

INDIVIDUAL DECEASED PERSONNEL FILE

1	USMC, ST. AVOLD, FRANCE Plot A, Row 10, Grave 56 Date reburied: 14 Jun 49		Buried at deceased L.S.P.: LASEK JOHN G 32718536 SGT	
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED M. R. SWART CAPT. GMC		DISINTERMENT DIRECTIVE Right: SCHAFF ADAM 37595473 PVT	
		DIRECTIVE NUMBER 3574 01833		DATE 15 01 48 DAY MONTH YEAR
NAME CARPENTER ROBERT E		SERIAL NUMBER 01310065	RANK 1 LT	ARM 1
CEMETERY ST AVOLD - METZ				DISPOSITION OF REMAINS 1 3503 80 CODE DIST. PT.
PLOT 00	ROW 11	GRAVE 121	COUNTRY FRANCE	
				CAUSE OF DEATH 1
SECTION B — CONSIGNEE AND NEXT OF KIN				
NAME AND ADDRESS OF CONSIGNEE ST. AVOLD, FRANCE			NAME AND ADDRESS OF NEXT OF KIN MRS. ANNIE B. CARPENTER (MOTHER) ROUTE #2, BOX 147 JAN 13 1943 YAZOO CITY, MISSISSIPPI (Flag sent)	
SECTION C — DISINTERMENT AND IDENTIFICATION				
NAME CARPENTER Robert E		SERIAL NUMBER C-1310065	RANK 1/Lt	DATE OF DEATH 6 July 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS		ORGANIZATION USAGF	RELIGION P	IDENTIFICATION VERIFIED BY Geo W Lowry Embalmer NAME AND TITLE
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT				
NATURE OF BURIAL Remnants of Uniform		CONDITION OF REMAINS R/Clavicle and R/Pelvis Body in skeleton form - Final stage of decomposition - Disarticulated -		
OTHER MEANS OF IDENTIFICATION Identification tag found with remains				
MINOR DISCREPANCIES 1 Extra R/Heel Bone, R/Tibia, R/Ulna found with remains - Remover per O.I. #55, with C.I.L. # 3176				
REMAINS PREPARED AND PLACED IN CASKET				
DATE 6 July 48		BY Geo W Lowry, Embalmer		
CASKET SEALED BY Geo W Lowry, Embalmer		EMBALMER (Signature) <i>Geo W Lowry</i> Geo W Lowry		
CASKET BOXED AND MARKED DATE 6 July 48 BY Geo W Lowry Embalmer		SHIPPING ADDRESS VERIFIED BY Jesse C Harrell, 1st Lt CAC 7857 AGRC, Zone 3 Hq.		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. Final casketing by <i>Jesse C Harrell</i> JESSE C HARRELL 1st Lt CAC				
JESSE C HARRELL, 1st Lt CAC, 7857 AGRC, Zone 3 Hq. SIGNATURE OF GRS INSPECTOR <i>Jesse C Harrell</i>				
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.				

RECEIVED
DATE 18 JUN 49
1194

RRE Form #43
20 Sep 48

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

9
mm

CARPENTER	ROBERT	E	1Lt	01310065
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery ST AVOLD

Incl #

STATION

Remains of
 2 TANKS
FENCE

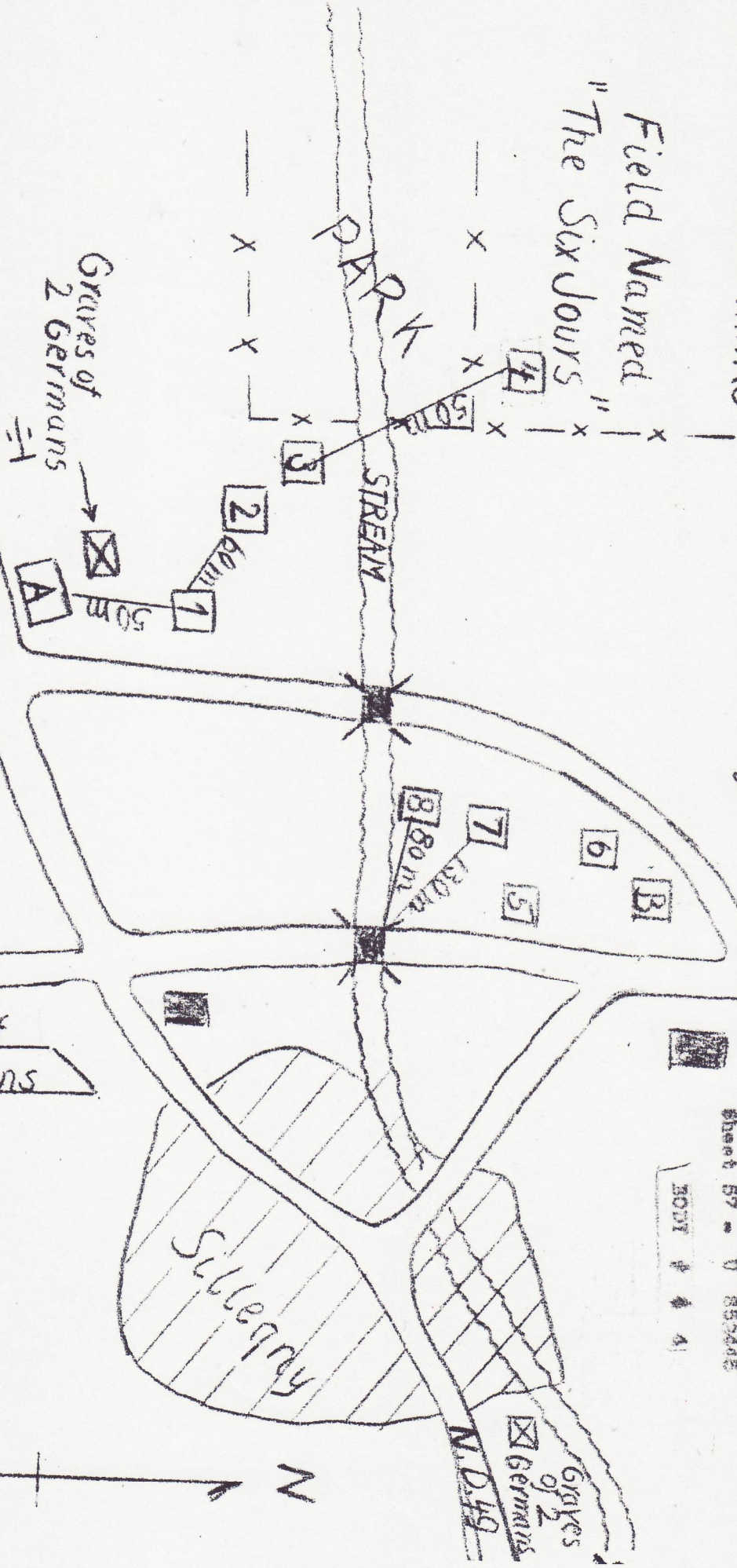
Field Named
 "The Six Jours"

BODY # 4 IDENTIFIED AS
 ROBERT E. CARPENTER O-1310065
 REINTERRED U.S. MIL. CEM.
 ST. AVOLD OO - 11 - 121

Map of Europe 1: 300,000
 VANDU - WISSEBROUW
 Sheet 57 - U 852445

S I L L E R O Y

BODY # 4



1,2,3,4,5,6,7,8,9 are graves of Amer. bodies
 Bodies 2 & 4 in box near house A
 Bodies 5 & 6 in box near point B

N 6c49

Graves of 37 Germans

Graves of
 2 Germans
 Grave of Wm. E. Harrison.

Graves of 2 Germans

N.D.49



3049TH GRAVES REGISTRATION COMPANY
FIRST MOBILE BIVOUAC UNIT
METZ FRANCE

4 April 1946

SUBJECT: Narrative Report of Area Search

On 2 and 3 April 1946 while searching the Commune of Sillegny we were able to locate the graves and/or remains of nine (9) Americans.

When the mine clearing teams swept the area on 2 March 1946 they put the remains of two Americans in one box and two more Americans in another box in preparation for burial. However these had not been buried as yet. There were still two more sets of Americans remains above ground in a plowed field. In a garden we found that 37 Germans and one American had been buried.

On 2 April a child showed me an American pistol belt half protruding from the ground and when we pulled it up we found it was a shallow grave of still another soldier. About 200 yds below that a civilian showed me still another isolated American Graves.

The fighting in this area took place in October 1944 and most of the Germans were SS.

The bodies on the sketch are listed as follows;

1. Louis E. Kay, Pfc, 37099594, Co C, 38th Armd Inf Bn.
2. William F. Hennessey, 32227622, Rank unk, buried with unk #4, a Lt.
3. Elias A. Santillanes, Pvt, 38352208, Med Det 38th Armd Inf Bn.
4. Unk #4, a Lt., buried with Hennessey.
5. 2 Unknowns, buried together.
- 6.
7. Unknown
8. Unknown
9. William E. Harrison, 34937992, Rank unk.

The Mayor had the dog tags taken from Pfc Louis E. Kay, Wm F. Hennessey and Elias A. Santillanes, Wm E. Harrison's name and serial number were taken from the cross.

BODY # 4. IDENTIFIED AS
ROBERT E. CARPENTER O-1310065.
REINTERRED U.S. MIL. CEM.
ST. AVOLD. OO - 11 - 121

Glen Clemmer
Pfc GLEN CLEMMER
3049th QM Gr Reg Co

TRUE COPY

DECLARATION DE MONSIEUR PERRIN CHARLES, MAIRE DE SILLEGNY (MOSELLE)

Je soussigne Perrin Charles, Maire de la Commune avoir ete expulse en 1940 et rentre a Sillegny le 8 Mars 1945.

A mon retour il n'y avait aucun habitant au Village (Civil et Militaire) Peu apres mon arrivee, Messieurs Conrad Jean et Vian Louis, me declarerent avoir vu des cadavres de soldats americains dans les terrains non mines. Aussitot j'ai fait la declaration a la Military Police. Celle ci est venue quelques jours apres les enlever. Une grande partie des Terrains etant mines, le Service du Deminage s'est rendu a la Commune le 22 Mai 1945 afin de proceder au deminage. Au cours de son travail, le Service de Deminage a decouvert d'autres cadavres Americains qui furent de nouveau signales a la Military Police qui les a ramasses.

Signe: Perrin Charles

STATEMENT

I the undersigned Perrin Charles, Mayor of the Village have been driven out in 1940 ~~after~~ and have come back to Sillegny on the 8th of March 1945.

When I returned there was nobody in the Village (Civilian or soldiers) Soon after my arrival, Mrs. Conrad Jean and Vian Louis told me they had seen american bodies in a territory which was not mined. I made a statement to the Military Police which took them away a few days later. A great part of the territory being mined, the Mine Sweepers came to the Commune on the 22 of May 1945, in order to demine the area. When working, the Mine Sweepers found more bodies which were also taken away by the Military Police.

THE MAYOR

Signe: Perrin Charles

Certify a True Copy

Ralph W. Sleator
RALPH W. SLEATOR
Major Inf.

REINTERRED U.S. MIL. CEM.
ST. AVOLD 00 - 11 - 121 x

TRUE COPY

Sillegny 2 April 1946

D E C L A R A T I O N

Je soussigne Benaouda Jean, Demineur Chef, etant venu a Sillegny le 13 Juillet 1945 pour commencer mon travail de deminage dans la dite Commune. Au cours de mon travail, j'ai decouvert huit cadavres de soldats americains. Je les ai signale a la Military Police a Metz le 19 Juin 1945. La military Police est venu chercher trois cadavres. Les cinq autres ayant trouves quinze jours plus tard, je les ai egale-ment signales au meme service MP, mais ils ne sont pas venus les cher-cher. Dans ces cinq cadavres, il y avait le corps d'un Lieutenant, sur lequel j'ai pris le porte-feuille complet et la plaque d'identite que je suis alle remettre a la Military Police a Metz, le 22 Juillet 1945 environ.

A mon depart, le 10 Aout, les cadavres etaient toujours sur place, aujourd'hui 2 Avril, trois cadavres manquent. Par qui ont-ils ete ramasses.

Signe: Benaouda Jean

S T A T E M E N T

I the undersigned Benaouda Jean Chief deminer, certify that in working I found 8 American Bodies. I reported to the Military Police in Metz on the 19 of June 1945 which took away the 3 first ones. I found the 5 others two weeks later. I also reported for these to the Military Police, but they never came and fetched them. In these 5 last bodies, there was a Lieutenant of whom I took the wallet and the dog tag and handed it over to the Military Police in Metz on about 22 of July 1945. When I left, on the 10 August, the bodies were still here, and to-day, 2 of April 1946, 3 bodies are missing. Who took them away?

Signed: Benaouda Jean

Certified a True Copy

Howard E. Metzbowe

HOWARD E. METZBOWER
2d Lt, Inf

REINTERRED U.S. MIL. CEM.
ST. AVOLD CO - 11 - 121/

[Handwritten mark]

TRUE COPY

Sillegny le 3 Avril 1946

DECLARATION

Je soussigne Muller Jules, Chef d'Equipe au Service de Deminage, declare etre arrive au Village de Sillegny au mois de Decembre 1945. En travaillant, j'ai decouvert 6 cadavres de soldats Americains sur le lieu dit Rupt de Grand Chal. Par la suite je numerotais les cadavres de 1 a 6. Ces chiffres sont marques dans les croquis d'equipements americains aux quelles je fais cette declaration. Sur les cadavres 4, 5 et 6 je n'ai trouve aucune plaque. Au mois de Mars je mis dans une caisse le cadavre No 4 et au dessus de lui le cadavre marque 2. Je peux aussi vous dire que le cadavre marque 3, qui est encore sur place, etait l'infirmier. Je reconnus cela, car il avait encore sur la tete, le casque avec la croix rouge. En quittant mon travail a Sillegny, je remis a Monsieur le Maire, les plaques de trois morts, en somme cinq pieces.

Signe: Muller Jules

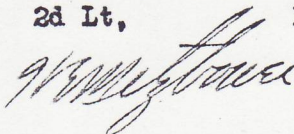
STATEMENT

I the undersigned Muller Jules, Chief deminer certify that I arrived in Sillegny in December 1945. I found in working, 6 American bodies at the place called Rupt de Grand Chal. After wards I gave them members 1, 2 and 3 (These numbers are in the sketches, made by the American Soldiers to whom I gave these informations). As for the bodies 4, 5, 6, I found no dog tag, In march, I put in a casket the body number 4 and on top the body number 2. I can also tell you that the body Number 3, still on the place is an attendant. I could make out he was an attendant because he still had his helmet with a red cross on it on leaving my work in Sillegny, I handed over to the Mayor of the Village, the identity papers and dog tags of the 3 deads, that is to say 5 pieces.

Signed: Muller Jules

Certified a True Copy

HOWARD E. METZBOWER
2d Lt, Inf



REINTERRED U.S. MIL. CEM.
ST. AVOLD CO - 11 - 121.



TRUE COPY

Sillegny, le 2 Avril 1946

DECLARATION

Je soussigne, Peltzer Edouard, Conducteur de Travaux a l'entreprise Schwertzler, 26 Rue du Pont des Morts, Metz, declare avoir vu sur le Chantier "Reconstruction a Sillegny", au debut Fevrier 1946, 2 cadavres de soldats Americains. Aucune plaque d'identite n'a ete trouvee. Un carnet d'adresses en tres mauvais etat a ete trouve pres du cadavre et remis au Maire de la Commune. En raison de l'avancement des travaux, j'ai ete oblige de faire faire une caisse afin d'inhumer ces cadavres.

Le Conducteur des Travaux:

Signe: Peltzer

STATEMENT

I the undersigned Peltzer Edouard, Supervisor at the Establishment Schertzler, 26 Rue du Pont des Morts, Metz, certify that I saw while working with my men in Sillegny during February 1946, two bodies of American soldiers. No dog tag was found. One Address-book in a very bad state was found near the body and handed over to the Mayor of the Commune. In order to complete our work. I had to have a ceasket made for the burial of the bodies.

The Supervisor

Signed: Illegible

Certify a True Copy

Ralph W. Sleator
RALPH W. SLEATOR
Major Inf.

REINTERRED U.S. MIL. CEM.
ST. AVOLD 00 - 11 - 121

- a. From what source was this information obtained? _____
(Identification tags, personal effects)
- b. By whom? _____
11. Where are the cemetery records? NONE
(Town hall, cemetery, burgermeister's office)
- a. What information was obtained thereon? _____
- b. Where was the information obtained? _____
- c. By whom? _____
12. What is the date of death? EST OCT. 1944
- a. Give basis Date of fighting in area
13. What is the cause of death? Believed to be mine
- a. Give basis Condition of remains
14. What is the date of burial? Remains found above ground
- a. Give basis _____
15. What is the place of death? SILLEGNY Coords U - 852445
Give basis Statement attached
16. Where were the remains found? SILLEGNY Coords U - 852445
- a. By whom? Mine-sweepers
- b. Is sketch attached? YES
17. Was a casket used? See remarks Who furnished the casket? _____
Type of casket _____ How marked? _____
18. Who made the burial? remains above ground
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? _____
- b. Are certificates and statements attached? YES

SECTION B - AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? _____
- a. Give location in plane from which the bodies were removed
(Tail gunner, pilot, radio turret, etc., or front side, of plane).
- b. Near wreckage? _____
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom)

1 January 1946

REPORT OF INVESTIGATION AREA SEARCH

8 APRIL 1946
DATE

NAME ROBERT E. CARPENTER RANK 1st LT. ASN 0-1310065

ORGANIZATION CO. "C", 38th ARMD INF BN.

MEANS OF IDENTIFICATION ONE IDENTIFICATION TAG FOUND ON BODY BY
EXHUMATION TEAM AND ONE GIVEN TO MILITARY
POLICE BY FRENCH CIVILIAN AS PER STATEMENT.

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point)

SECTION A GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? NO If so, state the following information:
 - a. NAME _____ RANK _____ ASN _____
 - b. ORGANIZATION _____
2. Was partial identification established? NO If so, state the facts as to whom you believe the deceased to be:
 - a. NAME _____ RANK Lt. ASN _____
 - b. ORGANIZATION _____
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____
Louis E. KAY - Elias A. SANTIILLANES - Wm. F. HENNESSEY
(Use reverse side for listing of crew members from MACR)
 - A. Date of above burials EST OCT 1944 Common Graves? _____
4. Deleted _____
5. Name and type of cemetery ISOLATED
(Military or Civilian)
6. Map Coordinates of the Cemetery _____
 - a. Town _____ Country _____
7. Give exact location in cemetery of the remains.
 - a. Section _____ Row _____ Grave _____
 - b. Is sketch attached? _____
8. If remains are not located in a cemetery, give exact location.
 - a. Town SILLEGNY Coordinates Map of Europe 1:200,000
Sheet 57 U 852445
 - b. Is sketch attached? YES
 - c. Is area mined? NO

39. Did death occur from any other means? (i.e., truck, jeep, mines, drowning, or small arms fire) NO
- If so, give complete and thorough results of the investigation: interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached? _____
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased
- Statements attached

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team NO
- If not, state reason NONE AVAILABLE
- a. Were identification tags found at the time of death? UNK.
- Where? _____ By whom? _____
- Present disposition _____
- If deceased is not identified, personal effects will not be forwarded to FE Depot, but will remain with this form until final identification is made, or investigation abandoned.
- b. Were personal effects found at the time of death? UNK.
- Where? _____ By whom? _____
- Present disposition _____
- c. Was deceased identified by living members of the crew at the time of death? UNK.
- d. Did Cemetery register or cross indicate the immunization shot? NO
42. Was deceased given first aid? UNK If so, where? _____
- By whom? _____ Are statements from the medical people attached? _____
43. Was deceased evacuated to a German hospital? NO
- Where? _____ Names of the people concerned _____
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? NO
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? Badly decomposed
(Burnt? Decapitated? etc.)
46. Do facts surrounding death show any evidence that it might be an atrocity case? NO
- a. If so, give basis for positive assumption _____
- b. If so, has higher headquarters been notified? _____
47. Was case previously investigated? NO By whom? _____

21. How did crash occur? _____ Anti-aircraft _____
Enemy planes? _____ Collision? _____
22. Did plane explode in the air? _____ On the ground? _____
23. Did plane burn in the air? _____ On the ground? _____
24. What was the direction of the flight? _____

25. What was the civilian opinion regarding the destination of the plane? _____
26. Had bombs been released prior to the crash? _____
27. Does specific time and date of crash correspond with the date of death of above named deceased? _____
28. Number of planes in formation prior to crash _____
29. State precise time and date of plane crash _____
(Night?, Day?)
30. Were parachutists seen? _____ How many? _____ Escaped? _____
Prisoners? _____

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? _____
- a. Give specific position in tank from which deceased was removed _____
(Radio man, driver, asst driver or... front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Markings and/or name of tank _____
- c. Numbers on motors, machine guns, ammunition, instruments, etc.. _____
33. What was the type of enemy action that resulted in the tank's disablement? _____
34. Did tank explode? _____ Burn? _____
35. Number of tanks in immediate vicinity at time of disablement _____
36. Does specific time and date of disablement correspond with date of death of above named deceased? _____
37. Precise time and date of destruction of tank _____
(Night?, Day?)

48. Give full names, addresses, and information obtained from each person interviewed Mayor Charles PERRIN - Jean BENAOODA

Jules MULLER - Edw. PELTZER

49. Are all positive statements regarding identification and particulars surrounding death attached? YES

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? YES

51. Was investigation proceeded by advanced publicity? YES

(If special investigation, give case number) CCP 851

52. Give brief narrative Remains found above ground by mine-sweepers and was put in box in March 1946 with remains of Wm. F. HENNESSEY and moved to side of vacant BLDG. (See sketch) He is a Lt. and identification tags were given to MP8s in Metz and forwarded to " PM-WBS- Paris- Blotter entry July 19, 1945.
(Use attached sheets, if necessary)

See report attached.

D. Militch

Signature of interpreter

D. MILITCH

Rank

ASN

3049 th G.R. Co

Organization

Glenn Clemmer
Signature of Investigator

Pfc. Glenn CLEMMER 44081152

Rank

ASN

3049 th G.R. Co.

Organization

24 March 1949

Mrs. Amie B. Carpenter
Route #2, Box 147
Yazoo City, Mississippi

1st Lt Robert E. Carpenter, ASN 01 310 065
Plot A, Row 10, Grave 56
Headstone: Cross
St. Avold (France) U. S. Military Cemetery

Dear Mrs. Carpenter:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN
Major General
The Quartermaster General

lhc

MAR 24 11 40 AM '49

D. C. H. G.
MAIL & RECORDS SECTION

REQUEST FOR DISPOSITION OF REM.

GRADE OF DECEASED, NAME, &

SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

1st Lt Robert E. Carpenter, O-1 310 065
Plot 00, Row 11, Grave 121,
United States Military Cemetery
St. Avoild, France

16 October 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, Mrs. Annie B. Carpenter

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

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

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

None

(See back page for further remarks)

Coded 14 Jan 48 Benoit

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

Emm

JAN 18 1948

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.
 I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

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

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

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

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

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

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

See back page

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

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

Mrs. Annie B. Carpenter
 (SIGNATURE OF NEXT OF KIN)

Rt. #2, Box #147, Yazoo City, Miss.
 (STREET AND NUMBER)

Mrs. Annie B. Carpenter
 (NAME PRINTED OR TYPED)

Rt. #2, Box #147, Yazoo City, Miss.
 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 5th day of November, 1947, at city (or town) of Yazoo City, county of Yazoo, and State (or Territory or District) of Mississippi

Carmen M. Lightleaf
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public.

(OFFICIAL TITLE)

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

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

	<small>(DATE)</small>
<small>(SIGNATURE OF NEXT OF KIN)</small>	<small>(STREET AND NUMBER)</small>
<small>(NAME PRINTED OR TYPED)</small>	<small>(CITY AND STATE)</small>

PART III

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

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

late E. Carpenter, who was named as next-of-kin is now deceased.

enclosed death certificate of my husband.

Mrs. Annie B. Carpenter

CERTIFIED COPY OF RECORD OF DEATH

I, Felix J. Underwood, M. D., State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the death record of the person named therein, the original being on file in my office

Given at Jackson, Mississippi, over my signature and under the official seal of my office this

23rd day of Oct. 1947

UNDERWOOD
 Felix J. Underwood, M. D.
 Deputy State Registrar

6887 State File No. 543

DEPARTMENT OF COMMERCE
 Bureau of the Census
STANDARD CERTIFICATE OF DEATH
 STATE OF MISSISSIPPI

1. PLACE OF DEATH—
 County: Madison
 City or Town: Madison
 Hospital: Madison
 Length of stay before death: (a) In Hospital: 3
 Residence before death: (b) In this Community: Madison
 Precinct: Madison
 Inside or Outside Corporate Limits: Madison
 Precinct: Madison

2. FULL NAME: SAVE
 (a) If veteran, name: SAVE
 (b) If veteran, No. 22-221
 3 (c) Social Security No. 22-221

3. Color or Race: (a) Single, widowed, married, divorced: Widowed
 (b) Name of husband or wife: SAVE
 (c) Age of husband or wife if alive: 42 years

4. Birth date of deceased: 1905
 (Month) (Day) (Year)

5. AGE: Years 42 Months 7 Days 7 If less than one day, hr. min.

6. Birthplace (City, town, or county) (State or foreign country): Madison, Mississippi

7. Usual occupation: Business
 Industry or business: Business

8. Name: SAVE
 (City, town, or county) (State or foreign country): Madison, Mississippi

9. Maiden name: SAVE
 (City, town, or county) (State or foreign country): Madison, Mississippi

10. Birthplace (City, town, or county) (State or foreign country): Madison, Mississippi

11. Informant's signature: SAVE
 (a) Address: SAVE
 (b) Date: 10-23-47
 (c) Place: Madison
 (d) Signature, funeral director: SAVE
 (e) Address: SAVE
 (f) Date received local registrar: 10-23-47

12. Date of death: Month 10 day 23 year 1947
 hour 5:30 A. M. or P. M. A. M.

13. I hereby certify that I attended the deceased from 5-31-46 to 10-23-47
 and that death occurred on the date and hour stated above.

14. Immediate cause of death: Chronic aneurysm
arteria
 Due to: arteria

15. Other conditions (Include pregnancy within 3 months of death): none

16. MAJOR FINDINGS: none
 Of operations: none
 Of autopsy: none

17. PHYSICIAN: SAVE
 Underline to which death should be attributed: SAVE

18. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify): none
 (b) Date of occurrence: 10-23-47
 (c) Where did injury occur? (City or town) (County) (State): Madison, Madison, Mississippi
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place): none
 While at work? none Means of injury: none

19. Signature: SAVE M. D.
 Address: SAVE

Carrollton, Robert E.
 0-1319665

DEPARTMENT OF THE ARMY



BURIAL OF

1st Lt Robert E. Carpenter, O-1 310 065
Plot 00, Row 11, Grave 121,
United States Military Cemetery
St. Avoird, France

16 October 1947

Mr. Sebe E. Carpenter
Route #2, Box 147
Yazoo City, Mississippi

Dear Mr. Carpenter:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

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

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

8 Incls.

tjh

DET 21 1 44 PM '47
U. S. A.
MAIL & RECORDS BRANCH

DMHF 893
Carpenter, Robert E. *er*
IN DL 310 055

29 August 1947

Mrs. Lucie E. Carpenter
Route #2, Box #147
Yazoo City, Mississippi

Dear Mrs. Carpenter:

Your letter pertaining to the remains of your son, the late First Lieutenant Robert E. Carpenter, has come to my attention.

The official report of burial indicates that the remains of your son were interred, in a dignified and solemn manner, in Plot CC, Row 11, Grave 121, in the United States Military Cemetery St. Avold, France, located twenty-three miles east of Metz, France.

At a later date you will receive full information relative to your desire for the final disposition of the remains of your son.

Since you state that your husband is deceased, it is necessary that you forward to us a certified copy of the death certificate so that our records may be amended to show you, the mother, as the next of kin legally authorized to designate disposition of the remains.

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

Sincerely yours,


RBC

ckb


RICHARD B. COOMBS
Major, OMC
Memorial Division

MEMORIAL DIV

SEP 2 4 05 P

Handwritten mark

0020574

Yazoo City, Mississippi
August 7, 1947

VIA AIRMAIL

113

RE: CARPENTER, Robt. E
SN O-1 510 065

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

Gentlemen:

I am writing you requesting information regarding my son's burial. My son, Lt. Robt. E. Carpenter, was killed in action.

I have never received any communication from your office, as to my wishes relative to permanent burial. My husband, Sabe E. Carpenter, is now deceased. Prior to his death, most of the communication from the War Department was address to Mr. and Mrs. Sabe E. Carpenter.

It is my desire that my son's body remain in France, however, before deciding fully, I desire information about his place of burial, etc., and I will appreciate hearing from you at your earliest convenience concerning this matter.

Thanking you in advance for your courtesy and prompt attention, I am

Very truly yours,

Mrs. Annie B. Carpenter,
Rt. #2, Box 1147
Yazoo City, Mississippi

Mrs. Annie B. Carpenter

CORRESPONDENCE ACTION SHEET

Addressee: ^{H.} Mrs. Annie B Carpenter Wife
 State Route No. 2, Box 147 Relationship
 City, State Yazoo City, Miss. Date letter '47
 Cemetery Temporary: _____
 Permanent: 00 11 121 St. Paul France
 Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

165#
 34# 1. son (mount file)
 2.
 155# 4th par - father
 87C 1 par. only; St. Paul, France
 166#
 17#

Decedent: Carpenter, Robert E
 Last First Initial Rank ASN
 1st Lt. D-1310065

File
 27 Aug 47
 [Signature]

Analyst Typist Reviewer

Modifications

OKed

• 20574

QJGYG 293
Carpenter, Robert E.
SX C-1 310 065

20 September 1946

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

Mrs. Annie B. Carpenter
Route #2, Box 147
Yazoo City, Mississippi

Dear Mrs. Carpenter:

Reference is made to a letter from this office dated 26 August 1946 in which you were advised that an answer would be forthcoming to your letter of 27 July 1946, concerning your son, the late First Lieutenant Robert E. Carpenter.

The official Report of Burial discloses that the remains of your son were interred in plot 00, row 11, grave 121, in the United States Military Cemetery St. Avold, located twenty-three miles east of Metz, France.

A copy of your letter has been forwarded to The Chief of Chaplains, Washington 25, D. C., for direct reply relative to information concerning your son's funeral services, as that office has charge of such matters.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

COPY FURNISHED:
The Chief of Chaplains

SEP 20 9 14 24 1946
MEMORIAL DIVISION
RECORDS BRANCH

~~SECRET~~ 293 **Carpenter, Robert E. SN O-1 310 065**

1st Ind.

WD
ASF, OQMG, Washington, D. C., 20 September 1946

TO: Office, Chief of Chaplains, Washington, D. C.

1. For necessary action to so much of basic communication as pertains to your office.

2. The following is furnished for your information:

Cemetery **United States Military** Grave **121** Plot **00** Row **11**
Cemetery St. Avold, France

Religious preference **Protetant.**

FOR THE QUARTERMASTER GENERAL :

at

1 Incl:
Cy ltr 20 Sep 46

JAMES L. PRENN
Major, MC
Assistant

JLP
[Signature]

SEP 20 11 25 AM '46
Q. Q. H. S.
REC'D & RECORDS BRANCH

[Handwritten signature]

*See ltr
7/27/46*

SEP 20 9 55 AM '46
MEMORIAL DIVISION
**REGISTRATION AND
RECORDS BRANCH**

005
QMGYG 293
Carpenter, Robert E.
SN O 1310065

26 August 1946

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

Mrs. Annie B. Carpenter
Route #2, Box 147
Yazoo City, Mississippi

Dear Mrs. Carpenter:

This is to acknowledge receipt of your letter concerning your son, the late First Lieutenant Robert E. Carpenter, and to advise you that an answer will be forthcoming in the near future.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

ckb

now

JLP

H

Aug 20 10 03 AM '46
QMG
MEMORIAL DIVISION
RECORDS BRANCH

Aug 28 9 22 AM '46
MEMORIAL DIVISION
RECORDS BRANCH

Yazoo City, Miss
P. O. Box 147

July 27, 1946
The Quartermaster General,
Washington, D. C.

Dear Sir:-

I am in receipt of a letter
from Major General E. F. Mitchell
informing me that we saw ^{at first}
Lt. Robert E. Carpenter O1310065 ~~was~~

Killed in action in France Sept. 19,
1944 and that his body has been
recovered and buried in a military
Cemetery in France.

I would be very glad to receive
any information that you can
give me concerning the location
of the cemetery and his grave or
any information that you might
have concerning his burial.

Sincerely yours

Archie B. Carpenter

QMGYG 293
Carpenter, Robert E.

0-1, 310, 065

5 August 1946

Mr. Sebe E. Carpenter
Route 2, Box 147
Yazoo City, Mississippi

Dear Mr. Carpenter:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late First Lieutenant Robert E. Carpenter, A.S.N. 01 310 065.

The records of this office disclose that his remains are interred in the United States Military Cemetery, St. Avold, France, plot 00, row 11, grave 121.

This cemetery is located twenty-three miles east of Metz, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

AUG 5 5 34 PM '46
QMG
MAIL & RECORDS BRANCH

JLF

SK

AG 201 Carpenter, Robert E.
PC-O ETO 117

11 July 1946

Mr. and Mrs. Sebe E. Carpenter
Route #2, Box 147
Yazoo City, Mississippi

Dear Mr. and Mrs. Carpenter:

I am referring to my letter of 3 June 1946 which confirmed the death of your son, First Lieutenant Robert E. Carpenter, 01310065, Infantry.

Information regarding the circumstances leading to his death reveals that your son was a platoon leader of the leading element which crossed the line of departure at a road junction east of Marieully, France. His Company was supporting the right flank of the attack which was subjected to intense enemy artillery fire and sustained heavy casualties in this action. A search of the area was impossible due to the tactical situation. After the attack a check of personnel was made and Lieutenant Carpenter could not be found. It was then that he was reported missing in action on 19 September 1944.

A report now available in the War Department received from the military authorities states that your son's death occurred at Sillegny, (Moselle), France and that his body has been recovered and buried in a United States Military Cemetery in France.

The Quartermaster General, Washington 25, D. C. has jurisdiction over matters pertaining to the burial of our personnel who die overseas and any inquiry regarding the location of your son's grave may be addressed to that official.

I realize how futile any words of mine may be to assuage your grief but I trust that the knowledge of your son's heroic sacrifice in action may be a source of sustaining comfort to you in your sorrow.

You have my deepest sympathy in your bereavement.

Sincerely yours,

EDWARD F. WITSELL
Major General
The Adjutant General of the Army

CORRECTIONS AND ADD TOLIS TO ~~MEMORIAL~~ REPORTS AS ~~MEM~~ FROM AG CAS CARL

CEMETERY

ST AVOLD

PLOT

00

ROW

11

GRAVE

121

NAME

293

5 CARPENTER ROBERT E.

RANK

: 1st LT

ASN

: 01310065

ORGANIZATION

: 38 ARMD INF BN

DATE OF DEATH

: 19 SEPT 1944

PLACE OF DEATH

: ---

CAUSE OF DEATH

: ---

~~4 June 1946.~~
(Signature)

✓
File
7-9-45
TTO

30

M/1

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

1946 MAY 27

-BATTLE CASUALTY REPORT

AG 201	NAME CARPENTER ROBERT E ASN 01 310 065	GRADE 1/LT SON	DATE CAS. REPORT RECEIVED 27
NAME AND ADDRESS OF E. A.	MRS ANNIE B CARPENTER ROUTE 2 BOX 147 YAZOO CITY MISSISSIPPI		DATE TELEGRAM SENT 16 letter 19 3 June 46

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER	
1/LT	CARPENTER, ROBERT E.	01310065	INF	ETO		117	
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY			CASUALTY CODE
KILLED IN ACTION		IN FRANCE		DAY	MONTH	YEAR	
				19	SEP	44	1J

REMARKS: *no telegram send special letter*

CORRECTED COPY

REPORT OF DEATH ISSUED 4 JUNE 46
rnr/LD557/4June 46.

U PROJECT

Finding of Death has been issued previously under Section 5, Public Law 490, 7 Mar 42, as amended, showing presumed date of death as 20 Sept 45. This "Report of Death", based on information received since that date is issued in accordance with Section 9, of said Act, and its effect on prior payments and settlements is as prescribed in Section 9.

ACTION BY COMPOSITE SECTION: REPORT VERIFIED _____ FORM 43 _____ AG 201 REQ _____

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO _____ YES (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
	0353	Dead	20 Sept 45	20 Feb 46

FORWARDED TO →

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEC. IDEN.	C. & P.	TELEGRAM	LETTER	CERTIF.	F. REL.	CORRES.	REPAT.	S. & D.	NON-DE

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY *Chamber* REVIEWED BY *Chamber*

DISTRIBUTION "A" COPIES DISTRIBUTION "B" COPIES

WD AGO FORM 0365 1 MAY 1945 EDITION OF 1 JAN. 1945 MAY BE USED.

FILE

3147
AG 704 - AGC.

293 Carpenter, Robert E.
~~AG CAS BR~~

F
ARC. 3900
Extension: 122
PMC/ma.

HEADQUARTERS, UNITED STATES FORCES, EUROPEAN THEATER (REAR), APO 887, U.S. ARMY.

THE ADJUTANT GENERAL

WASHINGTON, 25, D. C.

X

1. The status of 1st Lt. Robert E. CARPENTER, O-1310065, is changed from PDD, 20 September 1945, to KIA, 19 September 1944, included in "U" Project of Casualty Shipment this date, based upon Report of Burial. American Graves Registration Service, European Theater Area, states officer has been reburied in Grave 121, Plot 00, Row 11, St. Avold U. S. Military Cemetery, France.

2. The only additional information available at this Headquarters is contained in the inclosed ETO Casualty Form #5 and that shown on War Dept. Memorandum A.G. 704 Dead (20 September 1945), S. R. & D. No. 4102, Subject: Review and Determination of Status under the Missing Person Act.

MCNARNEY

OFFICIAL:

E. H. KOREMAN,
Lt. Col., A. G. D.,
Asst. Adjutant Gen.

2 Incls:

ETO Casualty Form No. 5 and
Report of Burial for ;
1st Lt. Robert E. CARPENTER,
O1310065.

RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes CRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
9 April 1946

Imprint Identification Tag If Possible.
DO NOT TYPE

CARPENTER, ROBERT E
0-1310065 T42-3 0

P

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) CARPENTER ROBERT E.		SERIAL No. 0-1310065
GRADE 1st Lt	ORGANIZATION 38TH ARMD INF BN	BRANCH OF SERVICE GROUND FORCE
RACE WHITE	RELIGION PROTESTANT	IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY AND

PLACE OF DEATH SILBERTY (MOSEILLE) FRANCE	CAUSE OF DEATH MULTIPLE WOUNDS	DATE OF DEATH 19 Sept 44 SEPTEMBER 1944
---	--	---

EMERGENCY ADDRESSEE (Name, relationship, and address)

UNK

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) 1	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) YES	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
U.S. MILITARY CEMETERY (380384) ST. AVOLD (MOSEILLE) FRANCE

DATE OF BURIAL 9 April 1946	HOUR 1530	BURIED IN (Shroud, blanket, or name of other) CASKET	TYPE OF GRAVE MARKER WOODEN CROSS	PLOT No. 00	ROW No. 11	GRAVE No. 121
---------------------------------------	---------------------	--	---	-----------------------	----------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) NO	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 1:200,000; MINE 37; VERON N. FRANCE COORDS: 0-352445	PLOT No. RELIGIOUS ABOVE GRAVE	ROW No.	GRAVE No.
--	--	--	---------	-----------

TYPE OF RELIGIOUS CEREMONY PROTESTANT	PERSON CONDUCTING BURIAL RITES Cs. Igan Wendland, Capt.	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
---	---	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes, embossed plate
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Beginning of Row	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Keller, Keith K.	RANK Pfc.	SERIAL No. 37701757	ORGANIZATION 38th Armd Inf. Bn.	GRAVE No. 122
--	---------------------	-------------------------------	---	-------------------------

SIGNATURE OF PERSON PREPARING REPORT H. H. HAUCK, Up1, 37500000	SIGNATURE OF GRS OFFICER VERIFYING REPORT Major
---	---

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

25 APR 1946

MC 11

Section **UNIDENTIFIED REMAINS**

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

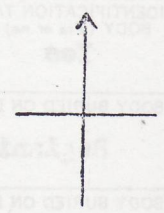
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

15

WD OMC FORM 1942 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 9 April 1946
Impression Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 10px auto;"> CARPENTER, ROBERT E. O-1310065 T42-3 O </div>	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) CARPENTER ROBERT E.	
	GRADE 1st Lt	ORGANIZATION 38TH ARMD INF BN
	RACE WHITE	RELIGION PROTESTANT
PLACE OF DEATH SILLEGNY (MOSELLE) FRANCE	CAUSE OF DEATH MULTIPLE WOUNDS	DATE OF DEATH EST. 19 SEPTEMBER 1944
EMERGENCY ADDRESSEE (Name, relationship, and address) UNK		
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) 1	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)	
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) YES		
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME NONE		
Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.		
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U.S. MILITARY CEMETERY (Q260584) ST. AVOLD (MOSELLE) FRANCE		
DATE OF BURIAL 9 April 1946	HOUR 1530	BURIED IN (Shroud, blanket, or name of other) CASKET
		TYPE OF GRAVE MARKER WOODEN CROSS
		PLOT No. 00
		ROW No. 11
		GRAVE No. 121
WAS THIS A REBURIAL? (Yes or no) NO	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE SILLEGNY (MOSELLE) FRANCE, MAP OF EUROPE 1:200,000; SHEET 57; VERDUN WISSEMBOURG COORDS: U-852445	
		PLOT No. REMAINS ABOVE GROUND
		ROW No. REMAINS ABOVE GROUND
		GRAVE No. REMAINS ABOVE GROUND
TYPE OF RELIGIOUS CEREMONY PROTESTANT	PERSON CONDUCTING BURIAL RITES Ch. Lynn Wendland, Capt.	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes, embossed plate	
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Beginning of Row	RANK	SERIAL No. ORGANIZATION GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Keller, Keith K.	RANK Pfc.	SERIAL No. 37701757 ORGANIZATION 38th Armd Inf. Bn. GRAVE No. 122
SIGNATURE OF PERSON PREPARING REPORT W. H. HAUCK, Cpl, 37588082	SIGNATURE OF GRS OFFICER VERIFYING REPORT Ralph W. Sletor Major Inf.	
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.		

RESTRICTED

11

RESTRICTED

Section V. — UNIDENTIFIED REMAINS.

INSTRUCTIONS:


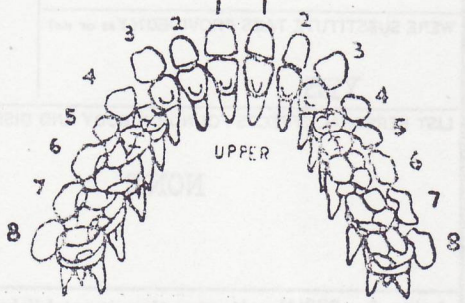
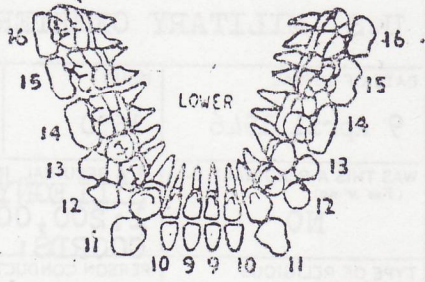




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> 
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

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

4102

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 First Lieutenant Robert E. Carpenter, Army Serial Number 01310065, Infantry, to be dead. He was officially reported as missing in action as of the 19th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 20th day of September, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Hendrick

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA European		FLYING STATUS No	JUMP STATUS No	LINE OF DUTY Yes	OWN MIS-CONDUCT No	ON DUTY STATUS Yes	ABSENCE AUTH'D Yes
PREVIOUS REVIEWS None							
DATE OF BIRTH 12 Apr 1919	HOME ADDRESS Yazoo City, Mississippi	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 3 Feb 1943		LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
		YEARS -	MONTH -	DAYS -			

EMERGENCY ADDRESSEE		
NAME Mrs. Annie B. Carpenter	RELATIONSHIP Mother	ADDRESS Route Number 2, Box 147 Yazoo City, Mississippi

BENEFICIARIES		
NAME Mrs. Annie B. Carpenter	RELATIONSHIP Mother	ADDRESS Route Number 2, Box 147 Yazoo City, Mississippi

NAME Mr. Sebe E. Carpenter	RELATIONSHIP Father	ADDRESS Route Number 2, Box 147 Yazoo City, Mississippi
-------------------------------	------------------------	---

REMARKS

Circumstances of disappearance: He became missing in action in France.

Distribution 56

SEP 28 1945

ASN as EM 34,130,512

SENSITIVE SURFACE - HANDLE FINGERS ONLY

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

REPORT OF DEATH

DATE 4 June 1946 rmc/125

FULL NAME Carpenter, Robert E.		ARMY SERIAL NUMBER 01 310 065		GRADE 1st Lt.	
HOME ADDRESS Yazoo City, Mississippi		ARM OR SERVICE Infantry		DATE OF BIRTH 12 April 19	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 19 Sept 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 3 Feb 43		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Annie B. Carpenter, Mother, Route 2, Box 147, Yazoo City, Mississippi					
BENEFICIARY (Name, relationship, and address) Mrs. Annie B. Carpenter, Mother, Route 2, Box 147, Yazoo City, Mississippi Mr. Sebe E. Carpenter, Father, address shown above					
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (Specify below)		YES		NO	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
ADDITIONAL DATA AND/OR STATEMENT					
<p>Finding of Death has been issued previously under Section 5, Public Law 490, 7 Mar 42, as amended, showing presumed date of death as 20 Sept 45. This "Report of Death", based on information received since that date is issued in accordance with Section 9, of said Act, and its effect on prior payments and settlements is as prescribed in Section 9.</p>					
<p>BY ORDER OF THE SECRETARY OF WAR</p> <p style="font-size: 1.5em; font-family: cursive;">U. M. Anderson</p> <p>ADJUTANT GENERAL</p>					

FILE


SENSITIVE SURFACE - HANDLE WITH CARE ONLY

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

260173
3

REPORT OF DEATH

DATE 4 June 1946 rwr/105

FULL NAME Carpenter, Robert E.		ARMY SERIAL NUMBER 01 310 065	GRADE 1st Lt.
HOME ADDRESS Yazoo City, Mississippi		ARM OR SERVICE Infantry	DATE OF BIRTH 12 April 19
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 19 Sept 44
STATION OF DECEASED European Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 3 Feb 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Annie B. Carpenter, Mother, Route 2, Box 147, Yazoo City, Mississippi			
BENEFICIARY (Name, relationship, and address) Mrs. Annie B. Carpenter, Mother, Route 2, Box 147, Yazoo City, Mississippi Mr. Sebe E. Carpenter, Father, address shown above			
INVESTIGATION MADE		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	
YES	NO	YES	NO
IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO	YES	NO
ADDITIONAL DATA AND/OR STATEMENT			
			<input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE
<p>Finding of Death has been issued previously under Section 5, Public Law 490, 7 Mar 42, as amended, showing presumed date of death as 20 Sept 45. This "Report of Death", based on information received since that date is issued in accordance with Section 9, of said Act, and its effect on prior payments and settlements is as prescribed in Section 9.</p>			
BY ORDER OF THE SECRETARY OF WAR  U. M. Anderson ADJUTANT GENERAL			

30

M/

360173

WAR DEPARTMENT
 THE ADJUTANT GENERAL'S OFFICE
 WASHINGTON 25, D. C.
 —BATTLE CASUALTY REPORT

1946 MAY 27

DATE CAS. REPORT RECEIVED

16 letter
DATE TELEGRAM SENT
3 June 46

AG 201	NAME CARPENTER ROBERT E ASN 01 310 065	GRADE 1/LT SON	DATE CAS. REPORT RECEIVED
NAME AND ADDRESS OF E. A.	MRS ANNIE B CARPENTER ROUTE 2 BOX 147 YAZOO CITY MISSISSIPPI		DATE TELEGRAM SENT

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
1/LT	CARPENTER, ROBERT E.	01310065	INF	ETO		117
TYPE OF CASUALTY		PLACE OF CASUALTY	DATE OF CASUALTY			CASUALTY CODE
KILLED IN ACTION		IN FRANCE	DAY	MONTH	YEAR	
			19	SEP	44	1J

no telegram send spec I like

REMARKS:

CORRECTED COPY

REPORT OF DEATH ISSUED 4 JUNE 46
 rmr/1D557/4June 46.

U PROJECT

Finding of Death has been issued previously under Section 5, Public Law 490, 7 Mar 42, amended, showing presumed date of death as 20 Sept 45. This "Report of Death", based on information received since that date is issued in accordance with Section 9, of said Act, and its effect on prior payments and settlements is as prescribed in Section 9.

ACTION BY COMPOSITE SECTION: REPORT VERIFIED _____ FORM 43 _____ AG 201 REQ _____

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO. _____ YES (AS INDICATED BELOW):

FILE NO. _____ MESSAGE NO. *0353* TYPE *Dea* DATE AND AREA *20 Sept 45* E. A. NOTIFIED *20 Feb 46*

FORWARDED TO SPEC. IDEN. C. & P. TELEGRAM LETTER CERTIF. F. REL. CORRES. REPAT. S. A. & D. NON-DE

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY *Chamber* REVIEWED BY *Chamber*

DISTRIBUTION "A" COPIES DISTRIBUTION "B" COPIES
 WD AGO FORM 0365 1 MAY 1945 EDITION OF 1 JAN. 1945 MAY BE USED.

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

4102

260,17

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 First Lieutenant Robert E. Carpenter, Army Serial Number 01310065, Infantry, to be dead. He was officially reported as missing in action as of the 19th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 20th day of September, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Herbert

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA European		FLYING STATUS No	JUMP STATUS No	LINE OF DUTY Yes	OWN MIS-CONDUCT No	ON DUTY STATUS Yes	ABSENCE AUTH'D
PREVIOUS REVIEWS None							
DATE OF BIRTH 12 Apr 1919	HOME ADDRESS Yazoo City, Mississippi	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 5 Feb 1943		LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
		YEARS	MONTH	DAYS			
		-	-	-			

NAME Mrs. Annie B. Carpenter		EMERGENCY ADDRESSEE	
RELATIONSHIP Mother	ADDRESS Route Number 2, Box 147 Yazoo City, Mississippi		

NAME Mrs. Annie B. Carpenter		BENEFICIARIES	
RELATIONSHIP Mother	ADDRESS Route Number 2, Box 147 Yazoo City, Mississippi		

NAME Mr. Sebe E. Carpenter		BENEFICIARIES	
RELATIONSHIP Father	ADDRESS Route Number 2, Box 147 Yazoo City, Mississippi		

REMARKS

Distribution 56

Circumstances of disappearance: He became missing in action in France.

ASN as EM 34,130,512

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

200173 8-6

-BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
CARPENTER ROBERT E		01310065		1 LT	INF	ETO
PLACE OF CASUALTY		DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE 9		DAY	MONTH	YEAR		
		19	SEP	44	MIA	211

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR. MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS. ANNIE B CARPENTER	MOTHER	11 OCT.44 C.M
NO. AND NAME OF STREET—CITY—STATE		
ROUTE NUMBER 2 BOX 147 YAZOO CITY MISSISSIPPI		

REMARKS:

CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED _____ **FORM 48** _____ **AG 201 REQ** _____

CASUALTY BRANCH FILE ATTACHED _____ **OR CHARGED TO** _____ **DATE** _____

PREVIOUSLY REPORTED NO _____ YES _____ (AS INDICATED BELOW):

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

FORWARDED TO

SPEC. IDEN. TELEGRAM WOUNDED LETTER CORRES. S. R. & D. CERTIF. M. & M. NON-DEL.

REPORT NOT VERIFIED _____ **NO FORM 48** _____ **NO CAS. BR. FILE** _____ **CHECKED BY** _____ **REVIEWED BY** _____

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A" 30 COPIES

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

DISTRIBUTION "B" COPIES

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

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

PUM/BLF/mf

Case No. 260173

Date 25 July 1946

SUBJECT: Report of transactions in disposing of the effects of

Robert E. Carpenter, O-1310065 late a
(Name of deceased) (Army Serial Number)

First Lieutenant, Infantry who died
(Grade) (Organization, Army or Service)

on the 20 day of September, 19 45, at European Area
Washington

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 28 May 1946, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Sebe E. Carpenter for the effects of the above named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112,

Sebe E. Carpenter of
(Name of person found entitled)

Route #2, Box 147, Yazoo City State of
(Number, Street or Avenue) (City, Town or Village)

Mississippi, is the father of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

P. U. MAXEY, Lt Col, QMC

(Name, Rank, Organization)
SUMMARY COURT MARTIAL

~~XXXXXXXXXXXXXXXXXXXX~~

260173

CHE/BLF/mf
25 July 1946

Mr. and Mrs. Sebe E. Carpenter
Route #2, Box 147
Yazoo City, Mississippi

Dear Mr. and Mrs. Carpenter:

The Army Effects Bureau has received some additional property of your son, First Lieutenant Robert E. Carpenter.

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

Regrettably, a portion of the property was damaged prior to receipt at this Bureau.

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

Sincerely yours,

C. H. BSSERT
Administrative Assistant
Army Effects Bureau

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE VALU. LES	RECIPIENT FROM
ACCOUNT NUMBER	NAME	SHIP VALUABLES	<input checked="" type="checkbox"/> CASUALTY REPORT
	<input checked="" type="checkbox"/> SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	<input type="checkbox"/> INVENTORY
	RANK		<input type="checkbox"/> FORM 20
<p>Mr. Sebe E. Carpenter Route 2, Box 147 Yazoo City, Mississippi</p> <p>1st Lt. Robert E. Carpenter 0-1310065 260173</p>			<input type="checkbox"/> LETTER
			NO. & TYPE OF CONTAINER
			<input type="checkbox"/> ENVELOPE
			<input type="checkbox"/> CARTONS
			<input type="checkbox"/> PACKAGE
			<input type="checkbox"/> FOOT LOCKER
			SPECIAL INSTRUCTIONS
			<input type="checkbox"/> REMOVE GI
			<input type="checkbox"/> SHIP BLOODSTAINED
			<input type="checkbox"/> SHIP DAMAGED
<input type="checkbox"/> REMOVE BL'DSTAINED			
<input type="checkbox"/> REMOVE DAMAGED			
<input type="checkbox"/> FILMS REMOVED			
<input type="checkbox"/> DIARY REMOVED			
CHE/BLF/mf	SUMMARY COURT DATA		DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		MAIL REVIEWER (initials)
REMARKS			<input checked="" type="checkbox"/> SHIPPED
			<input type="checkbox"/> FRANKED
			<input type="checkbox"/> EXPRESS
			<input type="checkbox"/> FREIGHT
			DATE SHIPPED JUL 29 1946
			SHIPPING CLERK <i>SR</i>
			ROUTING
			<input type="checkbox"/> ACCOUNTING BRANCH
			<input checked="" type="checkbox"/> WAREHOUSE
			<input checked="" type="checkbox"/> FILE
ORDER FOR ACTION			

EFF QM FORM 14
10 OCT 1945

<input checked="" type="checkbox"/>	INBOUND INVENTORY
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
	TALLY IN FORM 43

EFFECTS INVENTORY ARMY EFFECTS BUREAU

DECEASED	
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

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

DAMAGED

CONTAINERS ADDRESSED TO <i>None</i>	INFORMATION <i>Dorothy Downs 737 N. Haskell Ave. Dallas 8, Texas</i>
NAME AND STATUS VARIATIONS <i>Letters from friend C. S. ... 0-131 ... 1-letter has A.S.N. 200-131...</i>	CROSS REFERENCE

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

DATE
BANK OR PLACE OF ISSUE
PAYEE
REMITTER OR DRAWER

TALLY NO. <i>7501</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>2-2-46</i>	BOX NO.	SHEET _____ OF _____ SHEETS
-----------------------	--------------------	------------------------------	---------	-----------------------------

NAME <i>ROBERT E. CARPENTER</i>	A. S. N. <i>01310063</i>
ORGANIZATION	RANK <i>1/2*</i> CASE NO.

WAREHOUSE SPACE <i>1136 A</i>	EXAMINED BY <i>Brown</i>	DIARY REMOVED
-------------------------------	--------------------------	---------------

PACKED BY	PHOTO FILM REMOVED	MOTION PICTURE FILM REMOVED
-----------	--------------------	-----------------------------

PACKAGE DESCRIPTION	WEIGHT	INSPECTED BY	DATE <i>1111 00 1946</i>	BY WHOM
---------------------	--------	--------------	--------------------------	---------

CARPENTER, ROBERT E.				/LT 0063		
BAY	PALLET	BOX	TALLY	TYPE P1		
9		30	7501	PKG		

UNIDENTIFIED # 146

BAY	PALLET	BOX	TALLY 1849	TYPE ENV
-----	--------	-----	---------------	-------------

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

**EFFECTS INVENTORY
ARMY EFFECTS BUREAU**

DECEASED	
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

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

CONTAINERS ADDRESSED TO	INFORMATION
<i>none</i>	<i>none</i>
NAME AND STATUS VARIATIONS	<u>CROSS-REFERENCE</u>
<i>43 Shows used # 146</i>	<i>Only effects received from 77-65-1. 1 dd to g. automatic removal.</i>

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

TALLY NO. <i>1749</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>22 May 46</i>	BOX NO.	SHEET OF _____ SHEETS
NAME <i>ROBERT E. CARPENTER</i>			A. S. N. <i>0-1310065</i>	
ORGANIZATION			RANK <i>1st</i>	CASE NO.
WAREHOUSE SPACE	EXAMINED BY <i>Cout</i>		DIARY REMOVED	
	PACKED BY		PHOTO FILM REMOVED	
	INSPECTED BY		MOTION PICTURE FILM REMOVED	
PACKAGE DESCRIPTION	WEIGHT	SHIPPED		
		DATE	BY WHOM	

R E S T R I C T E D

Money in the amount of _____ has been turned into

(Name of finance officer and symbol number)

Form WDFD 38

enclosed.

Names and addresses of any Banks in which accounts may be

carried:

I certify that the above items constitute all of the effects,
secured by me, of the above named individual and that they were for-
warded to the Effects Depot by _____ on
(Rail, Truck, etc.)

_____ 194__.

Name _____

Rank & ASN _____

Organization _____

Any additional pertinent information:

R E S T R I C T E D

R E S T R I C T E D

11 October 1944
Date

SUBJECT: Inventory of Personal Effects of:

Carpenter Robert E. 1st Lt. 01310063
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of Company "E"
(Unit)

3rd Armored Inf. Bn. was reported M.D.A.
(Organization) (Status-Killed, MIA,

Hospitalized, etc.) about Sept 191 1944
(Date)

Designated Beneficiary if information readily accessible _____

I N V E N T O R Y O F E F F E C T S

1 Shaving kit and pictures

file 5-28

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

(S-6-25-45)

JRM:VJ:ih

April 25, 1945

In Reply Refer To: 260173

Mrs. Annie B. Carpenter
Route #2, Box 147
Yazoo City, Mississippi

Dear Mrs. Carpenter:

The Army Effects Bureau has received and is forwarding to you some additional property belonging to your son, First Lieutenant Robert E. Carpenter.

As previously indicated, my action in forwarding such effects does not, of itself, vest title in you. The property is transmitted in order that you may safely keep it on behalf of the owner, pending change in his status.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau.

For your convenience, there is inclosed an addressed envelope which needs no postage.

Yours very truly,

P. L. KooB

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

*file
7/1/45*

Incl.--
Envelope

Receipt acknowledged:

Mrs Annie B. Carpenter

(Signature of Bailee)

(Date) *7 45*

yma

PACKAGE DESCRIPTION <i>4-1-45</i>	ARMY EFFECTS BUREAU INVENTORY		DECEASED MISSING P.O.W. ABANDONED ?
			TALLY NO. <i>74014</i>
			INV. DATE <i>3-7-45</i>
			ORIG. No. <i>1</i> OF PKGS.
NAME <i>Robert E Carpenter</i>			BOX NO.
* U.S.N. <i>0-1310065</i> RANK <i>LT</i>			SHEET <i>1</i> OF <i>1</i> SHEETS
			ORGANIZATION <i>* Inf.</i>

BELT		TOWELS & WASHCLOTHS		WINGS
BELT, MONEY (NO MONEY)	<input checked="" type="checkbox"/>	CLOTHING		BAGS, CLOTH OR TRAVEL
CLOTH, WASH		BRACELET IDENT.		BILLFOLD, (NO MONEY)
COATS		BRUSHES		CASE
FOOTWEAR, PR.		COMBS		FOOTLOCKER
GLOVES, PR.		GLASSES		KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS		KNIVES		<input checked="" type="checkbox"/> BOOKS
HEADWEAR		LIGHTERS		BOOKS, ADDRESS
JACKETS		MISC. INSIGNIA		BOOKS, PILOT LOG
OVERCOATS		PEN, FOUNTAIN		DIARY (REMOVED FOR DUG)
SCARFS		PENCIL, MECHANICAL		FILMS
SHIRTS		PIPES		LETTERS
SOCKS, PR.		RELIGIOUS ARTICLES		PAPERS, PERSONAL
TIES		RIBBONS, DECORATION		PHOTOS
TOWELS		RINGS		SHOE SHINE ARTICLES
TROUSERS, PR.		TOBACCO		SHORT SHORTER
TRUNKS, PR.		TOILET ARTICLES		SOUVENIRS
UNDERWEAR		WATCH		SOUVENIR MONEY
<i>3 coat hangers</i>				STATIONERY
				TESTAMENTS
				U.S. MONEY (AMOUNT)

REMARKS <i>No information</i>	ATTACHMENTS	FORM #54	FORM #100
		<i>1 inventory</i>	
* <i>obtained from foot lockers</i>		WEIGHT	G.I. REMOVED
			SHORTAGE ON REVERSE
			IDENT. TAGS REMOVED
			DIARY REMOVED
C.A.T. <i>1st Lt. Corrie B. Carpenter</i>	WAREHOUSE SPAC <i>1899</i>	DATE SHIPPED	LOCKED STORAGE
	INVENTORIED BY	APR 20 1945	LAUNDRY

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPT
ARMY EFFECTS BUREAU
601 Hardesty Avenue
Kansas City 1, Missouri

(S-6-19-45)
JRM:VJ:co
April 19, 1945

In Reply Refer To: 260173

Mrs. Annie B. Carpenter
Route #2, Box 147
Yazoo City, Mississippi

Dear Mrs. Carpenter:

The Army Effects Bureau has received some personal effects belonging to your son, First Lieutenant Robert E. Carpenter.

This property is being forwarded to you in one suitcase and should reach you in the near future.

My action in transmitting the property does not, of itself, vest title in you. The items are forwarded in order that you may act as gratuitous bailee in caring for them pending the return of the owner, who has been reported missing in action. In the event he later is reported a casualty, and I sincerely hope he never is, it will be necessary that the property be turned over to the person or persons legally entitled to receive it.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

I regret the circumstances prompting this letter, and wish to express my hope for the safe return of your son.

Yours very truly,

P. L. Koob
P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

J. H. H.
Incl--
Envelope

Receipt acknowledged:

Annie B. Carpenter
(Signature of Bailee)

Apr 26 1945
(Date)

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Annie B. Carpenter
1st Lt. Robert E. Carpenter Route #2, Box 147
O-1210065 Yazoo City, Mississippi
260173 M

Effects of:
Name

ASN

Case No.

Wt.

DATE 19 April 1945
JRM:VJ:co

FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

FRANKED

APR 23 1945

REMARKS:

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

Shipping Clerk

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASED
MISSING
P.W.
ABANDONED



260173

TALLY NO. 7401

INV. DATE 2/24/45

ORIG. No. OF PKGS. 1

BOX NO.

SHEET OF 1 SHEETS

ORGANIZATION

NAME ROBERT E. CARPENTER
A.S.N. 01310065 RANK LT

BELT		TOWELS & WASHCLOTHS		WRINGS
BELT, MONEY (NO MONEY)	X	CLOTHING		BAGS, CLOTH OR TRAVEL
CLOTH, WASH		BRACELET IDENT.		BILLFOLD, (NO MONEY)
COATS		BRUSHES		CASE
FOOTWEAR, PP.		COMBS		FOOTLOCKER
GLOVES, PR.		GLASSES		KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS		KNIVES		BOOKS
HEADWEAR		LIGHTERS		BOOKS, ADDRESS
JACKETS		MISC. INSIGNIA		BOOKS, PILOT LOG
OVERCOATS		PEN, FOUNTAIN		DIARY (REMOVED FOR DUB)
SCARFS		PENCIL, MECHANICAL		FILMS
SHIRTS		PIPES		LETTERS
SOCKS, PR.		RELIGIOUS ARTICLES		PAPERS, PERSONAL
TIES		RIBBONS, DECORATION		PHOTOS
TOWELS		RINGS		SHOE SHINE ARTICLES
TRUSERS, PR.		TOB-ACC		SHORT SHORTER
TRUNKS, PR.		TOILET ARTICLES		SOUVENIRS
UNDERWEAR		WATCH		SOUVENIR MONEY
				STATIONERY
				TESTAMENTS
				U.S. MONEY (AMOUNT)

REMARKS

ATTACHMENTS

FORM #54

FORM #100

737 W. Oakley Ave.
Hollywood, Calif.

1 - Inventory

C.A.T.

112 10/11/44 100 City Mission

WAREHOUSE SPACE

STORED BY

WEIGHT

G. I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LAUNDRY REMOVED

INVENTORIED BY

DATE SHIPPED

APR 28 1945

NAME CARPENTER, R.E. LT 0065

BAY	PALLET	BOX	TALLY
26	3		740

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
BOX		

EE. QM Form 43

(1) one messot ✓

(6) Six puntan shirts ✓

(1) one jacket ✓

(5) five pr. puntan trousers ✓

(3) puntan caps ✓

(7) seven pr. socks ✓