to before me this 31st, day of
July 1948.

John L. Anderson
Notary Public
DeKalb county, Alabama.

My commission expires
Jan. 15-1951.

293 Roan Henry T. 34197029

Alexandria City Ala
July, 31, 1948.

Dear Sir:

This is to inform you that William G. Room,
Previous address was Collinsville Ala Route 2

He is a Brother to Henry G. Room But
at Present His address is unknown
Since our Mother and Father death I

tried to be a Mother to my Brothers for
we lost our Parents at a Real young
age,

It is desired that I direct the
final disposal of our Brothers Remains

Henry G. Room

Sincerely yours
Clara Mae Johnson

293 - Room Henry T. 341970 39
026118

CORRESPONDENCE ACTION SHEET

NAME OF DECEASED (Last, First, Middle)

PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
ADDRESSEE MR. MISS MRS.	ADDRESS (Street, City, State)		
RELATIONSHIP			

Kearney
Honey T.

PARAGRAPHS (Sequence) ADDITIONAL DATA — MODIFICATIONS

145 I

The D.F. for the remains of your brother was signed by your sister, Mrs. Clara Mae Johnson, upon the relinquishment of the disposition right by your brother, Mr. Brady L. Keen. Inasmuch as you succeed Mr. Brady Keen in the order of priority among relatives, the D.F. for the remains of your brother, signed by Mrs. Johnson cannot be accepted unless you desire to relinquish your prior disposition right.

Therefore, if you desire to relinquish your disposition right, you may do so by completing Part III page 3 of the enclosed form. Part II does not require notarial certification.

If you prefer to exercise the disposition right, please complete Part I, pages 1 and 2 of the form. — 2nd sentence of 3rd para of 25T —

85aa

5-2-48 BX
34a 1st para only

Include (Please fill in top of form)

GRADE

SERIAL NUMBER

24 199 039

ANALYST INITIALS AND DATE	TYPIST INITIALS	REVIEWER INITIALS AND DATE
9-7-48		

MRS. CLARA MAE JOHNSON
ALEXANDER CITY ALA
ROUTE 1 BX 164

Feb. 12, 1949

Dear Sir:

In regard of my Brother
Henry T. Roon, Sn. 34-197 039
273
Plat Lt. Row. 11 Grave 260
USMC. Margaret Halland

I would like My
Mutch to know if his
Body has been Morted and
if it has been sent
to the U.S.A

I have Be Expecting a
Hearing for some time from
you

I would appreciate any
Advice you can give

Sincerely yours
Mrs Clara Mae Johnson

DDMG FORM 1901
22 APR 48

REQUEST FOR INFORMATION
ON DISPOSITION OF REMAINS

TO: REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH	FROM: FAMILY LETTERS SECTION FAMILY CORRESPONDENCE BRANCH
----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF DECEDENT (Last, First, Middle) <i>Roan, Henry J.</i>	GRADE <i>Pfc</i>	SERIAL NUMBER <i>34 197 039</i>
-----------------------------------------------------------------	---------------------	------------------------------------

CEMETERY <i>USMC Marguette, Holland</i>	PLOT <i>LL</i>	ROW <i>11</i>	GRAVE <i>260</i>
--------------------------------------------	-------------------	------------------	---------------------

THE ATTACHED CORRESPONDENCE PERTAINS TO THE DISPOSITION OF THE REMAINS OF THE ABOVE NAMED DECEDENT. IT IS REQUESTED THAT INFORMATION ON ITEMS CHECKED BELOW BE FURNISHED THIS OFFICE IN ORDER TO REPLY TO CORRESPONDENCE.

- | | |
|------------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> HAS DDMG FORM 345 BEEN DISPATCHED? | |
| <input checked="" type="checkbox"/> HAS DDMG FORM 345 BEEN RECEIVED AND ACCEPTED? | <i>R-8-6-48</i> |
| <input checked="" type="checkbox"/> WHAT OPTION WAS SELECTED? | <i>opt 2</i> |
| <input checked="" type="checkbox"/> BY WHOM WAS DDMG FORM 345 EXECUTED? | <i>Sister</i> |
| <input type="checkbox"/> DID ROSTER INDICATE RELINQUISHMENT OF DISPOSITION AUTHORITY? | |
| <input type="checkbox"/> CHANGE OF DECISION | |
| <input type="checkbox"/> FORWARDED FOR YOUR INFORMATION AND ANY ACTION DEEMED NECESSARY. | |

REMARKS

Incorrect 8-30-48

ANALYST SIGNATURE

EJH

DATE

2-16-49

CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle)
Roan, Henry P.

PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
USMC, Margraten, Holland	LL	11	260
ADDRESSEE	ADDRESS (Street, City, State)		
MR. MISS Mrs. Clara Mae Johnson MRS.	Route #1, Box 164		
RELATIONSHIP	Alexander City, Alabama		
Sister			

PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS
165-A	<p>- brother</p> <p>Fully understanding your desire to have the remains of your brother returned to the United States for final burial, I wish to inform you that, as yet, no reply has been received to our letter to Mr. William G. Roan, dated 9 September 1948, in which we requested that he either relinquish his disposition authority to you or record his wishes of over his own signature.</p> <p>Inasmuch as our records indicate that the remains of your loved one have been casketed and are now being held in above-ground storage pending the receipt of final disposition instructions from his next of kin, it is urged that you instruct Mr. William G. Roan to complete the inclosed form by either relinquishing his disposition authority or by recording his wishes over his own signature, and mail the form to this office without delay.</p> <p>The postage stamps, forwarded with your letter, are being returned as they are not necessary for our reply.</p> <p>8 Incls: 345 (new) typist fill in top of form Postage Stamps (2) Env.</p>

GRAVE
Pfc
SERIAL NUMBER
34 197 039

ANALYST INITIALS AND DATE <i>Spud</i> 17 February 49	TYPIST INITIALS	REVIEWER INITIALS AND DATE
------------------------------------------------------------	-----------------	----------------------------

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

IN REPLY REFER TO QMGMP 293

293
Roan, Henry T.
SN 34 197 039

18 February 1949

Mrs. Clara Mae Johnson
Route #1, Box 164
Alexander City, Alabama

Dear Mrs. Johnson:

Your letter pertaining to the remains of your brother, the late Private First Class Henry T. Roan, has come to my attention.

Fully understanding your desire to have the remains of your brother returned to the United States for final burial, I wish to inform you that, as yet, no reply has been received to our letter to Mr. William G. Roan, dated 9 September 1948, in which we requested that he either relinquish his disposition authority to you or record his wishes over his own signature.

Inasmuch as our records indicate that the remains of your loved one have been casketed and are now being held in above-ground storage pending the receipt of final disposition instructions from his next of kin, it is urged that you instruct Mr. William G. Roan to complete the inclosed form by either relinquishing his disposition authority or by recording his wishes over his own signature, and mail the form to this office without delay.

The postage stamps, forwarded with your letter, are being returned as they are not necessary for our reply.

Sincerely yours,

James F. Smith
JAMES F. SMITH
Major, QMC
Memorial Division

- 3 Incls.
1 - Disposition Form
2 - Postage Stamps
3 - Envelope

Smith
NAT
11 May
Candy Carter Branch

REPLY FORM ACTION REQUEST

TO: FL	FROM: REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH		
NAME (Last, First, Middle) Ross, Henry T.	RANK Pfc	SERIAL NUMBER 34 197 039	
CEMETERY Margraten	PLOT	ROW	GRAVE
NEXT OF KIN MR. MISS MRS.	ADDRESS (Street, City, State)		
RELATIONSHIP TO DECEASED	OPTION SELECTED	OQMG FORM 345 EXECUTED BY	

WRITE NOK FOR CORRECTION OR COMPLETION OF REPLY FORM ON ITEMS CHECKED BELOW

- | | |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> RELATIONSHIP TO DECEASED | <input type="checkbox"/> SIGNATURE OF NOK |
| <input type="checkbox"/> OPTION DESIRED | <input type="checkbox"/> NOTARIZATION |
| <input type="checkbox"/> NATIONAL OR PRIVATE CEMETERY INTERMENT DESIRED | <input type="checkbox"/> NATIONAL CEMETERY SELECTED IS CLOSED |
| <input type="checkbox"/> COUNTRY (HomeLand) OF DECEASED OR NOK | <input type="checkbox"/> REPLY TO "REMARKS" ON FORM 345 |
| <input type="checkbox"/> NAME AND/OR <input type="checkbox"/> ADDRESS OF CONSIGNEE | <input checked="" type="checkbox"/> SPECIAL INSTRUCTIONS |
| <input type="checkbox"/> SECURE DOCUMENTS: <input type="checkbox"/> REMARRIAGE <input type="checkbox"/> BIRTH | <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER _____ |

SPECIAL INSTRUCTIONS

Req ltr to ARC requesting their assistance in locating Mr. William G. Ross, brother of the decedent, whose last known address was Route #2, Collinsville, Alabam, in order to have him complete 345 or relinquish to sister Mrs. Clara Mae Johnson.

DATE 11 Mar 49	CLERK'S SIGNATURE LEGAN
--------------------------	--------------------------------

CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle)

Roan, Henry T.

PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country) Margraten, Holland	LL	11	260
ADDRESSEE MR. MISS MRS.	ADDRESS (Street, City, State)		
RELATIONSHIP			

PARAGRAPHS (Sequence)

ADDITIONAL DATA — MODIFICATIONS

136-A

American Red Cross
Southeastern Area

1st para only --Mr. William G. Roan --

The sister of the decedent, Mrs. Clara M. Johnson, residing at Route #1, Alexander City, Alabama, has advised us that it is the desire of the surviving brother, Mr. Grady R. Roan and Mr. William G. Roan, respectively, that she direct the final disposition of the remains of the decedent.

We have received a properly executed Relinquishment of Disposition Authority from the oldest brother, Mr. Grady R. Roan. However, before the Department of the Army can accept disposition instructions from Mrs. Johnson, it will be necessary for Mr. William G. Roan, last known address, Route #2, Collinsville, Alabama, to relinquish his right of disposition. Our efforts to contact ~~the~~ Mr. Roan at this address, however, have been unsuccessful.

It is, therefore, requested that you endeavor to locate Mr. William G. Roan with the view to assist him to properly complete either Part I or Part II of the DF.

Any assistance you are able to render in having the inclosed DF properly accomplished will be greatly appreciated.

cc - control unit FR - type fol on cc: "USMC Margraten, Holland,
Mr Snowden Plot LL, Row 11, Grave 260"

GRADE

Pfc

SERIAL NUMBER

34 197 039

ANALYST INITIALS AND DATE <i>[Signature]</i> 3-14-49	TYPYST INITIALS	REVIEWER INITIALS AND DATE
---------------------------------------------------------	-----------------	----------------------------

345 Rec'd 4-19-49
E AMERICAN NATIONAL F CROSS
SOUTHEASTERN AREA

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

April 18, 1949

To:

Date:

From: (Miss) Ruth Englehorn

Subject:

QMGMF 293
ROAN, Henry T., Pfc.
Plot LL, Row 11, Grave 260
U. S. Military Cemetery
Margraten, Holland

Sister: Mrs. Clara M. Johnson
Route 1
Alexander City, Alabama

We are sorry there has been so much delay concerning the above named case.

Our Alabama Chapter informed us that Mr. William G. Roan is now living in the Atlanta Area but his address was unknown. The address of a brother-in-law, Mr. E. R. Dutton, 1768 Marietta Road, Atlanta, Georgia was given. Our Atlanta Chapter was finally able to see Mr. Roan at his place of business and he signed Form 345 relinquishing his rights to make the decision to his sister, Mrs. Clara M. Johnson, Alexander City, Alabama.

(Miss) Ruth Englehorn
Assistant Director, Home Service
Southeastern Area

Sara R. Boyd
(Mrs.) Sara R. Boyd
Home Service Correspondent

*File
transp
Apr 19 1949
Per
J.C. Moore
M.M.M.*

REPLY FORM ACTION REQUEST

TO: FL		FROM: REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH	
NAME (Last, First, Middle) Roan, Henry T.		RANK Hfc	SERIAL NUMBER 34 197 039
CEMETERY Margraten		PLOT	ROW
NEXT OF KIN		ADDRESS (Street, City, State)	
MR. MISS MRS.	RELATIONSHIP TO DECEASED		
OPTION SELECTED		OQMG FORM 345 EXECUTED BY	

WRITE NOK FOR CORRECTION OR COMPLETION OF REPLY FORM ON ITEMS CHECKED BELOW

- | | |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> RELATIONSHIP TO DECEASED | <input type="checkbox"/> SIGNATURE OF NOK |
| <input type="checkbox"/> OPTION DESIRED | <input type="checkbox"/> NOTARIZATION |
| <input type="checkbox"/> NATIONAL OR PRIVATE CEMETERY INTERMENT DESIRED | <input type="checkbox"/> NATIONAL CEMETERY SELECTED IS CLOSED |
| <input type="checkbox"/> COUNTRY (HomeLand) OF DECEASED OR NOK | <input type="checkbox"/> REPLY TO "REMARKS" ON FORM 345 |
| <input type="checkbox"/> NAME AND/OR <input type="checkbox"/> ADDRESS OF CONSIGNEE | <input checked="" type="checkbox"/> SPECIAL INSTRUCTIONS |
| <input type="checkbox"/> SECURE DOCUMENTS: <input type="checkbox"/> REMARRIAGE <input type="checkbox"/> BIRTH | <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER |

Req ltr to ARC requesting their assistance in locating Mr. William G. Roan, brother of the decedent, whose last known address was Route #2, Collinsville, Alabama, in order to have him complete 345 or relinquish to sister Mrs. Clara Mae Johnson.

FILE
with
NAT
11 Mar 49

DATE 11 Mar 49	CLERK'S SIGNATURE LDGAN
--------------------------	-----------------------------------

OQMG FORM 1910
29 JUN 48

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

<u>ROAN</u>	<u>HENRY</u>	<u>T</u>	<u>PFC</u>	<u>34197039</u>
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Repatriated to the United States: 6761 NMC 02 20 JUN. 1949

STATION FILE

Incl #

HEADQUARTERS
CHICAGO QUARTERMASTER DEPOT
Office Of The Commanding Officer
1819 West Pershing Road
Chicago 9, Illinois

In Reply Refer To:
QMDIG-A 293

Mrs. Clara Mae Johnson
Route 3, c/o Belton Aldridge
Alexander City, Alabama

Dear Madam:

Please be advised that the remains of the late
Pfc. Henry T. Roan
will be delivered by the New York Port of Embarkation to
Bartlett Funeral Home, Collinsville, Alabama
as consignee, in accordance with your confirmed instructions,
instead of through this Depot as you were previously advised.

The Commanding General, New York Port of Embarkation will
accomplish delivery at the earliest possible date; however,
a definite date of delivery cannot be furnished at this time.

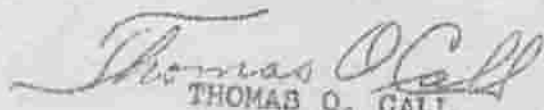
Approximately three days prior to departure of the remains
from New York, accompanied by an escort, the consignee will be
advised by telegram of the exact date and hour of arrival and
rail routing, with instructions to immediately notify you.

All future correspondence pertaining to the remains
mentioned above should be addressed as follows:

Commanding General
New York Port of Embarkation
(Distribution Center No. 1, AGRS)
1st Avenue and 58th Street
Brooklyn, New York

I appreciate the anxiety experienced by you and trust that
this information will be of some consolation.

Sincerely,


THOMAS O. CALL
Major, QMC
Chief, AGE Division

US ARMY 34197039

AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO 9, ILL.

WESTERN UNION
DAY LETTER

DELIVER AND REPORT ANY CHARGES

CLARA MAE JOHNSON
ROUTE #1, BOX 164
ALEXANDER CITY, ALABAMA

RECEIVED
SIGNAL CENTER

JUN 25 3 03 PM '49

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE

PFC. HENRY T. ROAN

ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO

BARTLETT FUNERAL HOME, COLLINSVILLE, ALABAMA

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. DELIVERY OF REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY SEVERAL WEEKS. AT LEAST THREE DAYS PRIOR TO SHIPMENT OF REMAINS ACCOMPANIED BY MILITARY ESCORT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF METHOD OF TRANSPORTATION AND TIME OF ARRIVAL AND REQUESTED TO NOTIFY YOU. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. IN REPLY REFER TO CONTROL NO. **31563**

THOS. O. CALL
Major, QMC
Chief, A & B

JUN 25 1949

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

C. M. ODENWALDER
Captain, QMC
Chief, Adm. Sv.

VMS

WJ A225 27 8 EXTRA COLLECT

ALEXANDER CITY ALA JUN 27 1949 921A

QUARTERMASTER DEPOT AGRD

DELIVER REMAINS PFC HENRY T ROAN TO BARTLETT FUNERAL HOME
COLLINSVILLE ALABAMA REPEAT BARTLETT FUNERAL HOME
COLLINSVILLE ALABAMA

CLARA MAE JOHNSON ROUTE 3 CARE BELTON ALDRIDGE
ALEXANDER CITY ALA.

1223P.

RE
SIC
JUN 27 1 42 PM '49

change address Not

WJ A225 27 8 EXTRA COLLECT

ALEXANDER CITY ALA JUN 27 1949 921A

QUARTERMASTER DEPOT AGRD

DELIVER REMAINS PFC HENRY T ROAN TO BARTLETT FUNERAL HOME
COLLINSVILLE ALABAMA REPEAT BARTLETT FUNERAL HOME
COLLINSVILLE ALABAMA

CLARA MAE JOHNSON ROUTE 3 CARE BELTON ALDRIDGE
ALEXANDER CITY ALA.

1223P.

RECEIVED
SIGN VETER
JUN 27 1 46 PM '49

INSPECTION CHECK LIST

SPACE NO.

921

CASE NO.

NAME OF DECEASED (*Last, First, Middle Initial*)

Roan, Henry T

BRANCH OF SERVICE

RACE

RELIGION

SEX

DATE

RANK OR GRADE

Pfc

SERIAL NUMBER

34197039

CONSIGNEE

SHIPPING CASE—GENERAL APPEARANCE
(Check ONLY Discrepancies)

CONDITION OF SHIPPING CASE (Check One)

SATISFACTORY

UNSATISFACTORY

FINISH (*Exterior*)

FINISH (*Interior*)

HANDLES

HANDLE BOLTS

STENCILING—NAME PLATE

HEALTH PERMIT MARKER

HEALTH PERMIT NUMBER

REMARKS

CASKET—GENERAL APPEARANCE
(Check ONLY Discrepancies)

CONDITION OF CASKET (Check One)

SATISFACTORY

UNSATISFACTORY

FINISH (*Exterior*)

HANDLES AND FASTENINGS

STENCILING—NAME PLATE

CAM LOCKS (*Sealing*)

ODOR OR MOISTURE

REMARKS

*Touched up
Replaced cam lock*

ROUTED THROUGH

MORTUARY OPERATING ROOM

REPAIR SHOP

CONDITION OF REMAINS

SATISFACTORY

UNSATISFACTORY

CASKET REPAIRED

YES

NO

CASKET EXCHANGED

YES

NO

SHIPPING CASE REPAIRED

YES

NO

SHIPPING CASE EXCHANGED

YES

NO

REMARKS

TIME

DATE

SIGNATURE OF MORTICIAN

TIME

DATE

SIGNATURE OF INSPECTOR

REMARKS

RECEIPT OF REMAINS

HEADQUARTERS, NYPE
DISTRIBUTION CENTER DISTRIBUTION CENTER #1, AGRS ROUTINE
58th ST. & 1st AVE., BROOKLYN, NEW YORK
REMAINS CONSIGNED TO:

BARTLETT FUNERAL HOME
COLLINSVILLE, ALABAMA

REMAINS OF THE LATE

293
PFC HENRY T. ROAN *gls*

ACCOMPANIED BY AN

ESCORT ARE SCHEDULED TO LEAVE

JERSEY CITY

ON TRAIN

NUMBER

1

B&O

RAILROAD AT

TWO PM EST

ON

WED 27 JULY

AND DUE TO ARRIVE AT

COLLINSVILLE

AT

SIX SIX PM EST

ON THURS 28 JULY

PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND
PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

ESCORT

SGT RAYMOND H. MITCHELL
RA 42 204 827
DET 5 1300th ASU

G. H. BARE

COLONEL, QMC

HAT
FILE
RECORDS ANNOTATED
AUG 10 1949
WIMBERLY
K & B RR.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased
this 28 (Day) day of July (Month), 1949

Raymond H Mitchell
(Witness (Escort))
RA 42 204 827

Bartlett Funeral Home
(Consignee)
Frank Bartlett

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 Brother _____ 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 <u>Johnson</u>	FIRST NAME <u>Clara</u>	MIDDLE INITIAL <u>M</u>
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET <u>Rt. 1</u>	CITY OR TOWN <u>Alexander City</u>	STATE OR COUNTRY <u>Ala.</u>

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

<u>William H. Roan</u> <small>(SIGNATURE OF NEXT OF KIN)</small>	<u>April 15, 1949</u> <small>(DATE)</small>
<u>William G. Roan</u> <small>(NAME PRINTED OR TYPED)</small>	<u>1768 Marietta Road</u> <small>(STREET AND NUMBER)</small>
	<u>Atlanta, Georgia</u> <small>(CITY AND STATE)</small>

PART III

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

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 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

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

	<small>(CITY AND STATE)</small>

REQUEST FOR DISPOSITION OF REMAINS

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

Pfc Henry T. Roan, 34 197 039
 Flot 11, Row 11, Grave 260
 United States Military Cemetery
 Margraten, Holland

L.P. 8/6/47
 DATE: *Pres Inf 6/22/48*
 21 July 1948
S-2
8-14
Ni.A
Monty

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, Clara Mae Johnson

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

Hunt's Chapel cemetery, near Collinsville, Alabama.

(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 _____
(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

7777
Loaded 5-16-49
L. Blount

J.P.P.
 MAY 17 1949

MAY 11 1949

L. Blount
11 May

ADDITIONAL REMARKS AND INSTRUCTION

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

REPAIRING
RECORDS BRANCH
MAY 17 12 52 PM '49
MEMORIAL DIVISION

REPAIRING
RECORDS BRANCH
MAY 17 2 37 PM '49
MEMORIAL DIVISION

REPAIRING
RECORDS BRANCH
MAY 12 4 36 PM '49
MEMORIAL DIVISION

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			
Bartlett Funeral Home, John T. Bartlett owner			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
	08 Collinsville, Ala.	DeKalb	Ala
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Collinsville, Ala	Collinsville, Ala.	76	

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
Roan	Grady	R.	brother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Guntersville, Rt. 2.	Guntersville	Marshall	Ala.

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

I have one other brother but his address is unknown and it is impossible for me to get a relinquishment from him

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.

Clara Mae Johnson
(SIGNATURE OF NEXT OF KIN)

Rt. 1. Box 164

(STREET AND NUMBER)

Clara Mae Johnson
(NAME PRINTED OR TYPED)

Alexander City, Alabama.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 29 day of July,

1948, at city (or town) of Collinsville, county of DeKalb, and State (or Territory or District) of Alabama.

John C. Anderson
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)

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

PART II - RELINQUISHMENT OF DISPOSITION AUTHORITY

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

I, THE Brother (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 Johnson	FIRST NAME Clara M.	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED Sister		
NUMBER AND STREET Rt.Box 164	CITY OR TOWN Alexander City,	STATE OR COUNTRY Ala

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

Grady R. Roan

(SIGNATURE OF NEXT OF KIN)

July 29th, 1948

(DATE)

Rt. 2.

(STREET AND NUMBER)

Grady R. Roan

(NAME PRINTED OR TYPED)

Guntersville, Ala

(CITY AND STATE)

Det. Grady R. Roan was contacted by AHC and willing to inter on 15 Apr 49

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

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

REQUEST FOR DISPOSITION OF REMAINS

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

DATE

PFC Henry T. Roan, 34 197 039
 Plot LL, Row 11, Grave 260
 United States Military Cemetery
 Margraten, Holland

18 February 1949

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. _____ (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) *(Please indicate relationship to the deceased by placing an "X" in the proper box.)*

- | | | | |
|--------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> WIDOW | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD |
| <input type="checkbox"/> RELATIONSHIP OTHER THAN ABOVE. <i>(Specify)</i> _____ | | | |

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.)*

Blank

FR - NAT
file 11 May
Smith

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

Reason of
Delay
for letter
No such order is



the back

WASHINGTON
APR 30
9 - PM
1948

POSTAGE WILL BE PAID BY ADDRESSEE
PAYMENT OF POSTAGE GUARANTEED
(PMGIC)



Handwritten signature

ORIGINAL ORDER

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

FLAT BRONZE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORD as it will appear on the flat bronze marker you ordered. CHECK IT CAREFULLY before the number is manufactured. Check the DESCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat bronze marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be mailed. Signs and return promptly to the nearest envelope which requires no postage.

UNTIL YOU RETURN THIS SLIP THE FLAT BRONZE MARKER CANNOT BE ORDERED. DO NOT DELAY - SIGN & RETURN TODAY.

INSRIPTION: LATIN CROSS

HENRY T ROAN / ALABAMA / PEC
WORLD WAR II / APRIL 15 1920

INFANTRY /
OCT 29 1944

MAIL TO:

J T ROAN
RTE 2
COLLINSVILLE
ALABAMA

FOR:

APPLICANT:

2484

CEMETERY:

MORTG CHAPEL DEPT 21
6826XX
COLLINSVILLE C. WATTS
ALABAMA

COMC FORM 392
17 DEC 47

APPROVAL AND ACCEPTANCE

SIGNATURE

AE



PE
SVC
Pls cancel

DU

WU A135 SVC PQ

YOUR GOVT DL 25 348P CLARA MAE JOHNSON ALEXANDERCITY ALA SGT
CALL ATTEMPT TO FONE FM HERE UNSUCCESSFUL NO FONE LISTED
AND ADSEE UNKNOWN TO OPERATOR
TFC MONTGOMERY ALA JUN 25 1949

1011P

RECEIVED
MONTGOMERY ALA
JUN 25 2 52 PM '49

ROAN, HENRY T.		-	7039	
E. Y.	PALLET	BOX	TALLY	TYPE PKG
		10	5940	PKG

NAME ROAN, HENRY T. PFC 7039

BAY	PALLET	BOX	TALLY
	7	29	8375
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Est. QM Form 48

*SVC
Pls Cancel*

(Signature)

WU A135 SVC PQ

YOUR GOVT DL 25 348P CLARA MAE JOHNSON ALEXANDERCITY ALA 563
CALL ATTEMPT TO FONE FM HERE UNSUCCESSFUL NO FONE LISTED
AND ADSEE UNKNOWN TO OPERATOR

TFC MONTGOMERY ALA JUN 25 1949

Mrs Bradley 1011P

RECEIVED
SIGNATURE

JUN 26 2 52 PM '49

ROUTING SLIP

TO	ACTION TAKEN	INITIALS	DATE
IDENTIFICATION			
SPECIAL CHECKERS			
← CORRESPONDENCE SECTION	<i>F. L.</i>	<i>MHT</i>	<i>6/2/49</i>
CORRESPONDENCE SUBSECTION			
CONTROL (In)			
A-2 AND 333 (For recheck)			
PLOT MAP	<i>Note Correct add. Rt 1, Box 164, Alexander City, Ala</i>		
ACTION REQUIRED	REMARKS		
NAME			
RANK			
ASN			
ORGANIZATION			
ITEM No. 1	<i>G. Fisher</i>		
ITEM No. 2			
ITEM No. 4			
ITEMS Nos. 5 AND 6			
ITEM No. 7			
ITEM No. 8			
ITEM No. 9			
SUSPENSE			



BPQ10 SVC

WU SUPVR

CITE WUA135 SVC PQ SGD TFC MONTGOMERY ALA JUN 25 1949 1011P
RE OUR GOVT DL 25 348P CLARA MAE JOHNSON ALEXANDERCITY ALA SGD
CALL PLS CANCEL AND FILE MSG

PQ 27 JUNE 301P

AMOUNT OF CHECK

ACCOUNT NUMBER

NOTE DISCREPANCY IN

NAME

SERIAL NUMBER

RANK

INCLUDE VALUABLES

SHIP VALUABLES

VALUABLES SHIPPED (Clerk)

RECIPIENT FROM

CASUALTY REPORT

INVENTORY

FORM 20

LETTER

NO. & TYPE OF CONTAINER

ENVELOPE

CARTONS

PACKAGE

FOOT LOCKER

SPECIAL INSTRUCTIONS

REMOVE GI

SHIP BLOODSTAINED

SHIP DAMAGED

REMOVE BLOODSTAINED

REMOVE DAMAGED

FILMS REMOVED

DIARY REMOVED

DATE ACTION TAKEN

REMARKS

DATE OF FINDING

RTB:LD:mc

APPLICANT

SUMMARY COURT DATA

MAIL REVIEWER (SHEETS)

SHIPPED

FRANKED

EXPRESS

FREIGHT

DATE SHIPPED

SHIPPING CLERK

ROUTING

ACCOUNTING BRANCH

WAREHOUSE

FILE

Mrs. Lola M. Roan

Route #2

Collinsville, Alabama

Pfc. Henry T. Roan

34297039

292295 D

ORDER FOR ACTION

14

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER G
WASHINGTON 25, D. C.
OFFICIAL BUSINESS

UNITED STATES POSTAGE
PAID
AIC DEPARTMENT OF THE ARMY
LOS ANGELES DISTRICT OFFICE
CINCINNATI, Ohio

PARCEL POST

CONTENTS: BRONZE MARKER

CONTRACT NO. DA 49-056 QM 164

ORDER NO. 2484

NAME HENRY T ROAN

DDMG FORM 386 A
22 JUL 47

GPO 16-22281-2

J T Rowan
Route 2
Callinsville
Alabama

FILE
DEC 21
G. WAITE

ORIGINAL ORDER

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

FLAT BRONZE MARKER

AUG 26 1944

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat bronze marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat bronze marker will be affixed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be mailed. Sign and return promptly in the inclosed envelope which requires no postage.

UNTIL YOU RETURN THIS SLIP THE FLAT BRONZE MARKER CANNOT BE ORDERED. DO NOT DELAY - SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

HENRY T ROAN / ALABAMA / PFC
WORLD WAR II / APRIL 15 1920

INFANTRY /

OCT 29 1944

MAIL TO:
J T ROWAN
RTE 2
COLLINSVILLE
ALABAMA

FOR:

APPLICANT:

2484

COMG FORM 392
17 DEC 47

APPROVAL AND ACCEPTANCE

CEMETERY: HONTS CHAPEL
COLLINSVILLE
ALABAMA

SIGNATURE

AE



PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

RECEIVED

KISSING

P.O.W.

ABANDONED

TALLY

NO.

INV. DATE

CRIS. NO.

CF PKGS.

BOX NO.

SHEET

OF SHEETS

ORGANIZATION

23rd Army Div

7th Div. S.

NAME HENRY T. ROAN

A.S.N. 34197039

RANK

O/C.

Belt		TOWELS & WASHCLOTHS		WINGS
BELL, MONEY (NO MONEY)	X	CLOTHING (Ties)		BASE, CLOTH OR TRIMED
Cloth, Wash		BRACELET IDEAL		BERMUDA, (NO MONEY)
Coats		Brushes		Case
Footwear, Pr.		CAMERAS		Footlocker
Gloves, Pr.		Glasses		KIT, SHW, TAP, OR WHITES
Handkerchiefs		Knives		AGONS
Headwear		Lighters		Books, Address
Jackets	X	MTSC. Enigma		Books, Pilot Log
Overcoats		Pen, Fountain		DIARY (REMOVED FOR FILE)
Scarfs		Pencil, Mechanical		PLINE
Shirts		Pipes		Letters
Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal
Ties	X	RIBBONS, DECORATION		Photos
Towels		Rings		Shoe Shine Articles
Trousers, Pr.		Tobacco		SHORT SHOES
Trunks, Pr.		Toilet articles		SOUVENIRS
Underwear		WATCH		SOUVENIR MONEY
				Stationery
				RESTAURANTS
				D. C. MONEY (AMOUNT)

REMARKS

No information
checked

ATTACHMENTS

FORM #54

FORM #100

1- Form 26
1- RR label

WEIGHT

G.I. REMOVED

SHORTAGE
ON REVERSE

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

Case No. 292295

Date 21 June 1945

SUBJECT: Report of transaction in disposing of the effects of

Henry T. Roan 34187039 late a
(Name of deceased) (Army Serial Number)
Private First Class, Infantry who died
(Grade) (Organization, Army or Service)
on the 29 day of October, 1944, xx in 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., 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 decedent's 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. _____.)

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 20 June 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Lola M. Roan 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. Lola M. Roan of Route #2, Collinsville State of Alabama (Number, Street or Avenue) (City Town or Village) widow is the _____ of the _____ (Relationship or Capacity)

85
292296

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

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

<p>CONTAINERS ADDRESSED TO</p> <p style="font-size: 2em; font-family: cursive;">None</p> <p style="font-size: 3em; font-family: cursive; text-align: center;">file for</p> <p style="text-align: center;">NAME AND STATUS VARIATIONS</p>	<p>INFORMATION</p> <p style="font-size: 2em; font-family: cursive;">None</p> <p style="font-size: 3em; font-family: cursive; text-align: center;">rechecked</p> <p style="text-align: center;">CROSS REFERENCE</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

TALLY NO. 5940	ORIG. NO. OF PKGS.	EXAMINING DATE 14 Dec 45	BOX NO.	SHEET OF SHEETS
-------------------	--------------------	-----------------------------	---------	-----------------

NAME Harvey T. Brown A. S. N. 34 197 039

LIST FOR DISINTERMENTS

To accompany Report of Reburial

Part I should be completed if identification tags are available
 Both Part I & Part II should be completely filled out if identification
 tags are not available.

If information is unavailable, so indicate.

PART I

(Positive Identification)

1. Roan, Henry T Pvt. 34197039
 (Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached 1 identification tag on chain around neck
3. Give exact location from which disinterred, furnishing coordinates and map series used Asten, Holland 1:25,000 western half sheet 27 N.W. Grid Grid: 687120 Holland

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE
 GIVING LOCATION IN WITH PERMANENT MARKS.

4. Full name of cemetery (if buried in an organized cemetery)
Isolated burial

Approximate or established date of death (state which & give basis for date selected) 27 Oct. 1944 Dutch Underground

Approximate or established date of burial (give basis for date established) 31 Oct. 1944 Dutch Underground

Manner in which graves was marked and all information contained on the marker Wooden cross with metal strip giving Roan, H. T. 34197039 Paper tag with same information tied to cross

List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned Ring Gold with Birthstone

Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest cemetery caretaker, those responsible for burial and any other possessing important information)

E. Gitzel Head of dutch underground L-203 Liessel, Holland

E. Gubbes Burgermeester, Nieffe, Holland

PART II

(Doubtful or Undetermined Identification)

Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)

(Est Height) (Est Weight) (Color of hair) (Color of Eyes)

Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision tattoos, length of hair, presence of mustache or beard, etc.

FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

295
Name ROAN, HENRY T. Rank Plt. 34 197039 SN 345 Executed by [Signature] Option Selected [Signature]

Cemetery Margrietan Plot Row Grave L.F. - 11-260 Consignee _____ Address _____

Write NOK Mr. Classie Mae Johnson Relationship Sister
Mrs. _____ Name _____
Miss _____
Route 1, Box 164 (Address)
Alexander City, Ala. (City and State)

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. () Indicate OPTION desired
3. () Indicate CEMETERY in which interment desired
4. () Indicate Country (HOMELAND) of deceased or NOK
5. () Indicate CONSIGNEE - Name and/or Address
6. () Obtain SIGNATURE of NOK
7. () Obtain NOTARIZATION
8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA

9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
10. () Reply to REMARKS on IRF
11. () SPECIAL INSTRUCTIONS: Submit proof of widow's remarriage - Also furnish a list of Brothers with ages and addresses if there are no living parents.

12. () Inform Party Listed Below of Action Taken by This Office

Name _____ RELATIONSHIP _____
Address _____
City _____ State _____

MEMORIAL DIVISION
 FAMILY CORRESPONDENCE BRANCH
 FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

ROAN HENRY T. PFE 34197039 S. 2
 NAME RANK ASN 345 signed by the Option Selected
 MARGARET HOLLAND H-11-260
 Cemetery Plot Row Grave Consignee
 Address

Write NOK ~~Mrs.~~ CLARA MAE JOHNSON SISTER
 Miss relationship
 RT #1, Box 169 (Address)
 ALEXANDER City, Ala. (City and State)

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. () Indicate OPTION desired.
3. () Indicate CEMETERY in which interment desired.
4. () Indicate Country (HOMELAND) of deceased or NOK.
5. () Indicate CONSIGNEE Name and/or address.
6. () Obtain SIGNATURE of NOK.
7. () Obtain NOTARIZATION
8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made.

B. Action to Case Resolution Unit, FCA:

9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
10. () Reply to REMARKS on IRF
11. SPECIAL INSTRUCTIONS: 2 brothers who have precedence over sister, sub. party fee for their relinquishment, Robert and William D. also for

12. () Inform Party listed below of action taken by this Office

Classification of at-married individual's name
 Marriage cert shows; Lola Mae Daugherty one records
Lola Mae PFE
 NAME Relationship (address) (City and State)

CHECK LIST FOR DISINTERMENTS

To accompany Report of Reburial

Part I should be completed if identification tags are available
 Part II & Part III should be completely filled out if identification
 tags are not available.
 If information is unavailable, so indicate.

PART I

(Positive Identification)

1. Roan, Henry T Pvt. 34197039
(Full name deceased) (Rank) (ASN) (Organization)
 2. State if identification tags were attached to remains, how many, and where attached 1 identification tag on chain around neck
 3. Give exact location from which disinterred, furnishing coordinates and map series used Asten, Holland 1:25,000 western half sheet 27 N.W.
Grid Grid: 687120 Holland

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE
 TYPE LOCATION IN WITH PERMANENT MARKS.

1. Full name of cemetery (if buried in an organized cemetery)
Isolated burial

2. Approximate or established date of death (state which & give basis for date selected) 27 Oct. 1944 Dutch Underground

3. Approximate or established date of burial (give basis for date established) 31 Oct. 1944 Dutch Underground

4. Manner in which graves was marked and all information contained on the marker Wooden cross with metal strip giving Roan, H.T. 34197039 Paper tag with same information tied to cross
 List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned Ring Gold with Birthstone

5. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest cemetery caretaker, those responsible for burial and any other possessing important information)

P. Gitzel Head of dutch underground L-203 Liessel, Holland

B. Gubbes Burgermeister, Mielje, Holland

PART II

(Doubtful or Undetermined Identification)

1. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)

2. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision tattoos, length of hair, presence of mustache or beard, etc.
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)

Sgt. Dwight McKinstry

(DATE)

25 July 1945

(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

Sgt. 32537948 3060 CM R.H. Co

Blagle Adams

20. Other pertinent information which would aid in establishing identity

9. Last names of all other deceased persons buried in the vicinity
Also give available information concerning the cause & place
of death of each that may assist in identification of those
remains

18. If buried in a coffin; give description and markings

17. Give exact location of remains in vehicle before removal
of each gun

(Type) (WD Serial No.) (Organization) (Serial No. & Type)

16. Give description of any vehicle found in the area that could be
connected with the death of the deceased

Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value such as gum food, soap, papers, letters, tobacco, etc., giving brands when applicable:

Sgt. Douglas [unclear]

(DATE) 25 Jul 1945

Name Address
Sgt. 32537948 3060 GM G.R. Co
(Individual in Charge of Placement) (Rank) (ASN) (Organization)

16. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value such as gum food, soap, papers, letters, tobacco, etc., giving brands when applicable:

17. Give exact location of remains in vehicle before removal of each gun)

18. If buried in a coffin; Give description and markings

19. List names of all other deceased persons buried in the vicinity also give available information concerning the cause & place of death of each that may assist in identification of those remains

20. Other pertinent information which would aid in establishing identity