293 CHRISTENSEN, CLIFFORD 39603080 PFC. CORPS OF ENGRS. ~~EHR~~. AREA (MONTANA)
'45eg

REV. 18B

WESTERN UNION

RECEIPT OF REMAINS

AGR DIV., CHICAGO QM DEPOT

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

DELIVER AND REPORT ANY CHARGES

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

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

this 30th (Day) day of March (Month), 1949

NAT FILE
RECORDS ANNOTATED
DATE 13 May 49
NAME D A MATTHEWS
Report MK. MEM. DIV.

Sgt Wayne Hines (Witness (Escort))

Fulkerson Funeral Home (Consignee)
By S Fulkerson, Manager

QMC FORM REV 5 MAR 48 1193 LF 23 MARCH 1949

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

GH RHS

1

DISINTERMENT DIRECTIVE

63-66

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
1225 00450	15 07 48

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
CHRISTENSEN CLIFFORD	39603080	PFC	1	

CEMETERY		DISPOSITION OF REMAINS (CODE / DIST. PT.)
FOY BASTOGNE	1	9300 08

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
J	1	8	BELGIUM	1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FULKERSON FUNERAL HOME PLENTYWOOD, MONTANA (F/B ANTELOPE, MONTANA)	MR. ANDREW CHRISTENSEN (FATHER) ANTELOPE, MONTANA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
CLIFFORD CHRISTENSEN	39603080	PFC		17 SEPTEMBER1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[X] REMAINS ID [X] MARKER ID	USAGF	P	STANLEY C TYRRELL CAPT. INF.

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNIFORM

CONDITION OF REMAINS: FRACTURED SKULL, R/FEMUR. MISSING R/RADIUS, ULNA, HUMERUS. ADVANCED DECOMPOSITION.

OTHER MEANS OF IDENTIFICATION: NONE

MINOR DISCREPANCIES 1: ~~XXXX~~ CLIFF. ON ID TAGS

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX

DATE 29 SEPTEMBER 1948 BY MELVIN W BLACKBURN (EMBALMER)

CASKET SEALED BY	EMBALMER (*Signature*)
RICHARD N CONRAD, EMB. SUPV.	RICHARD N CONRAD, EMB.SUPV.

CASKET BOXED AND MARKED (DATE / BY)	~~SHIPPING ADDRESS VERIFIED BY~~ ALL MARKINGS, PLATES & TAGS VERIFIED BY:
5/1/49 CHARLES R CARDER CLERK RECORDER	E.N. HEIBY, 1/LT., QMC.

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

EXCEPT CASKETING

ALVIN C BECK. 1LT. INF.

SIGNATURE OF GRS INSPECTOR

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

I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of QMC Form 1194 concerned

Raymond D. Rodriguez
CWO USA

QMC FORM REV 15 MAR 46 **1194** JD

JM

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO
USMC HENRI CHAPELLE	ANTWERP PORT, PIER 140
KIND OF CONVEYANCE	NAME OF CONVOYER
TRUCK AND RAIL	PVT MITCHELL P. SKIDMORE, RA45012621
SIGNATURE OF SHIPPER: GUSTAV HOFFMAN CAPT., INF 0-233702 — DATE: 10/12/48	SIGNATURE OF RECEIVER — DATE: 11 DEC 1948

2. SHIPPED

FROM	TO
AGRC ANTWERP BELGIUM	USAT BARNEY KIRSCHBAUM
KIND OF CONVEYANCE	NAME OF CONVOYER
VC. 2	J S Jefferies
SIGNATURE OF SHIPPER: L E Butler Lt Col Inf — DATE: 15 FEV 1949	SIGNATURE OF RECEIVER — DATE: 15 FEV 1949

3. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER — DATE	SIGNATURE OF RECEIVER: W. W. PREISCH, LIEUT. COLONEL, TC., PORT TRANSPORTATION OFFICER — DATE: MAR 10 1949

4. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER: W. W. PREISCH, LIEUT. COLONEL, TC., PORT TRANSPORTATION OFFICER — DATE: MAR 11 1949	SIGNATURE OF RECEIVER: L. A. BOCKSTAHLER, 1st Lt, QMC, Chief, Operations Br. — DATE: MAR 1 1949

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

AKC

INSPECTION CHECKLIST

17149

NAME	RANK	SERIAL NO.	ARM OR SERVICE	DIRECTIVE DATE
CHRISTENSEN, CLIFFORD	PFC	39603080	ARMY	15 JULY 1948
	RACE	RELIGION	SEX	DIRECTIVE NO.
	WHITE	PROTESTANT	MALE	1225 00450 NY

CONSIGNEE AND ADDRESS

FULKERSON FUNERAL HOME
PLENTYWOOD, MONTANA
(F/B: ANTELOPE, MONTANA)

NEXT-OF-KIN ADDRESS

MR. ANDREW CHRISTENSEN (FATHER)
ANTELOPE, MONTANA

SHIPPING CASE - General Appearance
(Check ONLY Discrepancies)

	FINISH *(Exterior)*
	FINISH *(Interior)*
	HANDLES
	HANDLE BOLTS
	STENCILING - NAMEPLATE

RAIL

CONDITION OF SHIPPING CASE *(Check One)*
[✓] SATISFACTORY [ ] UNSATISFACTORY

REMARKS:

INSPECTED BY:

CASKET - General Appearance
(Check ONLY Discrepancies)

	FINISH *(Exterior)*
	HANDLES AND FASTENINGS
	STENCILING - NAMEPLATE
	CAM LOCKS *(Sealing)*
	ODOR OR MOISTURE

CONDITION OF CASKET *(Check One)*
[✓] SATISFACTORY [ ] UNSATISFACTORY

REMARKS:

INSPECTED BY: F. Dalacker

ROUTED THROUGH

[ ] MORTUARY OPERATING ROOM

CONDITION OF REMAINS
[ ] SATISFACTORY [ ] UNSATISFACTORY

NECESSARY DISINFECTION *(Explain)*

TIME	DATE	SIGNATURE OF MORTICIAN

[ ] MORTUARY REPAIR SHOP

CASKET REPAIR [ ]

CASKET EXCHANGED [ ]

SHIPPING CASE REPAIRED [ ]

SHIPPING CASE EXCHANGED [ ]

REMARKS:

TIME	DATE	SIGNATURE OF INSPECTING OFFICER

STORAGE LOCATION

FLOOR	SECTION	BAY	STORAGE NUMBER
			700

PASS. LIST NO.

CONTROL NUMBER

17149

STAMP INCOMING OR OUTGOING

027

QMC FORM 13 Jul 48 R-5024 (Rev.) *(Reproduced by Chicago QM Depot)*

WUA102 35 DL COLLECT GOVT

ANTELOPE MONT 4 845A

CG OFFICER

CHGO QM DEPOT AGRD

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 ANTELOPE MONTANA

ANDREW CHRISTENSEN

17149 1

1116A

WUA702 25 DL COLLECT GOVT

ANTELOPE MONT 4 8455

CG OFFICER

CHGO QM DEPOT AGRD

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 ANTELOPE MONTANA

ANDREW CHRISTENSEN

17149 1

1156A

A 39603080

MESSAGEFORM

MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT

MAR 3 10 AM '49

CALLS	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
V	NR	DAY LETTER			

ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT
				GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FILE

FROM: (*Originator*) AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILL.

SECURITY CLASSIFICATION

ACTION TO:

· MR. ANDREW CHRISTENSEN.

· ANTELOPE, MONTANA

DELIVER & REPORT ANY CHARGES

PRECEDENCE FOR
ACTION | INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION | CLASSIFICATION

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE **PFC CLIFFORD CHRISTENSEN,**

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO

FULKERSON FUN'L HOME, PLENTYWOOD, MONT., F/B: ANTELOPE, MONTANA

WITHIN 48 HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF 48 HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAILROAD ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST 3 DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IN REPLY TELEGRAM REFER TO CONTROL

NUMBER **17149** AND FULL NAME OF DECEASED.

AKC

~~R. W. BENNETT~~
~~Lt. Col., QMC~~
~~Chief, AGR Div.~~

THOS. O. CALL,
Major, QMC
Chief, A. G. R.

WESTERN UNION REV. 4E-1

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL | DATE-TIME GROUP MAR 3 1949

OFFICIAL TITLE ~~THOS. O. CALL~~
Major, QMC
~~Chief, Adm. Br.~~ A. G. R. D.

PAGE OF

WD AGO FORM 11-168
15 JUN 1945

This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

16—45801-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

CONTROL NO. 17149 Vol XI

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE: 3/30/49

NAME OF DECEDENT *(Last, First, Middle Initial)*: Christensen Clifford S — CHRISTENSEN, CLIFFORD

BRANCH OF SERVICE: ARMY

RANK OR GRADE: PFC

SERIAL NO.: 39603080

TO BE FILLED IN BY CLAIMANT

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. ORIGINAL ONLY. FORWARD COPY TO OFFICE OF QUARTERMASTER GENERAL, WASHINGTON 25, D. C. ATTN: HDQRS., A. G. R. S.
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.

CLAIM VALID-REPATRIATION APR 15 1949 cc

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of $ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: of Cemetery Ebenezer

CITY OR COUNTY: Plentywood

STATE: Mont.

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)*

RETURN FOUR COPIES TO

Chicago QM Depot
American Graves Registration Division
1819 W. Pershing Road
Chicago 9, Illinois

SIGNATURE OF CLAIMANT: MR. ANTONE CHRISTENSEN

ADDRESS *(Street number or RFD, City and State)*: ANTELOPE, MONTANA

RELATIONSHIP TO DECEDENT: FATHER

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

167822

QMC FORM REV 5 MAR 48 1236 — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

16—54738-1

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—54738-1

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

Date 5/1/49

C E R T I F I C A T E

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

293 CHRISTENSEN, CLIFFORD PFC 39603080 J 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 Name Mid.In. ASN

Identification Tag: CHRISTENSEN, CLIFF. 39603080

Last Name First Name Mid.In. ASN

Imprint of Tag

CHRISTENSEN,CLIFF
39603080 T4142
MR. A.CHRISTNESEN
ANTELOPE, MONT.

E.N. HEISEY, 1/LT., QMC.
Signature of Officer

Inclosure: 1, 2 ID Tag (s)

FILE

Ind 410

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL — DATE: L-2-17

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

5 January 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

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

☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD

☒ FATHER ☐ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

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

☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.

☒ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Ebenezer Cemetery, Antelope, Montana.
(NAME AND LOCATION OF CEMETERY)

☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

☐ YES ☐ NO

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

None

7 July 48
Thanks

R. Williamson

QQMG FORM 14 NOV 1946 345 MILITARY 16—50411-1 9 JUN 1948

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 08 Plentywood	COUNTY OR PROVINCE Sheridan	STATE OR TERRITORY OF U. S. A., OR COUNTRY Montana
EXPRESS OFFICE (*Nearest railroad passenger station*) Plentywood, Montana	TELEGRAPH ADDRESS Plentywood, Montana		TELEPHONE No.

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME 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

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

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Andrew Christensen
(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

Andrew Christensen
(NAME PRINTED OR TYPED)

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.

Arthur Erickson
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public for the State of Montana
Residing at Plentywood, Montana
My Commission Expires Dec. 13, 1948
(OFFICIAL TITLE)

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

16—50411-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(DATE)

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

(NAME PRINTED OR TYPED) (CITY AND STATE)

PART III

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

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

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

(DATE)

(SIGNATURE) (STREET AND NUMBER)

(NAME PRINTED OR TYPED) (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

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, Montana

Dear Mr. Christensen:

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,

8 Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

kag

The Quartermaster General, 39 603 080
Plot G, Row 1, Grave 8,
United States Military Cemetery
Hoo, Belgium

5 January 1948

Mr. Andrew Chrisfoulmann

Arbelopo, Montana

Dear Mr. Chrisfoulmann

The people of the United States, through the Congress have authorized the distribution 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,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

kng

QMGYG 293
Christensen, Clifford 39603080

18 July 1946

Mr. Andrew Christensen
Antelope, Montana

Dear Mr. Christensen:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Clifford Christensen, A.S.N. 39 603 080.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Foy, plot J, row 1, grave 8.

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 sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

Quote 203
Christensen, Clifford

39 603 080

18 July 1946

Mr. Andrew Christensen
Absalope, Montana

Dear Mr. Christensen:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Clifford Christensen, A.S.N. 39 603 080.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery No, plot 4, row 1, grave 8.

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 sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

385696

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

AMERICAN DEAD

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

11 APRIL 45
Date

Last Name	First	Initial	Rank	Serial No.
CHRISTENSEN	CLIFFORD		PFC	39603080

Unit	Organization
397th ENGRS	

Place of Death	Date of Death	Cause of Death
CROMBACK, BELGIUM	22 DEC. 44	KIA; STOMACH WOUNDS

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
1000 11 APRIL 45	U.S. MIL. CEM. #1, FOY, BELGIUM	P 574629

Grave Number	Row Number	Plot Number	Type of Marker
8	1	8	CROSS

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

If No Identification Tags How were remains identified? BODY EVACUATED FROM VIC. CROMBACK, BELGIUM, COORDINATES 810860, SHEET 93, 1/50,000.

2 TAGS

What means of identification were buried with the body?

1 TAG

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	BURKE, JOSEPH J.	36957934	PVT	CO G 345 INF	7
Deceased's Left:	UNIDENTIFIED	X-92			9

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

CHRISTENSEN, CLIFF
39603080 T414 C1
MR. A. CHRISTENSEN
ANTELOPE, MONT.

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

Emergency Addressee _____ Name

_____ Address

Religion MNN PROT

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

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

TO: EFFECTS QM

CURRENCY:
$1.00 U.S.
44 GULDEN-NETHERLANDS

Leo M. Duffy
Signature of Officer or other person reporting burial
LEO M. DUFFY, 1st Lt. QM GR. O.
610th QM GR. REG. CO.

Verified by G.R.S. Officer

NOV 24 1945

IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand — Right Hand — Thumb

TOOTH CHART

Deceased's Right	Upper	Lower	Deceased's Left
8	8	8	8
7	7	7	7
6	6	6	6
5	5	5	5
4	4	4	4
3	3	3	3
2	2	2	2
1	1	1	1

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

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

AG P BR HQ SOS /22560

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

AMERICAN DEAD

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

11 APRIL 45
Date

Last Name	First	Initial	Rank	Serial No.
CHRISTENSEN	CLIFFORD		PFC	39603080

Unit	Organization
~~397th ENGRS~~	33 Armd Engr Bn

709

Place of Death	Date of Death	Cause of Death
CROMBACK, BELGIUM	22 DEC. 44	KIA; STOMACH WOUNDS

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
1000 11 APRIL 45	U.S. MIL. CEM. #1, FOY, BELGIUM	P 574629

Grave Number	Row Number	Plot Number	Type of Marker
8			CROSS

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

If No Identification Tags
How were remains identified?

BODY EVACUATED FROM VIC. CROMBACK, BELGIUM, COORDINATES 810860, SHEET 93, 1/50,000.
Per Ltr. dtd. 27 Aug. 45 Corr. to Report of Gr. 314.6 Ed 1 H.A.

2 TAGS

What means of identification were buried with the body?

1 TAG

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

	Name	Serial No.	Rank	Organization	Grave No.
Who is buried on: Deceased's Right:	BURKE, JOSEPH J.	36957934	PVT	CO G 345 INF	7
Deceased's Left:	UNIDENTIFIED	X-92			9

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

CHRISTENSEN, CLIFF.
39603080 T41 G31
MR. A. CHRISTNESEN
ANTELOPE, MONT.

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

Emergency Addressee _____ Name _____

Address _____

Religion UNK PROT

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

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

TO: EFFECTS QM

CURRENCY:
$1.00 U.S.
44 GULDEN-NETHERLANDS

FILE
JUN 21 1945

Leo M. Duffy
Signature of Officer or other person reporting burial
LEO M. DUFFY, 1st Lt. QM Gr. O.
610th QM GR. REG. CO.

Verified by G.R.S. Officer

#78

IF DECEASED UNIDENTIFIED

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

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

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

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

TOOTH CHART

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

Deceased's Left			Deceased's Right
8	8		8
7	7		7
6	6		6
5	5		5
4	4		4
3	3		3
2	2		2
1	1		1
Upper	Lower		

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

AG P BR HQ SOS /22560

WAR DEPARTMENT

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

113 REPORT OF DEATH — DATE 9 Jun 1945

FULL NAME	ARMY SERIAL NUMBER	GRADE
Christensen, Clifford	39 603 080	Pfc.
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Antelope, Montana	Corps of Engineers	24 Sept 1914
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action	22 Dec 1944
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	8 Oct 1941	Over 3 years

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Millie Christensen, mother, ~~Antelope~~ Antelope, Montana

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mr. Andrew Christensen, father, address same as mother's
Millie Christensen, mother, same as above

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

ADDITIONAL DATA AND/OR STATEMENT

[X] 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 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
JUN 18 1945
RC

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

BY ORDER OF THE SECRETARY OF WAR:

James A. Ulio
ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, DECEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

8

385696
KCA

WAR DEPARTMENT

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

DATE 9 Jun 1945

REPORT OF DEATH

FULL NAME: Christensen, Clifford	ARMY SERIAL NUMBER: 39 603 080	GRADE: Pfc.
HOME ADDRESS: Antelope, Montana	ARM OR SERVICE: Corps of Engineers	DATE OF BIRTH: 24 Sept 1914
PLACE OF DEATH: European Area	CAUSE OF DEATH: Killed in action	DATE OF DEATH: 22 Dec 1944
STATION OF DECEASED: European Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE: 8 Oct 1941	LENGTH OF SERVICE FOR PAY PURPOSES: Years Over 3 years; Months; Days

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Millie Christensen, mother, ~~Antelope~~ Antelope, Montana

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mr. Andrew Christensen, father, address same as mother's
Millie Christensen, mother, same as above

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

ADDITIONAL DATA AND/OR STATEMENT

[X] 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 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.

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

James A. Ulio
ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, DECEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

2991

385696

WAR DEPARTMENT

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

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
CHRISTENSEN CLIFFORD	39603080	PFC	CE	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
BELGIUM9	22	DEC	44		MIA	006

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 ~~XXXXX~~ MILLIE CHRISTENSEN	MOTHER	16 JAN 45 hk

NO. AND NAME OF STREET—CITY—STATE

ANTELOPE MONTANA

REMARKS:

☐ CORRECTED COPY

ARMY EFFECTS BUREAU
RECEIVED
JAN 25 1945
RCBM3

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ✓ AG 201 REQ. ____

CASUALTY BRANCH FILE ATTACHED ____ OR CHARGED TO ____ DATE ____

PREVIOUSLY REPORTED NO ✓ YES ____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO →	SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.	S. R. & D.	CERTIF.	M. & M.	NON-DEL.
	☐	✓	☐	✓	☐	☐	☐	☐	☐

REPORT NOT VERIFIED ____ NO FORM 43 ____ NO CAS. BR. FILE ____ CHECKED BY Taylor H. Smith REVIEWED BY [illegible]

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
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" ☐ 23 COPIES

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

DISTRIBUTION "B" ☐ ____ COPIES

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

W.D., A.G.O. FORM NO. 0365
16 JUNE 1944

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Andrew Christensen
Antelope, Montana

Effects of:
Name Pfc. Clifford Christensen
ASN 39603080
Case No. 385696
Wt.

DATE 5 September 1945
RTB:VC:tms

FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS

Franked SEP 8 1945
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of package 1

Shipping Clerk

Eff. AM Form 14 (26 Dec 44)

ATTACHMENTS	
X	INBOUND INVENTORY
X	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
X	TALLY IN FORM 43

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

385,696

STATUS	
DECEASED	X
MISSING	
P. O. W.	
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		
X	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		

CONTAINERS ADDRESSED TO

Father:
Andrew Christensen
Antelope, Mont.

INFORMATION

Father
Mr Andrew Christensen
Antelope, Mont

NAME AND STATUS VARIATIONS

CROSS REFERENCE

		REC'D BY			
	CHECK		NUMBER		BUREAU CHECK
	MONEY ORDER				TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY				TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

file
FB
9-1

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET / OF / SHEETS
387	1	24 Aug 45	44	

NAME	A. S. N.
Clifford Christensen	39603080

ORGANIZATION	RANK	CASE NO.
397 Engrs	Pfc	

WAREHOUSE SPACE	EXAMINED BY	
S	Crockett	DIARY REMOVED
	PACKED BY aldridge - North	PHOTO FILM REMOVED
		MOTION PICTURE FILM REMOVED

PACKAGE DESCRIPTION	WEIGHT	INSPECTED BY	SHIPPED DATE	BY WHOM
#1 Engr		B	SEP 8 194[illegible]	
		STORED BY Milan		

EFF. QM FORM 11 (15 JUNE 45) 100M LARUE, K. C. 7-9-45

ADDITIONAL REMARKS

REMOVALS (other than G. I.)	DAMAGES (List type of damage-extent)

SHORTAGES

$1.00 U S
44 Gulden Netherlands
Sym. 213-172
Form 38
$1.00 U S
44 Gulden Netherlands

U. S. GOV'T CHECK SHORT

NUMBER	
DATE	
SYMBOL	
AMOUNT	

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

Crocker
INVENTORY CLERK

Smart
SUPERVISOR

G. I. REMOVED

NAME CHRISTENSEN, CLIFFORD PFC 3080

BAY	PALLET	BOX	TALLY
	5	44	387

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

Eff. QM Form 43

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

RESTRICTED

Inventory Form

7 APRIL 45
Date

SUBJECT: *Inventory of Personal Effects of :*

CHRISTENSEN	CLIFFORD		PFC	39603080
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

TO : Effects Quartermaster, Communications Zone, APO 887 DEPOT Q-290 U.S. Army.

The above named individual of 397th ENGRS (Unit) _____ (Organization)

was reported KIA (Status (KIA, MIA, Hosp. etc.)) about EST 22 DEC 44 (Date) 194__.

Designated beneficiary if information readily accessible UNKNOWN

Inventory of Effects

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

CURRENCY:

$1.00 U.S.
44 GULDEN-NETHERLANDS

Money in the amount of $1.00 U.S. 44 GULDEN-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

by TRUCK (Rail, Truck, etc.) on _____ 194__.

Name Leo M. Duffy
LEO M. DUFFY,
Rank and ASN 1st Lt. 0-1595482

Organization 610th QMGR. REG. CO.

Any additional pertinent information :

AG ETO FORM NO. 26

RESTRICTED

AG BR--400--27165ABCD--8--45

J-1-8

American

Serial No. 39603080 Name Clifford Christensen

Grade Pfc Rank

Organization 397th Engineers

Address

Nearest Relative Andrew Christensen (father)

Address Antelope, Montana

Killed in Action Stomach wounds Died of Disease

Date 22 Dec. 44 Hospital

Battle Area Cromback, Belgium Information

Sheet 93 f10 860 1:50 000

Place of Burial U.S. Mil. Cem. #1, Foy, Belgium

Point of Coordination P 577625

Description of Body

Members Missing

Signed

file
AB
9-1

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. 9

This property consisting of a few small items is being sent you. 60

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. 67

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of decedent's legal residence. 71

Sincerely yours,

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

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

JRM:IB:prh
Case No. 385696
Date 14 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Clifford Christensen (Name of deceased), 39603080 (Army Serial Number) late a

Private First Class (Grade), Corps of Engineers (Organization, Army or Service) who died

on the 22 day of December, 19 44, at European Area

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

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

a. No legal representative or widow of decedent being present at decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

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

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 11 August 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Andrew Christensen 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, Andrew Christensen (Name of person found entitled) of _____ (Number, Street or Avenue), Antelope (City, Town or Village) State of Montana, is the Father (Relationship or Capacity) of the 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

Eff. QM Form 75

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Andrew Christensen

SHIP TO: Antelope, Montana

Effects of: PFC Clifford Christensen

Name

ASN 39603080

Case No. 385696 D

Wt.

DATE 18 August 1945
RTB:IB:prh

Waterstradt
FOR: Effects Quartermaster

REMARKS:

x Inclose Bureau Check
Acct. No. 154378
Amount $17.61 due
Inclose "Valuables" item
Ship "Valuables" item(s)

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

128198

ROUTING:

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

154378

385696

August 25, 45

Andrew Christensen 17.61

Seventeen and 61/100

FRANKED

REMARKS:

Ship Dawson C
Ship Steve

Franked
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages 2

AUG 30 1945

1 Ctn
1 Ctn } inv 7-18-45

BJ
Shipping Clerk

Eff QM Form 14 (26 Dec 44)

ARMY EFFECTS BUREAU DRY CLEANING LIST	ARMY EFFECTS BUREAU LAUNDRY LIST
TALLY NO 028 005	385,696 DS TALLY NO 9781
CLIFFORD CHRISTENSEN 39603080	18 JULY 45
C-3080E tm	C 3080E 7-25-45

	DRY CLEANING	do not use			LAUNDRY	do not use	
	SHIRTS, WOOL				SHIRTS, DRESS, COTTON		
	TROUSERS, WOOL			1	HANDKERCHIEFS V 02	1	
	COAT, SERVICE, WOOL				TROUSERS, COTTON		
	JACKET, FIELD				TIE, COTTON		
	OVERCOAT, LONG				UNDERSHIRTS, COTTON		
	OVERCOAT, SHORT, WOOL				DRAWERS, WOOL		
	CAP, GARRISON, WOOL				SWEATSHIRTS, COTTON OR WOOL		
	CAP, GARRISON, W/LEATHER COTTON				DRAWERS, WOOL		
	CAP, SERVICE WOOL			1	SOCKS, COTTON, PR V 04	1	
	CAP, SERVICE, W/LEATHER COTTON				SOCKS, WOOL, PR.		
	TIES, WOOL				PAJAMA TOPS		
	GLOVES, LEATHER OR WOOL				PAJAMA BOTTOMS		
	SCARFS				FATIGUES, 1PC. COTTON		
	SWEATERS				FATIGUES TOPS, COTTON		
	TRUNKS, SWIM				FATIGUES TROUSERS, COTTON		
					CAP, FATIGUE, COTTON		
					BELT, COTTON		
				1	TOWEL V CB04	1	
				1	CLOTH, WASH V 02	1	
					CAP, GARRISON, "NO LEATHER" COTTON		
					CAP, SERVICE, "NO LEATHER" COTTON		
					GLOVES, COTTON		
					LEGGINGS		
					SUPPORTERS, ATHLETIC		
					SCARES		
					TRUNKS, GYM		
					BAGS, BARRACKS		
					12		

BS		WEIGHT
WAREHOUSE SPACE 34,48	STORED BY 743	DATE SHIPPED AUG 30 1945
INVENTORIED BY Lucille Smith		
PACKED BY Sellers	CHECKED BY Spellman	

Eff. QM Form 11L

BS

C 30808

2590

124
5
1119
1108
11

PACKAGE DESCRIPTION

1 ctn.

ARMY EFFECTS BUREAU INVENTORY

DECEASED X
MISSING
P.O.W.
ABANDONED

TALLY NO. 9781
INV. DATE 18 July 45
ORIG. NO. OF PKGS. 1 of
BOX NO. 13
SHEET 1 OF 1 SHEETS
ORGANIZATION 332nd Armd Eng. Bn.

NAME CLIFFORD CHRISTENSEN.
A.S.N. 39603080 RANK pfc

	Belt		TOWELS & WASHCLOTHS		RINGS
1	BELT, MONEY (NO MONEY)		CLOTHING	1	BAGS, CLOTH OR TRAVEL
	Cloth, Wash		BRACELET IDENT.		WALLFOLD, (NO MONEY)
	Coats		Brushes		Case
	Footwear, Pr.		CAMERAS		Footlocker
	Gloves, Pr.		Glasses	* 1	KIT, SEW, TLT, OR WRITING
	Handkerchiefs		Knives		BOOKS
	Headwear		Lighters		Books, Address
	Jackets	X	MISC.		Books, Pilot Log
	Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUR)
	Scarfs		Pencil, Mechanical		FILMS
	Shirts		Pipes		Letters
	Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal
	Ties		RIBBONS, DECORATION		Photos
	Towels		Rings		Shoe Shine Articles
	Trousers, Pr.		Tobacco		SHORT SHORTER
	Trunks, Pr.		Toilet Articles		SOUVENIRS
	Underwear		WATCH	X	SOUVENIR MONEY
					Stationery
					TESTAMENTS
					U.S. MONEY (AMOUNT)

REMARKS Alice M. Christensen
Antelope
Mont.

ATTACHMENTS | FORM #54 | FORM #100
1 inventory

2 - photos soiled
* 1 - writing kit torn

LAUNDRY DAMAGED

C.A.T. None.		WEIGHT	G.I. REMOVED
			X SHORTAGE ON REVERSE
			IDENT. TAGS REMOVED
			DIARY REMOVED
WAREHOUSE SPACE 1885	STORED BY	DATE SHIPPED AUG -3 1945	LOCKED STORAGE
INVENTORIED BY Pvt.			LAUNDRY REMOVED
TACKED BY Stockton	CHECKED BY MC	X #45 OR ADDITIONAL	FILM REMOVED

Eff. QM Form 11 (24 Feb 45)

ADDITIONAL REMARKS

SHORTAGES

1 face Towel

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

La Rue - Kansas City - 3-26-45—30M

NAME CHRISTENSEN, CLIFFORD C 3080

BAY	PALLET	BOX	TALLY
66	20	13	9781

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
PKG		

M Form 43

RESTRICTED

INVENTORY FORM

17 JANUARY 1945
Date

SUBJECT: Inventory of Personal Effects of:

CHRISTENSEN CLIFFORD PFC 39603080
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of 33 ARMD ENG BN (Unit) 7TH ARMORED DIVISION (Organization)

was reported MIA (Status (KIA, MIA, Hosp. etc.)) about 22 DECEMBER (Date) 1944

Designated Beneficiary if information readily accessible NOT KNOWN

INVENTORY OF EFFECTS

SOUVENIR COINS
1 BATH TOWEL
1 FACE TOWEL
1 PAIR SOCKS
1 SHOE POLISH WITH CLOTH
1 ASH TRAY SOUVENIR
1 MONEY BELT
1 PORTFOLIO, TABLET, PERSONAL LETTERS AND PAPERS AND SNAPSHOTS AND CARDS.
1 KNIFE
1 TWEEZERS
1 COMB
1 LAUNDRY BAG
1 TOBACCO POUCH
1 LOCK
RAZOR BLADES

Money in the amount of NONE has been turned into ___ (Name of Finance Office and symbol number) Form WDAD 38 enclosed.

Names and addresses of any Banks in which accounts may be carried: NOT KNOWN

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 (Rail, Truck, etc.) on 17 JANUARY 1945.

Name Sam B. Plyler
SAM B PLYLER
Rank & ASN CAPT QMC O-1016266
Organization HEADQUARTERS 7th A.I

Any additional pertinent information:

AG ETO FORM NO.26 RESTRICTED

ARMY EFFECTS BUREAU
ACCOUNTING INVENTORY

CASE NO.
385,696

TYPED BY
DS
df

DATE
8/6/45

STATUS
DEC

NAME
Clifford Christensen

A.S.N.
39603080

RANK
Pfc.

ORGANIZATION

CONSIGNOR
Q 290

AMOUNT
17.61

ACCOUNT NO. 154 378 MG.

PAID-Check No. 128198

LIST NO.
F 286

CHECK DESCRIPTION:
INCLUDED IN ONE U.S. TREASURER'S CHECK
NEGOTIABLE BY EQM

#

DATED

SYMBOL

AMOUNT

REMARKS:
L/T to sec file

Eff. QM Form 11A (17 July 45)

RTB:IB:dn
August 23, 1945

385696

Mr. Andrew Christensen
Antelope, Montana

Dear Mr. Christensen:

The Army Effects Bureau has received from overseas some personal effects of your son, Private First Class Clifford Christensen.

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.

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

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

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

Yours very truly,

C. B. QUINN
2nd Lt., QMC
Chief, Files Branch

1 Incl--
Check

888888

RTB:ID:dn
August 25, 1945

Mr. Andrew Christensen
Antelope, Montana

Dear Mr. Christensen

The Army Effects Bureau has received from overseas some personal effects of your son, Private First Class Clifford Christensen.

I am inclosing a check for $17.81, representing funds which belonged to him. The remainder of the property is being forwarded to you in two cartons.

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

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

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

Yours very truly,

C. B. QUINN
2nd Lt., QMC
Chief, Files Branch

1 Incl--
Check