293 CHRISTENSEN, CLIFFORD 39603080 PFC. CORPS OF ENGRS. MIR. AREA (MONTANA)

REV. 18 B

WESTERN UNION

RECEIPT OF REMAINS

DELIVER AND REPORT ANY CHARGES

AGR DIV., CHICAGO QM DEPOT

DISTRIBUTION CENTER 1819 & PERSHING RD., CHICAGO 9 ILL. ROUTINE

DAY LETTER

REMAINS CONSIGNED TO:

FULKERSON FUNERAL HOME PLENTYWOOD, MONTANA

REMAINS OF THE LATE PFC. CLIFFORD CHRISTENSEN, SN. 39603080 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 289 GN RR.

DUE TO ARRIVE PLENTYWOOD, MONT. 11:01 AM WED. 30 MARCH 1949 REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 17149

THOS. O. CALL MAJOR QMC

NAT FILE

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased

30 +4 day of 777 arch, 19 49

DATE 13 may 4 MAME D, A MATTEWS PLEAST MEM. DIV.

U. S. GOVERNMENT PRINTING OFFICE 16-54737-1

Fulkerson Funeral Home
By Stulbury, Manage.

QMC FORM REV 5 MAR 48 1193 LF 23 MARCH 1949 Declassified in accordance with D.O. 13526 0 ally a " rosovosor. T. . T. . a. La. La. attention . Til. THE SOUL OF COMPLETED TO LEAVE THE THE RESERVE PERSONAL SUNOTATED 50 7 July 1000 1602 " 199 THE TAMES TO A STATE OF THE PARTY OF THE PAR ALIG WEN PLA Company of the last of

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OMC FORM R-5024 (Rev.)

(Reproduced by Chicago QM Depot)

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ANTELOPE MONT 4 845A

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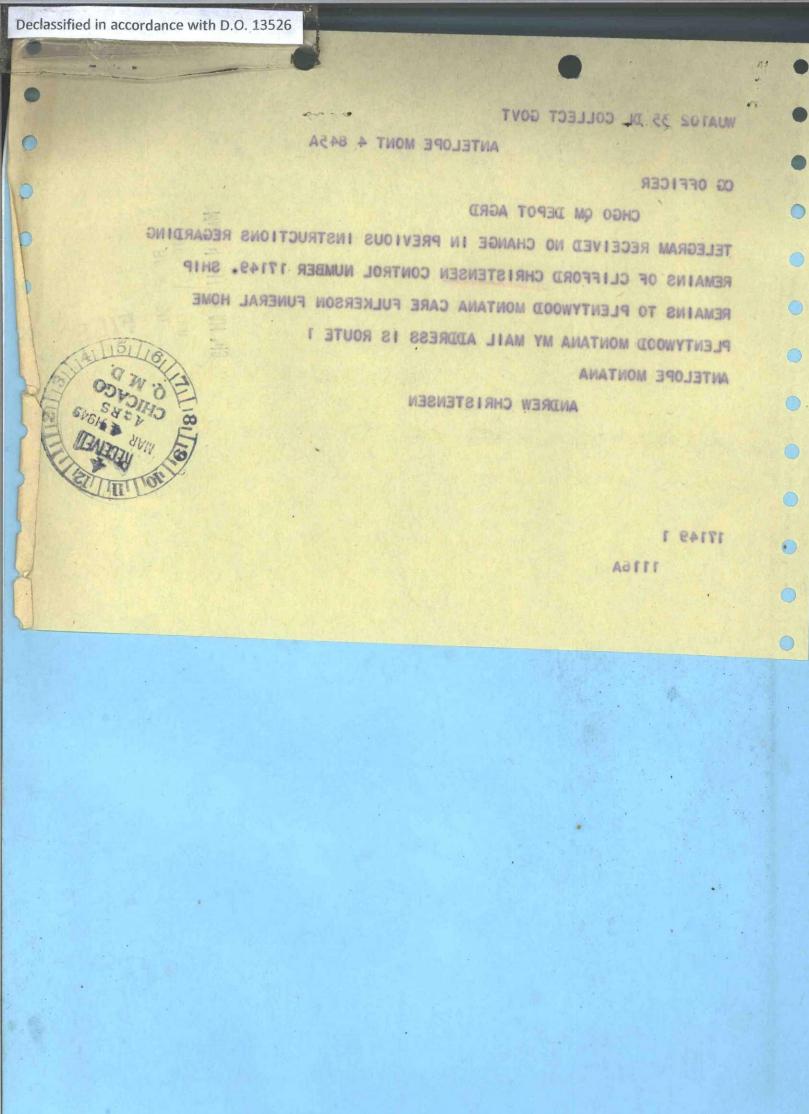
TELEGRAM RECEIVED NO CHANGE IN PREVIOUS INSTRUCTIONS REGARDING
REMAINS OF CLIFFORD CHRISTENSEN CONTROL NUMBER 17149. SHIP
REMAINS TO PLENTYWOOD MONTANA CARE FULKERSON FUNERAL HOME
PLENTYWOOD MONTANA MY MAIL ADDRESS IS ROUTE 1

ANDREW CHRISTENSEN

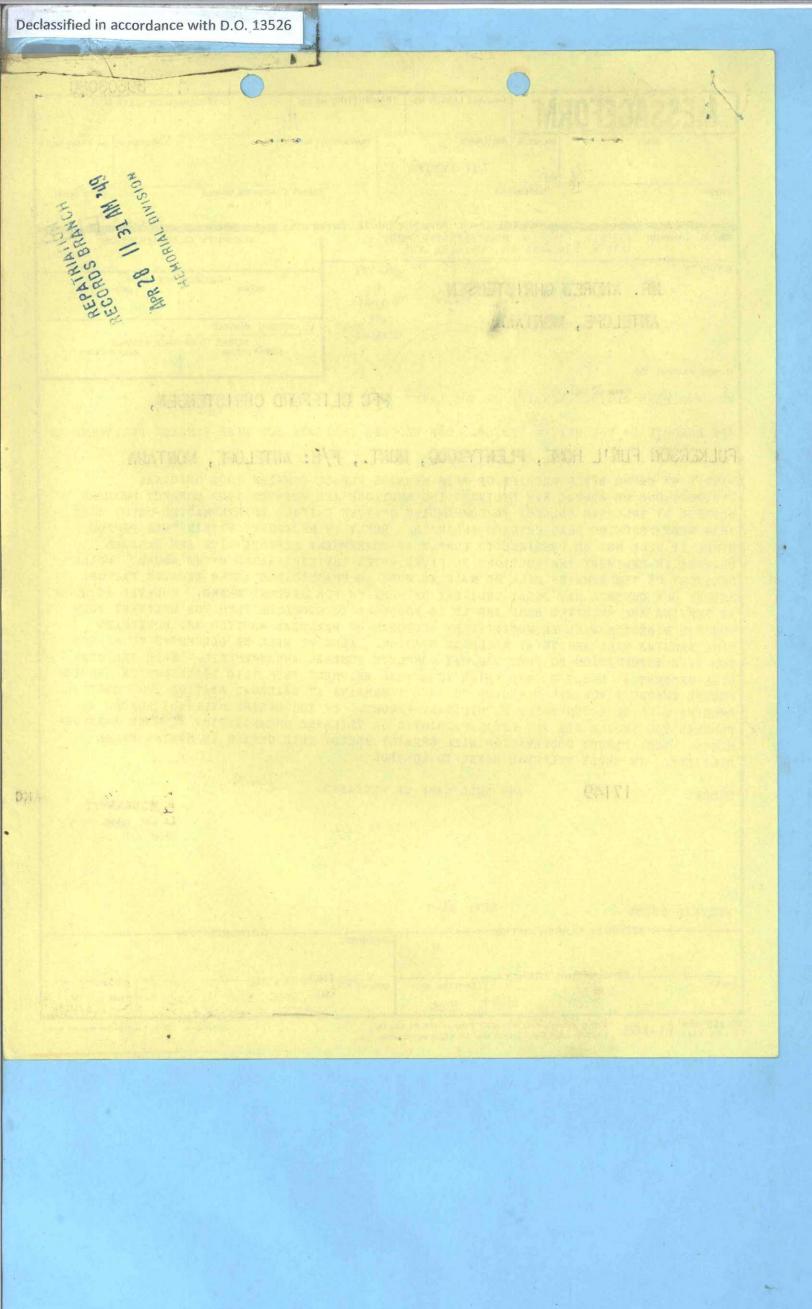
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ANTELOPE MONTANA



MECCACEEDE	MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH	39603080 OR CLEAR TEXT
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CALLS de 1	STA, SER, No. PRECEDENCE	TRANSMISSION INSTRU	CTIONS AM	DATE-TIME G
	NR DAY LETTER			
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUN
FROM: (Originator) AGR DIV.	SPACE ABOVE FOR	R SIGNAL CENTER ONL	SECURITY CLASS	SIFICATION
ACTION TO:	RSHING RD., CHICAGO, ILL		Title of the second	Al
	CHRISTENSEN.	DELIVER &	ACTION PRECEDENC	E FOR INFORMATION
· ANTELOPE,	MONTANA	REPORT ANY		
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INFORMATION TO:	ALBEIT OF MALE TALE		IDENTIFICATION	CLASSIFICATION
WE HAVE BEEN ADVISED I	REMAINS OF THE LATE	PEC CLIFFOR	D CHRISTENSEI	v.
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CHANGES IN DELIVERY IN				
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AS REMAINS ARE RECEIVE				
FUNERAL DIRECTOR WILL	BE NOTIFIED BY TELE	GRAM OF RAILROA	D ROUTING AND S	CHEDULED
TIME REMAINS WILL ARRI	VE AT RAILROAD STAT	ION. ALSO FE W	ILL BE REQUESTE	D TO FURNISH
YOU THIS INFORMATION S	SO THAT YOU MAY COMPI	LETE FUNERAL AR	RANGEMENTS. TH	IS TELEGRAM
WILL BE SENT AT LEAST PLEASE INSTRUCT FUNERA	3 DAYS PRIOR TO ACT	JAL SHIPMENT FR	TIROAD STATION	UPON ARRIVAL.
REMAINS WILL BE ACCOME	AL DIRECTOR TO ACCE.	SCORT. IF YOU	DESIRE MILITARY	HONORS AT
FUNERAL YOU SHOULD ASK	ANY LOCAL PATRIOTI	C OR VETERANS O	RGANIZATION TO	MAKE ARRANGE-
MENTS. YOUR PROMPT CO	OPERATION WILL GREA	TLY ASSIST THIS	OFFICE IN MAKI	NG FINAL
DELIVERY. IN REPLY TI	ELEGRAM REFER TO CON	TROL		
NUMBER 17149	AND FULL NAME O	F DECEASED.		1.
			Li.	Col. OM
		OS. O. CALL, or, QMC		ef, AGR Div.
		Chief, A. C. R.		
WESTERN UNION	REV. 4E-1			
SECURITY CLA	SSIFICATION —		—AUTHORIZATION—	
		SIGNATURE		
SYMBOL ORIGINATING	G AGENCY DATE-TIME GROUP	OFFICIAL TITLE		
	MAR B 1949	Major, QN	AC Br A G R D	PAGE OF
WD AGO FORM 11-168 This form s	upersedes WD AGO Form 11-168, 23 A GO Form 801, 12 Mar 43, which are ob	ug 41.	The second second second	U. S. GOVERNMENT PRINTING OF
and WD A	JO Form out, 12 Mar 43, which are ob	solete.	San Table	
		No. of the last		



CONTROL NO. 17249 Nº 12 DATE REQUEST FOR REIMBURSEMENT OF INTERMENT 3)30/49 OR TRANSPORTATION EXPENSES
(Read Explanation on Reverse Side before completing form) TO BE FILLED IN BY CLAIMANT BRANCH OF SERVICE NAME OF DECEDENT (Last, First, Middle Initial) Chri A的研究 A. INTERMENT EXPENSES (Civilian or Private Cemetery) CHAISTENAME, GLIFFORD RANK OR GRADE B. TRANSPORTATION EXPENSES (National or Post Cemetery) 39603080 **PP0** INSTRUCTIONS TO PERSONS SIGNING THIS FORM QUARTERMASTER GENERAL, WASHINGTON 25, D. C. 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. APR 15 1949 CLAIM VALID-REPATRIATION FILL IN THIS STATEMENT IF BOX "B" IS CHECKED FILL IN THIS STATEMENT IF BOX "A" IS CHECKED I certify that the sum of \$ 75.00 I certify that the sum of \$ paid by me from personal funds in connection with the paid by me from personal funds in connection with the transportation of the remains of the above-named deceinterment of the remains of the above-named decedent in dent from: (City, town, or place from which remains were the cemetery indicated below: shipped) TO: (Name and Location of National or Post Cemetery) STATE: SIGNATURE OF CLAIMANT RETURN FOUR COPIES TO ADDRESS (Street number or RFD, City and State) Chicago GM Dayot American Graves Registration Division 1819 5. Ferming Road RELATIONSHIP TO DECEDENT Chicago 9, Illinois REMARKS F. O., U. S. ARMY, CHICAGO, ILL. PAID ON 4 1949 MONEY ACCOUNTS OF E. G. DOYEL LT. COL., F. D., Symbol Number 210-587 16-54738-1 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE QMC FORM REV 5 MAR 48 1236

Declassified in accordance with D.O. 13526

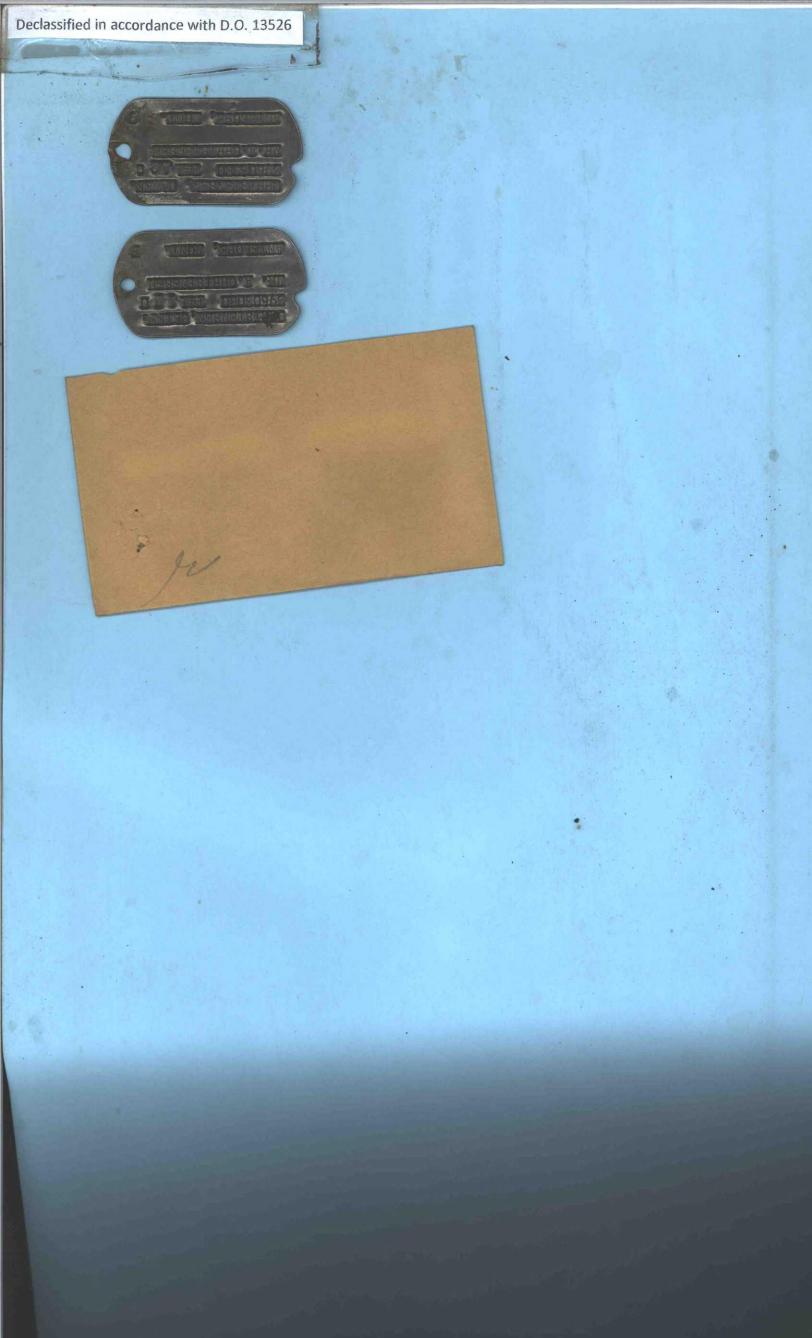
PART A

- 1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.
- 2. An amount not to exceed \$75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.
- 3. The \$75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.
- 4. Reimbursement by the Government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

PART B

- 1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.
- 2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.
- 3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.
- 4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

U. S. GOVERNMENT PRINTING OFFICE 16-54788-1



HEADQUARTERS
7855 AGRC ZONE ONE
APO 58 (LIEGE) US ARMY

Date 5/1/49

CERTIFICATE

I certify that I have removed the attached identification tag (s) from the remains of:

9 3 CHRISTENSEN, CLIFFORD

PFC 39603080

1 1 8

Name

Rank ASN Plot, Row, Grave

USMC FOY BASTOGNE

____, in accordance with Operations

Instructions number 125 (amended 21 December 1948)

DISCREPANCY

OQMG Form 1194: CHRISTENSEN,

CLIFFORD

39603080

Last Name

First Mame Mid. In. ASN

Identification Tag: CHRISTENSEN,

CLIFF.

39603080

Tast Mame

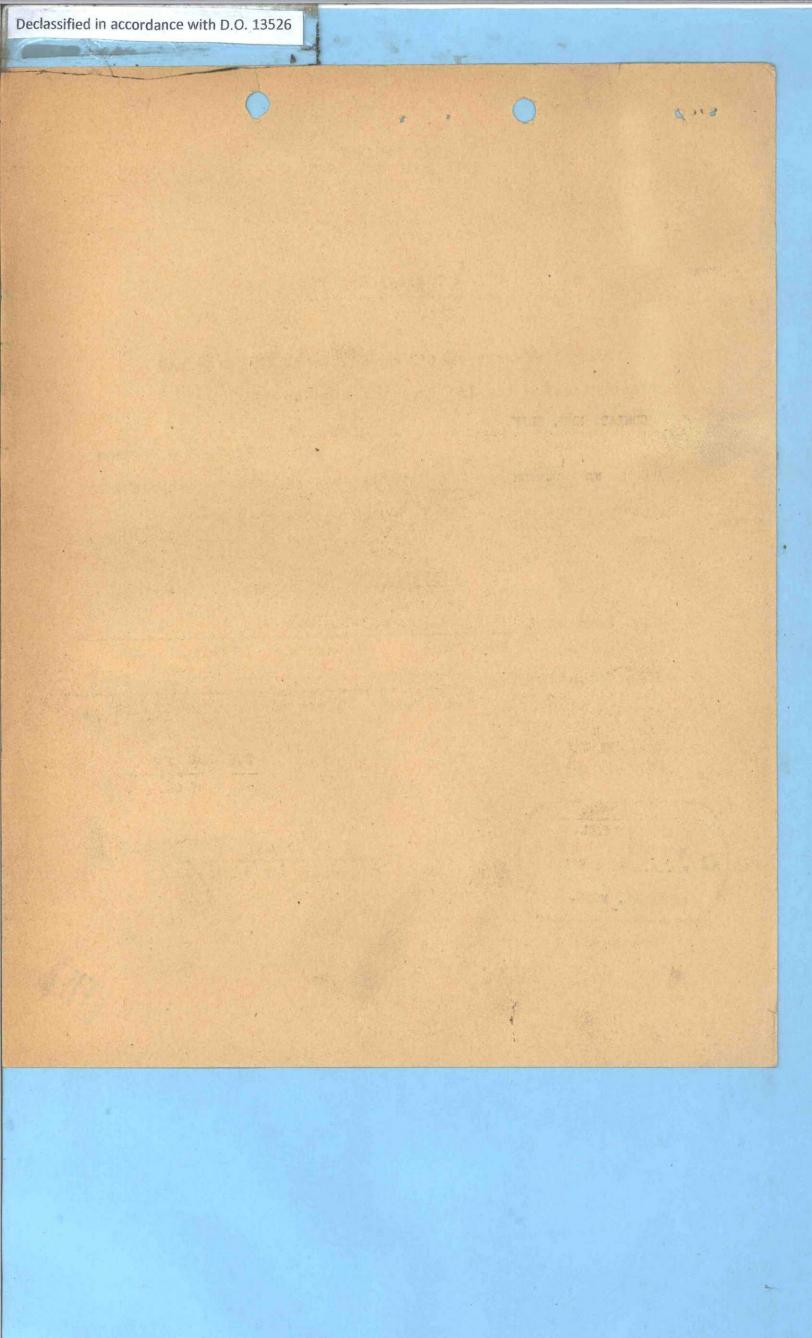
First Name Mid. In. ASN

Imprint of Tag

CHRISTENSEN, CLIFF 39603080 T41 4 1 MR. A. CHRISTNESEN

ANTELOPE, MONT.

Inclosure: 1, 2 ID Tag (s)



BUDGET BUREAU No. 49-R277.

QUEST FOR DISPOSITION OF REMAI

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

Plot J,	Tord Christenson, 39 Row 1, Creve 8, States Military Cemet glum		5 Janua	nry 1948	
			A	C	Fine
	DO NOT WRITE ABOVE	THIS LINE	В	D	
OFFICE OF self-addresse	THE QUARTERMASTER GEN d postage-free envelope provided	vith the contents of the pamphlet, "Dis this form is filled out and properly sig IERAL, MEMORIAL DIVISION, WAF for this purpose. entative of next of kin and desire to dir	R DEPARTMENT	of kin, it should be T, WASHINGTON	returned to to 25, D. C., in to
		PART I			
I,	Andrew Christer		Please indicate rela 'X' in the proper b	tionship to the decea	sed by placing
WIDOW	☐ WIDOWER	SON OVER 21 YEARS OLD		DAUGHTER OVER 21 Y	EARS OLD
FATHER	☐ MOTHER	BROTHER OVER 21 YEARS OLI	D 🗆	SISTER OVER 21 YEAR	S OLD
RELATIONSHIP O	OTHER THAN ABOVE (Specify)				
3. BE RETURNE	Ebenezer Cemè	POSSESSION OR TERRITORY THEREOF FOR THE POSSESSION OR TH	ana.		
PRIVATE CEMET	ERY LOCATED AT	(LOCATION OF CEME	TERY SELECTED)	The second secon	
4. BE RETURNE	ED TO THE UNITED STATES FOR FINA	L INTERMENT IN A NATIONAL CEMETERY I			THE WALL
(Please indicate	if your own religious services at a lo	cation other than the selected national cem		ATION OF NATIONAL CEME	
THE NAME OF THE D	ECEASED, THE SERIAL NUMBER AND (g the word "NONE" in the space below	GRADE ARE CORRECT EXCEPT FOR THE FOLL	OWING CHANGES: (1	If no corrections are n	ecessary, indic
N	one.				
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7 Jul	440				
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Frai	his	A	11/10	College Service	11

PART I (Continued)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
Fulkerson Funeral	Home (
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
	Plentywood	Sheridan	Montana
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE No.
Plentywood, Montana	Plentywood,	Montana	

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:

Christensen	FIRST NAME Millie	MIDDLE INITIAL	RELATIONSHIP TO DECEASED mother
NUMBER AND STREET	CITY OR TOWN Antelope	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY Montana

RKS OR ADDITIONAL INSTRUC							
			From Section 1	I - The second	4	THE SELECTION OF THE SE	FILE
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						Sales of the	are i
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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.

Andrew Christensen

(NAME PRINTED OR TYPED)

(STREET AND NUMBER)

Antelope, Montana

(CITY AND STATE)

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

1948, at city (or town) of Plentywood, county of Sheridan, and State (or Territory or District) of Montana.

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

Notary Public for the State of Montana

Residing at Flenty (OFFICIAL TITLE)
P Commission Expires Dec. 13, 1948

OFFICER AUTHORIZED TO ADMINISTER OATHS)

16-50411-1

PAGE 2

PARTI-RELINQUISHMENT OF DISPOSITION AUTORITY

ERT RELATIONSHIP)		
	, AS THE NEXT OF KIN OF TH	HE DECEASE
IGIBILITY OF DECEDENT'S SURVIVORS IS:	SPOSITION OF THE REMAINS OF TH	
FIRST NAME	MIDDLE INITIAL	
CITY OR TOWN	STATE OR COUNT	RY
DIRECT FINAL DISPOSITION OF THE REM	AINS OF THE DECEASED.	
		1
	(DATE)	
	(STREET AND NUMBER)	
	(CITY AND STATE)	
PART III the disposition of remains, please fill in P	ART III of this form.	
FIRST NAME	MIDDLE INITIAL	and the second second
STATE OF THE STATE		
		e bal
CITY OR TOWN	STATE OR COUNT	RY
CITY OR TOWN	STATE OR COUNT	FRY
CITY OR TOWN	STATE OR COUNT	PRY
CITY OR TOWN	10	PRY
CITY OR TOWN	(DATE)	RY
	PART III the disposition of remains, please fill in P F KIN AUTHORIZED TO DIRECT THE FINAL D NG PERSON, TO THE BEST OF MY KNOWLES	D DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED. (DATE) (STREET AND NUMBER) (CITY AND STATE)

Pfc Clifford Christensen, 39 603 080 Plot J, Row 1, Grave 8, United States Military Cemetery Foy, Belgium

5 January 1948

Mr. Andrew Christensen Antelope, Montens

Dear Mr. Christensent

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 Quarter-master General of the Army has been entrusted with this secred 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 pumphlets, "Disposition of World War II Armed Forces Beed," 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 Fart II of the enclosed form. If you are not the next of kin, please complete Fart III of the enclosed form.

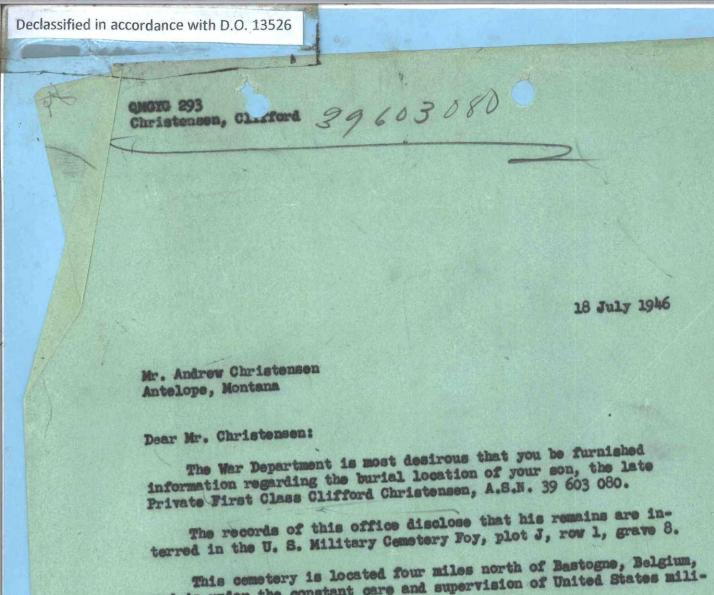
If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

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 unaccessary delays.

Sincerely,

THOMAS B. LARKIN Major General The Quarternaster General

MAN SALVER HAY



This cemetery is located four miles north of Bastogne, Belgium, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with your feasible wishes 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 you with full information and solicit your detailed desires.

Please accept my sincers sympathy in your great loss.

Sincerely yours,

T. B. LARKIN Major General The Quartermaster General

WAR DEPARTMENT

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

	Chaistane	an Cliffond			ARMY SERIA		GRADE		
Antelope, Montana Cause of Death European Area Killed in action Date of Entry on Current active in Cause of Death European Area Europea	Alle Tonglige	on, Cilliord	The state of the s		39 60	3 080	Pfc.		
Antelops, Montana Engineers Cause of Death European Area Station of Deceased European Area Engineers Matelope Mat	HOME ADDRESS						DATE OF BIRTH	•	
European Area European Area European Area European Area European Area European Area Energency addressee (Name, Relationship & address) Antelope Mrs. Millie Christensen, mother, Astelope, Montana Energiciary (Name, Relationship & address) Mr. Andrew Christensen, father, address same as mother's Millie Christensen, mother, same as above	Antelope,	Montana				The second secon	24 Sept 1914		
European Area 8 Oct 19 Mrs. Millie Christensen, mother, Antelope Mrs. Andrew Christensen, father, address same as mother's Millie Christensen, mother, same as above	PLACE OF DEATH			CAUSE OF DEATH			DATE OF DEATH	1	
European Area 8 Oct 19 Mrs. Millie Christensen, mother, Antelope Mrs. Millie Christensen, mother, Antelope Mrs. Andrew Christensen, father, address same as mother's Millie Christensen, mother, same as above	European A	rea		Killed in a	ction		22 Dec	1944	
Mrs. Millie Christensen, mother, attaloge, Montana ENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mr. Andrew Christensen, father, address same as mother's Millie Christensen, mother, same as above	ATION OF DECEASED						LENGTH OF SERVICE FOR PAY PURPOSES		
Antelope Mrs. Millie Christensen, mother, Antelope Mrs. Millie Christensen, father, address same as mother's Millie Christensen, mother, same as above	European A	rea			8 Oct	1941	YEARS MONTHS	を 100	
		450	Ant						
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	Mrs. Milli ENEFICIARY (NAME, I Wr. Andrew Millie Chr.	e Christense RELATIONSHIP & ADDR Christensen istensen, mo	Ant n, mother, tes ess, , father, addr ther, same as	ess same as mo above	ther's		(SPECIFY YES		

The individual named in this report of death is held by the War Department to have been in a missing in action status from 22 Dec 44 until such absence was terminated on 6 Jun 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

FILE DUN 18 1945

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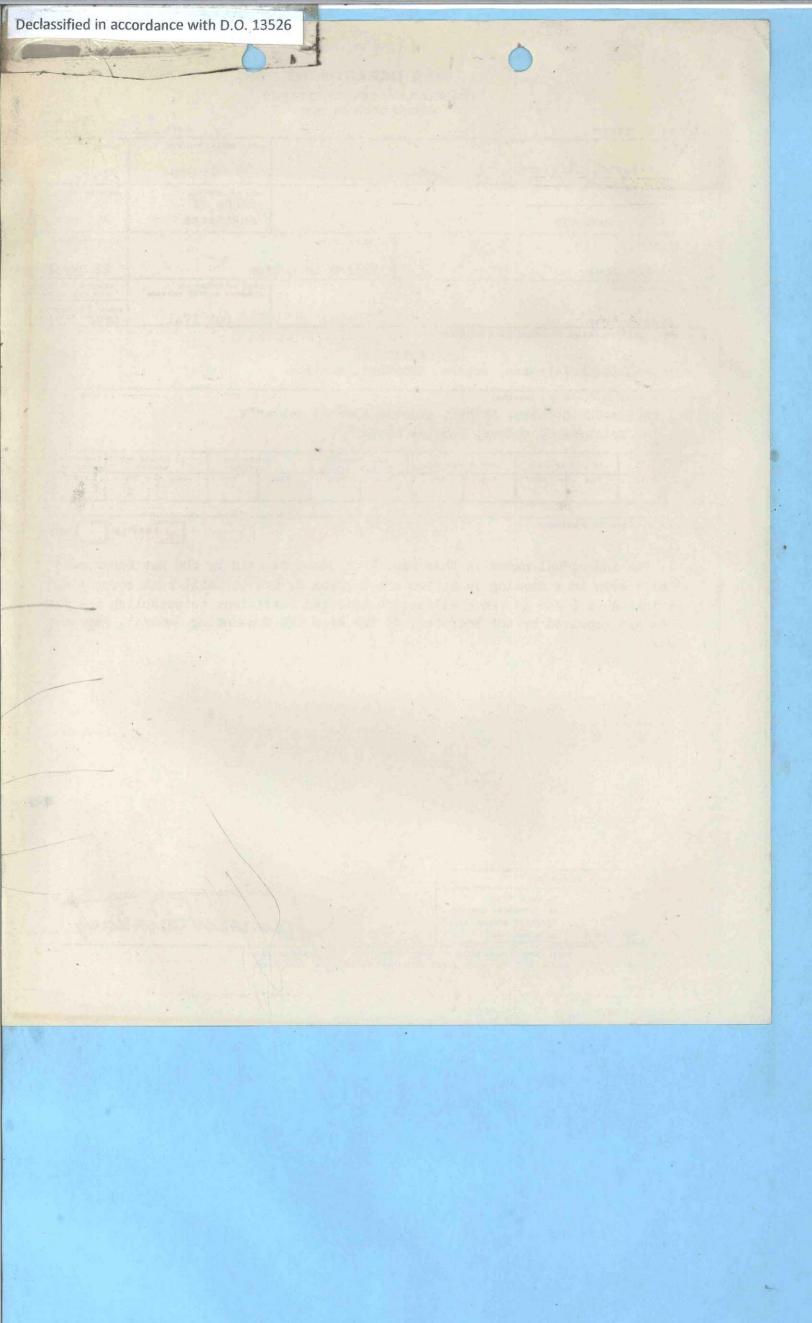
E. G. F. B. I. F. O., U. S. A.

ARMY EFFECTS BUREAU

CASUALTY BRANCH FILE

4. A. O. YET. ADMIN. A. G. 201 FILE

WD AGO FORM 52-1 1 PERSONNY 1945 THIS FORM SUPERSEDES WD AGO FORM 52-1. DECEMBER 1944. WHICH MAY BE USED UNTIL EXISTING STOCKS AND EXHAUSTED.





WAR DEPARTMENT

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

385,696 KRA

Countert ad Daniel		DATE	The state of the s
Christensen, Clifford	Call Tay and the	39 603 080	Pfc.
Antelope, Montana		Corps of Engineers	24 Sept 1914
PLACE OF DEATH	Killed in act	ion	22 Dec 1944
European Area	1 000000	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	FOR PAY PURPOSES
Furopean Area		8 Oct 1941	VEARS MONTHS CATE
(NAME BELATIONSHIP & ADDRESS)			

Antelope Mrs. Millie Christensen, mother, Anteloge, Montana

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Wr. Andrew Christensen, father, address same as mother's

Millie Christensen, mother, same as above

INVESTIGATION		an num	OWN MI	SCONDUCT		ECEASED TY STATUS	57 F F F F F F F F F F F F F F F F F F F	HORIZED		ING PAY	OTHER PAY STATUS
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ADDITIONAL DATA AND/OR STATEMENT

X BATTLE

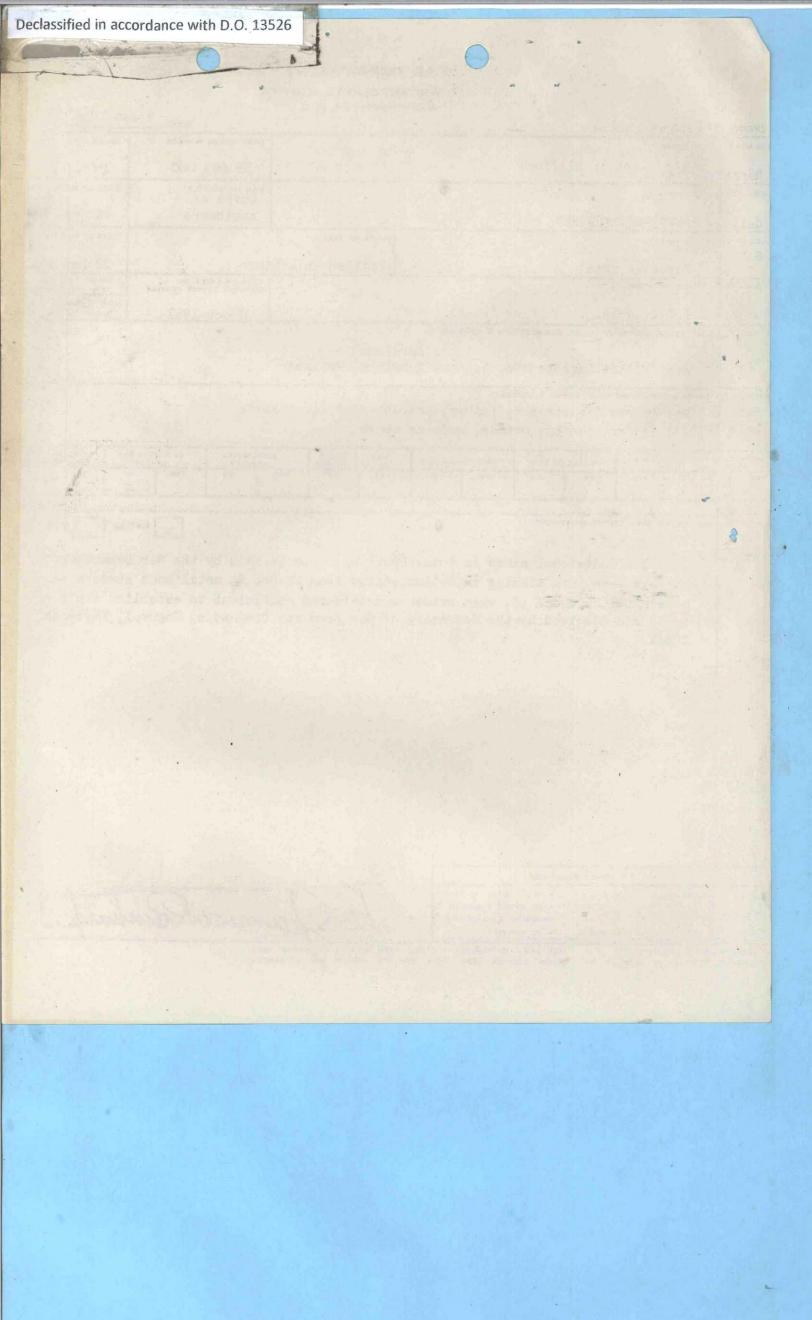
nesu Runha

The individual named in this report of death is held by the War Department to have been in a missing in action status from 22 Dec 44 until such absence was terminated on 6 Jun 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Areao

COPIES FURNISHED: F. O., U. S. A. r. s. l. ARMY EFFECTS BUREAU O. F. D. CASUALTY BRANCH FILE A. G. 201 FILE YET. ADMIN.

penguary 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1. WHICH MAY BE USED UNTIL EXISTING STOCKS THIS FORM SUPERSEDES EXHAUSTED.



WAR DEPARTMENT

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



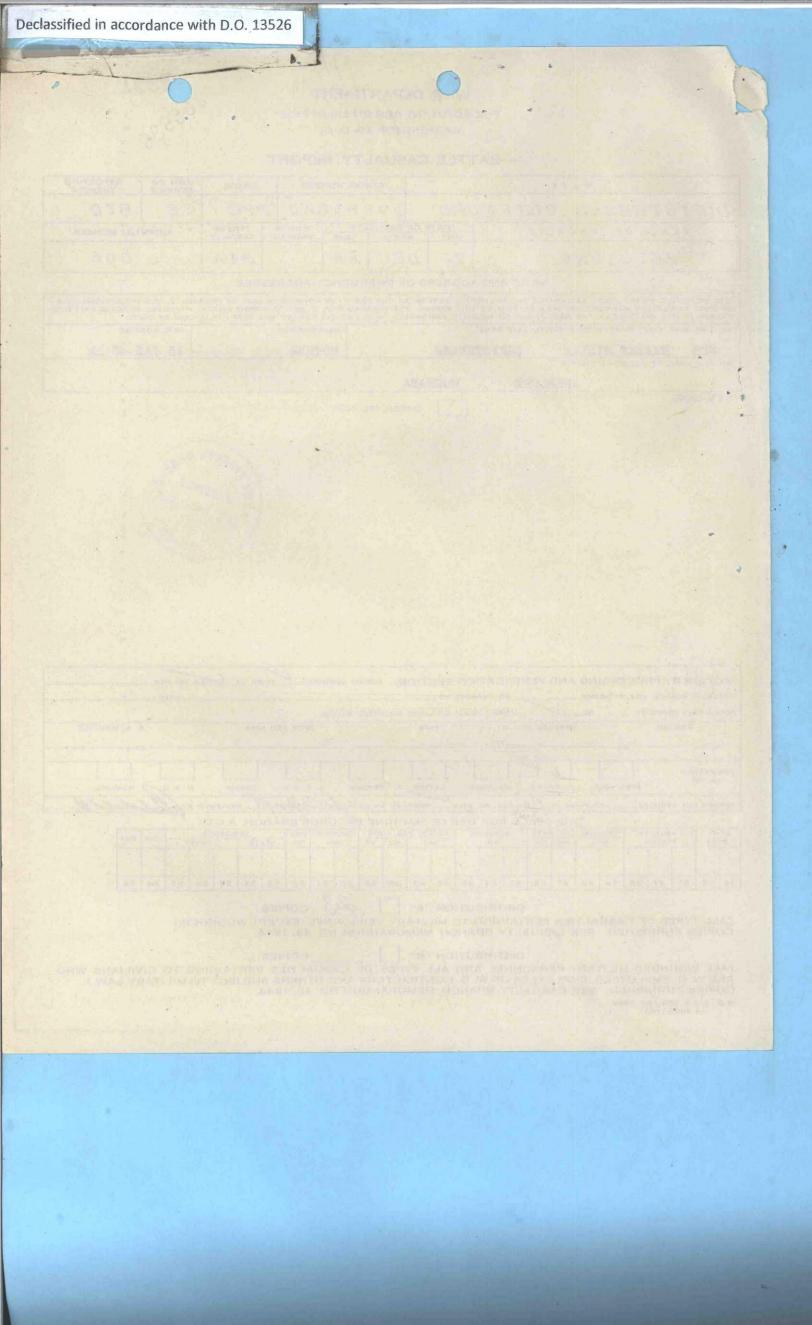
BATTLE CASUALTY REPORT

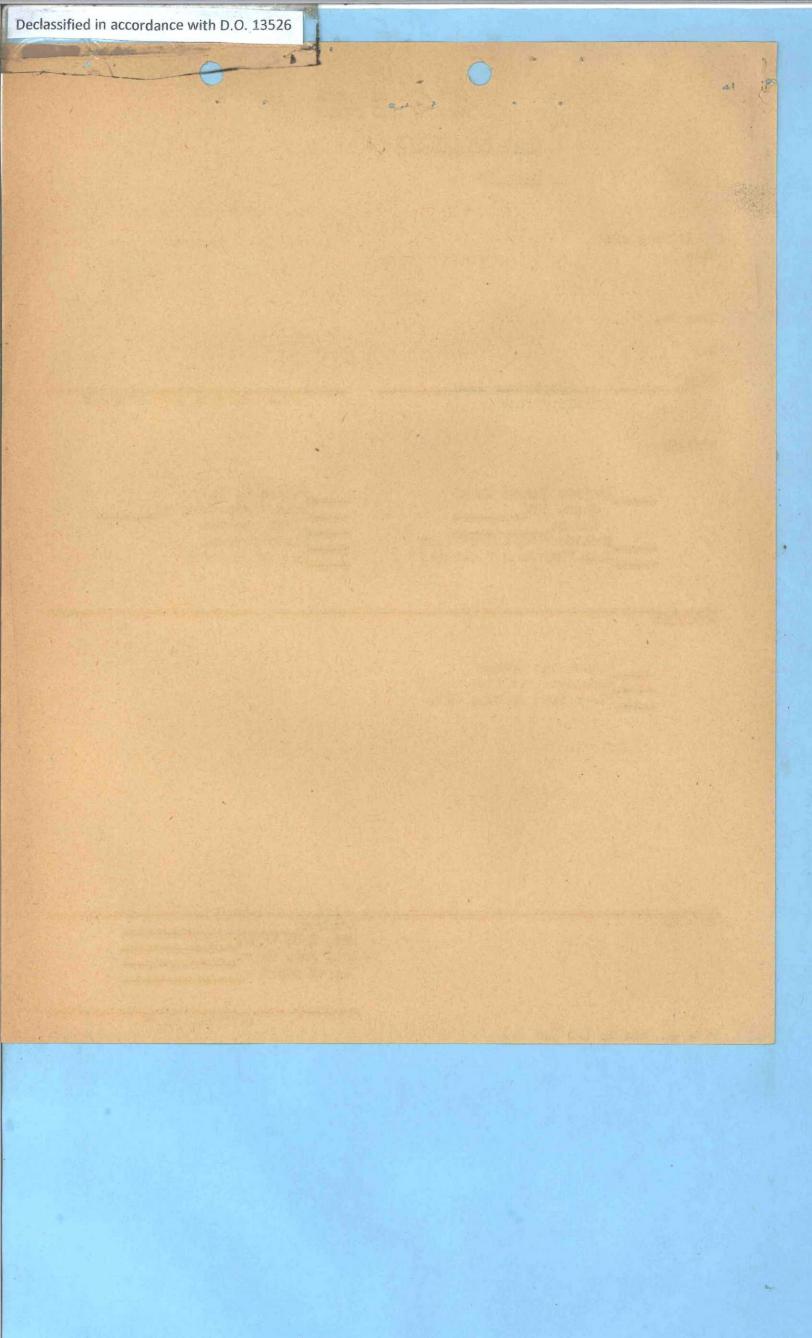
NAME	SEI	RIAL NUN	BER	GRADE	ARM OR SERVICE	REPORTING	
CHRISTENSEN CLIFF	ORD	396	5030	080	PFC	CE	ETO
PLACE OF CASUALTY		E OF CASUA	LTY	FLYING OR JUMPING STA	TYPE OF CASUALTY	SHIPM	IENT NUMBER
BELGIUM9	22	DEC	44		MIA		006

NAME AND ADDRESS OF EMERGENCY ADDRESSE THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELE-GRAPHIC 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 MRS. MIKKE MILLIE CHRISTENSEN MOTHER ANTELOPE MONTANA REMARKS: CORRECTED COPY



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classified in accord	dance with D.O.	13526						
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CAMERAS		CLOTH, WASH		PIPES				
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NAME CHRISTENSEN, CLIFFO	RI PFC	3080
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BAY	PALLET	BOX	TALLY
1	5	44	387
TYPE OF PKG.	WHSE.	SPACE	INVENTORIED
GRB Eff. QM Form 43			

J-8-1 U.S. MIL. CEM. #1,

RESTRICTED

Inventory Form

7 APRIL 45

SUBJECT: Inventory	of Personal Effects of:
--------------------	-------------------------

The above named individual of _

CHRISTENSEN (Last Name) CLIFFORD (First Name)

FOY,

(MI)

(Rank)

39603080 (ASN)

TO: Effects Quartermaster, Communications Zone, APO _

397th ENGRS

(Organization)

was reported_

EST 22 DEC 44

Status (KIA, MIA, Hosp. etc.)

about

Designated beneficiary if information readily accessible

UNKNOWN

887 DEPOT Q-290

Inventory of Effects

PAY BOOK

IDENTIFICATION BOOK

VEHICLE OPERATOR'S PERMIT #G-251730 2 M.O. RECEIPTS, #2932, #9484

PHOTOS

CURRENCY:

\$1.00

44 GULDEN-NETHERLANDS

\$1.00

Money in the amount of

44 GUIDEN-NETHERLANDS has been turned into

2nd FINANCE DISB. SECTION

(Name of finance officer and

213-172

symbol number)

Form WDFD 38 enclosed.

Names and addresses of any banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot

TRUCK

(Rail, Truck, etc.)

_ 194___.

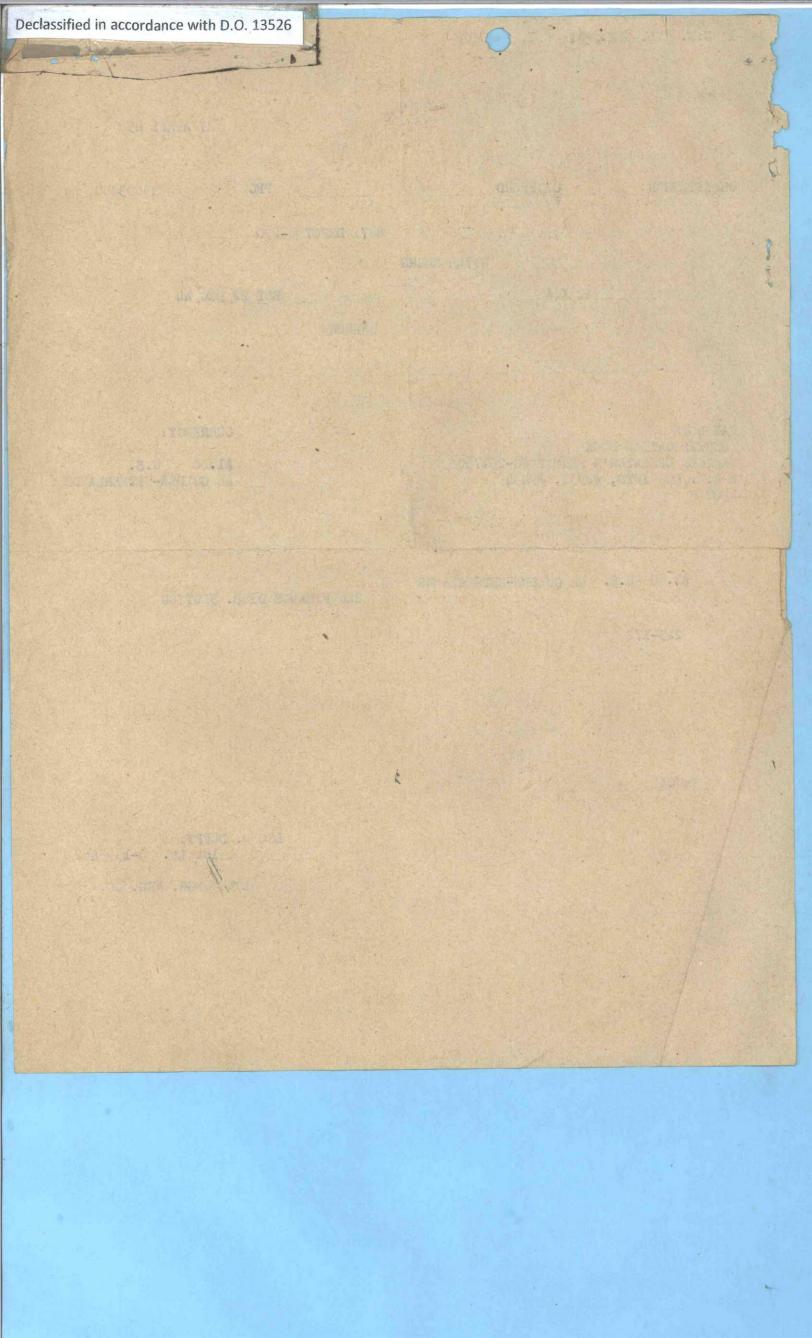
Organization 610th QMGR. REG. CO.

Any additional pertinent information:

RESTRICTED

AG BR-400-27165ABCD-8-45

AG ETO FORM NO. 26



1-1-8	
Sanish 29/2	3080 Name Clifford Christensey
Grade O	Name Clifford (1:1
Organization	Rank Christensey
Address	397 th Engineers
Nearest Relative	
Address An	telape my
Billed in B-u- Cl	Montane
Date 22 Do.	Died of Disease
Battle Area Crombac	K Belgius Information
Sheet 93 810	Y6 o (1) (A core
Durial /	S. Mil C. H
Point of Coordination	160 1:50 000 S. Mil. Cem. 4/ Fox Belgium P 577626
Description of Body	17623
Members Missing	
Si	igned

file file

385696

RTB:VC:cms September 5, 1945

Dear Mr. Christensen:

The Army Effects Bureau has received some additional property of your son, Private First Class Clifford Christensen.

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

If, for some reason, the property has not reached you at the expiration of thirty days from the date of this letter, please notify me so tracer can be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of decedent's legal residence.

Sincerely yours,

HARRY NIEMIEC
2nd Lt., QMC
Chief, Correspondence Branch

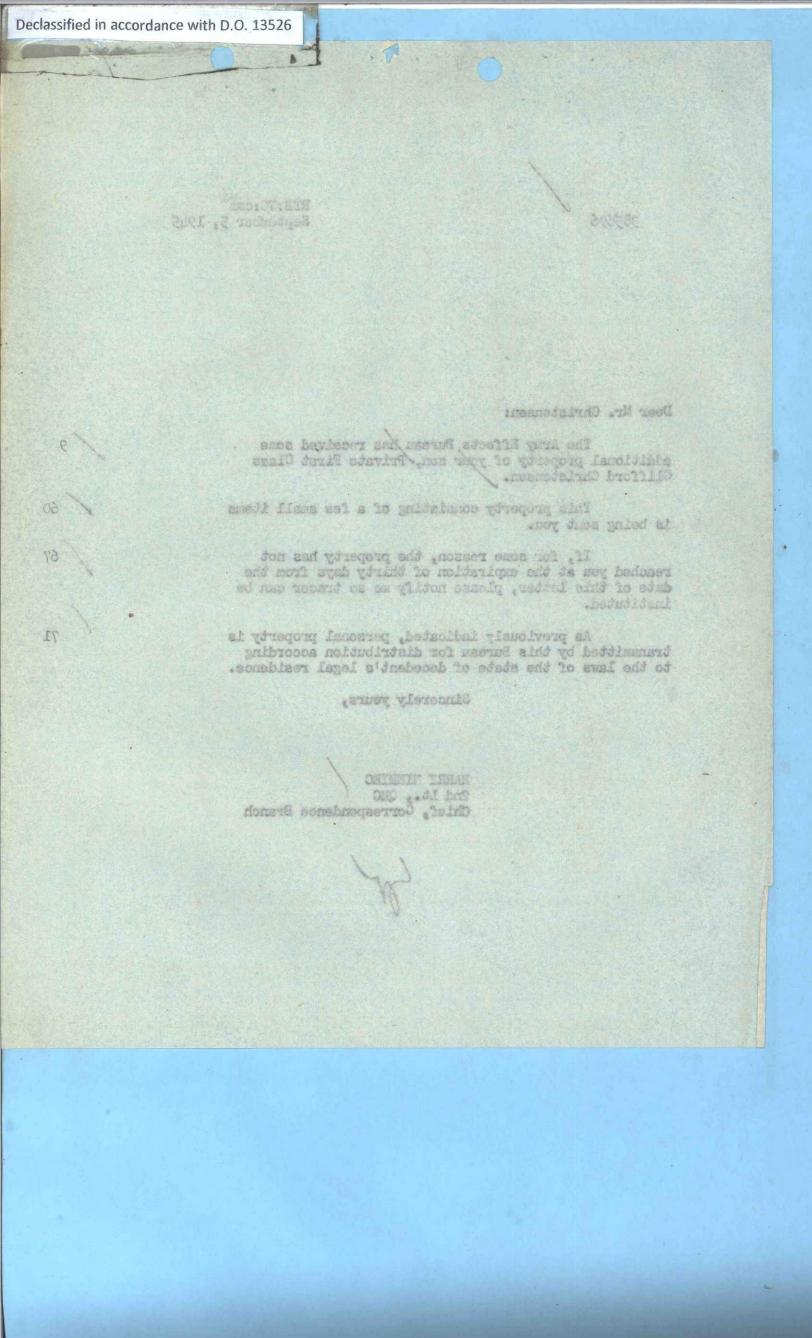
4

15

60

16

/



Summary Court-Martial ARMY SERVICE FORCES

KANSAS CITY QUARTERMASTER DEPOT 601 Hardesty Avenue Kansas City 1, Missouri TRM:IB:prh
285696

Date 14 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Clifford Christensen	39603080	late a
(Name of deceased)	(Army Sorial Numb	or)
Private First Class	Corps of Engineers	who died
(Grado)	(Organization, Army or Service	0)
on the 22 day of December, 1	9 44, at European Area	

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

- 1. Complying with A.W. 112, a Summary Court-Martial, convoned at Kansas City Mo. Pursuant to S.O., 228 Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:
- a. No legal representative or widow of decedent being present at decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.
- b. Local debtors owed decedent's estate \$ none , of which the sum of none was collected. (If nothing was found due r collected, state "Nono"; 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

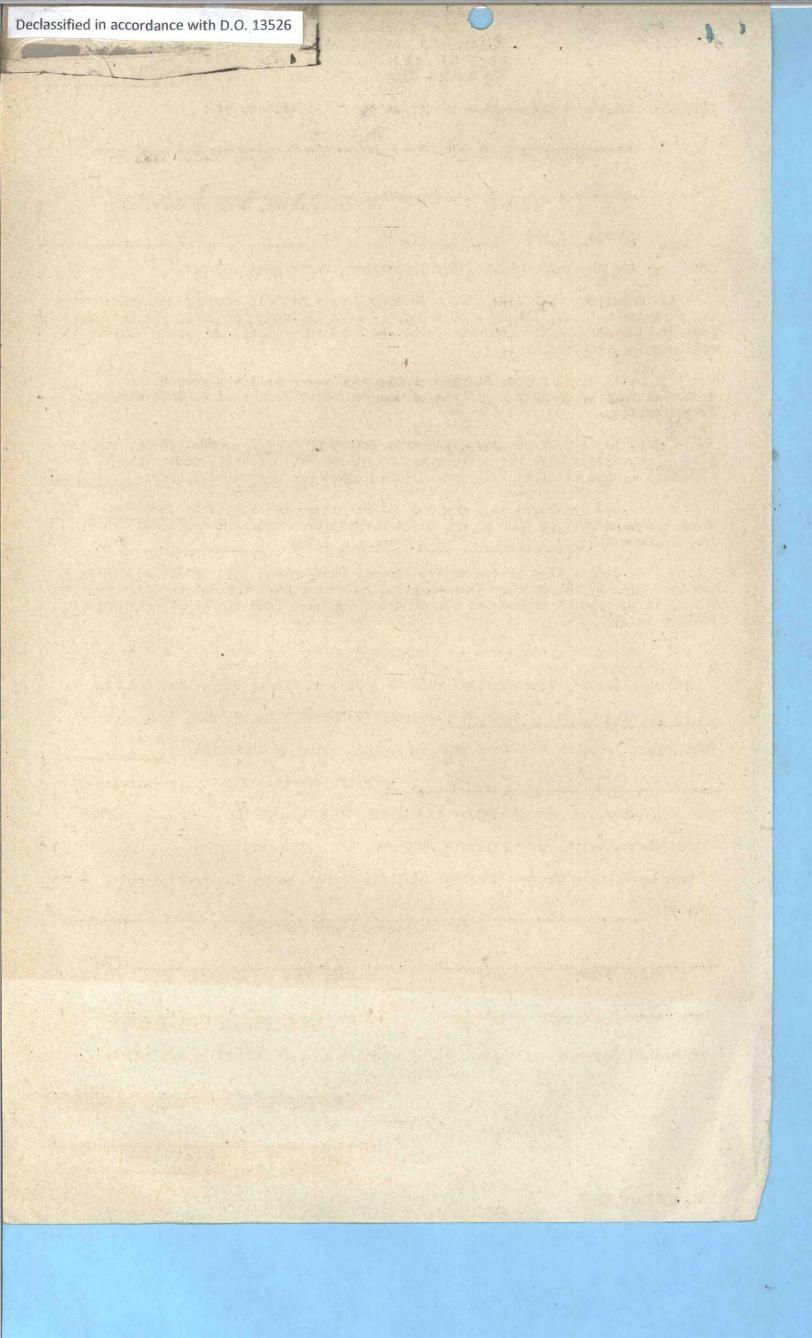
Bofore a Summary Court-Martial which	convened at Kansas City, Missouri, on
11 August 1945 , purs	uant to Special Orders 228, Headquarters
KCQM Depot, dated 25 September 1943, th	o application or affidavit of
Andrew Christensen	for the effects of the above-named de-
coased soldier, or person subject to mi	litary law, now in the possession of the
United States, with other relevant evid	
Whereupon, this Summary Court-Martis	al finds that, under the provisions of
A W 112 Andrew Chris	
A.W. 112, (Name of p	person found entitled)
	Antelope State of
(Number, Street or Avenue)	(City, Town or Village)
	the Father of the
morrowing 15	(Relationship or Capacity)
above-named decedent and appears to be	entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, QMC

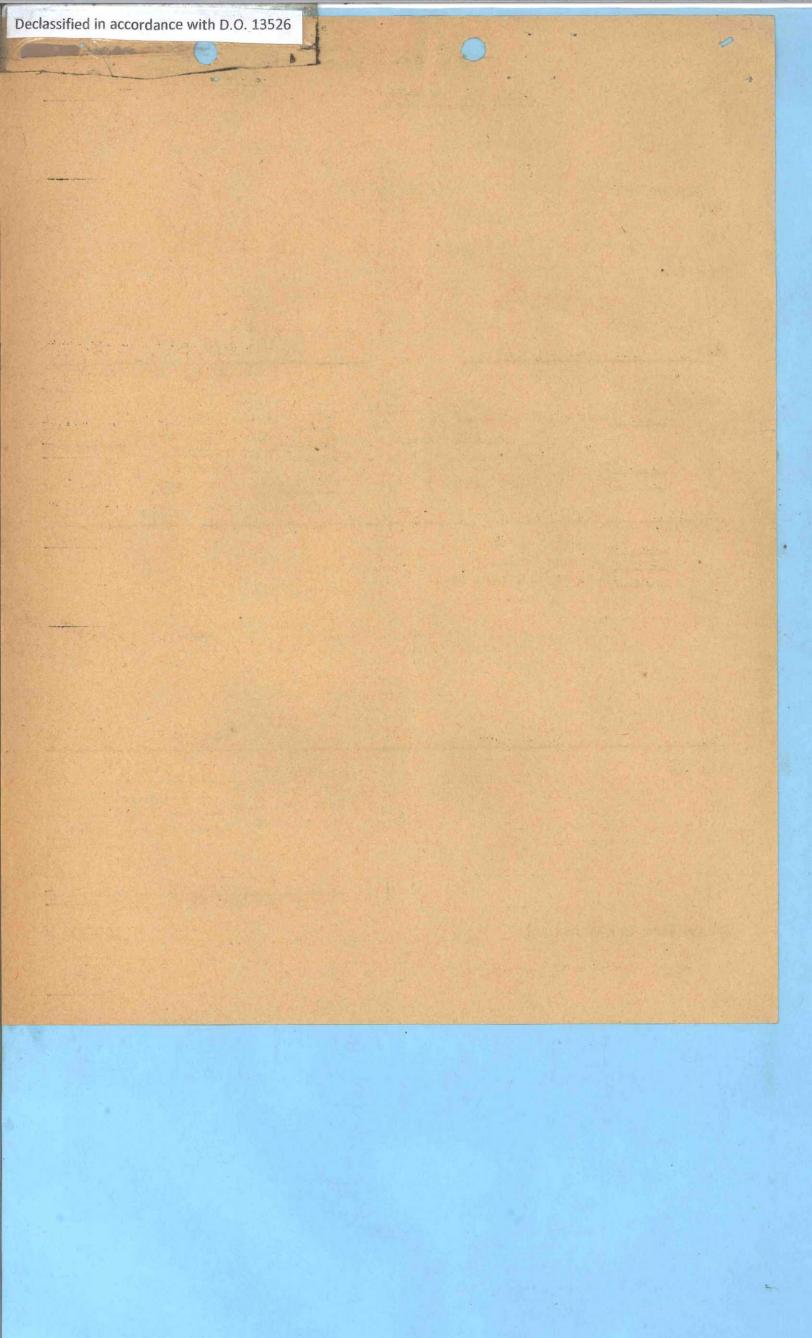
(Name, Rank, Organization) SUMMARY COURT MARTIAL

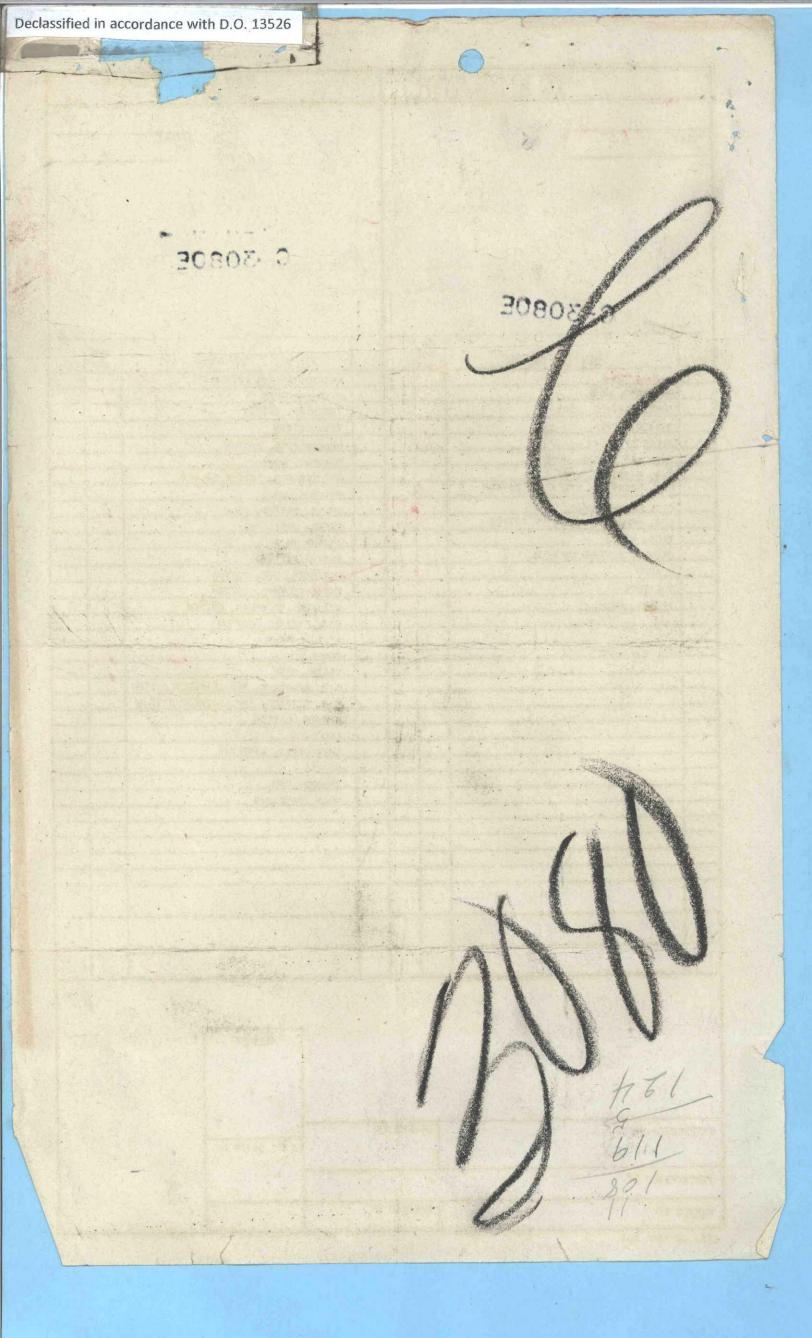
(sq.



Eff QM Form 14 (26 Dec 44)

No. of packages





La Rue - Kansas City - 3-26- NAME CHRI	STENS	SEN, CLI	IFFORD	C 3080
BAY	P	ALLET	BOX	9 TALLY
66	20		13	9781
TYPE OF PKG	j. 1	WHSE.	SPACE	INVENTORIED
PKG A Form 48				

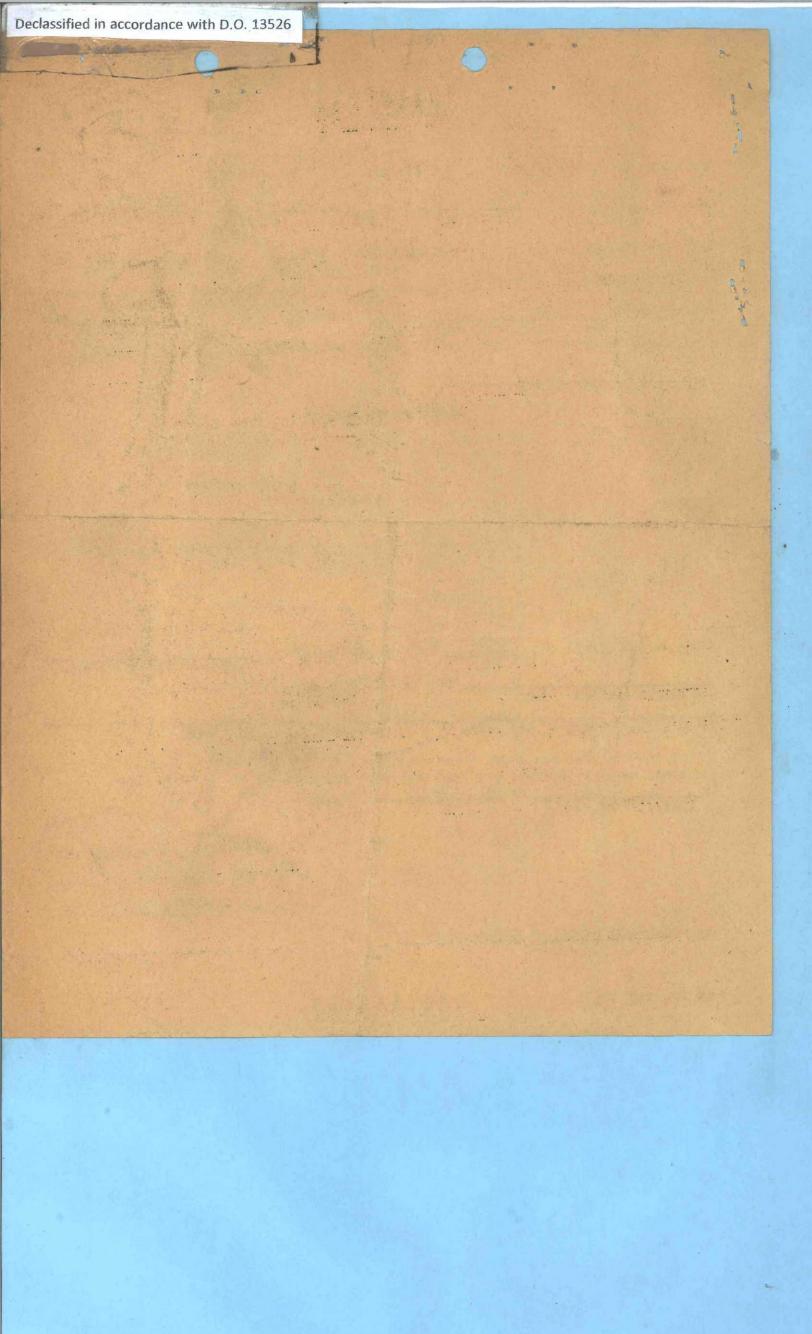
RESTRICTED INVENTORY FORM

17 JANUARY 1945

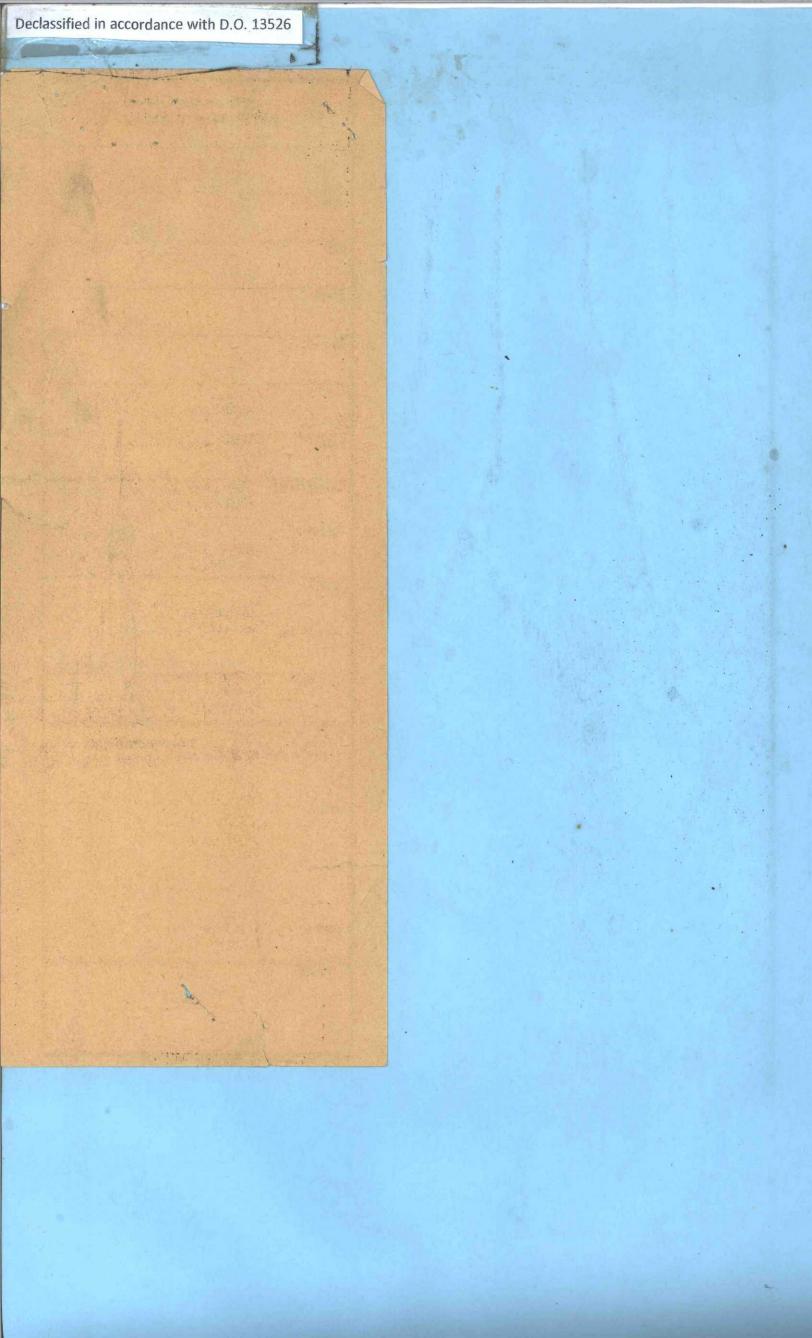
	QUINISTENSEN	CLIPPOID		PPC	39603080 (ASN)	63
	(Last Name)	(First Nama)	(MI)	(Rank)		
ro:	Effects Quarte	ermaster, Communica ed individual of (KIA, MIA, Hosp. iery if information	tion Zone, A	PO 7TH	ARMORED DIVI	S Army ISXON
	The above name	d individual of	(Unit)	AS TANKSTONE	(Organization)	19//
was	reported	MIA	abo	ut(Data)	- 1,44
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Na	mes and address	es of any Banks in	Which accou	may oo our		
	I certify th	at the above items	constitute	all of the effe	ects, secured by	ma, or
th	e above named i	ndividual and that	they were f	orwarded to the	attects paper	
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by	(Rail, Truck,	euc.)			am B.P.	you
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ру				Name	BAR B PAYM	#
ру				Rank & ASN	DAM D FALL	101620
ру				Rank & ASN	DAM D FALL	101620

AG ETO FORM NO.25

RESTRICTED



	ARMY EFFECTS BUREAU ACCOUNTING INVENTORY
CA	ASE NO.
	385,696 (PED BY DD
T	YPED BY
	df
Di	8/6/45
S	TATUS
	DEC
N	AME
	Clifford Christensen
A	.s.N.
	39603080
R	ANK
	Pfc.
C	RGANIZATION ·
0	CONSIGNOR
	Q 290
7	MOUNT
	17.61
1	ACCOUNT NO. 154 378 MM.
1	PAID-Check No. 12 81983
1	LIST NO.
	F 286
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1	AMOUNT
-	REMARKS:
-	L/T to sec file
-	
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Declassified in accordance with D.O. 13526 RTB: IB:dn August 23, 1945 385696 Mr. Andrew Christensen Antelope, Montana The Army Effects Bureau has received from overseas Dear Mr. Christensen: some personal effects of your son, Private First Class Clifford I am inclosing a check for \$17.61, representing funds which belonged to him. The remainder of the property is being forwarded to you in two cartons. Christensen. If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted. The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the soldier's legal residence. the state of the soldier's legal residence. I regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your son. Yours very truly, C. B. QUINN 2nd Lt., QMC Chief, Files Branch 1 Incl--Check

