

# INDIVIDUAL DECEASED PERSONNEL FILE

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

26 September 1947

OMCMU 293 Unk. X-1212 (Margraten) Holland

SUBJECT: Identification of Unknown Deceased

TO:

Commanding Officer

Columbus A. G. Regional Records Office Columbus General Depot, U. S. Army Columbus 15, Ohio

- l. In order to complete the records of this office and to assist in the identification of an unknown American serviceman, it is requested that the dental records of Camp Lee, Virginia and Fort Eustis, Virginia, be searched to determine if additional dental work was performed for BLANKENSHIP, Paul G., Pvt., 33 652 284, who was stationed at the above places from June 1943 to July 1943; and from July 1943 to November 1943, respectively.
- 2. Request that copies of all records located be forwarded to this office without delay.

FOR THE QUARTERMASTER GENERAL:

dac

O SU MI 'C'N P

JAMES C. MacFARLAND Major, QMC Memorial Division

NJS

Supervisor 47

# DEPARTMENT OF THE ARMY

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

26 September 1947

QMCMU 293 Unk. X-1212 (Margraten) Holland

SUBJECT: Identification of Unknown Deceased

TO:

Commanding Officer
Atlanta A. G. Regional Records Office
Atlanta General Depot, U. S. Army
Atlanta, Georgia

- 1. In order to complete the records of this office and to assist in the identification of an unknown American serviceman, it is requested that the dental records of Camp Stewart, Georgia and Camp Van Dorn, Miss., be searched to determine if additional dental work was performed for BLANKENSHIP, Paul G., Pvt., 33 652 284, who was stationed at the above Camps from November 1943 to May 1944; and from May 1944 to August 1944, respectively.
- Request that copies of all records located be forwarded to this office without delay.

FOR THE QUARTERMASTER GENERAL:

Major, QMC

Memorial Division

nac Farland

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

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FOR THE QUARTERMASTER GENERAL:

EP 26-10 54 MI "IFE ORDS BEARER

JAMES C. MacFARLAND Major, QMC Memorial Division

NJS

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26 September 1947

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QMGMU 293 Unk, X-1212 (Margraten) Holland

SUBJECT: Identification of Unknown Deceased

TO:

Commanding Officer Columbus A. G. Regional Records Office Columbus General Depot, U. S. Army Columbus 15, Ohio

- 1. In order to complete the records of this office and to assist in the identification of an unknown American serviceman, it is requested that the dental records of Fort Meade, Maryland, be searched to determine if additional dental work was performed for ELANKENSHIP, Paul G., Pvt., 33 652 284, who was stationed at the above Fort from August 1944 to August 1944.
- 2. Request that copies of all records located be forwarded to this office without delay.

Memorial Division

FOR THE QUARTERMASTER GENERAL:

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47 18814

#### DEPARTMENT OF THE ARMY WIND DEED NO PHIEND / OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

26 September 1947

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SUBJECT: Identification of Unknown Deceased

TO:

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- In order to complete the records of this office and to assist in the identification of an unknown American serviceman, it is requested that the dental records of Fort Meade, Maryland, be searched to determine if additional dental work was performed for BLANKENSHIP, Paul G., Pvt., 33 652 284, who was stationed at the above Fort from August 1944 to August 1944.
- Request that copies of all records located be forwarded to this office without delay.

FOR THE QUARTERMASTER GENERAL:

dac

JAMES C. MacFARLAND Major, QMC Memorial Division

# IDENTIFI ATION SECTION MEMORIAL DIVISION

| MEMORIAL MEMORIAL                                       | DIVISIÓN                           |
|---------------------------------------------------------|------------------------------------|
| IDENTIFIC                                               | ATION DATA                         |
| FIRST NAME - MIDDLE INITIAL                             | ARMY SERIAL NUMBER GRACE           |
| weight color eyes                                       | 33652284. Put                      |
|                                                         | COLOR HAIR SHOE SIZE DATE OF DEATH |
| 133 Blue                                                | Braun 9/3 B 5 act 45               |
| lo B, 38 the arrached or assigned (give                 |                                    |
| PLACE OF DEATH OR PLACE LAST SEEN IF MIA                | 11 06 1                            |
| Rekarted de survey are actions.                         |                                    |
| LIST ALL CAMPS IN WHICH STATIONED IN U.S. PRIOR TO SERV |                                    |
| STATION                                                 | DATES                              |
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| Hart surie, Mergered                                    | Jul 43 to 200 43.                  |
| Jamp Chicail, Georgia grant                             | nor 43 to may 44                   |
| Danip Var Are, mississippi Ir no                        | A mong 4 4 to any 44               |
| Jant Lee 3. mars, Benevala                              | - lun - Tang 44                    |
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| FRACTURES AND/OR BREAKS                                 | TATTOOS AND/OR BIRTH MARKS         |
|                                                         |                                    |
| See attached plato copy 17ami7                          | 9                                  |
| DENT                                                    | AL CHART 14 June 43                |
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| UPPER RIGHT                                             | UPPER LEFT                         |
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| LOWER RIGHT                                             | LOWER LEFT                         |
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#### WAR DEPARTMENT OFFICE OF THE QUARTERWASTER GENERAL WASHINGTON 25, D. C.

In Reply Refer To QMC R 293 Blankenship, Paul G SN 33 652 284 21 | 22 | 23 | 24 | 1 | 2 | 3 | 19 | November 20 | 1946 - | N - 4 | 5 | 5 | 18 | 4 | DEC | 1946 | 6 | 6 | 17 | 16 | W | 25 | 8 | 3 | 8 | 15 | 14 | 13 | 12 | 11 | 10 | 9

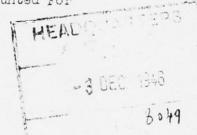
SUBJECT: Additional Information That May Lead to the Fecoult

Identification of Remains Not Yet Accounted For

TO : Commanding Officer

American Graves Registration Command

European Theater Area APO 887, c/o Postmaster New York, New York



- 1. Reference is made to letter this office, @ GYG 314.6 Subject: Additional Methods of Locating and Identifying Unknowns and Resolving Cases of Remains Not Yet Recovered, dated 4 October 1946.
- 2. Attached hereto, in duplicate is OCMC Form 371 and copy of Dental Chart for the following deceased individual whose remains have not yet been recovered or identified:

MAME

GRADE

SERIAL NO.

Blankenship, Paul G

Pvt

33652284

- 3. The attached OQMG Form 371 contains all information available from the Office of The Quartermaster General, the Adjutant General, the AG Demobilized Personnel Records Branch and Clinical Records Branch, St. Louis, Missouri, Headquarters, Army Air Forces, and captured enemy documents, and is in addition to any previous information forwarded by this office to your headquarters.
- 4. It is requested that every attempt be made by your command to locate or identify remains of this individual and the results of your investigation, whether positive or negative, be returned to this office by indorsement hereon, within 60 days of receipt of this communication.

FOR THE GHESENDICATE MAYLBE

1212. CEM. Margratin

2 Incls - Par 2

P.KK.R. 10... G .23.4,

Date 21. Feb 47. Initial ... 13...

MARTIN D. RILEY

Major, QCA Assistant

Adret. as

My day

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

In Reply Refer To

19 November 1946

Blankenship, Paul G SM 35 652 284

SUBJECT: Additional Information That May Lead to the Pecovery and

Identification of Remains Not Yet Accounted For

TO ·

Commanding Officer

American Graves Registration Command

Buropean Theater Area APO 507, c/o Postmaster New York, Esw York

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FOR THE QUIRTER ASTER GENERAL:

2 Incls - Par 2

MARTIN G. RILEY Major, Q'C Assistant

| 293 FILE .                                | DA ON R           | EMAINS N   | OT YET R     | ECOVL .      | D OR I     | DENTIFIED                            |       |
|-------------------------------------------|-------------------|------------|--------------|--------------|------------|--------------------------------------|-------|
| NAME (Last, First, Mide                   | ile Initial)      |            |              | GRADE        |            | PRESENT SERIAL N                     | UMBER |
|                                           |                   |            |              |              |            |                                      |       |
| Blankenship, Pau                          | 1 G               |            |              | Pvt          |            | 33652284                             |       |
| ORGANI ZATION                             |                   |            | RACE         | CREED        |            | FORMER SERIAL NUM<br>(If Applicable) | 4BER  |
|                                           | Inf Bn., 7th Arms | ā Div      | White        | Protes       | tant       |                                      |       |
| 7 Oct 44                                  | CAUSE OF DEATH    |            |              | PLACE OF DE  | ATH OR PLA | CE LAST SEEN IF MI                   | I A   |
| 8 Oct 45                                  | Finding of 1      | Death      |              | Near St      | . Antoni   | s, Holland                           |       |
| HEIGHT                                    | WEIGHT            | COLOR EYES |              | COLOR HAIR   |            | SHOE SIZE                            | -     |
| 5*8-1/4*                                  | 133               | Blue       |              | Brown        |            | 9-1/2 B                              |       |
|                                           |                   | DENTAL     | CHART        |              |            |                                      |       |
| UPPER RIGHT                               | _                 |            | UPPER LEFT   |              |            |                                      |       |
|                                           | 5 4 3 2 1         |            |              | 1 2 3        | 4 5        | <b>O</b> X                           |       |
| LOWER RIGHT                               |                   |            | LOWER LEFT   |              |            |                                      |       |
|                                           | 13 12 11 10       | 9          | 9            | 10 11        | 12 13      | 14 15 16                             |       |
| X = Extracted                             | 0 =               | Carious    |              | 1 =          | Carious    | Non-Restorable                       |       |
| FRACTURES AND/OR BREAKS                   |                   |            | TATTOOS AND/ | OR BIRTHMARK | (          | •                                    |       |
| ADDITIONAL INFORMATION<br>Ago: 20 Yrs. as | of MIA date       |            |              |              |            |                                      |       |

Soldier was among those missing after his unit encountered enemy forced near St. Antonis Folland

0 QMG FORM 371

| Form No. 1                                                                          |                                                                                                                                      | AL 20 Novem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| (Revised   Sept. 1945)                                                              | TM 10-630 AND AR 30-1815 3                                                                                                           | 365228 Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| X-0921 Dien benehich                                                                | L. Paul G , Un                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                     | First Juitial                                                                                                                        | Rank Serial No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Unk "                                                                               |                                                                                                                                      | Unk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Vierlingsbeek, Holland                                                              | WW II U                                                                                                                              | Organization<br>Nknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Place of Death                                                                      | Date of Death                                                                                                                        | Cause of Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                     |                                                                                                                                      | furt/Main, Germany                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Time and Date of Burial                                                             | Name of Cemetery                                                                                                                     | Name or Coordinates of Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Grave Number Row Number                                                             | Plot Number                                                                                                                          | Type of Marker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Disposition of Identification Tags : Buric                                          | ed with body Yes H Noncocontrologic                                                                                                  | DOMESTIC DESCRIPTION OF THE PROPERTY OF THE PR |
| If No Identification Tags How were remains identified?                              |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| What means of identification wer                                                    | re buried with the body ?                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -                                                                                   | and the second of the second                                                                                                         | est pare from the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| To determine Right or Left use De                                                   | ceased's Right and Left.                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Who is buried on :                                                                  |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Deceased's Right: Name                                                              | Serial No. Rank                                                                                                                      | Organization Grave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Deceased's Left: Name                                                               | Serial No. Rank                                                                                                                      | Organization Grave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                                                                                     | If print of identification tag is not                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                     | If print of identification tag is not                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 6                                                                                   |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                     | Emergency Addressee                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                     | Emergency Addressee                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| List only Personal Effects Found o                                                  | Emergency Addressee                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| List only Personal Effects Found of Recove ed as SR 5043 from                       | Religion  Rody and disposition of same:                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Recove ed as SR 5043 from<br>shallow grave beside a fa                              | Religion Religion of same:  m a arm                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Recove ed as SR 5043 from<br>shallow grave beside a fa<br>building on the farm "HET | Religion  Religion  on Body and disposition of same:  m a  arm  I KLEVERBLAD"                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Recove ed as SR 5043 from<br>shallow grave beside a fa                              | Religion  Religion  on Body and disposition of same:  m a  arm  I KLEVERBLAD"                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Recove ed as SR 5043 from<br>shallow grave beside a fa<br>building on the farm "HET | Religion  Religion  on Body and disposition of same:  m a  arm  I KLEVERBLAD"                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Recove ed as SR 5043 from<br>shallow grave beside a fa<br>cuilding on the farm "HET | Religion  Religion  on Body and disposition of same:  m a  arm  I KLEVERBLAD"                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Recove ed as SR 5043 from<br>shallow grave beside a fa<br>cuilding on the farm "HET | Religion On Body and disposition of same:  m a arm T KLEVERBLAD" and.                                                                | Name Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Recove ed as SR 5043 from<br>shallow grave beside a fa<br>cuilding on the farm "HET | Religion On Body and disposition of same:  m a arm T KLEVERBLAD" and.                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Recove ed as SR 5043 from<br>shallow grave beside a fa<br>cuilding on the farm "HET | Religion  On Body and disposition of same:  m a arm T KLEVERBLAD"  and.  Signature of Orficer  Things The Street                     | Name  Address  or other person reporting burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Recove ed as SR 5043 from<br>shallow grave beside a fa<br>cuilding on the farm "HET | Religion  On Body and disposition of same:  In a arm  If KLEVERBLAD!!  and.  Signature of Officer.  Verified                         | Address  Address  or other person reporting burial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Recove ed as SR 5043 from<br>shallow grave beside a fa<br>cuilding on the farm "HET | Religion  Religion  On Body and disposition of same:  m a arm  I KLEVERBLAD!!  and.  Signature of Officer  Verified  MYRON C. FULLER | Address  Address  of other person reporting burial by G.R.S. Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Recove ed as SR 5043 from<br>shallow grave beside a fa<br>cuilding on the farm "HET | Religion  On Body and disposition of same:  In a arm  If KLEVERBLAD!!  and.  Signature of Officer.  Verified                         | Address  Address  Or other person reporting burial by G.R.S. Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

ar

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON 25, D.C. FINAL REPORT NUMBER ACTIVE BATTLE REPORT OF DEATH (AR 600 - 400) RETIRED NON-BATTLE A 0004 4 Jan 1960 NAME SOCIAL SECURITY NO. Blankenship, Paul Grey ORGANIZATION AND STATION (If assigned to medical holding detachment, also list prior organization) SERVICE NUMBER 33 652 284 European Command HOME ADDRESS (City, county and state) ARM OR SERVICE Christiansburg, Montgomery, Virginia INF SELECTIVE SERVICE NUMBER, LOCAL BOARD NUMBER, CITY AND STATE DATE OF BIRTH COMPONENT Local Board No. 1, Christiansburg, Virginia AUS 6 Mar 1925 PLACE OF DEATH DATE OF DEATH RANK AND PAY GRADE Vierlingsbeek, Holland 7 Oct 1944 PVI CAUSE OF DEATH AND CIRCUMSTANCES BASE PAY INCENTIVE PAY Killed in action DATE OF LAST ENTRY 28 June 1943 PRIOR SERVICE YES X NO BACE Caucasian RELIGIOUS PREFERENCE REPORTED BY: LOD AND DATE EVIDENCE OF DEATH RE-DATE DROPPED FROM ROLLS ON DUTY UNAUTHORIZED LEAVE 4 Jan 1960 AUTHORIZED LEAVE INACTIVE DUTY FOR TRAINING INVESTIGATION X REGULAR OR EAD YES ON O ACTIVE DUTY FOR THE FROM: ADULT LEGAL NEXT OF KIN (Name, address, relationship, and date notified) Mr. Teddy D. Blankenship, 502 Craig Street, Christiansburg, Virginia, Brother, 4 January 1960. BENEFICIARY FOR GRATUITY PAY (Name, address, and relationship) Mrs. Jessie J. Blankenship, Cambria, Virginia, Mother, Deceased Alternate: Mr. James H. Blankenship, Cambria, Virginia, Father, Deceased, BENEFICIARY FOR UNPAID PAY AND ALLOWANCES (Name, address, and relationship) None shown REMARKS Finding of Death has been issued previously showing presumed da 8 October 1945. Public Law 490, applies BY ORDER OF THE SECRETARY OF THE ARM

DISTRIBUTION

DA FORM 52-1. 1 JAN 57

089980

Adjutant G

#### WAR DEPARTMENT

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

4304

BY ORDER OF THE SECRETARY OF

#### FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Private Paul G. Blankenship, Army Serial Number 33.652.284. Infentry

to be dead. He was officially reported as missing in action as of the 7th day officially reported in said Act, death is presumed to have occurred on the 8th day of October, 1945.

ADJUTANT GENERAL CHIEF, CASUALTY BRANCH SUMMARY OF INFORMATIO APEA OWN MIS-AUTH'D European No No Yes No Yes None DALE OF BIRTH HOME ADDRESS DATE OF ENTRY ON CURRENT LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)
YEARS MONTH ACTIVE SERVICE 6 Mar 1925 Christiansburg, Virginia 28 Jun 1943 Under three years EMERGENCY ADDRESSEE NAME RELATIONSHIP Mrs. Jessie J. Blankenship Mother Cambria, Virginia BENEFICIARIES RELATIONSHIP ADDRESS Jessie Jane Blankenship Mother Cambria, Virginia RELATIONSHIP ADDRESS James Hensley Blanksuship Father Cambria, Virginia REMARKS

Distribution 56

Circumstances of disappearance' Soldier was among those missing after his unit encountered enemy forces near St. Antonis, Holland.

1 1 30





## ARMY-SERVICE-FORCES. KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE KANSAS CITY 1, MISSOURI

IN REPLY REFER TO 283328

PUM/LC/bw 24 April 1947

No

Mrs. J. H. Blankenship Cambria, Virginia

Dear Mrs. Blankenship:

This acknowledges your recent letter relative to the personal effects of your son, Private Paul G. Blankenship.

We have carefully checked our records and those of the European Theater Area, now at this Bureau, and regret that they do not reveal any information regarding the personal effects of Private Blankenship. In view of the lapse of time since he was reported a casualty, it is doubtful that any of his effects were recovered.

You may be assured that in the event any of his property is received here at a later date, prompt disposition will be made.

Sincerely yours,

P. U. MAXEY Lt Col, QMC Effects Quartermaster



#### KANSAS CITY QUARTERMASTER DEPOT ARMY EFFECTS BUREAU

S-18 Apr 47 PUM/LC/mw 16 April 1947

| TO: European Theater Records Branch - Army Effects Bureau  Request examination of ETA records and report concerning missing, or allegedly missing, personal effects of:    Request examination of ETA records and report concerning missing, or allegedly missing, personal effects of:    Request examination of ETA records and report concerning missing, or allegedly missing, personal effects of:    Request examination of ETA records and report concerning missing, or allegedly missing   Faul | Case No. 283328                  | Army Life ots Bureau                            |              | 16 A <sub>F</sub> | oril 1947         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------|--------------|-------------------|-------------------|
| Request examination of ETA records and report concerning missing, or allegedly missing, personal effects of:    Slankenship   Faul   G. 33652234   Pvt.                                                                                                                                                                                                                                                                                                                                                  | REQUEST                          |                                                 |              |                   |                   |
| Slankenship Faul G. 33652234 Pvt.  (Last Name) (First Name) (MI) (ASN) (Rank)  Infantry Deceased 8 October 1945 near St. Antonis, Hol  (Organization) (Status)   **Bureau records do not indicate that any property of subject has been received here.  Property received at AEB is listed on following overseas inventories:  Allegedly missing items, not received here, consist of:                                                                                                                   | TO: European The                 | eater Records Branch                            | - Army E     | fects Bureau      |                   |
| (Last Name) (First Name) (MI) (ASN) (Rank)  Infantry Deceased 8 October 1945 near St. Antonis, Hol (Organization) (Status)  **  **Bureau records do not indicate that any property of subject has been received here.  Property received at AEB is listed on following overseas inventories:  Allegedly missing items, not received here, consist of:  emarks:                                                                                                                                           | Request examor allegedly missing | nination of ETA recor<br>g, personal effects of | ds and reff: | eport concerni    | ng missing,       |
| (Last Name) (First Name) (MI) (ASN) (Rank)  Infantry Deceased 8 October 1945 near St. Antonis, Hol (Organization) (Status)  X Bureau records do not indicate that any property of subject has been received here.  Property received at AEB is listed on following overseas inventories:  Allegedly missing items, not received here, consist of:                                                                                                                                                        |                                  | (18)                                            |              |                   |                   |
| Infantry Deceased 8 October 1945 near St. Antonis, Eol (Organization) (Status)  **Bureau records do not indicate that any property of subject has been received here.  **Property received at AEB is listed on following overseas inventories:  Allegedly missing items, not received here, consist of:                                                                                                                                                                                                  |                                  |                                                 |              | 33652234          | Pvt.              |
| (Organization) (Status)  **Bureau records do not indicate that any peroperty of subject has been received here.  **Property received at AEB is listed on following overseas inventories:  **Allegedly missing items, not received here, consist of:  **Gemarks:**                                                                                                                                                                                                                                        | (Last Name)                      | (First Name)                                    | (MI)         | (ASN)             | (Rank)            |
| Bureau records do not indicate that any property of subject has been eceived here.  Property received at AEB is listed on following overseas inventories:  Allegedly missing items, not received here, consist of:                                                                                                                                                                                                                                                                                       |                                  | Deceased                                        | 8 Octobe     | er 1945 near S    | t. Antonis, Holls |
| Property received at AEB is listed on following overseas inventories:  Allegedly missing items, not received here, consist of:                                                                                                                                                                                                                                                                                                                                                                           | (Organiz                         | ation)                                          |              | (Status)          |                   |
| emarks:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  | ed at AEB is listed o                           | on follow    | ing overseas i    | nventories:       |
| emarks:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                                 |              |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Allegedly missi                  | ng items, not receive                           | ed here,     | consist of:       |                   |
| Inquiry received from his mother, Mrs. J. H. Blankenship.                                                                                                                                                                                                                                                                                                                                                                                                                                                | emarks:                          |                                                 |              |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inquiry received                 | from his mother, Mrs                            | s. J. H.     | Blankenship.      |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                 |              |                   |                   |

Correspondence Branch

N. WHIPPLE Chief Clerk

|                          | DARRUE ST       | ornia - Yili       |        |         |                    |
|--------------------------|-----------------|--------------------|--------|---------|--------------------|
| O: Corresponden          | ce Branch - Arm | y Effects          | Bureau |         |                    |
|                          |                 |                    |        |         |                    |
| No record of an          | y effects.      |                    |        |         |                    |
| No record of mi          | ssing items.    |                    |        |         |                    |
| (*) Inventory            | received from:  |                    |        |         |                    |
|                          |                 |                    |        |         |                    |
|                          | Dated)          |                    | (Sig   | ned by) |                    |
| Effects shipped          | to:             | amail us           | F)     | (anot s |                    |
|                          |                 |                    |        |         |                    |
| Parcel                   | Date            | Baggage            | List   | Sheet   |                    |
| Parcel                   | Date            | Baggage<br>Baggage |        | Sheet_  |                    |
|                          |                 | Baggage            | List   |         | 1-205 (<br>5-20 to |
| ParcelFunds: \$          | DateTransmitted | Baggage<br>on List | F      | Sheet   | 1205 (<br>587 LSI  |
| Parcel Funds: \$Remarks: | DateTransmitted | Baggage<br>on List | F      | Sheet   | 205 (<br>bey to    |

ETA Records Branch

(\*) This information need not be given on inventories covering property already received at AEB.

Cambria, Virginia April 1, 1947

War Department Bureau of Personal Effects Building 205 St. Louis, Mo

RE: BLANKENSHIP, Paul G ASN: 33 652 284

Dear Sir:

My son, the above captioned, was reported missing on August 22, 1944 and reported dead October 8, 1945. He was with Inf. Co D Misc. Apo 15426, % PM New Work. To date we have received none of his personal belongings. Will you kindly check and ascertain whether or not there is anything belonging to him? We are very anxious to have his things.

Thank you very much.

Yours very truly,

Mrs. J. N. Blankenhing (Mrs) J.H. Blankenship, mother

Cambria, Virginia

He Progrey

## DEPARTMENT OF THE ARMY

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

26 September 1947

QMCMU 293 Unk. X-1212 (Margraten) Holland

SUBJECT: Identification of Unknown Deceased

TO:

Commanding Officer
Columbus A. G. Regional Records Office
Columbus General Depot, U. S. Army
Columbus 15, Ohio

- 1. In order to complete the records of this office and to assist in the identification of an unknown American serviceman, it is requested that the dental records of Camp Lee, Virginia and Fort Eustis, Virginia, be searched to determine if additional dental work was performed for BLANKENSHIP, Paul G., Pvt., 33 652 284, who was stationed at the above places from June 1943 to July 1943; and from July 1943 to November 1943, respectively.
- Request that copies of all records located be forwarded to this office without delay.

FOR THE QUARTERMASTER GENERAL:

Memorial Division

Major, QMC

Mac Farland

F103372

RS-DF 43 Mannest hip Saul 933652389

AGO, Department of the Army, RAC, St. Louis 20, Missouri.

To: The Quartermaster General, Washington 25, D. C.

- 1. Attached as inclosure No. 1 is Dental Identification Form MD No. 79 in the case of Paul G. Blankenship, 33 652 284, for dental treatment at Fort Eustis, Virginia. No record has been found of the Dental Identification Form MD No. 79 for dental treatment at Camp Lee, Virginia.
- 2. The dental chart of the report of physical examination at time of entry into the military service shows the following: Teeth missing: upper right 6; upper left 8; lower right 16; Restorable carious teeth: upper right 8; upper left 7.

FOR THE ADJUTANT GENERAL:

3 Inclosures: Form MD No. 79 2 Ltrs dtd 26 Sep 47 Adjutant General

CYM9 12 17 17

AG 201 Blankenship, Paul G., 33652284 (1 Aug 49)

1 August 1949

MEMORANDUM FOR REICORD:

SUBJECT: Review of Circumstances Surrounding the Disappearance of Private Paul G. Blankenship, 33652284.

- 1. Private Paul G. Blankenship, 33652284, Company B, 38th Armored Infantry Battalion, was reported missing in action in Holland on 7 October 1944 by MTO Shipment No. 230. Under the provisions of Section 5, Public Law 490, 7 March 1942, as amended, a finding of death was made in the case of this soldier, which finding indicated that he was presumed dead as of 8 October 1945 (3. R. & D. No. 4304, file AG 704 Dead 8 Oct 45).
- 2. The circumstances surrounding the disappearance of this soldier are contained in 4th Indorsement, dated 28 August 1945, Eqs. 38th Armored Infantry Battalion, file AC 704 1 Aug 45. This communication states that on 7 October 1944, Company B was located 6 miles southeast of St. Antonis, Holland. The mission at that time was to clear the wooded area surrounding the town. During this mission the company encountered enemy forces and was greatly scattered. When a physical check was made, the company was found to have suffered many losses, among whom was Private Blankenship. It was assumed that the missing men had been either killed or captured by the enemy. Due to the tactical situation no search could be made. St. Antonis, Holland, is approximately 15 miles south of Nijmegen. St. St. Antonis, Holland,
- 3. Nothing further is known regarding the loss of this soldier. He was never reported a prisoner of war, nor can any reference to him be found in captured German records. There is no burial report on file in the office of the Quartermaster General for him at the present time.
- 4. Inasmuch as it cannot be determined whether this soldier was killed in action or captured and died at a later date, it is concluded that it is not feasible at the present time to issue a report of death under the provisions of Section 9 of the Missing Persons Act.

CONCUR:

H. Muncastor

L. H. Muncastor Investigator

COPY FOR: OGMG, Memorial Div. AG 201 file JAMES A. FRIX
Captain, AGD
Asst. OIC, Determination Unit
Casualty Section
Personnel Actions Branch, AGO

FILE

G. W. Rosers Capt., QMC

PAUL G BLANKENSHIP 33652284 EYES BLUE HAIR BROWN COMPLEXION
RYDDY FRAME MED SHOE SIZE 9 1/2 RACE WHITE HT 64 1/4 MT 135 DENTAL EXAM
AT INDUCTION 14 JUNE 43 SHOWS TEETH MISSING RIGHT 6 16 LEFT S RESTORABLE
CARIOUS TEETH RIGHT 8 LEFT 7 1 FORM 79 BEING SENT

Market 1987

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
7887 Graves Registration Detachment
APO 757, c/o Postnaster
New York, New York

1. The records of this Office indicate that the following named deceased are in an unresolved status:

| NAME                     | RANK  | ASN       | ORGANIZATION  |
|--------------------------|-------|-----------|---------------|
| ALISON, Demis J.         | 2/It  | 0-303433  | Air Corps     |
| ANDERSON, Fhilip D.      | F/0   | T-190877  | Air Corps     |
| BERGMAN, Harold E.       | 1/12  | 0739889   | /Air Corps    |
| 102 BLANKENSHIP, Paul G. | Prt   | 33652284  | Cround Forces |
| JEURION, Harlan D.       | S/Sgt | 37375829  | Air Corps     |
| CARTER, Thomas F.        | Pro · | 32039755  | Ground Forces |
| CENAC, Beart L.          | SASET | 18149841  | Air Corps     |
| DILLINGHAM, Thomas B.    | Pre   | 34987344  | Ground Forces |
| EATON, John P., Jr.      | Pvt   | 39093986  | Ground Forces |
| EISENHAUSER, Elwood Pa   | Sgt;  | 33516190  | Air Corps     |
| EVELAND, Berthal D.      | S/Sgt | 36075583  | Air Corps     |
| KELLY, Jack A.           | 1/11  | 0-733320  | Air Corps     |
| STORE, Melvin            | Pile  | 38048756  | Ground Foruss |
| STULIFF, George W.       | Pic   | 32642834  | Ground Forces |
| TCMASELIO, Joseph J.     | T/Sgt | 31.032187 | Air Corps     |
| UHRIN, Michael           | s/sgt | 32459151  | Air Corps     |

- 2. It is requested that the cases be reviewed and processed in accordance with paragraph 59h, SR 830-110-5.
- 3. The 293 files for the above deceased have been screened and any information not previously furnished your headquarters is inclosed.

FOR THE QUARTERMASTER GENERAL:

5 Incls
1. 371 (in dup)w/atchats (Alison) Hajor OMC MAR
2. " " (Blankenship)Memorial Divisionale
3. " " (Burton)
4. " " (Carter)
5. " " (Eaton)

Carter)

H.Martin/jlj Clements

| 293 FILE                                      | REPORTS CONTROL SYMBOL QUICK     |             |                       |                   |                                        |
|-----------------------------------------------|----------------------------------|-------------|-----------------------|-------------------|----------------------------------------|
| NAME (Last, First, Middle BLANKENSHIP, Par    |                                  | /           |                       | GRADE PVT         | PRESENT SERIAL<br>NUMBER<br>33 652 284 |
| ORGANIZATION  Co. "D"                         | I Inf. Bn 7th Arm                | T-4 vv      | RACE<br>White         | Protestant        | FORMER SERIAL<br>NUMBER (If applicable |
| 7 Oct 1/2<br>DATE OF FOD                      | CAUSE OF DEATH Finding of De     |             |                       | PLACE OF DEATH OR | PLACE LAST SEEN IF MIA                 |
| нетойт° +5                                    | WEIGHT<br>133                    | COLOR EYE   |                       | COLOR HAIR  Brown | SHOE SIZE                              |
|                                               |                                  | DENTAI      | L CHART               |                   |                                        |
| UPPER RIGHT  8 7 6  Ph  LOWER RIGHT  16 15 14 | 5 4 3 2 1<br>notostatic Copies o | of Dental   | Attached<br>LOWER LEF | 1 2 3 4 5         | 6 7 8                                  |
| X = Extracted                                 |                                  | O = Carious |                       | 1=0               | arious Non-Restorable                  |
| FRACTURES AND/OR BREA                         | AKS                              |             | TATTOOS AI            | ND/OR BIRTHMARK   |                                        |

ADDITIONAL INFORMATION

Date of Birth: 6 March 1925

Copy of Circumstances attached.

CORRECTED COPY

In Reply Refer To Q'GMT 293 GRS - EUROPEAN Jaunt.

1 October 1953

SUBJECT: Identification of World War II Deceased

THRU:

United States Army, Europe APO 403, c/o Postmaster New York, New York

TO:

Commanding Officer
7770 USAREUR QM Mortuary Service Detachment
APO 757, c/o Fostmaster
New York

- 1. Reference is made to our letters dated 5, 25 and 27 March, and 12 September 1952 respectively, and to our radio DA 358174 dated 10 September 1952.
- 2. The records of The Office of The Quartermaster General indicate that the following named deceased are still in an unresolved status:

| Alison, Denis J.      | 0803433   | Jacobs, Frederick W. | 14202685 |
|-----------------------|-----------|----------------------|----------|
| Anderson, Philip D.   | T-190877  | Kelly, Jack A.       | 0733320  |
| Benson, Samuel H.     | 37635006  | Koloski, Clinton P.  | 36829179 |
| Blankenship, Paul G.  | 33652284  | Krause, Joseph D.    | 33596468 |
| Booth-Walters, J. F.  | 32179473  | MacDonald, Arthur G. | 31268886 |
| Bowmtt, Blaine        | 39906866  | McGrath, Walter A.   | 0816521  |
| Cenac, Bert L.        | 18149841  | Riordan, John F.     | 31372314 |
| Dillingham, Thomas B. | 34987344  | Robertson, Frank S.  | 34375878 |
| Eaton, John P., Jr    | 39093986  | Stone, Melvin        | 38048756 |
| Eveland, Berthal D.   | 36075583  | Taylor, George F.    | 37300671 |
| Glassman, Kenneth E.  | 35092585  | Tomasello, Joseph J. | 31032187 |
| Grunert, Theodore Jr  | 33602171  | Tsirmulas, Michalis  | 33724908 |
| Hayes, Martin A.      | 6592530   | Uhrin, Michael       | 32459151 |
| Heard, Felton         | 361.02450 | Watson, Earl Wo      | 33317700 |
| Hepler, Glenn C.      | 31078887  | Wilson, Ronald A.    | 36761382 |
| Hille, William B.     | 0664597   |                      | 20102306 |

3. It is requested that your Headquarters advise the approximate date resolution of these cases may be expected.

FOR THE ACTING THE QUARTERMASTER GENERAL:

J. C. MacFARLAND
Lt Colonel, QMC
Memorial Division

And Separate

1

neenship, Jank G., &

# \*REPORT OF DENTAL SURVEY

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|                                                                |                        |
| Periodontoclasia                                               | Occlusion              |
| Dental foci suspected: Yes No                                  | Periodontoclasia       |
| Other conditions                                               | Dental foci susp       |
|                                                                | Other conditions       |
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|                                                                |                        |
| 0 10 11/1                                                      |                        |
| Date 310.44                                                    |                        |
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| ~~ //                                                          | Date                   |
| Dental Corps, U. S. A.                                         |                        |
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| Nonrestorable carious teeth by /<br>Missing natural teeth by X | *Restorable cario      |
| actual teeth by X                                              | Nonrestorable ca       |
| Teeth replaced by denture                                      | Missing natural        |
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|                                                                | (horizontal            |
| Teath replaced by fixed bridge                                 | ,                      |

2

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| Date                                     |       |            |          |      |      | 7    |     | , <u>7</u> | ., 1 | 9:     |          | 77      |        |     |
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masth replaced by fixed bridge



REGISTER OF DENTAL PATIENTS AT Dental Clinic, 1-A Camp Stewart, Ga.

(1) SURNAME (2) CHRISTIAN NAME Blankenship Paul G. Paul (3) RANK | (4) COMPANY Pvt. В (8) NATIVITY (9) SERVICE, YEARS (6) AGT. YEARS (7) RACE W (10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC. R1 MOM OA OA S (11) dates and nature of treatments and operations  $C1_{ullet}II$ 3-17-4 3-10-(12) RESULTS AND CL.IV REMARKS VAF

Dental Corps, U. S. A.

FORM 79-MEDICAL DEPARTMENT, U. S. A.

(Revised Feb. 24, 1941)

## REGITER OF DENTAL PATIENTS AT

| (3) RANK       | (4) COMPA        | Leta -       | ENT OR STAFF CORP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------|------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (6) AGE, YEARS | (7) RACE         | (8) NATIVITY | (9) SERVICE, YEARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                | 1 77             | 16           | 1/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | And the Politice | (min 4-7-46) | (10) DISEASE OR INJURY WITH COCATION, COMPLICATIONS, SEQUELAE, ETC.  Parking in the property of the property o |
|                | This po          | 7/20         | (11) DATES AND NATURE OF TREATMENTS AND CREMATIONS 1913  11(11) ACT 15.44 1-14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2278           | المحتاد جيدة بحص | CHARA KINH   | (12) RESULTS AND REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

FORM 79-MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

| 293 FILE                                   | REPORTS CONTROL<br>SYMBOL QMG-86 |             |                                         |                 |                          |
|--------------------------------------------|----------------------------------|-------------|-----------------------------------------|-----------------|--------------------------|
| NAME (Last, First, Middl                   | e Initial)                       |             | = = = = = = = = = = = = = = = = = = = = | GRADE           | PRESENT SERIAL<br>NUMBER |
| BLANKENSHIP, P.                            | AUL G.                           |             |                                         | PVT             | 33 652 284               |
| ORGANIZATION                               |                                  |             | RACE                                    | CREED           | FORMER SERIAL            |
| Co "B", 38th Ar                            | White                            | Prot        | NUMBER (If applicable)                  |                 |                          |
| DATE OF DEATH/MA<br>7 Oct 山<br>DATE OF FOD | CAUSE OF DEATH                   |             |                                         |                 | PLACE LAST SEEN IF MIA   |
| 8 Oct 45                                   | Finding of Dea                   | COLOR EY    | FC                                      | Near St.        | Anthonis, Holland        |
| 518 <u>4</u> n                             | 133                              | Blue        |                                         | Brown           | SHOE SIZE 9-2-C*         |
| •                                          |                                  | DENTA       | L CHART In                              | d Rec 14 Jun 43 |                          |
| UPPER RIGHT O 8 7 6                        | X 5 4 3 2 1                      |             | UPPER LEFT                              |                 | 6 7 X                    |
| LOWER RIGHT                                |                                  |             | LOWER LEF                               | Т               |                          |
| 16 15 14<br><b>X</b>                       | 13 12 11 10 9                    |             | 9                                       | 10 11 12 13     | 14 15 16                 |
| X Extracted                                |                                  | O = Carlous |                                         | 1=Car           | rious Non-Restorable     |
| FRACTURES AND/OR BRE                       | AKS                              |             | TATTOOS A                               | ND/OR BIRTHMARK |                          |

ADDITIONAL INFORMATION

DOB: 6 Mar 1925

CIRCUMSTANCES OF DISAPPEARANCE: Soldier was among those missing after his unit encountered enemy forces near St. Antonis, Holland. Co "B" was located 6 miles SE of St. Antonis. Company was clearing wooded areas SE of St. Antonis to Overloon.

Weapon issued 5 Sep 44: Carbine No. 2625664 or 2625604 M 1 No. 2517020 - Accessories: Belt, cartridge.

Attached: 2 Forms 79, 3/10/44

\*Shoe width is almost illegible, but a closer examination of Service Record indicates "B" instead of "C"

#### HEADQUARTERS

USAREUR OM MORTUARY SERVICE DETACHMENT 7770TH ARMY UNIT APO 757, c/o Postmaster, New York, N.Y.

MTS 293.9 GR

5 January 1954

SUBJECT: Non-Recoverable Findings Transmittal Letter # 6493

THRU:

Quartermaster

Headquarters, United States Army, Europe

APO 403, United States Army ATTN: Field Service Branch

TO:

The Quartermaster General

Washington 25, D.C.

Forwarded herewith are two (2) cases pertaining to three (3) US deceased personnel who have been declared Non-Recoverable by a Board of Officers, this headquarters.

2 Incls

S. GIBBS Maj QMC Commanding

S. Gibr

| Case # 1 | BLANKENS            | HIP, Paul G.           | P <b>vt</b> | 33652284             |
|----------|---------------------|------------------------|-------------|----------------------|
| Case # 2 | GRUNERT,<br>KRAUSE, | Theodore Jr. Joseph D. | Pfc<br>T/5  | 33602171<br>33596468 |

CQM 293 I (5 Jan 54) lst Ind SUBJECT: Non-Recoverable Findings - Transmittal Letter #6493

Headquarters, U. S. Army, Europe, Quartermaster Division, APO 403, c/o Postmaster, New York, New York, 8 Jan 54

TO: The Quartermaster General, Department of the Army, Washington 25, DC

2 Incl n/c 10

MAR 1195A FIB MAR 1

5 x 3
Invatories

Action to be taken

Blankenship, Paul G. 33652284 Pvt.

0/602,803

(B)

| 1607 Air Termi<br>ATTN: TRO | nal Squadron             | Shipment of Remains<br>Mortuary Officer |           | 11 Feb 60 Comment No. 1<br>. Miles/693 |
|-----------------------------|--------------------------|-----------------------------------------|-----------|----------------------------------------|
| 1. Request ne               | cessary action be taken  | to ship the remains of                  | the late  |                                        |
| 2                           | 45/3                     | · · · · · · ·                           |           |                                        |
|                             | PVT PAUL G. BLANKENSHIP. | 33 652 284/                             |           |                                        |
| BY RAIL TO                  | Christiansburg, Va.      | on or about                             | 15 Feb    | 1960                                   |
| Receivin                    | g Funeral Director: Ric  | chardson & Company Funer                | ral Home  |                                        |
|                             |                          |                                         |           |                                        |
| TOTAL WEIGHT_               | 545 lbs.                 |                                         |           |                                        |
| 2. Request re recording.    | capitulation of cost be  | indorsed hereon and ret                 | urned for | r necessary                            |
| 2124                        |                          |                                         |           |                                        |
| JACK L. GEORGE              | , Captain, USAF          |                                         |           |                                        |
| Mortuary Offic              |                          |                                         |           |                                        |
|                             |                          |                                         |           |                                        |
| TO: Mortuary                | Officer                  | FROM: TRO                               | DATE:     | 24 F-b oComment No. 2                  |
| Recepitulation              | of charges for travel a  | re as follows:                          |           |                                        |
| ne capt data dion           | or onargon for orayon a  | / /                                     |           |                                        |
|                             |                          | / /                                     |           |                                        |
| Remains_                    | \$24.64                  | ·V (*/                                  |           |                                        |
| Escort                      | 43.68                    | ./ /                                    |           | , ~ ċ                                  |
| Total Cos                   | t \$68.32                | •                                       |           |                                        |
| 024                         | -121                     |                                         |           | 1 / 2                                  |
| Clever 4                    | 1. Alephons M            |                                         |           | 1/3/                                   |
| Catpain, USAF               | TUT                      |                                         |           | 8/1                                    |
|                             | tation Officer           |                                         |           | 0 11)                                  |

### SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

(Fill in 1 and 2 below only when dates are prior to period covered by this voucher)

WHEN TYPED USE SINGLE SPACE

|                                  |                                     | st day of next pre                                                                                                                    |                      |              |       |           |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |        |
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| DATE                             | -                                   | DESCRIP                                                                                                                               | TION                 |              |       |           | NUMBER<br>OF MILES     |               | AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OUNT CLAIR  | MED    |
| 19 (Inclu                        | de all information<br>compute dista | ion required by current regulations; if speedometer readings are used to istances, show beginning and ending readings in this column) |                      |              |       |           | @<br>cents per<br>mile | Mile          | AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SUBSISTENCE | OTHER  |
|                                  |                                     |                                                                                                                                       | *                    |              |       |           |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |        |
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| .,                               | (Subtotals, to                      | otal to face of vou                                                                                                                   | necessary)           | <b>→</b>     | -     |           |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |        |
| TRANSPORTATION                   | A GENT'S                            | RANSPORTATION OB                                                                                                                      | MODE AND             | be claime    | ed by | traveler) |                        | STS<br>S OF T | RAV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EL          |        |
| TRANSPORTATION<br>REQUEST NUMBER | VALUATION<br>OF TICKET              | INITIALS OF CARRIER<br>ISSUING TICKET                                                                                                 | CLASS OF<br>SERVICE† | Issui<br>196 |       | F         | ROM-                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | то— .       |        |
| 3,836,361                        | Remains                             | PRR                                                                                                                                   | F                    | 11 F         | -     |           | -                      |               | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | stianbur    |        |
| 5,336,362                        | Escort                              | PRR                                                                                                                                   | Mixed                | 18 1         | eb    | Dover, De |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | stianbur    | g, Va. |
|                                  |                                     |                                                                                                                                       |                      |              |       |           |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |        |
|                                  |                                     | 7                                                                                                                                     |                      |              |       |           |                        |               | i de la constante de la consta |             |        |
|                                  |                                     |                                                                                                                                       |                      |              |       |           |                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |        |

U.S. DEPARTMENT OF THE ARMY FINANCE

### TRAVEL VOUCHER

D. O. Vou. No.

BAL BIBHHIMSHIS

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|             | ats |
| Bu. Vou. No | CON |

U. S. GOVERNMENT PRINTING OFFICE: 1959 O -490846

| 0. 5.                            | (Department husen                                                                                                        | or establishment)     | 556                   | P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AID BY         |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                  | MSCT RAFEAL TORRES-RODRIGUE                                                                                              |                       | 770                   | CAPT, US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AF             |
| Mailing address                  | SECOND US ARMY ESCORT DETAC                                                                                              | JHMENT                |                       | DSSN A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 234            |
|                                  | DOVER AIR FORCE BASE                                                                                                     | ,                     |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ray was 1      |
| DOVER, DEL                       |                                                                                                                          |                       |                       | 2 MAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1960           |
| Hq Tourth atture<br>No. 30 C-193 | (Residence—For us presses in the discharge of official duty from the discharge of official duty from the dated 18 Feb 60 | rom 18 Feb (Date      | to 27 F               | (Date) en previously f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | under authorit |
| 6/1/2                            | MEMORA 30 43.3 559 PROPERTUREZ                                                                                           | NDUM                  |                       | CLAIMED -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DOLLARS Cents  |
| AUTH JÉR MATS                    | (For Administrative Use)                                                                                                 |                       | 5703503Differen       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
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| Total verified correc            | et for charge to appropriation(s) (initia                                                                                | la)                   | *                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
|                                  |                                                                                                                          |                       | CT                    | 166                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
| Applied to travel ad             | vance (appropriation symbol)                                                                                             |                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10451          |
| The next previous v              | roucher paid under the same travel auth                                                                                  | ority was:            | NEI AMOUNI            | TO TRAVELER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 101 11         |
|                                  | , Symbol                                                                                                                 |                       |                       | (Month-year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
| 29 Februar                       | ry 1960 xxxx MEM                                                                                                         | ORANDUM               | SON, 1st Lt, Q        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| ACCO                             | UNTING CLASSIFICATION (Appropria                                                                                         | tion Symbol must h    | e shown; other classi | fication options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | al)            |
|                                  | TDN: 2102020 07-22                                                                                                       | 2 <b>72540-</b> 02 S9 | 9-999<br>STATI        | STATE OF THE PARTY | 4.05<br>3      |
| Paid by Check No                 |                                                                                                                          |                       | MEMORA                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |

|                                                                                                                                                                                                                                          |         |              |            |                                     |          | ITI        | NERA                     | RY OF          | OFFICIAL TR                                              | AVEL              |                           |              |                                                   |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------|------------|-------------------------------------|----------|------------|--------------------------|----------------|----------------------------------------------------------|-------------------|---------------------------|--------------|---------------------------------------------------|--------|
|                                                                                                                                                                                                                                          | bmit in | tripli_ate.  | Use ty     | ypewriter or                        | ink,, an | d com      | plete bo                 | oth            | ABBREVIAT                                                |                   |                           | ED:          |                                                   |        |
|                                                                                                                                                                                                                                          |         | D ATTAC      |            |                                     |          |            |                          |                | RAIL<br>AIR (Con<br>GOVT AI<br>MIL ACF                   | ıl Airline<br>UTO |                           |              | T/R<br>T/A<br>G/A<br>G/P                          |        |
| Two copies of travel orders, and amendments thereto; one copy of travel orders for Airmen must be indorsed.     Copy of all transportation requests; also receipts from transportation officer for any unused portion of transportation. |         |              |            | TRAMS NOT<br>RAIL<br>AIR<br>PRIVATE | FURN     |            | G/P NONE/R NONE/A NONE/P |                |                                                          |                   |                           |              |                                                   |        |
|                                                                                                                                                                                                                                          | reques  | ts or ticke  | ts, and,   | of transportat                      | ets.     |            |                          |                | OTHER                                                    | LDV DU            |                           |              | NONE/B                                            |        |
| 4.                                                                                                                                                                                                                                       | Certifi | cate of ins  | stallation | on commander                        | (In du   | plicati    | e) cover                 | ing<br>ons and | TEMPOR PERM CH REMAIN REFUEL DELAY A CREW ADVERSI MECHAN | IANGE COVERNI     | OF STAT<br>GHT<br>G TRANS |              | TDY<br>PCS<br>RON<br>RF<br>DAT<br>CR<br>WX<br>MEC |        |
|                                                                                                                                                                                                                                          |         | , (irst, MI) |            | RAFAEL                              |          | - 1        | MSGT                     | (E7)           | organization<br>2d US Arm<br>Escort De                   | -                 | SERVI                     | 433 556      | DATE<br>29Feb60                                   | 7EL EX |
| 1                                                                                                                                                                                                                                        | 111:30  | - ttobitto   |            | DERS                                |          |            | -1501                    | lu lu          |                                                          |                   |                           |              |                                                   | ~01    |
| SO C-]                                                                                                                                                                                                                                   | 198     |              | AR(#)      | (MATS)                              | DATE     | PCS        | eb60                     | <u> </u>       | LOCAT                                                    |                   | YMENTS                    | AMOUNT       | DAT                                               | E -    |
| PAR                                                                                                                                                                                                                                      |         | Dover        | APB,       | Del                                 | XX       | TDY        |                          | +              |                                                          |                   |                           | None         |                                                   |        |
| 111                                                                                                                                                                                                                                      |         |              |            |                                     | -        | -          |                          | 17             | INERARY                                                  |                   |                           |              |                                                   |        |
|                                                                                                                                                                                                                                          |         | DATE         |            |                                     | 51       | r. A T I O | 104                      |                | TIME 24 HR<br>CLOCK · Give<br>Local Time                 |                   | DEOF                      | REASON FO    | R TRANSPOR                                        |        |
| 13                                                                                                                                                                                                                                       | Feb     | 60           | DEP        | Dover !                             |          |            |                          |                | 1630<br>1650                                             | G                 | /A                        |              |                                                   |        |
|                                                                                                                                                                                                                                          | Ħ       |              | DEP        | Dover,                              |          |            |                          |                | 2020                                                     | T                 | /9                        |              | M6,836                                            | , 362  |
| 19                                                                                                                                                                                                                                       | Feb     | 60           | ARR        | Wash, I                             |          |            |                          |                | 0200                                                     |                   |                           |              |                                                   |        |
|                                                                                                                                                                                                                                          | 11      |              | DEP        | Wash, I                             |          |            |                          |                | C9CC                                                     | 1                 | /R                        |              |                                                   |        |
| 25                                                                                                                                                                                                                                       | Feb     | 60           | ARR        | Christi                             |          |            |                          |                | 1430                                                     | - 77              | <i>(</i> D)               | <del> </del> |                                                   |        |
| 20                                                                                                                                                                                                                                       | 11      | 30           | DEP        | Christi                             |          |            |                          |                | 2400                                                     | 1                 | /R                        |              |                                                   |        |
| 27                                                                                                                                                                                                                                       | Feb     | 60           | DEP        | Wilming                             |          |            |                          |                | 0900                                                     | Mo                | ne/B                      | -            |                                                   |        |
|                                                                                                                                                                                                                                          | 19      |              | ARR        | Dover                               |          |            |                          |                | 1100                                                     | 110               | .10/5                     |              |                                                   |        |
|                                                                                                                                                                                                                                          |         |              | DEP        |                                     |          |            |                          |                |                                                          |                   | -                         |              | <del></del>                                       |        |
|                                                                                                                                                                                                                                          |         |              | DEP        |                                     |          |            |                          |                |                                                          | -                 |                           | <del> </del> |                                                   |        |
|                                                                                                                                                                                                                                          |         |              | ARR        |                                     |          |            |                          |                |                                                          |                   |                           |              |                                                   |        |
|                                                                                                                                                                                                                                          |         |              | DEP        |                                     |          |            |                          |                |                                                          |                   |                           |              |                                                   |        |
| -                                                                                                                                                                                                                                        |         |              | ARR        |                                     |          |            |                          |                | <u> </u>                                                 |                   |                           |              |                                                   |        |
|                                                                                                                                                                                                                                          |         |              | DEP        |                                     |          |            |                          |                | <del></del>                                              | +                 |                           |              |                                                   | ·      |
|                                                                                                                                                                                                                                          |         | ~            | DEP        |                                     |          |            |                          |                | <del></del>                                              |                   |                           |              | +                                                 |        |
|                                                                                                                                                                                                                                          |         |              | ARR        |                                     |          |            |                          |                |                                                          | <del> </del>      |                           |              |                                                   |        |
|                                                                                                                                                                                                                                          |         |              | DEP        |                                     |          |            |                          |                |                                                          |                   |                           |              |                                                   |        |
|                                                                                                                                                                                                                                          |         |              | ARR        |                                     |          |            |                          |                |                                                          |                   |                           |              | - 24 K                                            |        |
|                                                                                                                                                                                                                                          |         |              | DEP        |                                     |          |            |                          |                |                                                          |                   |                           |              | - 12 12 1                                         |        |
|                                                                                                                                                                                                                                          |         |              | DEP        |                                     |          |            |                          |                | -                                                        | -                 |                           |              | 1 2 2                                             |        |
|                                                                                                                                                                                                                                          |         |              | ARR        | energy of the state of the state of |          |            |                          |                | +                                                        |                   |                           | C 11-1       | -                                                 |        |
|                                                                                                                                                                                                                                          |         |              | DEP        |                                     |          |            |                          |                |                                                          |                   |                           |              |                                                   |        |
|                                                                                                                                                                                                                                          |         |              | ARR        |                                     |          |            |                          |                |                                                          |                   |                           |              |                                                   |        |
|                                                                                                                                                                                                                                          |         |              | DEP        |                                     |          |            |                          |                |                                                          |                   |                           |              |                                                   |        |
|                                                                                                                                                                                                                                          |         |              | DEP        |                                     |          |            |                          |                | <del></del>                                              | -                 |                           |              | +                                                 |        |
|                                                                                                                                                                                                                                          |         |              | ARR        |                                     |          |            |                          |                | <del></del>                                              |                   |                           | -            |                                                   |        |

|           | ·             |        | FOR REIMBURSEMENT OF EXP | то               | AMOUNT |
|-----------|---------------|--------|--------------------------|------------------|--------|
| DATE      | NATURE OF C   | CL AIM | Wash, D.C.               |                  | \$ .25 |
| 19 Fab 60 | Baggage Check | (1pc)  | Christianburg, Va        | 1                | .25    |
| 26 Feb 60 | Baggage Check | (1pc)  | Christianous F.          |                  | .25    |
| 11        | Baggage Check | (1pc)  | Mash. D.C.               | -                | .25    |
| 27 Feb 60 | Baggage Check | (lpc)  | Wilmington, Del          | Hotal            | 200    |
| 19 Feb 60 |               |        | Wash RR Sta, DC          | Wash RR Sta,DC   | 2.00   |
| 19 Fab 60 | Taxi Fare     |        | Hotel                    | Christianburg RR |        |
| 26 Feb 60 | Taxi Fare     |        | NOK                      | Sta, Va          | 3.00   |
|           |               |        | -                        |                  |        |
|           |               |        |                          |                  |        |
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|           |               |        |                          |                  |        |
|           |               |        |                          |                  |        |
|           | -             |        |                          | 1                |        |
|           |               |        | SUPPORTING STATEMENTS    |                  |        |

#### IT IS CERTIFIED:

- A. That the itinerary and other information listed hereon is true and correct and that such itinerary and information is a part of the voucher on which reimbursement for travel is claimed. Ref. Para. 80105d AFM 173-30.
- B. That during the period covered by this voucher Government quarters as defined in Para. 1150-5, JTR, were utilized on the following dates:
- C. That a Government mess\* as defined in Para. 1150-4, JTR, was utilized on the following dates for the number of meals
- D. That I have not received monetary travel allowance of any nature from any other agency of the United States, a foreign government, or the United Nations for the travel and/or temporary duty set forth herein, except as jointly authorized by the secretaries of the departments concerned.
- \* Not applicable to officer members except under the provisions of Para. 4206-6C and D and 4256-1B, JTR.

## TPA AUTHORIZED MORE ADVANTAGEOUS TO GOVERNMENT

I certify that the automobile used in the performance of official travel enumerated in the above itinerary was owned by me and/or the operating expenses were borne by me.

| License Number   | Signature of Member claimin       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | OMPUTATION OF PAYMENT (For use of | Finance Office only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ALLOWANCE        | DEDUCTIONS                        | The second secon |
|                  | MEALS # \$1.50                    | COMPUTED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| DAY5 9 \$9.00    |                                   | COMPUTED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| DAYS # \$        | MEALS & 15%                       | AUDITED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                  | QTRS # 40%                        | COMPUTATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DAYS § \$        | QTRS #                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MILES &          | PRIOR PAYMENTS                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TOTAL            | TOTAL JATOT                       | TITE STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Total Deductions |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NET PAYMENT      | illillilli                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                  |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| REQUE<br>(If                    | REQUEST AND AUTHORIZATion FOR TEMPORARY DUTY TRAVEL OF MILITARY PERSONNEL  (If more space is required, continue on reverse, identifying items by number.)  DATE  10 765 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                 |                                 |        |                                          |  |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|---------------------------------|--------|------------------------------------------|--|
| REQUEST FOR AUTHORIZATION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                 |                                 |        |                                          |  |
| TO: C/ADM                       | 1, 1607TH AIR TRANSPORT WING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (H) (M   | ATS) Dover      | AFB, Delaware                   |        | EQUEST TOY BE AUTHOR -                   |  |
|                                 | uesting authority)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                 |                                 |        | ZED AS INDICATED IN<br>TEMS 5 THROUGH 12 |  |
| Mortu                           | ery, 1607th Supply Sq. Dover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AFB.     | Delaware        |                                 | '      | IEMS S THROUGH IZ                        |  |
| 2. TYPED NAT                    | 2. TYPED NAME, GRADE AND TITLE OF AUTHORIZED OFFICIAL  JACK L. GEORGE, Captain, USAF  Mortuary Officer  3. SIGNATURE OF AUTHORIZED OFFICIAL  4. PHONE NR.  693                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                 |                                 |        |                                          |  |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | James Co        | n. Robert                       |        | 093                                      |  |
| 11.                             | The second secon |          | TRAVEL OR       |                                 |        |                                          |  |
| 3. THE FOLL                     | OWING INDIVIDUAL(S) WILL PROCEED AS IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DICATED. | UPON COMPLE     | ETION WILL RETURN TO PR         | OPER   | STATION.<br>SECURITY CLEAR.              |  |
| GRADE                           | (First name, middle initial, lo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ast name | , AFSN)         | ORGANIZATION                    |        | ANCE FOR PERIOD OF TDY                   |  |
| w/xer                           | 18-18-6 TREEZS-10-20-08-7, Ex 30 433 556                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                 | 2cd reg scor<br>et., lover vil, | rt.    | None                                     |  |
| 6. DEPART OF                    | N OR ABOUT 10 등한 호리 7. APPROXI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MATE NR. | OF DAYS (Inc    | lude travel tine)               | 6)     | 8. DDALY                                 |  |
| 9. SPECIFIC                     | PURPOSE OF TOY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          | 10. IT INERAR   | Y: BEE VARIATIONS IN IT         | INERA  | RY AUTHORIZED                            |  |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | EDON D          | OTTOD TOTAL ATTACON             |        |                                          |  |
|                                 | purpose of escorting the rema                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | FROM: D         | OVER, DELAWARE                  |        |                                          |  |
| of the 1                        | ate over and . Tunkerskip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          | TO:             | WHICH ARE, 718                  | 1397.5 |                                          |  |
|                                 | 33 662 28L, (= 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | )        |                 | ardnes a Japany                 |        |                                          |  |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                 |                                 |        |                                          |  |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | RETURN TO:      | DOVER, DELAWARE                 |        |                                          |  |
| 11. SPECIAL                     | INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                 |                                 |        |                                          |  |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                 |                                 |        |                                          |  |
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| TIME BY<br>AUTHORIZ<br>THE GOVE | 12. MODES OF TRAVEL A. TRAVEL BY DIRECTED WHEN AVAILABLE. B. TPA. TRAVEL TIME BY COMMON CARRIER (rail or bus) IS DAYS. TRAVEL TIME IN EXCESS IS CHARGEABLE TO DELAY ENROUTE AUTHORIZED IN ITEM 6. C. TPA. THIS MODE OF TRANSPORTATION HAS BEEN DETERMINED TO BE MORE ADVANTAGEOUS TO THE GOVERNMENT. D. TED OTHER.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                 |                                 |        |                                          |  |
| Commerc                         | ial Air and/or Rail and/or Bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | us tran  | vel author:     | ized.                           |        | E                                        |  |
| 111.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | ORIZATION       |                                 |        |                                          |  |
| 13. AUTHORIT                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14. DAT  | rE              | 15. SPECIAL                     |        | R NR.                                    |  |
| AR 63                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | 10h 60          | SO C-                           | 3      |                                          |  |
| QUARTERS<br>HEADQUA             | 16. DESIGNATION AND LOCATION OF APPROVING HEAD- QUARTERS OR UNIT  HEADQUARTERS  17. APPROPRIATION ACCOUNTING SYMBOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                 |                                 |        |                                          |  |
| UNITED                          | 1607TH AIR TRANSPORT WING (H) (MATS)  UNITED STATES AIR FORCE  DOWER AIR FORCE BASE DELAWARE  FOR THE COMMANDER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                 |                                 |        |                                          |  |
| 18. DISTRIBU                    | TION (If required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20, std  | SNATURE ELEMENT | OF ORDERS ISSUING OFFICIAL      | (Seal  | or signature)                            |  |
| 6 - Ind                         | ividual concerned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                 |                                 |        |                                          |  |
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| 1 - Mortuary JACK L. GEORGE     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                 |                                 |        |                                          |  |
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Standard Form No. 1034a 7 GAO 5030 1034-206-05

## PU C VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

Use continuation sheet(s) if necessary

| D. O. VOU.  | 5938 |
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| U. S                     | DEPT OF TH                     | A TR FORCE                             |                                                                        |                                         |                  | PAID BY       |
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|                          | epared at                      |                                        | ureau, or establishment)                                               | -AR-60                                  | 1 1 5            | LE. DURHAM    |
| Payee's Acc              | ount No                        |                                        | Discount Terms                                                         | <del></del>                             | 1 1 1            | DOVER AFB. DT |
| то                       | RICHARDS                       | N PUNERAL HOM                          | e, IHD.                                                                |                                         |                  | MAR 17 1960   |
|                          | (Address)                      | —————————————————————————————————————— | HHICTIANSEURS, V                                                       | POINIA                                  |                  |               |
| Contract No.             |                                | Date                                   | Req. No.                                                               | Date                                    | Invoice          | Rec'd.        |
| Shipped from             |                                | to                                     | Weight                                                                 | Govt.                                   | B/L No.          |               |
| No. and Date of<br>Order | Date of Delivery<br>or Service |                                        | ICLES OR SERVICES number of contract or Feder information deemed piece |                                         | NIT PRICE        | AMOUNT        |
|                          |                                | PER DETAILES<br>INTERMENT EX           | D DA FORM 10 10 PVT                                                    | -164 HEREWITH PAUL C. BLANDUNS 36+228#  | шР               | 200.00        |
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|                          | 200.00                         | ,                                      | MEMORAN                                                                | DUM A. P. MESSI CEPTIFYING              |                  | 15 MAR 60     |
|                          | ACCOUNTIN                      | G CLASSIFICATION                       | (Appropriation Symbol                                                  | must be shown; other cl                 | assification opt | ional)        |
|                          |                                |                                        | *                                                                      |                                         | D/13/6           | }             |
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## REQUEST FOR PAYMENT OF EXPENSES INCIDENT TO FUNERAL AND/OR INTERMENT

Form Approved Budget Bureau No. 49-R350.2

| (AR 638-40)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 11. FUNERAL EXPENSES (For a complete funeral servicase, professional services, funeral coach, passenge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 12. INTERMENT EXPENSES (For interment, including conflowers, obituary notices, clergy's honorarium, local                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 13. TRANSPORTATION EXPENSES (Other than local he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| PART  I MAKE THIS CLAIM WITH FULL KNOWLEDGE  (U. S. Code, Title 38, Section 287, formerly Section 287, formerl | E OF THE PENA                                                  | LTIES INVOLVED FOR WILLELL V MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | KING A FALSE CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
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THEO: COUSARCOMZEUR ORLEANS FRANCE

MORTUARY OFFICER APOE DOVER AFB DEL

WICHAS DA 464343 from QMGME-D

Ident remains deg X-9321 as Pvt Paul G. Blankenship, 33 652 284, appr. Red remains be casketed FSN 9930-163-2604 and airlifted to US. Admsg ETD and ETA

Mrs Whittingham/mbb 54309

O'C'F-D 293 Blankenshio, Paul G. 33 652 294

F. J. Kerscher, Chief, Operations Sec

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CARL R ALIPEE

Assistant Chief Memorial Division FEB 8 5 15 PH SO

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|   | 1607 ABG Form 381 E J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TOTALS:         | TOTAL               | TRANSPORTATION:  REMAINS  ESCORT  REC FUNERAL DIRECTOR | PER DIEM TO ESCORT | GOVERNMENT FURNISHED: CASKET FLAG BLACY T RUBBER SHEETING CLOTHING RIBBONS & ACCUSORIUS | Ttem #1 of AF Contract #2 #3 #4 #5 | RANK & SERIAL NO:                             | NAME OF DECEASED:                | ARMY - February |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|--------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------|----------------------------------|-----------------|
|   | Ja: 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | \$190.37            | 24.64<br>43.68                                         | 114.05             | 8,00                                                                                    |                                    | 953652284<br>PVT<br>(No Ser<br>(Number)       | BLANKENSHIP, Paul G  W W         |                 |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | \$159.76            | 141.76<br>10.00                                        |                    | 8,00                                                                                    |                                    | BRIZENDINE<br>Floyd B<br>SFC<br>RA 172 24 302 | BRIZENDINE,<br>Infant<br>Depn of | EXPENSE         |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | \$73.60             | ц5,60<br>20,00                                         |                    | 8.00                                                                                    |                                    | BURK,<br>Thomas J.<br>M/Sgt<br>RA 20112 197   | BURK Twins Infants Depns of      | REPORT          |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | \$74.74             | μ6.74<br>20.00                                         |                    | 8,00                                                                                    |                                    | CASLER<br>Kenneth<br>M/Sgt<br>RA 32934954     | CASLER,<br>Michael,<br>Depn of   |                 |
| 1 | The state of the s | Similar Similar | Of The Park St. St. | 69.52<br>139.74<br>10.00                               | 98,55              | 249.80<br>2.00<br>6.00                                                                  |                                    | Sgt (E-5)<br>RA 34 006 087                    | CIARK,<br>Mose, Jr.<br>Markan    | DATE: 3 June    |
|   | Dute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Merce           | \$586.52            | 72, 40<br>156, 42<br>12,00                             | 88.30              | 249.80<br>2.00<br>6.00                                                                  |                                    | PVT<br>RA 170 52 913                          | COLLIER,<br>L. T                 | e 60            |

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TO BJESBY/TCC DOVER

INFO BJENNF/HARMON AFB

RUEPC/DEPARTMENT OF THE ARMY

AF GRNC

BT

UMCLAS LATCO 52-1331. ATTH QUARTERMASTER GENERAL, THE FOLLOWING

REMAINS OFF-LOADED FROM C124-3382 TRIP EGC 88/16 AND RE-LOADED ON 29%

C124-136' TRIP 396/16- PVT PAUL G. BLANJEN SHIP SERIAL NR. 33632284

BETH A WEST DEP. DAUGHTER OF PFC CARL WEST RA 15597693 8TH 9.M.

CO STH INF. DIV. AAPPO111 US FORCES, ADDRESS CARL C. WEST RFD NR 2

COBING OHIO. OSCAR WILMA L. DEP WIFE OF SP4 JOESPH A. OSCAR RA

12563661 ADDRESS CO/ JOSEPH OSCAR SR 4117-25 1438D ST. QUEENS HEAL

YORK. ATD LAJES 17/1443 ETA HARMON 17/2385

DISPOSITION BRANCH MEMORIAL DIVISION

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Name Date

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TO RUETC/CG USARMY TWO FT MEADE

RUETJG/CO USARMY GARRISON INACTIVE INDIANTOWN CAP

INFO RUEPOG/ORNG DEPT OF ARMY WASH

AF GRIIC

UNCAS FROM 1637TH ABG/MORTUARY 18-B-6

FOR MORTUARY BR. REMAINS OF THE LATE PVT. PAUL G. ?)-, (3, #CD, WUII,

33 652 284. CONSGINED TO THE RICHARDSON & COMPANY FUNERAL HOME,

CHRISTIANBURG, VIRGINIA, ESCORTED BY MISGT RAFEL TORRES-

RODRIGUEZ, RA 30 433 556, DEPART VIA RAIL, DOVER, DEL, 2020 HRS

18 FEB 1960. DUE TO ARRIVE CHRISTIANBURG, 1417 HRS, 19

ON SOU -MAN TR MR 45. NOW AND REC FUNL DIRECTOR NOTIFIED OF THE DISPOSITION MEMORIAL DIVISION

SHIPMENT. REMAINS, MALE, CAU, PROT.

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18/2126" FEB RJEDSB

Reviewed by Duty Officer: \_\_\_\_ Disp

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TO RJEDSB/C OMDR RUKCTH ATS

RJEZHOVCHIEF OF STAFF USAF

RJF PBW/ MORTUARY OFFICER HQ USAFE

RUE PC/ THE QUARTERMASTER GEN WASH DC

RUFYAX/USAR 7770-AU MORTUARY FRANKFURT GER

AF GRNC

BT

UNCLAS FROM 1614TH 16-B-1'.&55

AT 1510Z ON 16 FEB. 60. FLT EGC-8/16, C-124 3002.

AMD NAME

RANK

SN

ORGN

744 OSCAR, WILMA L, DEPN OF:

JOSEPH A OSCAR

PFC

RA12562661 ARMY

2746 BLANKENSHIP, PAUL G

WORL WAR II REMAINS PVT

33652284 ARMY

2745 WEST, BETH INF. DEPN OF:

CARL WEST

PFC

RA 15597193 ARMY

DISPOSITION BRANCH MEMORIAL DIVISION

Name Name

Date

ROUTINE

X DA

OFFICE OF THE QUARTERMASTER GENERAL DEPARTMENT OF ARMY WASHINGTON DC

MR TEDDY D BLANKENSHIP, 502 CRAIG ST, CHRISTIANSBURG, VA UNCLAS In reply refer to QMGME-D 313

Remains your brother Paul expected to arrive United States

Port approximately 19 February. Do not set date of funeral

until port authorities notify you and funeral director date

and scheduled time of arrival destination

TELECOMPUNICATIONS

Mrs. Whittingham/ace

54309 CMCME-D 293 Blankenship, Paul G. SN 33 652 284

F. J. Kerscher, Chief, Operations Sec 77756 l 1

DONALD L. WARDLE Lt. Colonel, MC Chief, Disposition Branch Memorial Division

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BT

UNCLAS M 0-160. DA F OR QM CME-D. REMAINS SHPNG REPT PER PAR 53C 638-40

- 1. AIRLIFTING REMAINS OF PVT PAUL G BLANKENSHIP 33652284 WW TWO REMAINS ABT 16 FEB ETA DOVER AB 18 FEB
- 2. REMAINS DLVR RHEIN MAIN AB 15 FEB
- 3. FLT NR FURN BY RHEIN MAIN AB
- 4. MW PROT
- 5. CASKET
- 6. 408

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CFN M 0-160 53C 638-40 1 33652284 16 18 2 15 3 4 5 6 408

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OFFICE OF THE OUARTERMASTER GENERAL DEPARTMENT OF ARMY WASHINGTON DC

MR TEDDY D BLANKENSHIP, 502 CRAIG ST, CHRISTIANSBURG, VA UNCLAS in reply refer to CMGME-D 272

Remains your brother Paul will be shipped to Richardson & Co. Funeral Fome, Christiansburg, Virginia, as requested. You will be furnished scheduled date arrival United States port at later date

Mrs Whittingham/mbb

CMCME-D 293 Blankenship, Paul G. 33 652 2°4

F. J. Kerscher, Chief, Operations Sec

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DONALD L WARDLE
Lt Colonel CMC
Chief, Discosition Branch
Memorial Division

DEFERRED DEFERRED

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DA

TOMG DA WASHDC

MORTUARY OFFICER AFOE DOVER AFB DEL

INFO: COUSARTWO FT MEADE MD

CO US ARMY GARRISON (TNACTIVE) INDIANTOWN GAP PA

UNCIAS from C'GME-D 271

Ship remains Pvt Paul G. Blankenship, 33 652 284, Inf, WWII cas, to Richardson & Co. Funl Home, Christiansburg, Va. Decedent Cau male; religion Protestant; NOK brother, Mr. Teddy D. Blankenship, 502 Craig St., Christiansburg, Va. Notify also CGUSARTWO and CO US ARMY GARRISON PA

Mrs Whittingham/mbb 54309

Womack 56553

CMGME-D 293 Blankenship, Paul G. 33 652 294

F. J. Kerscher, Chief, Operations Sec

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Chief, Masosition Branch

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Memorial Division

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29 COLLECT 5 EXTRA CHRISTIANSBURG VIR 6 130P THE QUARTERNASTER GENERAL DEPT OF THE ARMY

ATTN DISPOSITION BRANCH WASHXC

PLEASE SHIP REMAINS OF BLANKENSHIP PAUL G SN 33652254 TO RICHARDSONS FUNERAL HOME CHRISTIANSBURG VA BURIAL TO BE IN CIVILIAN CEMETERY CHRISTIANSBURG VA

TEDDY D BLANKENSHIP 502 CRAIG ST CHRISTIANSBURG VA SN33652284

PO IF NECY SN33652284.

BT

06/20502

QMCMC-D 293 Blankenship, Paul G. SN 33 652 264

Mr. Teddy D. Blankenship 502 Craig Street Christiansburg, Virginia

Dear Mr. Blankenship:

I am writing to you in reference to your brother, Private Paul G. Blankenship, who died in Europe during World War II.

At the close of World War II, many of our deceased servicemen were recovered and buried in accordance with desires of their next of kin. A number of our servicemen, however, who were killed in action were buried by the enemy in unmarked graves in Prisoner of War Cemeterles or in isolated graves in the area in which they fell. Upon cessation of hostilities, our Graves Registration Service conducted many searches for our deceased personnel who were buried under these conditions, but not all of the graves could be located at the time the searches were made.

Official records reveal that on 7 October 19th, Private Blankenship and the other members of his organization, Company "B", 38th Armored Infantry Battalion, 7th Armored Division were located 6 miles southeast of St. Antonis, Holland. The mission of the company at the time was to clear enemy forces from the wooded area near St. Antonis to Overloon, Holland. During the encounter with enemy forces, the company members were greatly scattered. A physical check made later, revealed that the company had suffered many losses. Private Blankenship and many of his companions were found to be missing, however, because of the tactical situation, a search for those missing was not possible. It was assumed that they had either been killed or captured by the enemy, however, German records pertaining to Private Blankenship or the other enlisted men reported missing during this enemy encounter were never received by the Army.

Our Graves Registration Service conducted many searches in the area where your brother was last seen and although many remains were recovered in the area, none could be associated with him. He was, therefore, determined to be nonrecoverable.

A special investigation was conducted in November 1953 in an effort to locate the remains of your brother, but the search was unsuccessful and Findings of Nonrecoverability was approved II March 1954. QMCME-D 293 Blankenship, Paul G. SN 33 652 284 Blankenship, Nr. Teddy D. 3 February 1960

Even at this date, however, developments occur in former battle areas overseas which result in the location of remains of our deceased servicemen. Such an event has taken place in your brother's case. Reports received in this Office indicates that the remains of an American World War II casualty were discovered near a building on the farm "Het Klaverblad" near Vierlingsbeek, Holland, a town in the area of St. Antonis and Overloon, Holland. Found with the remains were items of United States Armed Forces clothing and equipment and two identification tags inscribed BLANKENSHIP, PAUL G. - 33 652 284. Dutch authorities contacted United States Army officials in Europe whereby arrangements were completed for anthropological examinations to be made in the United States Army Mortuary in Frankfurt, Germany. Comparisons were made of the physical and dental characteristics of the remains against the Army medical and dental records for all our unresolved casualties who were reported missing in the general area, as well as against similar records for your brother.

These examinations, which were performed under the direction of an accredited anthropologist and other identification specialists, resulted in a favorable comparison of physical characteristics of Private Blankenship such as height, weight, age, and an excellent agreement of dental characteristics with the remains. Therefore, after a careful consideration of all the facts in the case, your brother's identification was established.

I know that considerable anxiety has been experienced since word was first received concerning your brother's death in the European area, and it is samestly hoped that you may obtain some consolation from the knowledge that his remains are now in our custody. They have been casketed and are being held overseas pending instructions from you, either for return to the United States or for permanent interment in the Ardennes American Cemetery and Memorial, Menville-en-Condroz, Belgium.

It is requested, therefore, that you advise this Office:

- a. The name of the city or town to which the deceased should be delivered and the name and address of the funeral director engaged to receive his remains, or
- b. The name and location of national cemetery, if it is desired that shipment be made to the Superintendent of a national cemetery, or
- c. That the remains should be interred in the Ardennes American Cemetery and Memorial, Neuville-en-Condroz, Belgium.

3 February 1960

OMGAE-D 293 Blankenship, Paul C. SN 33 652 284 Blankenship, Mr. Teddy D.

For your convenience, the disposition instructions may be sent by collect telegram and should be addressed to:

The Quartermaster General Department of the Army Washington, D. C. Attention: Disposition Branch

If the remains are interred in the Ardennes American Cometery and Memorial the Army will make all arrangements and pay all costs involved. Burial in such overseas cometeries is permanent and removal therefore at a subsequent date, either at government or private expense, is not permitted.

If the remains are returned to the United States, the Army will bear expense of transportation to any city or town desired or to any United States National Semetery having grave space. In addition, an allowance for costs incident to interment is authorized and is payable as reimbursement to the person whose funds are used to defray such expense. This allowance may not exceed \$200.0 if burial is in a civilian cemetery, \$125.00 if remains are shipped direct to a national cemetery for interment. A list of national cemeteries is inclosed for your information.

Upon receipt of your disposition instructions, you may be assured that the Department of the Army will exert every effort to comply with the instructions.

Sincerely yours,

Mrs Whit tingham/ace

DONALD L. ANDLE Lt. Sione , CMC Chief, Diffosition Branch Memorial Division Kersch 77756 Womack 56553

## OFFICE OF THE QUARTERMASTER GENERAL MEMORIAL DIVISION WASHINGTON 25, D. C.

A Board of Officers appointed by paragraph 1, Division Order No. 10 dated 27 May 1959 (Tab A), convened at 1000 hours 2/ Lec 1959, and after consideration of the factors presented, approved the identification of Unknown X-9321 Frankfurt Mausoleum, as the remains of Private Paul G. Blankenship, ASN 33 652 284, Company "B", 38th Armored Infantry Battalion, 7th Armored Infantry Division.

## SUMMARY

Remains designated Unknown X-932l (S&R #5043) were discovered buried at a depth of approximately 30 inches near a building on a farm near Vierlingsbeek, Holland. Two identification tags for "BLANKENSHIP, PAUL G. 33652284" and items of U.S. military clothing and equipment were recovered with the remains. "PAUL G. BLANKENSHIP" was stamped in gold on a portion of leather billfold. The foot bones were removed from U.S. service shoes size  $9\frac{1}{2}$ -B.

Private Paul G. Blankenship was reported by the AGO as Missing in Action 7 October 1944 in Holland (near St. Antonis). Finding of Death was subsequently issued showing the presumed date of death as 8 October 1945. Private Blankenship was a member of Company "B", 38th Armored Infantry Battalion, 7th Armored Division. According to information in AGO Status Review and Determination Report, on 7 October 1944, Company "B", 38th Armored Infantry Battalion was located 6 miles southeast of St. Antonis, Holland. The mission of the company at that time was to clear enemy forces from the wooded area near St. Antonis to Overloon, Holland. Enemy forces were encountered and the company members were greatly scattered. When a physical check was made it was found that the company had suffered many losses, but due to the tactical situation a search for those missing was not possible. It was assumed that they had either been killed or captured by the enemy.

There are no German records pertaining to Private Blankenship or the other enlisted men reported missing during this enemy encounter. (See map sketch - Tab B.)

A special investigation was conducted in November 1953 in an effort to locate the remains of Pvt Blankenship, but the search was unsuccessful and Findings of Nonrecoverability were approved 11 March 1954. (Tab C)

## CONCLUSION:

The following identifying factors confirm the association of Unknown X-9321 with Private Paul G. Blankenship:

1) Two Identification Tags

(Unknown X-9321 Frankfurt Maus. Assoc with BLANKENSHIP, Paul G. 33652284)
Conclusion (Contd):

2) Name stamped on portion of billfold

3) Excellent dental and physical comparison (Tab D)

4) Private Blankenship's organization was in the near vicinity of the place of recovery (sketch of grave location submitted with case papers for Unknown X-9321.)

### RECOM ENDATION:

That the identification of Unknown X-9321 Frankfurt Mauscleum be approved as Private Paul G. Blankenship, ASN 33 652 284, and that Findings of Nonrecoverability be canceled.

Submitted by N. M. Farmer

Clerk (Ident)

Claims & Effects

Claims & Effects Unit Disposition Branch

CONCURRENCE:

EUAL W. CULBERTSON Colonel, QMC

DONALD L. WARDLE Lt Colonel, QMC ELMER A. NEARY

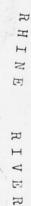
Approved:

Date: 22 Lec 1959

JAMES G. HATTOX

Colonel, QMC

Chief, Memorial Division



NIJMEGEN

FOREST REICHSWALD

M R E G

Y N

Woods

Groeningen:

51° 36' N 6° 00' E

51° 34' N 6° 02' E

51° 34' N 6° 03' E

51° 36 'N 6° 01' E

Maashes:

Overloon:

St. Antonis:

51° 38' N 5 °54' E

Vortum:

Woods

× St. ANTONIS

Holthees:

Vierlingsbeck:

51° 36' N 6° 02' E

51° 35' N 60 01' E FOREST

\* Vortum Ciro

Vierlingsbeck

₽ Holthees

SKETCH - Map 2A - HOLLAND

GAZETTEER to Maps of FRANCE, BELGIUM & HOLLAND GSGS 2738 & GSGS 4042, Scale 1:250,000 (March 44) shows following coords:

VIERLINGSBEEK.....51°36'N -ST. ANTONIS......51038'N - 5052'E 6°01'E (2a&3a/E73 (2a&3a/E73) (2a&3a/E83)

Noverloon

wooded

Maashes

# HEADQUARTERS DEPARTMENT OF THE ARMY OFFICE OF THE QUARTERMASTER GENERAL Washington 25, D. C.

#### MEMORIAL DIVISION

27 May 1959

Division Order No. 10

SUBJECT: Memorial Division Board of Review

1. Under provisions of AR 15-6, dated 25 July 1955, the following officers are hereby appointed members of the Memorial Division Board of Review:

> Colonel Eual W. Culbertson, QMC, 0-42263 Lt. Colonel Elmer J. Neary, QMC, 0-34964 Lt. Colonel Donald L. Wardle, QMC, 0-1582245 Major William H. Murray, QMC, 0-2011085

Senior member present will serve as President of the Board.

- 2. The purpose, authority, and scope of activities of the Memorial Division Board of Review will be in accordance with the provisions of Memorial Division Order No. 3 dated 17 February 1959.
- 3. Memorial Division Order No. 4 dated 17 February 1959, Subject: Memorial Division Board of Review, is rescinded.

BY ORDER OF THE DIVISION CHIEF:

OFFICIAL:

CARL R. ALLBEE Memorial Division

M EDITH HRANAC

Chief, Division Services Section

Disposition Branch

DISTRIBUTION:

Branch and Office Chiefs (1) Each Officer concerned (2)

Operations Section, Disp. Br. (30)

# HEADQUARTERS DEPARTMENT OF THE ARMY OFFICE OF THE QUARTERMASTER GENERAL Washington 25, D. C.

#### MEMORIAL DIVISION

17 February 1959

Division Order No. 3

SUBJECT: Memorial Division Board of Review

- 1. Establishment. Under provisions of AR 15-6, dated 25 July 1955, there is hereby established the Memorial Division Board of Review (hereinafter referred to as the Board) to assist the Chief, Memorial Division, in the resolution of special cases which involve the identifiability, nonidentifiability, or nonrecoverability of the remains of deceased persons.
- 2. <u>Membership</u>. The Board will consist of not less than 3 officers. The senior member present will serve as President of the Board. One member, as designated by the president, will act as recorder for the Board and will be responsible for the documentation of the findings of the Board. A majority of the members of the Board will constitute a quorum.
- 3. Authority. In the resolution of all cases referred to in paragraph l above, the Board will serve as the reviewing channel between the operating Branch and the Division Chief. The Board is authorized to review all such cases as are referred through it to the Division Chief. After documentation of its findings, the Board will recommend the approval of the Division Chief or his designated representative or return the case to the operating branch for reconsideration of its determinations.
- 4. Duties. The Board is charged with the following duties and responsibilities:
- a. Establish a set of standards and procedures to determine the adequacy, authenticity, and completeness of records which serve as an operating basis for the Board.
- b. Review case history reports concerning the identifiability of recovered remains as submitted by the operating branch.
- c. Review case history reports concerning the nonidentifiability of individual recovered remains and the nonidentifiability of individual remains from group recoveries.

- d. Review case history reports concerning the nonrecoverability of remains of persons in the following categories:
- (1) Persons for whom The Adjutant General has issued presumptive findings of death.
- (2) Persons known to be in a KIA status, whose remains, because of the circumstances of death, are determined to be nonrecoverable.
  - (3) Persons whose remains are officially reported lost at sea.
- e. Based upon its findings, either recommend the approval of the Division Chief, or return the case to the operating branch for further reconsideration of the case.
- 5. Convening of the Board. The Board will convene at the time and place designated by the president and will adjourn at his direction.
- 6. Rescission. Memorial Division Order No. 29, dated 19 September 1957, Subject: Memorial Division Board of Review, is rescinded.

BY ORDER OF THE DIVISION CHIEF:

OFFICIAL:

CARL R. ALLBEE Memorial Division

M. EDITH HRANAC

Chief, Division Services Section

Disposition Branch

DISTRIBUTION:

BRANCH AND OFFICE CHIEFS (1)

Each Officer concerned (2)

Operations Section, Disp Br. (50)

| UNKNOW   | DENTAL COM Grave: 323 x-9321, Frankfurt, Mausoleum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME -                                                                           | WENCHID Down  | 1 G. Pvt. 33 65                                  | ro:00/                 |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------|--------------------------------------------------|------------------------|--|
| R-8      | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | R-8                                                                              | X X           | 1 G. FVU. 33 65                                  | 1 0 1                  |  |
| R-7      | dofA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R-7                                                                              | A             | 3.01                                             | 1 0                    |  |
| R-6      | OA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | R-6                                                                              |               | dofA                                             | + ++                   |  |
| R-5      | OA .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R-5                                                                              |               |                                                  | X                      |  |
| R-4 1    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | <u> </u>      | 10000                                            |                        |  |
|          | to R-4: 1mm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | R-4                                                                              |               |                                                  |                        |  |
| R-2      | 60 R-4: Hilli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | R-3                                                                              |               |                                                  |                        |  |
| R-1      | 20.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R-2                                                                              |               | 1 1 7 1 1 1                                      |                        |  |
| L-1      | dS mS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | R-1                                                                              | dS mS         |                                                  | the state of           |  |
| L-2      | mlS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L-1                                                                              | mS            | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1            |                        |  |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L-2                                                                              |               | 3                                                |                        |  |
| L-3      | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L-3                                                                              |               |                                                  |                        |  |
| L-4      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L-4                                                                              |               | !                                                |                        |  |
| L-5      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L-5                                                                              |               |                                                  |                        |  |
| L-6      | oA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L-6                                                                              | 2 2 2 4 7     |                                                  |                        |  |
| L-7      | dofA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | L-7                                                                              |               | dofA                                             | 0                      |  |
| L-8      | X.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L-8                                                                              | 1             |                                                  | X                      |  |
| R-16     | Inerupted; imp horiz against R-15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | R-16                                                                             | X             |                                                  | X                      |  |
| R-15     | (ō)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R-15                                                                             |               |                                                  |                        |  |
| R-14     | moA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R-14                                                                             | moA           |                                                  | 1.                     |  |
| R-13     | (dof)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | R-13                                                                             |               |                                                  | 1                      |  |
| R-12     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R-12                                                                             |               |                                                  | 1                      |  |
| R-11     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R-11                                                                             |               |                                                  | 1                      |  |
| R-10     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R-10                                                                             |               |                                                  |                        |  |
| R-9      | the second secon | R-9                                                                              |               |                                                  | +                      |  |
| L-9      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L-9                                                                              |               |                                                  | <del></del>            |  |
| L-10     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L-10                                                                             |               |                                                  | +                      |  |
| L-11     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L-11                                                                             |               | <del>                                     </del> |                        |  |
| L-12     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L-12                                                                             |               | <del> </del>                                     |                        |  |
| L-13     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L-13                                                                             |               |                                                  | -                      |  |
| L-14     | (0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L-14                                                                             |               |                                                  | -                      |  |
| L-15     | oA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L-15                                                                             | ~ A           |                                                  | 1                      |  |
| L-16     | (0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L-16                                                                             | oA            |                                                  |                        |  |
| ESTIMATE | D HEIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HEIGHT                                                                           | (1)           | 121                                              | 1 /3                   |  |
|          | 5! 8 1/3"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 518                                                                              | (1)           | (2)                                              | (3)                    |  |
| STIMATE  | D WEIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WEIGHT                                                                           | 4             |                                                  |                        |  |
|          | 130 - 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 133                                                                              | The V         |                                                  |                        |  |
| STIMATE  | 0 AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AGE                                                                              | 109           |                                                  |                        |  |
|          | 19 yrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  | - 7 - 77      | V                                                |                        |  |
| IAIR     | Race: Shoe Size:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  | s 7mos 1da    |                                                  | 70                     |  |
| None · f |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HAIR                                                                             |               |                                                  | White                  |  |
|          | Remains processed: 19/20 Nov 59;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Brow                                                                             |               | Shoe Si                                          | Lze: $9\frac{1}{2}$ -B |  |
| ractu    | res: Left humerus - middle shaft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  | ures: No rec  |                                                  |                        |  |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dental: (1) Fm 79, 3-10-44; (2) Fm 79,                                           |               |                                                  |                        |  |
|          | place of recovery: On 3 Aug 59,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dtd 7-17-43; (3) Induction rec, 14 Jun 4                                         |               |                                                  |                        |  |
| emain    | s desig S&R-5043 were orig discov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |               | th Armd Inf Bn.                                  |                        |  |
| yal      | utch National in a shallow grave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                                                             | & place MTA   | On 7 Oct 11                                      | TW become              |  |
| eside    | a farm bldg on his farm "Het                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date & place MIA: On 7 Oct 44, EM became                                         |               |                                                  |                        |  |
| laver    | blad" near Vierlingsbeek, Holland.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | while on a mission with his Co to clear wooded area approx 6 mi SE of St. Antoni |               |                                                  |                        |  |
| E rec    | ov: 2 ID tags for "Paul G. Blank-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |               |                                                  |                        |  |
| nship    | , 33 652 283"; portion of billfold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Holland when enemy forces were encounter                                         |               |                                                  |                        |  |
| rith n   | ame gold stamped: "Paul G. Blank-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |               | e suffered. Du                                   |                        |  |
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# HEADQUARTERS UNITED STATES ARMY QUARTERMASTER MORTUARY SYSTEM, EUROPE APO 757, US FORCES

20 November 1959

CASE: X-9321 (SR 5043) US WW II casualty recovered Vierlingsbeek, Holland.

- 1. Recently, while installing a drainage ditch, the remains of a US WW II casualty were discovered near a building on the farm "Het Klaverblad" near Vierlingsbeek, Holland by Mr. Albret Ars. Found with the remains were items of US clothing and equipment and two (2) identification tags for "BLANKENSHIP, PAUL G. 33652284".
- 2. The physical characteristics of subject remains have been favorably associated with like data available on the OQMG Form 371 for Pvt. Paul G. Blankenship who was reported missing 7 October 1944 in the vicinity of Vierlingsbeek 6 miles SE of St. Antonis. Physical comparison is as follows:

|                 | AGE     | HEIGHT  | WEIGHT      | HAIR  | SHOE    |
|-----------------|---------|---------|-------------|-------|---------|
| X-9321          | 19      | 68 1/3" | 130-150 Lbs | None  | 9 1/2-B |
| Pvt BLANKENSHIP | 19 7/12 | 68 1/4" | 133 Lbs     | Brown | 9 1/2-0 |

Post-cranial articulation is not possible due to the severely eroded and missing vertebrae. The dental comparison is excellent. It is noted that dental survey made 14 June 43 indicates tooth R 6 as missing instead of R 8. Dental survey made 3/10/44 correctly shows R 8 missing and R 6 as being present. The left humerus shows evidence of a healed fracture at the mid shaft area. It appears to have been a "green-stick" type of fracture with the major breakage being lateral. This humerus break healed well with only a slight curvature remaining but the total bone length is 16 mm less than the corresponding right humerus. This foreshortened humerus was not considered in the estimation of height. The foot bones were removed from US service shoes size  $9\frac{1}{2}$ -B.

US DAC Identification Specialist

I have examined the remains designated X-9321 and do concur with the above physical findings.

Dr. HANS FLEISCHHACKER Anthropology Institute University of Frankfurt Frankfurt/Main, Germany

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| AND THE RESIDENCE OF THE PARTY |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN | the same of the same of the same | THE RESERVE OF THE PERSON NAMED IN |           | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN | THE RESERVE OF THE PARTY OF THE | The second secon |

## CORD OF IDENTIFICATION PROCESS. J

| SKELETAL CHART                              |                           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                |            |                   |
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| LAST NAME - FIRST NA                        | ME - MIDDLE INITI         | AL (or unki | own                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BLA            | CK OUT PORTION | S NOT RECO | VERED             |
| X                                           | -9321                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | K              | R          | 1                 |
| GRADE SERVICE NUMBER                        |                           |             | Carolina Contraction of the Cont | ने हिल         |                | ( )        |                   |
| NAME OF CEMETERY, EV<br>RECOVERY NUMBER     | ACUATION NUMBER, FORT MAG | 5R5         | C43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - Tre          |                |            |                   |
| PLOT                                        | ROW                       | GRAVE       | 2 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •              | 4              |            | Healed - Frueture |
| ESTIMATED AGE (Years                        | estimated 6               | 8 1/3 "     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17 5           | 09 (3          | 1)         | O P               |
| SKELETAL I                                  | MEASUREMENTS (Cen         | timeters)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                |            |                   |
| SKELETAL MEMBER                             | METHOD                    | RIGHT       | LEFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11 6           |                |            |                   |
| SKULL                                       |                           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                | S. S.      |                   |
| HUMERUS                                     | Trotter                   | 32.9        | 3/.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 300            |                |            | in fin            |
| ULNA                                        | 11                        | ,           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                | 5          |                   |
| RADIUS                                      | "                         | 24.8        | 25.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1              | 21/2           |            | 55 111            |
| FEMUR                                       | ^                         | 47.7        | 47.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 000            |                | 3          | 800               |
| TIBIA                                       |                           | 38.9        | 39.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.00           |                |            | 11118             |
| FIBULA                                      |                           | 37.4        | 37.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                |            | 3333              |
| THE PARTS PRESENT AS REPRESENTS ONE AND THE | INDICATED ON THIS         | 19 No       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                |            |                   |
| PHYSICAL ANTHROPOLOGI                       |                           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 0000           | 20.00      |                   |
| Wesley 14                                   | . Neep                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SYMBOLS        |                |            |                   |
|                                             | Tree                      | 12          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MISSING BURNED | 98980          | 0000       | FRACTURED #       |

## TOOTH CHART

SR 5043 X-9321 Frankfurt Maus.

19 Nov. 59

Last Name First Initial Grade Serial No. Organization Place of Death Date of Death Cause of Death Right Left 8 7 6 5 2 6 3 7 8 DOF DOF Side views UPPER LOWER Side Views earnes 0 0 16 15 14 13 12 11 10 10 11 13 14 15 16

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Size - Average

Color - Ivory whight brown stain.

NOTE - Rit unerupted and

impacted horizontally

against Ris.

Signature of Officer or other person who prepared Tooth chart

inspector of edge boto.

Verfield by G.R.C. Officer

ET FORM 1-22 (29 AUG.46)

(OLD GRAVE REGISTRATION FORM 1-A)

| MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus: |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:                                            | Gold crown - Porcelaincrown  |
| BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:                                                     | Gold bridge                  |
| FILLINGS Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:                                               | Gold filling, Silver filling |
| CARIES (CAVITIES). Outline location and size of cavity, shade in thus;                                                                                  | Cavity Decayed 5             |

DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

## HEADQUARTERS UNITED STATES ARMY QUARTER-ASTER MONTUARY SYSTAM, EUROPE

APO 757 24 November 1959

## REPORT OF INVESTIGATION

Information was received from the U.S. Embassy, The Hague, Metherlands concerning remains of an American deceased.

Investigation conducted revealed remains were discovered by Mr Albert Ars, lessee of the farm "Het Klaverblad," mear Vierlingsbeek, Holland. Remains were located close to farm building, interred at a depth of approximately 30 inches. The position of the remains indicated a hasty burial in what evidently was a foxhole. Two identification tags for Paul G Blankenship, 33 652 283 were found with the remains.

Remains were taken into custody and assigned Search and Recovery #SR-5043.

H. A. SCHAEFER US DAC Investigator

## HEADQUARTERS UNITED STATES ARMY QUARTERMASTER MORTUARY SYSTEM, EUROPE

APO 757 24 November 1959

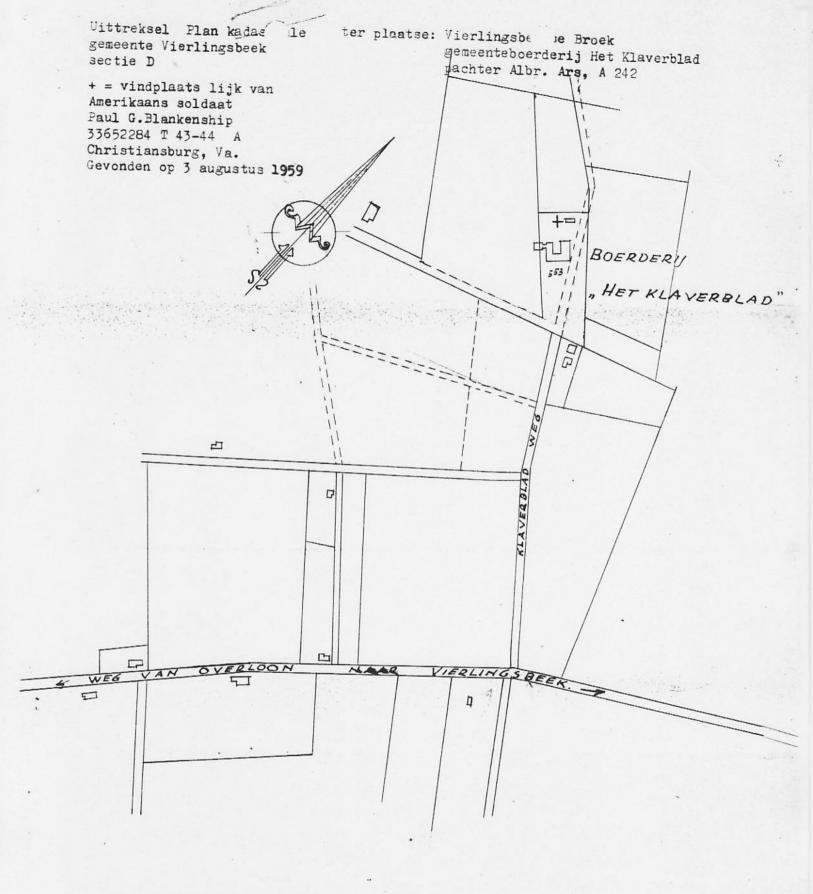
## REPORT OF INVESTIGATION

Information was received from the U.S. Embassy, The Hague, Netherlands concerning remains of an American deceased.

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Remains were taken into custody and assigned Search and Recovery #SR-5043.

H. A. SCHAEFER US DAC Investigator



KERKHOF VOOR DUITSE
GESNEUVELDEN
IJSSELSTEIJN - VENRAY
Tel.: 262 (0 4785)

Ref.: 770/Y/59

74

AGFS-CL 991 Blankenship, Paul C. ASN 33 652 284 (28 Dec 59) 30 December 1959

MEMORANDUM FOR: CHIEF, PERSONNEL SERVICES BRANCH, TACO

SUBJECT:

Date of Death

## I - FACTS

- 1. Private Paul G. Blankenship a member of Company B, 38th Armored Infantry Battalion, 7th Armored Division, was reported missing in action near St. Antonie, Holland on 7 October 1944. Under the provisions of Section 5, Missing Persons Act, he was presumed dead as of 8 October 1945.
- 2. The attached DF from CAMD dated 28 December 1959 forwarded identification data showing that remains were recovered recently near a building on a farm near Vierlingsbeek, Wolland and were identified as those of Private Faul S. Blankenship.

## II - RECOMMENDATIONS

3. It is recommended that a report of death be issued showing that Private Faul G. Markenship, was killed in action near Vierlingsbeek, Holland, on 7 October 1964.

l Incl Suggary of Ident

DO NOT SEND TELEGRAM:

Frank Sherrow Investigator COECUR

J. W. BASLAY Major, AGC Chief, Casualty Section, PSB, TAGG

APPROVED:

Sy Order of Wilber M. Brucker, Secretary of the Army:

Copy furnished: OLFG, Memorial Div (2) Cas File &C 201 File 120 S. SCHULTEN, JR. Colonel, AGC Shief, Personnel Services Branch, TAGO

JUST THE

AGPS-CL 201 Blankenship, Paul G. ASR 33 652 284 (28 Dec 59)

30 December 1959

MEMORIANDUM FOR: CHIEF, PARSONNEL SERVICES BRANCH, TAGO

SUBJECT:

Date of Death

### I - PACTS

- 1. Private Paul C. Blankenship a member of Company B, 38th Armored Infantry Battalion, 7th Armored Division, was reported missing in action near St. Antonis, Holland on 7 October 1966. Under the provisions of Section 5, Missing Persons Act, he was presumed dead as of 8 October 1965.
- 2. The attached DF from CASS dated 28 December 1959 forwarded identification data showing that remains were recovered recently near a building on a farm near Vierlingsbeek, Holland and were identified as those of Private Paul S. Blankenship.

## II - EXCONNENDATIONS

3. It is recommended that a report of death be issued showing that Private Paul G. Hishkenship, was killed in action near Vierlingsbeek, Holland, on 7 October 1944.

1 Incl Summery of Ident

DO NOT SEED TELEGRAM:

Frank Sherrow Investigator CONCUR

J. W. BAXLEY Major, AGC Chief, Casualty Section, PSB, TAGO

APPROVED:

By Order of Wilber M. Brucker, Secretary of the Army:

Copy furnished: OCHG, Nemorial Div (2) Cas File AG 201 File LED E. SCHELTEN, JR. Colonel, AGC Chief, Personnel Services Branch, TAGO

2/242

GMCME-D 293 Blankenship, Paul G., ASN 33 652 284

Request for Report of Death

TAGO Casualty Section Room ND-680 ATTN: AGPS-CL

COMO

28 December 1959 Mrs. Whittingham/akv/77756

- 1. It is requested that report of death be issued for Private Paul G.Blankenship, ASN 33 652 284, who was officially reported missing in action in Europe 7 October 1944. Administrative date of death was determined to have been 8 October 1945.
- 2. The inclosed Surmary of Identification and copy of message from Veterans Administration which contains next of kin's name and address is forwarded for your information.

FOR THE QUARTIE OF THE GENERAL.

2 Incls

1. Summary of Ident.

2. Cy Hag I/VA

Lt. Colonel, LaC Chief, Disposition Branch Memorial Division Kersche 77756

Mrs. Whittingham/akv 54309

Hand Carried To Oscially Section by Mus Whitenston 29 Dec 59 RUEPOG EUA 054

DE RUEPVA 75P

ZMR

M 241558Z

FM VADO PHILA

TQMG WASHDC

VETS GRNC

3365

TELECO O. O. M. O. STONS AULL

BT

UNCLAS URTEL 12-23 FOR BLANKENSHIP PAUL G XC-4-169-052 MADELINE
B HURST SISTER AGE 40 AND TEDDY D BLANKENSHIP BROTHER AGE 47 502
CRAIG ST CHRISTIANSBURG VA VIRGINIA BLANKENSHIP AGE 39 SISTER FRED
BROTHER AGE 43 FREEMAN BROTHER AGE 45 BOBBY ALVIN BROTHER AGE 32
ADDRESS 507 CRAIG ST CHRISTIANSBURG VA 932A

DT

24/16107

2. D. Disp

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Street 2/2/5%

ROUTTIE

y. DA

OTHICH OF THE CHART REASTER CENTRAL PERMETERS TOF ARRESTACION DO

VA FUDURAL RUCORDS CHUTUR DISTRICT OFFICE PULLADELPHIA DA UNCLAS in reply refer to COCE-D 1500

Request names, ages, addresses and relationship surviving relatives of taul C. Blankenship, YC h 169 052. VA Wash D.C. advises records transferred to your office 3 Aug 59

Mrs Whittingham/mbb 54309

Womack

CUE-D 293 Blankenship, Paul C.

HUCTAEST FIRD

sition branch

WWII -

h December 1959

Diankonstin, and C. 33 652 204

ETRECT: Additional Information

Commanding Officer
United Chates Army
Cuarternaster Fortuary System
A 10 757, New York, New York

- 1. Seference is made to letter this Office, CMGNT-D 293, CRS Europe, dated 1º August 1959, in which identifying data were forwarded for rivate and . Clarkenship and six other enlisted men.
- 2. It has been noted that there are certain discrepancies appearing on the two Forms 79 for Trivate Mankenship which should be clarified; namely, Cerial Tumber on Form 79 dated 7-17-1/3, and sativity on Form 79 dated 3-10-1/1.
- 3. Fray records disclose that Private Clankonship, a native of Virginia, was inducted Li June 1963. He was assigned to Cattery A, 4th Cattalion, A.A. RIC, Fort Sustis, Virginia from 5 July 1963 to 5 November 1963. Decords further indicate that he was transferred to Capp Stewart, Georgia 7 November 1963 where he was attached to Cattery B, 165th MA Cunnery Cattalion through May 1966. Therefore, the Sarial Aumber "3360296 or 3360295" and the native state "Pa." on the respective Form 79 are obviously orrowously recorded, and both dental forms do represent dental work accomplished for Frivate Caul C. Clankonship, ASN 33 652 286.

FOR THE CHARTERYASTER GENERAL:

Mrs Farmer/mbb
51/713

Kerscher
77756

Colonel, CTC Chief, Memorial Division Womack 56553 pw Wardle 72355 Allbee 55288 (2015-0 293 (183 Baseps

SOBUNCT: Identification Data

TO: Commanding Officer
Orited States Army
Quartermester Mortuary Symil

Quartermester Mortuary System APO 757, New York New York

1. Reference is much to rour messages, 40-807, 8 August 1959, and MC-809, 10 August 1959.

2. Ferwarded herest to see CLAG Forms JTI, with all semilable dental data, for interest tempers? Murray, 36 587 383 and friends foul O. Blanksmardy, 13 198 187 to the included are all identifying data available for the following and a discount who make reported missing in the same among engagement of the friend tempers in the same

| hund, Reymond<br>Serie, Rufus X. | 5.7554 | 33 1.55 540<br>38 5 7 800 | (goomecomments) |
|----------------------------------|--------|---------------------------|-----------------|
| Temps, Tomok A.                  | Pto    | 32 2.19 604               | *               |
| . Shelfan, Jonaka J.             | 8 545  | 6 667 1                   | 1               |
| Tantanolis, Edward               | re-    | 2" + 0 171                | 4               |

POR TITE OF APPEALANTS

Tinel 1-7 0040 Forms 371 w/dental while for Thereby Themismahir. hand, Lana, heers. witco & Tantascia.

Colonel, DK Colonel, DK Chaf, Committee Midaion Karacher 77754

W SMACK

5288

ROUTINE

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stored
2/21/56

TOMO DA WASHDO

CO USA OM TORT SYS EUR FRANKYURT CERMANY

MO-809 is DA IN 612651(10 Aug 59)

UNCLAS DA 43956/ from CMDME-D your MO-809 dtd 10 Aug 59 Remains Paul G. Blankenship, 33 652 284, declared nonrecoverable

Mrs Farmer/mbb 54713

OMONE D 293 Blankenship, Paul G. SN 33 652 284

UNCLASSIFIED

CARL R ALIBEE Assistant Chief Memorial Division ROUTINE

DA

SCHO DA MADIEC

COAFECEN TAGO OF LOUTE MO

UNCLAS from COME-D 567 Kerscher

Dec all records be losmed this Office on the following:

| Blankenship, Faul G. | 33 652 284  |
|----------------------|-------------|
| Furd, Raymond        | 33 155 51:0 |
| Jane, Rufus E.       | 38 517 818  |
| Sessa, Frank F.      | 32 239 60h  |
| Shalton, Junior J.   | 6 665 391   |
| Tambascia, Coward    | 20 231 220  |

mbb

Kersche. 77756

11

Momack

59 56553 Aug

0000-0 313.3 (St Louis)

F. J. Kerscher, Chief, Operations Sec

77756 1 1

PARACETRICO

DONALD L WARDLE Lt Colonel, QMC Chief, Disposition Branch Temorial Division

| a markey bashes                                                                        | CONTROLLED CASE               | A Paragraphic Commencer         |
|----------------------------------------------------------------------------------------|-------------------------------|---------------------------------|
| IAME                                                                                   | GRADE                         | SERIAL NO.                      |
| BLANKENSHIP, Paul G.                                                                   | Pvt                           | 33 652 284                      |
| DO NOT TAKE ANY ACTION ON THIS CASE OF RE                                              | LEASE INFORMATION FROM THIS F | ILE WITHOUT THE CONCURRENCE OF: |
| LIAISON OFFICE, MEMORIAL DIVISION                                                      |                               | FLAGGED BY (Initials)           |
| IDENTIFICATION BRANCH, MEMORIAL DIVISION                                               |                               | FLAGGED BY (Initials)           |
| NKNOWN NON-RECOVERABLE CA                                                              | ASE NO. A-Z CARD FLAGGED BY   | 333 CARO FLAGGED BY             |
| THIS FORM MUST BE MAINTAINED ON TOP OF 2<br>ONLY THE "CONGRESSIONAL TOPPER", OQMG FORM | IMPORTANT                     | ANCELLED BY MEMORIAL DIVIDION   |

00MG FORM 1900

48 7158

# MEMORIALIZATION OF NON-RECOVERABLE REMAINS OF WORLD WAR II

| REMAINS OF WORLD WAR II    |                           |              |  |
|----------------------------|---------------------------|--------------|--|
|                            | ED FOR NON-RECOVERABILITY |              |  |
| NAME (Lost, First, Middle) | 1 6                       |              |  |
| 293 BLANKENSHIP, PA        | UL GM                     |              |  |
|                            | SERIAL NUMBER             |              |  |
| PVT                        | 33/6522                   | 84           |  |
| ARM OF SERVICE             |                           |              |  |
| ARMY                       |                           |              |  |
| DATE OF DEATH              | AREA OF DEATH             |              |  |
| 8 Oct 45                   | HOLLAND                   | 74           |  |
| NAME OF AUDITOR            |                           | DATE         |  |
| M. POSEY                   |                           | 18 MAR 54    |  |
| NAME OF REVIEWER           | 1.X                       | DATE         |  |
| G.T. Dides                 | 1205                      | 22 MAR. 54   |  |
| REMARKS.                   | 1.10                      | 1            |  |
|                            |                           |              |  |
|                            | 1 X IV                    |              |  |
| $\cap A''$                 | 1 Out Maria               |              |  |
| 1                          | JAV                       |              |  |
|                            | 100                       | 7 Ju ( = / ) |  |
| Y                          |                           | 3000         |  |
|                            |                           | A >10.       |  |

# NON-RECOVERABLE CASE RECORD OF REVIEW AND APPROVAL

NUMBER 17899

AREA OR ZONE(S)

European

| NAME (Last, First, Middle Initial)                        | RANK                            | SERIAL NUMBER          |
|-----------------------------------------------------------|---------------------------------|------------------------|
| NAME (Last, First, Middle Initial)  ABLANKENSHIP, PAUL G. | Pvt.                            | 33 652 284             |
| THE ATTACHED PROCEEDINGS OF THE FIELD POACE OF DE         | VIEW WAVE DEEN DEVIEWED AND THE | FINALWOR OF HOW SECONE |

THE ATTACHED PROCEEDINGS OF THE FIELD BOARD OF REVIEW HAVE BEEN REVIEWED AND THE FINDINGS OF NON-RECOVERABILITY OF THE REMAINS OF THE FOLLOWING INDIVIDUAL(S) ARE APPROVED. (Corrections in name, rank, and/or serial number have been effected when appropriate.)

Individual

IN THE COURSE OF THIS REVIEW THE FOLLOWING SOURCES OF INFORMATION HAVE BEEN EXAMINED FOR ADDITIONAL CLUES. COPIES OF ANY DOCUMENTS BELIEVED MATERIAL TO THE CASE ARE ATTACHED FOLLOWING THE PROCEEDINGS OF THE FIELD BOARD OF REVIEW.

| 1. | 293 FILE OF SUBJECT(S)                                                                          | INITIALS OF ANALYST | 2. | (CROSS OUT THOSE NOT APPLICABLE) DETTRERORTZ DEZ DEATHOCZ D. FINDING OF DEATH CCCSSTATUSZ REVIEW Z. X DETERMENATORY | INITIALS OF ANALYST |
|----|-------------------------------------------------------------------------------------------------|---------------------|----|---------------------------------------------------------------------------------------------------------------------|---------------------|
| 3. | A - Z FILE OF KNOWN INTERMENTS IN U.S. MILITARY CEMETERIES, ISOLATED LOCATIONS, AND SEA BURIALS |                     | 4. | GEOGRAPHICAL CLUE<br>INDEX FILE OF UNKNOWNS RECOVERED<br>FROM APPROPRIATE AREA                                      | ene                 |
| 5. | ALPHABETICAL INDEX OF "BELIEVED<br>TO BE" AND TENTATIVELY IDENTIFIED<br>UNKNOWNS                |                     | 6. | ALPHABETICAL FILE OF FORMER UN-<br>KNOWNS NOW IDENTIFIED                                                            |                     |

7. OTHER DOCUMENTS OR SOURCES

Memo for Record - dtd. 1 August 1949

THE FACTS AND CIRCUMSTANCES HAVE BEEN FOUND TO BE SUBSTANTIALLY AS PRESENTED IN THE ATTACHED PROCEEDINGS OF THE FIELD BOARD OF REVIEW, WITH THE FOLLOWING EXCEPTIONS:

See Summary of Investigation.



| A. M. COFFEY               | CASE TO BE FORWARDED TO<br>FOR CONSIDERATION OF NOTIFI | CATION TO INTERESTED PARTIES.   |             |
|----------------------------|--------------------------------------------------------|---------------------------------|-------------|
| RECOMMEND APP              | ROVAL                                                  | APPROVED                        | DATE        |
| TIONE SECTION: Inves. Sec. | K Invactigation Sec.                                   | CHIEF, CATION BRANCH            | 11 Mch. 54  |
| C. C. SAISER JOH           |                                                        | J. C. MacFARLAND, Lt. Col., QMC | 11 11102.54 |
| 0040 5004 1015             | , , , , , , , , , , , , , , , , , , , ,                | ·                               |             |

## SUMMARY OF INVESTIGATION BLANKENSHIP, Paul G. 33 652 284

- 1. Pvt Paul G. Blankenship, 33 652 284, Co B., 38th Armored Inf. Bn., 7th Armored Division was on a mission, 7 October 1944, to clear a wooded area approximately 6 miles south of St. Antonis, Holland. The company encountered enemy forces and suffered many losses. Pvt Blankenship was found to be missing. Due to the tactical situation an immediate search could not be made.
- 2. In November 1953 an investigation was conducted in the St. Antonis area in an endeavor to find the remains of Pvt. Blankenship. It was found that the area where the casualty is believed to have occurred has been replanted with young trees and, according to town officials, no American remains or remains of Unknowns were discovered. Inhabitants of the pertinent area were questioned, however they had no knowledge of an American deceased or of Unknowns graves.
- 3. Identifying data for Pvt Blankenship was compared with like data for all unresolved unknowns disinterred in Holland with negative results.

Investigator, Unit #1

|                  | DENTAL COMPARISON CHART            |
|------------------|------------------------------------|
| UNKNOWN X-       | BLANKENSHIP, PAUL G. Pvt. 33652284 |
| R-8              | R-8 X                              |
| R-7              | R-7 dofA                           |
| R-6              | R-6 X                              |
| R-5              | R-5                                |
| R-4              | R-4                                |
| R-3              | R-3                                |
| R-2              | R-2                                |
| R-1              | R-1 dS mS                          |
| L-1              | L-1 mS                             |
| L-2              | L-2                                |
| L-3              | L-3                                |
| L-4              | L-4                                |
| L-5              | L-5                                |
| L-6              | L-6                                |
| L-7              | L-7 dofA                           |
| L-8              | L-8                                |
| R-16             | R-16 X                             |
| R-15             | R-15                               |
| R-14             | R-14 moA                           |
| R-13             | R-13                               |
| R-12             | R-12                               |
| R-11             | R-11                               |
| R-10             | R-10                               |
| R-9              | R-9                                |
| L-9              | L-9                                |
| L-10             | L-10                               |
| L-11             | L-11                               |
| L-12             | L-12                               |
| L-13             | L-13                               |
| L-14             | L-14                               |
| L-15             | L-15 OA                            |
| L-16             | L-16                               |
| ESTIMATED HEIGHT | HEIGHT 5' 81"                      |
| ESTIMATED WEIGHT | WEIGHT 133 lbs.                    |
| STIMATED AGE     | AGE 19 yrs. 7 mos. 1 day           |
| HAIR .           | HAIR Brown 9½                      |

MIA 7 Oct. 1944 - St. Antonis, Holland 15 miles south of Nijmegen.

Co. B., 38th Arm'd Inf. Bn., 7th Arm'd Div.

The following Unknowns were recovered from the Nijmegen, Holland area and are in an unresolved status (unidentifiable):

| Unk. | X-1194 | - Margraten |
|------|--------|-------------|
|      | X-1209 | 11          |
|      | X-1230 | 11          |
|      | X-1231 | 11          |
|      | X-1234 | 11          |
|      | X-1236 | 11          |
|      | X-1237 | 11          |
|      | X-1239 | 11          |
|      | X-2799 | - 11        |
|      | X-2800 | II          |
|      | X-3314 | - Neuville  |
|      | X-5428 | 11          |
|      | X-5453 | 11          |
|      | X-7661 | n .         |
|      |        |             |

None of the above Unknowns - can be associated with Pvt. Blankenship-due to lack of identifying data and/or - discrepancies.

| name<br>BLAI | KENSHIP, PAUL G. Pvt. 3365228 | 34  |
|--------------|-------------------------------|-----|
| R-8          | X                             |     |
| R-7          | dofA                          |     |
| R-6          | X                             |     |
| R-5          |                               |     |
| R-4          |                               |     |
| R-3          |                               |     |
| R-2          |                               |     |
| R-1          | dS ms                         |     |
| L-1          | mS                            |     |
| L-2          |                               |     |
| L-3          |                               |     |
| L-11         |                               |     |
| L-5          |                               |     |
| L-6          |                               |     |
| L-7          | dofA                          |     |
| L-8          |                               |     |
| R-16         | X                             |     |
| R-15         |                               |     |
| R-14         | moA                           |     |
| R-13         |                               |     |
| R-12         |                               |     |
| R-11         |                               |     |
| R-10         |                               |     |
| R-9          |                               |     |
| L-9          |                               |     |
| L-10         |                               |     |
| L-11         |                               |     |
| L-12         |                               |     |
| L-13         |                               |     |
| L-14         |                               |     |
| L-15         | o A                           |     |
| L-16         |                               | 1   |
| HEIGHT       | 5' 8½"                        |     |
| WEIGHT       | 133 lbs.                      |     |
| AGE          | 19 yrs. 7 mos. 1 day          |     |
| HAIR         | Brown                         | 9월8 |

MIA 7 Oct. 1944 - St. Antonis, Holland 15 miles south of Nijmegen.

Co. B., 38th Arm'd Inf. Bn., 7th Arm'd Div.

| Ref | par_ | _FOR | DELIVERY | TO |
|-----|------|------|----------|----|
|     |      |      |          |    |

Unit cys

Indiv cys

HEADQUARTERS
NORTHERN AREA COMMAND
APO 757 US ARMY

SPECIAL CRDERS NUMBER 213 16 November 1953

# EXTRACT

- l. PFC LAWRENCE C CORBAO JR RA21295669 254th Trans Co (Light Trk) APO 165 is rel dy sta Frankfurt Ger and fr atch 24th BPO APO 757 and WP to Hanau Ger reporting upon arrival thereat to CO parent unit eff 16 Nov 53. PCS. TDNs 2142010 401-10-18 P1410-02 S99-999. Cost of rail trans w/in Ger chargeable to DM 2142010 401-10-18 P1410-02/g8 S91-506 (DM Funds nonreimb).
- 2. PVT-2 DAVID SMITH US52303211 254th Trans Co (Light Trk) APO 165 is as dy sta Frankfurt Ger w/o C in unit asgmt and atch 24th BPO APO 757 for ers reand admin for pd 16 Nov 53 to 4 Jan 54 and upon completion of this dy EM will rtn to parent unit. WP. PCS. TDN: 2142010 401-10-18 P1410-02 S99-999. Cost of rail trans w/in Ger chargeable to DM 2142010 401-10-18 P1410-02/g8 S91-506 (II Funds nonreimb).
- 3. PVT-2 RICHARD C REFD US52183591 PPMCS 1059 (CAU) COMP AUSTOE 2 yrs ETS Dec 54 Elig rtn US Nov 54 is rel asg Co A 709th MP Bn APO 757 and asg Co A 7811 SCU APO 757 for dy w/Engr Sec Northern Area Command. EDCSA: 23 Nov 53. No tvl involved.
- 4. Par 12 SO 209 this Hq cs pertaining to MSGT GLENDELL H MARCUM RA 6663200 Co A 7811 SCU APO 757 presently atch Co E 7811 SCU APO 800 is revoked,
- 5. WOJG HARRY BARON W2145310 USA PMOS 4114 (CAU) COMP AUS CAT III Exp Cat Jun 54 Elig rtn US May 54 is rel asg Co I 7811 SCU APO 169 and asg Co E 7811 SCU APO 800. EDCSA: 19 Nov 53. WP. PCS. TDN: 2142010 401-11-19 P1410-02-C -07 S99-999. Cost of rail trans w/in Ger chargeable to DM 2142010 401-11-19 P1410-02-03-07/g8 S91-506 (DM Funds nonreimb).
- 6. MSGT JOHN W DILDINE RC6629460 7741 Engr Proc Cen APO 757 is atch Co A 709th MP Bn APO 757 for rats and grs only eff 18 Nov 53.
- 7. SGT EDMARD K RYAN RA12308290 7706 LFN Co APO 757 is rel dy sta Bad Kissingen Ger and fr atch Co N 7811 SCU APO 62 and is asg dy sta Grafenwoehr Ger w/o C in unit asgmt and atch 7822 SCU Grafenwoehr Det APO 114 for qrs and rats only eff 16 Nov 53. WP. FCS. TDN: 2142010 401-10-18 P1410-02 S99-999. Cost of rail trans w/in Ger chargeable to DM 2142010 401-10-18 P1410-02/g8 S91-506 (DN Funds nonreimb).
- 8. 1ST LT RO FRT FELDIAN 04021554 MC Det B 7779 Med Det APO 757 is asg dy sta Hanau Ger w/o C in unit asgmt for dy w/US Army Disp and atch 765th Med Det APO 165 for admin only eff 16 Nov 53. WP. FCS. TDN: 2142010 401-10-11-19 P1410-02-03-07 S99-999. Cost of rail trans w/in Ger chargeable to DM 2142010 401-11-19 P1410-02-03-07/g8 S91-506 (DM Funds nonreimb).

(over)

SO 213 Headquarters Northern Area Command APO 757 16 Nov 53 (cont'd)

- 9. So much of SO 212 this Hq 13 lov 53 pertaining to SGT RICHIRD D RIY RA18261126 and SGT JOHN C TAYLOR RA16364794 7772 Sig Svc Co APO 757 as reads par 12 is amended to read par 13.
- 10. UP AR 40-15 CAPT ROBERT H QUINN 0868605 MC Det B 7779 Med Det APO 757 is apt Preventive Medicine Officer Northern Area Command w/additional dy as Proventive Medicine Officer Frankfurt District.
- 11. Par 7 SO 32 this Hq 26 Feb 53 pertaining to a bd of Off apt UP AR 615-368 is rescinded.
- 12. UP AR 615-368 a Bd of Off is apt to meet at call of Senior Member thereof for the purpose of determining whether or not pers brought before it should be discharged prior to normal ETS. Bd will be governed by AR 615-368 Bd proceedings will be submitted to this Hq on Da AGO Form 37 in triplicate.

# DETAIL FOR THE SOURD

MAJ JEROME S SAMPERE 01826223 Ord Co K 7811 SCU APO 171 CAPT HERVEY E JEMETT 01300335 Inf Co K 7811 SCU APO 171 CAPT JOY L BAKER 01583811 QMC Co K 7811 SCU APO 171 CAPT JOHN W STIDGER 01054427 MPC Co K 7811 SCU APO 171

- 13. Par 2 SO 210 this Hq 10 Nov 53 pertaining to a Bd of Off for the purpose of Reviewing Case Records pertaining to the Identification of Decease and Determination of Non-recoverability of Remains for Unknown Dead Overseas is revoked.
- 14. PAC Ltr WD AGAO-S 293-9 9 Apr 47 Subj: Establishment of Boards of Review for Identification of Unknown Dood Overseas and par 118b SR 830-110-5 fol named Off 7770 USIREUR QM Mort Svc Det 1.PO 757 are apt to meet at call of the president thereof to review case records pertaining to the identificat ion of deceased and determination of non-recoverability of remains and to review major discrepancy cases:

# DETAIL FOR THE BOARD

MLJ SEYHOUR GIB'S 01584255 CMC (President) CAPT SIMEON J LAKINS 01302147 CMC CAPT FRANCIS M SINCN 01590810 CMC 1ST LT JOE R CALDWELL 020 37259 QMC 2ND LT GEORGE N SLRANTOS 01876100 QMC

BY COMMAND OF MAJOR GENERAL HERREN:

R. Q. FAST RLING It Col, AGC Adjutant

OFFICL'L:

R. Q. F.ST RLING It Col, i.GC idjutant

#### HEADQUARTERS

USAREUR QM MCHTUARY SLEVICE DETACHMENT 7770TH ARM UNIT APO 757, c/o Postmaster New York, N.Y.

Proceedings of Board of Review appointed in accordance with letter AGAO-S 293.9 (27 March 1947) D-W, War Dept., TAGO, 9 April 1947.

#### \* \* \* \* \*

- 1. The Board convened pursuant to par 14, SO 213, Headquarters, Northern Area Command, dated 16 November 1953 at Griesheim/Main, on 31 December 1953.
  - 2. MEMBERS FRESENT: As indicated by signatures below.
- 3. PURPOSE: To review and determine, from evidence presented the non-recoverability of the remains of World War II dead lost in the geographical area described below.
  - a. Area:

Vicinity of St. Anthonis (2A/E-73), Holland

b. Facts:

Pvt Paul G. Blankenship, 33 652 284, Go "B", 38th Armored Infantry Battalion, 7th Armored Infantry Division, became missing in action in the vicinity of St. Anthonis, Holland, on 7 October 1944.

#### 4. FILLINGS:

- a. The circumstances surrounding the disappearance of this soldier are contained in 4th ind rement, dated 28 August 1945, Hqs., 38th Armored Infentry Bettalion, File AG 704, 1 August 1945. This communication states that on 7 October 1944, Co "B" was located 6 miles southeast of St. Anthonis, Holland. The mission at that time was to clear the wooded area surrounding the town, during which the company encountered enemy forces and was greatly scattered. When a physical check was made, the company was found to have suffered many losses, among whom was Pvt Blankenship. It was assumed that the missing men had been either killed or captured by the enemy. Due to the tactical situation, no search could be made.
- b. Nothing further is known regarding the loss of Pvt Blankenship. He was never reported a prisoner of war, nor can any reference to him be found in captured German records.
- c. Field Investigation conducted in the area involved in November 1953 proved negative inasmuch as the remains of subject decedent could not be located nor was any trace found.
- d. A review of unknowns recovered from the general area involved and now interred in United States Military Cemeteries failed to reveal an

association with subject casualty.

- e. Reference is made to Narrative of Investigation dated 30 November 1953 and inclosures attached hereto as well as to OQNG Form 371 on Pvt Paul G. Blankenship and Memorandum for Record, dated 1 August 1949 on file in the Office of The Guartermaster General, Washington 25, D.C.
- 5. RECOMMENDATION: It is recommended that the remains of the decedent herein considered be determined Non-Recoverable.

S. GIRBS Major QMC President

SIMEON J. LARKINS Captain QLC Member

FRANCIS M. SIMON

Captain

QMC

Member

JOE R. CALDWELL

1/Lt

QMC

Hember

GEORGE T. SARANTOS 2nd Lt QMC

amber

Hand UndTable
7770 CoundOn ... Coffeedy out/Object Charact
arc 757 US AMAY

30 November 1953

# ALBERTIVE OF LAVISTIGATION

# I. windary and arrest invertental:

In compliance with Investigation Directive # 1109 this headquarters, dated 3 Hovember 1953, the undersigned proceeded to 5t. Anthonis (24/4-73), Holland in an effort to investigate and recover the remains of 1vt Faul 6. Elankenship, 33552284, Co "3", 38th armd Inf Dn, 7th Armd Div.

# II. FUTS AND CIMULATANCES:

according to records this head warters, above named soldier was found missing on 7 Cotober 1944, Co "h" was located six (b) miles south east of ot. anthonis, nolland. The mission at that time was to clear the wooded area surrounding the town.

### III. Haminth:

officials, and it was learned that the town itself was liberated on 25 ce tember 1944, no fighting took place in the beginning of October 1944 in the surroundings or in that town. According to town officials there are no graves of American soldiers or graves of unknowns in this community. Attention is invited to Achiet "A" statement by the town mayor. It was learned, lowever, that heavy fighting took place at Overloon and vicinity from 28 de tember 1944 to 14 october 1944. Overloon is located approximately 9 kilometers south east of st. Anthonis.

It has learned at Overloon that the 38th and laf was in contact with the enemy up to a proximately 10 October 1944, after that date, the american troops were replaced by the British. During the heavy fighting which took place in the woods surrounding Overloon, most of the trees have been destroyed. Deveral years alo, all of the area has been replanted by young trees, according to the town officials, no american or remains of unknowns hav been discovered during the process of reglanting.

The town officials made a recent investigation to determine whether graves of soldiers still existed in the community, after having interviewed a reat num er of farmers in the communities of vierlingsbeek, washees, holthess, Everloon, Proeningen and Fortum no knowledge of American or miknown graves was found. Attention is invited to exhibit "B" statement by town administration.

# (Marrative of Investigation, 10 1109, Fated 30 November 1953)

scording to the saire of Overloon, it mayes of emericans or unknowns were resent in the wooded area where the flicting took place, they would have non-liscovered when the code were remarked.

# 17. 2000 2004:

It is concluded by the undersigned that remains of Notical C. Mankenshi, 33652284, can not be posited in the general areas of ot. Anthonis and Overfoon, holland.

# V. Commission Little

It is recommended by the undersigned that remains of :vt:au. . Elankenship be submitted non-recoverable.

egt m. 2056317 Inter reter ogt at 36203110 investigator demonstrate of the c. a.

Ut. Anthonis, 20 November 1953 Tol. 7 - Fostrekening 32211

graves of american soldiers or graves of unknown soldiers.

The Eurgomaster of Uploo c.a.,

(Starry)

s/ lilegiols

# 

Telefon to 200

. ostrekaning ws. 51410

Vierlingsbeek, dovember 27th, 1453

underwer: Fargraves

I the undersigned, mayor of derkingsbeek, certify that in the communities of derkingsbeek, saashees, Folthees, Overloon, Oroeningen and ortem sullen have been recently surveyed by a representative of this office, concerning locations of wargraves.

IN. Union of None,

/s/ C. van Hemsden (G. van Hemsden)

( 'to )

association with subject casualty.

- e. Reference is made to Narrative of Investigation dated 30 November 1953 and inclosures attached hereto as well as to OQMG Form 371 on Pvt Paul G. Blankenship and Memorandum for Record, dated 1 August 1949 on file in the Office of The Quartermaster General, Washington 25, D.C.
- RECOMMENDATION: It is recommended that the remains of the decedent herein considered be determined Non-Recoverable.

S. GIBBS Major QMC President

SIMEON J. LARKINS Captain QMC Member

QMC

FRANCIS M. SIMON

Captain Member

QIVIC

JOE R. CALDWELL

Member

1/Lt

2nd Lt Member

Lt. Col. Identification Branch Lemontal Division, OQMG. HEADQUARTERS

USAREUR QM MORTUARY SERVICE DETACHMENT 7770TH ARMY UNIT APO 757, c/o Postmaster New York, N.Y.

Proceedings of Board of Review appointed in accordance with letter AGAO-3 293.9 (27 March 1947) D-M, War Dept., TAGO, 9 April 1947.

\* \* \* \* \*

- 1. The Board convened pursuant to par 14, SO 213, Headquarters, Northern Area Command, dated 16 November 1953 at Griesheim/Main, on 31 December 1953.
  - 2. MEMBERS PRESENT: As indicated by signatures below.
- 3. PURPOSE: To review and determine, from evidence presented the non-recoverability of the remains of World War II dead lost in the geographical area described below.
  - a. Area:

Vicinity of St. Anthonis (2A/E-73), Holland

b. Facts:

Pvt Paul G. Blankenship, 33 652 284, Co "B", 38th Armored Infantry Battalion, 7th Armored Infantry Division, became missing in action in the vicinity of St. Anthonis, Holland, on 7 October 1944.

#### 4. FINDINGS:

- a. The circumstances surrounding the disappearance of this soldier are contained in 4th indorsement, dated 28 August 1945, Hqs., 38th Armored Infantry Battalion, File AG 704, 1 August 1945. This communication states that on 7 October 1944, Co "B" was located 6 miles southeast of St. Anthonis, Holland. The mission at that time was to clear the wooded area surrounding the town, during which the company encountered enemy forces and was greatly scattered. When a physical check was made, the company was found to have suffered many losses, among whom was Pvt Blankenship. It was assumed that the missing men had been either killed or captured by the enemy. Due to the tactical situation, no search could be made.
- b. Nothing further is known regarding the loss of Pvt Blankenship. He was never reported a prisoner of war, nor can any reference to him be found in captured German records.
- c. Field Investigation conducted in the area involved in November 1953 proved negative inasmuch as the remains of subject decedent could not be located nor was any trace found.
- d. A review of unknowns recovered from the general area involved and now interred in United States Military Cemeteries failed to reveal an

HEADQUARTERS 7770 USAREUR AL MORTUARY SERVIUE DET CHAENT APO 757 US ARMY

30 November 1953

# MARCATIVE OF INVESTIGATION

# I. AUTHORITY AND MATTERS INVESTIGATED:

In compliance with Investigation Directive # 1109 this hardquarters, dated 3 November 1953, the undersigned proceeded to St. Anthonis (24/2-73), Holland in an effort to investigate and recover the remains of Pvt Paul G. Blankenship, 33652284, Co "B", 38th armd Inf Bn, 7th armd Div.

# II. FACTS AND CIRCULSTANCES:

according to records this headquarters, above named soldier was found missing on 7 October 1944, Co "B" was located six (6) miles south east of St. Anthonis, Holland. The mission at that time was to clear the wooded area surrounding the town.

# III. FINDINGS:

Officials, and it was learned that the town itself was liberated on 25 September 1944, no fighting took place in the beginning of October 1944 in the surroundings or in that town. According to town officials there are no graves of unerican soldiers or graves of unknowns in this community. Attention is invited to exhibit "A" statement by the town mayor. It was learned, however, that heavy fighting took place at Overloon and vicinity from 28 September 1944 to 14 October 1944. Overloon is located approximately 9 kilometers south east of St. Anthonis.

It was learned at Overloon that the 38th armd Inf was in contact with the enemy up to approximately 10 October 1944, after that date, the american troops were re laced by the British. During the heavy fighting which took place in the woods surrounding Overloon, most of the trees have been destroyed. Several years ago, all of the area has been replanted by young trees, according to the town officials, no American or remains of unknowns have been discovered during the process of replanting.

The town officials made a recent investigation to determine whether graves of soldiers still existed in the community, after having interviewed a great number of farmers in the communities of Vierlingsbeek, Maashees, Holthees, Overloon, Groeningen and Vortum no knowledge of American or unknown graves was found. Attention is invited to Exhibit "B" statement by town administration.

(Narrative of Investigation, ID 1109, dated 30 November 1953)

According to the Maire of Overloon, if graves of Americans or unknowns were present in the wooded area where the fighting took place, they would have been discovered when the woods were replanted.

# IV. CONCLUSION:

It is concluded by the undersigned that remains of Pvt Paul G. Blanken-ship, 33652284, can not be located in the general areas of St. Anthonis and Overloon, Holland.

### V. RECOLMENDATION:

It is recommended by the undersigned that remains of Pvt Paul G. Blankenship be submitted non-recoverable.

Maia Jagyudi MATAM DACZYASKI Sgt RA 42066317 Interpreter

Sgt Ra 36203110 Investigator

# GEMEENTE OPLOO c.a.

St. Anthonis, 26 November 1953 Tel. 7 - Postrekening 82211

In the communitij of Oploo, St. Anthonis en Ledeacker are no graves of american soldiers or graves of unknown soldiers.

The Burgomaster of Oploo c.a.,

(Stamp)

/s/ illegible

# GEMEEN TE OPLOO c.a.

Nr.

Miss. d.d.

Onderwerp

Getal bijlagen

ST. ANTHONIS, 26 November 1953. Tel. 7 - Postrekening 82211

In the communitij of Oploo, St. Anthonis en Ledeacker are no graves of american soldiers or graves of unknown soldiers.

The Burgomaster of Oploo c.a.,

EXH"A"

DRUK J P. TICLEN, SOXTEL

#### GAMEENTE VIERLINGSBEEK

Telefon No 200

Postrekening No. 51410

Vierlingsbeek, November 27th, 1953

Onderwerp: Wargraves

I the undersigned, mayor of Vierlingsbeek, certify that in the communities of Vierlingsbeek, Maashees, Holthees, Overloon, Groeningen and Vortum Mullem have been recently surveyed by a representative of this office, concerning locations of wargraves.

THE UNDERSIGNED,

/s/ G. van Heusden
(G. van HEUSDEN)

(Stamp)

GEMEE' 'E VIERLINGSBEEK

TELEFOON No. 200

POSTREKENING No. 51410

Uw kenmerk

Uw brief van

Ons kenmerk VIERLINGSBEEK, November, 27th, 1953.

Onderwerp: Wargraves.

I the undersigned, mayor of Vierlingsbeek, certify that in the communities of Vierlingsbeek, Maashees, Holthees, Overloon, Groeningen and Vortum Mullem have been recently surveyed by a representative of this office, concerning locations of wargraves.

To the best of my acknowledge, there are no graves of Americain or unknown soldiers.

THE UNDERSIGNED,

(G. van Heusden)

Bijlagen

DRUK & P. TIELEN, BOXTEL