



INDIVIDUAL DECEASED PERSONNEL FILE

USMC MARGRATEN

I CERTIFY that the typed names appearing above are the original signatures on the No. 4 copy of Form 1194 concerning the original signatures on the No. 4 copy of Form 1194 concerning

1
 PLOT: F ROW: 6 GRAVE 2
 DATE OF BURIAL: 24 JAN 49
 VERIFIED BY GRS OFFICER WILLARD B. OWEN CAPT INF
 P. B. Nilsson
 Raymond J. Rodriguez
 CWO USA

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 4650 03204	DATE 15 04 48 DAY MONTH YEAR
NAME CHAPPELL CLAUDIUS H		SERIAL NUMBER 35813903	RANK PVT
CEMETERY MARGRATEN - AACHEN		DATE OF DEATH 1 4601 80 DAY MONTH YEAR	
PLOT A	ROW 1	GRAVE 3	COUNTRY HOLLAND
SECTION B - CONSIGNEE AND NEXT OF KIN		FLAG SENT 27 JAN 49	
NAME AND ADDRESS OF CONSIGNEE MARGRATEN, HOLLAND		NAME AND ADDRESS OF NEXT OF KIN RUTH M. CHAPPELL (WIFE) ROUTE ONE PADUCAH, KENTUCKY	
SECTION C - DISINTERMENT AND IDENTIFICATION			
NAME CLAUDIUS H CHAPPELL		SERIAL NUMBER 35813903	RANK PVT
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION USAGF	RELIGION P
DATE OF DEATH 7 JULY 1948		DATE DISINTERRED 7 JULY 1948	
IDENTIFICATION VERIFIED BY DAVID W BROWN 1/LT., INF. NAME AND TITLE			
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT			
NATURE OF BURIAL MATTRESS COVER		CONDITION OF REMAINS CRANIAL POST. REMAINS COMPLETE.	
OTHER MEANS OF IDENTIFICATION NONE			
MINOR DISCREPANCIES NONE			
REMAINS PREPARED AND PLACED IN CASKET			
DATE 8 JULY 1948		BY WILFRED D HARRIS, EMBALMER	
CASKET SEALED BY WILFRED D HARRIS		EMBALMER (Signature) <i>Wilfred D. Harris</i> WILFRED D HARRIS	
BOXED AND MARKED 7/48 BY STANLEY E GAJEWSKI CLERK RECORDER		SHIPPING ADDRESS VERIFIED BY ALL TAGS, PLATES, AND MARKINGS VERIFIED BY ROGER N LETOURNEAU, CAPT., FA	
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.			
SIGNATURE OF GRS INSPECTOR <i>R. N. Letourneau</i>		DATE MAR 25 1949	
Discrepancy Report QMC Form 1194a for major discrepancies.			

RECORDED ON ORIGINAL INSTRUMENT

46 1194 HN

FINAL LETTER SENT 17 MAR 1949

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

17 March 1949

Mrs. Ruth M. Chappell
Route One
Paducah, Kentucky

Pvt. Claudius H. Chappell, ASN 35 813 903
Plot F, Row 6, Grave 2
Headstone: Cross
Margraten (Holland) U.S. Military Cemetery

Dear Mrs. Chappell:

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,

THOMAS B. LARKIN
Major General
The Quartermaster General

1gb

REQUEST FOR DISPOSITION OF REMAINS

GRADE OF DECEASED _____ SERIAL NUMBER AND REPORTED PLACE OF BURIAL _____

DATE: _____

Pvt Claudius H. Chappell, 35 813 903
Plot A, Row 1, Grave 3,
United States Military Cemetery
Margraten, Holland

24 November 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

1. Ruth M Chappell
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. Margraten, Holland
- 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

D.D. PRAC. 4-21-1948 MA. K.

Called 7 April
Mr. Neath's

[Handwritten signature]

MAR 10

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.)

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.

Ruth M Chappell (SIGNATURE OF NEXT OF KIN) Route ONE (STREET AND NUMBER)
Ruth M. Chappell (NAME PRINTED OR TYPED) Paducah - Ky (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 15th. day of December, 1947, at city (or town) of Paducah, county of McCracken, and State (or Territory or District) of Kentucky

Luise Miller
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public, McCracken County, Ky
 (OFFICIAL TITLE)

*NOTE.—Page 4 is part of the notarial attestation.
 My commission expires Feb. 27, 1950

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____	_____ (DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

PART III

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

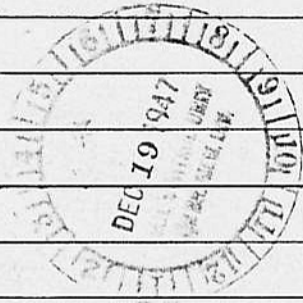
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

_____	_____ (DATE)
(SIGNATURE)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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



DDMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED Claudius H Chappell		RANK Private	SERIAL NUMBER 35813903
NAME OF NEXT OF KIN Mrs Ruth Tucker Chappell		RELATIONSHIP Wife	
OLD ADDRESS 3208 Adams Street Paducah - Ky			
NEW ADDRESS Route One W Paducah - Ky			
REMARKS Could I know details of Claudio's death?			

Pvt Claudius H. Chappell, 35 813 903
Plot A, Row 1, Grave 3,
United States Military Cemetery
Margraten, Holland

24 November 1947

Mrs. Ruth M. Chappell
1208 Adams Street
Paducah, Kentucky

Dear Mrs. Chappell:

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

ccy

8 Incls

CSH

NOV 25 1 16
U.S. ARMY
U.S. RECORDS

QCMMR 293
Chappell, Claudius H.
SN 35 813 903

16 December 1946

SUBJECT: Burial Record

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following decedent be changed to read as underscored:

Cemetery: U. S. Military Cemetery Margraten, Holland

<u>NAME</u>	<u>RANK</u>	<u>SERIAL</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>	<u>ORGANIZATION</u>
	<u>GRADE</u>	<u>NO</u>				
Chappell, Claudius H.	<u>Pvt</u>	35 813 903	A	1	3	-

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

20
VD
WB

Dec 16 2 47 PM '46
G. U. M. G.
MAIL & RECORDS BRANCH

RECEIVED IN THE
RECORDS BRANCH
DEC 16 1 55 PM '46
MEMORIAL DIVISION

REGISTRATION RECORDS BRANCH

12 November 46
DATE

NAME CHAPPELL, CLAUDIUS H. - PVT.

SERIAL NO 35 813 903

CEMETERY MARGRATEN, HOLLAND

PLLOT A

ROW 1

GRAVE 3

LETTER FIELD

Correct Records to Read

Rand

L. E. Wasi
SPECIAL CHECKER

QMDR 293

Chappell, Claudius H.
SN 35 813 903

16 December 1946

SUBJECT: Burial Record

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following decedent be changed to read as underscored:

Cemetery: U. S. Military Cemetery Margraten, Holland

<u>NAME</u>	<u>RANK</u>	<u>SERIAL</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>	<u>ORGANIZATION</u>
Chappell, Claudius H.	<u>Pvt</u>	35 813 903	A	1	3	-

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

VD

jw

AP

11 October 1946

Mrs. Ruth M. Chappell
3208 Adams Street
Paducah, Kentucky

Dear Mrs. Chappell:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Claudius H. Chappell, A.S.N. 35 813 903.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot A, row 1, grave 3. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

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

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

F. B. LARKIN
Major General
The Quartermaster General

OCT 14 12 03 PM '46
MAIL & RECORDS BRANCH

J.B.

dar

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

51233
10 November 1944
Date
35813903
Serial No.

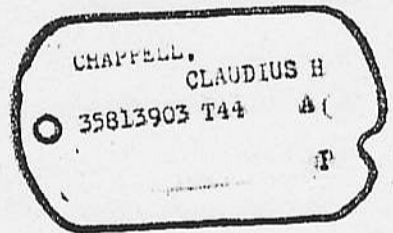
243
Chappell, Claudius H. ~~Unknown~~ ^{PVT P.S.}
Last Name First Initial Rank
Co. B, 38th A I Bn. 7th Armored Div. Organization
Vic. Tongres, Belgium 9 November 1944 KIA
Place of Death Date of Death Cause of Death
1530 hours 10 Nov. 1944 U.S. Mil. Cem., Margraten, Holland VK 645482
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
3 1 A Cross
Grave Number Row Number Plot Number Type of Marker

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No
If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

To determine Right or Left use Deceased's Right and Left.
Who is buried on:
Deceased's Right: Surowiec Jos. A 32284022 Unknown Co A 38th A I Bn. 2
Name Serial No. Rank Organization Grave No.
Deceased's Left: Bandosz, William J. 36705330 Unk. Unknown 4
Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee Unk. Name
Address
Religion P

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

Edwin J. Donovan
EDWIN J. DONOVAN
1st. Lt., OMC
GRS Officer
Verified by G.R.S. Officer
File
1-24-45
MK

IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand

2

1

Thumb

Right Hand

1

Thumb

TOOTH CHART

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

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

Characteristics:

Other Data:

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

RECEIVED
 FBI - MEMPHIS
 MAY 11 1968
 100-1-100

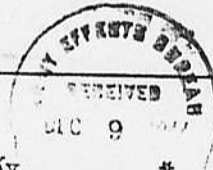
WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

311021
1711
306566

REPORT OF DEATH

DATE 4 Nov. 44
glm/4627

FULL NAME Chappell, Claudius H.		ARMY SERIAL NUMBER 35 813 903		GRADE Pvt.									
HOME ADDRESS Paducah, Kentucky		ARM OR SERVICE Infantry		DATE OF BIRTH Nov. 3 1911									
PLACE OF DEATH European Area		CAUSE OF DEATH Died of wounds rec'd in action		DATE OF DEATH 9 Nov. 44									
LOCATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 21 Jan. 44		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Ruth M. Chappell, wife, 3208 Adams St., Paducah, Ky.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Ruth M. Chappell, wife, address shown above. Ruth C. & Donald R. Chappell, children, same as above. Mrs. Rhoda B. Chappell, mother, 401 S. 21st St., Paducah, Ky.													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		X



ADDITIONAL DATA AND/OR STATEMENT

* Declined to designate an alternate beneficiary.

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR
James W. Pennington
ADJUTANT GENERAL

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

jd

311,021
 BR

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

24 Oct. 1945 fe.

Please complete and return to the Effects Quartermaster, Army
 Effects Bureau, Kansas City Quartermaster Depot, Kansas City, 1, Missouri.

1. Last Name *	2. First Name	3. Middle Initial	4. Serial Number	5. Grade
CHAPPELL	CLAUDIUS	H	35 813 903	PVT.
6. Casualty Status <input type="checkbox"/> Deceased <input type="checkbox"/> Prisoner of War <input type="checkbox"/> Missing <input type="checkbox"/> Internoc <input type="checkbox"/> Unknown: Please furnish hospitalized <i>DDM - 9 Nov 44</i>			7. Organization & APO address <i>INF, file</i>	
8. Name of Beneficiary <i>Private M. Chappell</i>	9. Relationship <i>wife</i>	10. Address <i>3205 Adams St. Paducah Ky.</i>		
11. Alternate Beneficiary <i>Private Donald R</i>	12. Relationship <i>Children</i>	13. Address <i>S</i>		
14. Emergency address <i>Private M. Chappell</i>	15. Relationship <i>w</i>	16. Address <i>S</i>		
17. Bailor	18. Relationship	19. Address.		

*. If the above ASN is not assigned to the soldier named, it is requested that the AEB be advised the name, rank and present mailing address of the soldier to whom this ASN is assigned, together with the information requested in (1) above.

** In the event the above ASN is not assigned to this soldier, it is further requested that this Bureau be furnished available information regarding this soldier of record in your office.

Eff. QM Form 20 (12 Dec 44)

*Case Re Sect A
 Parkhurst, 3/1/47
 8 Nov 45*

EDWARD F. WITSELL
 Major General
 Acting The Adjutant General
 By: *EB* *30 Nov*

311021

DSJ:LK:ch
May 15, 1946

re
5/15

Dear Mrs. Chappell:

The Army Effects Bureau has received some additional property of your husband, Private Claudius H. Chappell.

These effects, contained in one carton, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

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

Sincerely yours,

D. S. JOHNSTON
2nd Lt., QMG
Chief, Adm. Division

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLUDE VALUABLES	RECIPIENT FROM
ACCOUNT NUMBER	NAME	SHIP VALUABLES	CASUALTY REPORT
	SERIAL NUMBER	VALUABLES SHIPPED BY (Clerk)	INVENTORY
	RANK		FORM 20
			LETTER
			NO. & TYPE OF CONTAINER
			ENVELOPE
			CARTONS
			PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			PREVIOUS SET
			SHIP DESTAINED
			SHIP DAMAGED
			REMOVE BL' STAINED
			REMOVE DAMAGED
			FILMS REMOVED
			DIARY REMOVED
DATE OF FINDING	APPLICANT	SUMMARY COURT DATA	DATE ACTION TAKEN
			6-15-46
			DATE REVIEWER (Initials)
			ee
REMARKS	Pvt. Galudius H. Chappell 35813903 311021 R Mrs. Ruth M. Chappell 3208 Adams Street Paducah, Kentucky		<input checked="" type="checkbox"/> SHIPPED <input type="checkbox"/> FRANKED <input type="checkbox"/> EXPRESS <input type="checkbox"/> FREIGHT DATE SHIPPED MAY 17 1946 SHIPPING CLERK ROUTING <input checked="" type="checkbox"/> ACCOUNTING BRANCH <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> FILE

EFF OH FORM 14
10 OCT 1945

ORDER FOR ACTION

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

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

DECEASED
MISSING
P. O. W.
ABANDONED
UNKNOWN

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

DAMAGED

CONTAINERS ADDRESSED TO <i>7102e</i>	INFORMATION <i>none</i> <i>Rechecked</i>
---	--

NAME AND STATUS VARIATIONS <i>43 Show Claudius Chappell m.b. Inv. appears to re Claudius H. Chappell 35813903.</i>	CROSS REFERENCE
---	-----------------

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>1400</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>22 April 46</i>	BOX NO.	SHEET _____ OF _____ SHEETS
NAME <i>CLAUDIUS H. CHAPPELL</i>	A. S. N. <i>35813903</i>		RANK <i>Pvt.</i>	CASE NO.
ORGANIZATION				

WAREHOUSE SPACE <i>105-9</i>	EXAMINED BY <i>Foyd</i>	DIARY REMOVED
PACKAGE DESCRIPTION <i>#100</i>	PACKED BY <i>Whitman</i>	PHOTO FILM REMOVED
WEIGHT	INSPECTED BY <i>M</i>	MOTION PICTURE FILM REMOVED
	STORED BY <i>DD</i>	SHIPPED
		DATE <i>MAY 17 1946</i>
		BY WHOM <i>MK</i>

APPELLI CLAUDIUS

PALET 7 BOX PVT

3903
7400

TYPE PKG
PKG

RESTRICTED

Money in the amount of None 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 forwarded to the Effects Depot by TRUCK on (Rail, Truck, etc.)

25 NOV 1944

Name Paul C. Wrasche

Rank & ASN 1st Lt. O-1290713

Organization Co. C 38th A.B.

Any additional pertinent information:

RESTRICTED

R E S T R I C T E D

November 14, 1944
Date

SUBJECT: Inventory of Personal Effects of:

Chappell Claudius 21 Plt # 35813903
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of C. C. 33rd Army Inf Bn
(Unit)

Hospitalized was reported _____
(Organization) (Status-Killed, MIA, _____)

_____ about November 7 1944
(Date)

Hospitalized, etc.)
Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

- 1 Picture ✓
- 1 Barber strap ✓
- 1 Pr scissors ✓
- 1 Pr clippers ✓
- 1 shaving bag ✓
- 20/ equipment ✓

R E S T R I C T E D

311021

GHG:MD:dh
June 27, 1945

Mrs. Ruth M. Chappell
3208 Adams Street
Paducah, Kentucky

Dear Mrs. Chappell:

The Army Effects Bureau has received additional property of your husband, Private Claudius H. Chappell, consisting of funds in the amount of \$ 9.37. A check for this sum is inclosed.

As previously indicated, such property is forwarded for distribution in accordance with the laws of the state of the soldier's legal residence.

Yours very truly,

C. B. QUINN
2nd Lt. Q.M.C.
Chief, Files Branch

1 Incl--a/s

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of:
Name Claudius H. Chappell

ASN 35813903

Case No. 311021

Wt.

DATE June 27, 1945
GHG:MD:ch

J. L. [unclear]

J. L. [unclear]

FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check
Acct. No. 113553
Amount \$9.37 *true*
 Inclose "Valuables" item
 Ship "Valuables" item(s)

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

Payable to: Ruth M. Chappell

90058 bt

ROUTING:

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

113553

311021

June 30

Ruth M. Chappell

9.37

Nine and 37/100

REMARKS:

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of package _____

Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

311021
25

CASE NO. _____

TYPED BY _____ Ebersold

DATE _____ 5-25-45

STATUS _____ Deceased

NAME _____ Chappell, Claudius A. -

A.S.N. _____ 35813903

RANK _____ P.V.T.

ORGANIZATION _____ UNK

AMOUNT _____ \$9.37 ACCOUNT NO. _____

LIST NO. _____ 113553 ml

REMARKS _____ F 176 FAID-Check No. 9005874

A C C O U N T I N G I N V E N T O R Y



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO 311021

JRM:VJ:ih
April 10, 1945

Mrs. Ruth M. Chappell
3208 Adams Street
Paducah, Kentucky

Dear Mrs. Chappell:

The Army Effects Bureau has received from overseas some personal effects of your husband, Private Claudius H. Chappell.

These effects are being forwarded to you in one package.

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

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

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

Yours very truly,

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

65

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Ruth M. Chappell

Pvt. Claudius H. Chappell

3208 Adams Street

Effects of:
Name

35813903

Paducah, Kentucky

ASN

311021 D

Case No.

Wt.

DATE 10 April 1945

JRM:VJ:ih

Mildred Blanas
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages 1

APR 16 1945

Eff. QM Form 14 (26 Dec 44)

M.S.
Shipping Clerk

NAME ~~CLAYTON~~, CHAPPEL . . . 35813903

BAY	PALLET	BOX	TALLY
	1	2	7282

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		<i>[Signature]</i>

Est. QM Form 48

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU, INVENTORY

DECEASED MISSING
P.M.W.
ABANDONED

TALLY NO. 7242

INV. DATE 29 Mar 45

CRIG. No. OF PKGS. 1

RGX NO.

SHEET OF 1 SHEETS

ORGANIZATION
Co 13-38th Brn
7th Army Div

1 pkg

NAME Claudius H Chappell
A.S.N. 35813903 RANK

BELT		TOWELS & WASHCLOTHS		WINGS
BELT, MONEY (NO MONEY)		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		BOOKS
HEADWEAR		LIGHTERS		BOOKS, ADDRESS
JACKETS		MISC INSIGNIA		BOOKS, PILOT LOG
OVERCOATS		PEN, FOUNTAIN		DIARY (REMOVED FOR DU)
SCARFS		PENCIL, MECHANICAL		FILMS
SHIRTS		PIPES		LETTERS
SOCKS, PR.	X	RELIGIOUS ARTICLES		PAPERS, PERSONAL
TIES		RIBBONS, DECORATION		PHOTOS
TOWELS		RINGS		SHOE SHINE ARTICLES
TRUSERS, PR.		TOBACCO		SHORT SHORTER
TRUNKS, PR.		TOILET ARTICLES		SOUVENIRS
UNDERWEAR		WATCH		SOUVENIR MONEY
				STATIONERY
				TESTAMENTS
				U.S. MONEY (AMOUNT)

REMARKS
Mr. Claudius H. Chappell
3208 Adams St.
Paducah Ky.

FORM #54 FORM #100

Inventory

G.A.T. none

WAREHOUSE SPACE 743A

STORED BY [Signature]

WEIGHT	G.T. REMOVED
	X SHORTAGE ON REVERSE ✓
	IDENT. TAGS REMOVED
	DIARY REMOVED
	LOCKED STORAGE
	LAUNDRY REMOVED

DATE SHIPPED
APR 16 1945

INVENTORIED BY [Signature]

Blank header section of the form.

S. L. BENOVID

SUPERVISOR

De Fourn

INVENTORY CLERK

Edmondson

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

Large blank area for listing items, with a vertical line on the left side.

AMOUNT

69.37

SYMBOL

212-201

DATE

NUMBER

U. S. CYL. CHECK SHEET

SHOTGAGES

Bottom section of the form, including a small triangular stamp in the bottom right corner.

EFF. 3M

SUBJECT: Report of transactions in disposing of the effects of

Claudius H. Chappell, 35813903 late a
(Name of deceased) (Army Serial Number)

Private, Infantry who died
(Grade) (Organization, Army or Service)

on the 9 day of November, 1944, at European Area.

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O., 223, Hq., KQ&M Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 7 April 1945, pursuant to Special Orders 223, Headquarters, KQ&M Depot, dated 25 September 1943, the application or affidavit of Mrs. Ruth M. Chappell for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Ruth M. Chappell of
(Name of person found entitled)

3208 Adams Street, Paducah State of
(Number, Street or Avenue) (City, Town or Village)

Kentucky, is the widow of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPEY, Colonel, Q.M.C.