

INDIVIDUAL DECEASED

PERSONNEL FILE

RRR Form # 39
13 Jul 48

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

9
H E N N E S S E Y W I L L I A M F PFC 32227622
(Last Name) (First Name) (Initial) (Rank) (ASN)

Repatriated to the United States: _____

6-NOV 1948

STANDARD FILE

Incl #

3049TH GRAVES REGISTRATION COMPANY
FIRST MOBILE BIVOUAC UNIT
NEAR 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 American 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 300 yds below that a civilian showed me still another isolated American Grave.

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, 36th Armd Inf Bn.
- X 2. William F. Hennessey, 3837632, Rank unk, buried with unk #4, a Lt.
3. Elias A. Santillanes, Pvt, 38362203, Med Det 36th Armd Inf Bn.
4. Unk #4, a Lt., buried with Hennessey.
5. 2 Unknowns, buried together.
6. Unknown
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.

Glen Clesier
Pfc GLEN CLESIER
3049th QM Gr Reg Co

TRUE COPY

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

Je soussigne declare 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 dclarerent 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 ~~non mines~~ 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 Commune have been driven out in 1940 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 ant 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 grat 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 american bodies which were also taken away by the Military Police.

The Mayor

Signed : Perrin Charles

Certify a True Copy

Ralph W. Sleator

RALPH W. SLEATOR
Major Inf.

REINTERRED U.S. MIL CEM.
ST. AVOLD 00 - 9 - 107

(24 Copies)

TRUE COPY

Sillegny le 3 Avril 1946

D E C L A R A T I O N

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'Equipes Americaines auxquelles 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 le cadavre marque 2. Je peux aussi vous dire que le cadavre marque 3, qui est encore sur place, etait l'Infirmier. Je reconnais 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

S T A T E M E N T

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). As for the bodies 4, 5, 6, I found no dog tags. 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

Howard E. Metzbower

REINTERRED U.S. MIL. CEM.
ST. AVOLD 00 - 9 - 107/

[Handwritten mark]

TRUE COPY

Sillegny 2 April 1946

DECLARATION

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

STATEMENT

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 fatched 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

H. E. Metzbower
HOWARD E. METZBOWER
2d Lt, Inf

REINTERRED U.S. MIL. CEM.
ST. AVOLD CO # 9 - 107

BODY # 2 WILLIAM F. HENNESSEY
 32227622
 REINTERRED U.S. MIL. CEM.
 ST. AVOLD 00-9-107

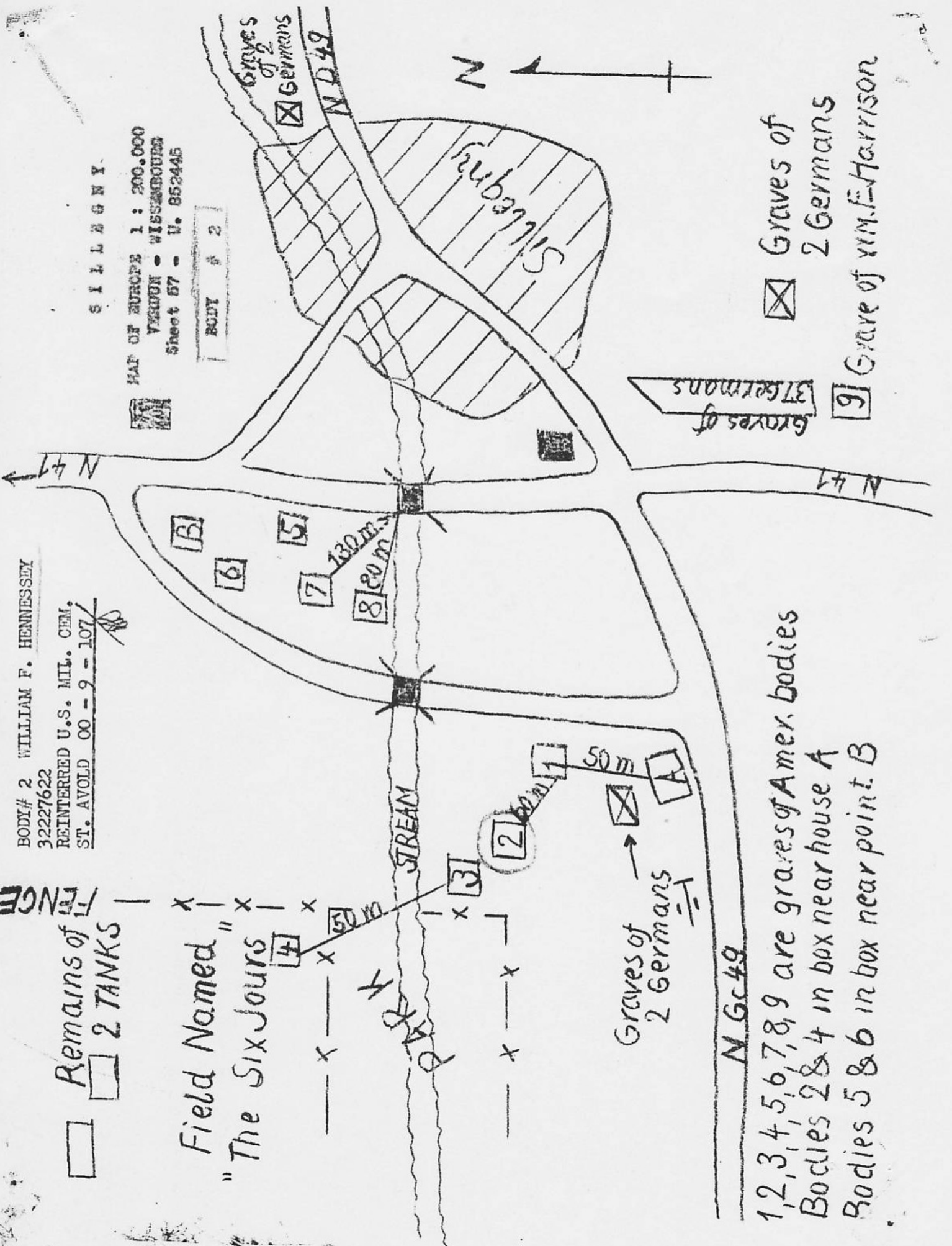
SILLAGNY

MAP OF EUROPE 1: 300,000
 VESUN - WISSAMBOURG
 Sheet 57 - U. 852445

BODY # 2

Remains of FENCE
 2 TANKS

Field Named "The Six Jours"



Graves of 2 Germans

M Gc 49

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

Graves of 37 Germans

Graves of 2 Germans

Grave of W.M. F. Harrison

Graves of 2 Germans

N D 49

REPORT OF INVESTIGATION AREA SEARCH

8 APRIL 1946

DATE

NAME WILLIAM F. HENNESSEY RANK UNK ASN 32 227 622ORGANIZATION UNK

MEANS OF IDENTIFICATION TWO IDENTIFICATION TAGS FOUND ON BODY BY
FRENCH CIVILIANS. OD TROUSERS FOUND TO HAVE
SERIAL #32227622.

(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? YES If so, state the facts as to whom you believe the deceased to be:
 - a. NAME WM. F. HENNESSEY RANK _____ ASN 32227622
 - b. ORGANIZATION _____
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____
Louis E. KAY - Elias A. SANTILLANES
 (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 NOT IN CEMETERY
 (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
 - b. Is sketch attached? YES Sheet 57 U 852445
 - c. Is area mined? NO
9. How is the grave marked? UNMARKED

- 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 mines
- 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 Report attached
16. Where were the remains found? SILLEGNY Coords U 852445
- a. By whom? Jules MULLER (Mine-sweeper)
- 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 found above ground
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? _____
- b. Are certificates and statements attached? _____

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)

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's 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 PE 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? NO

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? _____

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 Tules MULLER * Mayor PERRIN

Jean BENAOUA

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) _____

52. Give brief narrative Remains found above ground by mine-sweepers and was put in a box in March 1946 with remains of an unknown Lt. (See sketch) and move to the side of a vacant BLDG. Identification tag was removed by mine-sweepers

(Use attached sheets, if necessary)

and given to Mayor - 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 44081452

Rank

ASN

3049 th G.R. Co.

Organization

FEB 1 61949 LIST

DUPLICATE

CHECK TYPE REQUIRED (See Instructions attached)		APPLICATION FOR HEADSTONE OR MARKER (Please make out and return in duplicate)		
<input checked="" type="checkbox"/> UPRIGHT MARBLE HEADSTONE	ENLISTMENT DATE MARCH 13 1942	SERIAL No. 32227622	EMBLEM (Check one)	
<input type="checkbox"/> FLAT MARBLE MARKER	DISCHARGE DATE	PENSION No.	<input checked="" type="checkbox"/> CHRISTIAN	
<input type="checkbox"/> FLAT GRANITE MARKER		STATE N.Y.	<input type="checkbox"/> HEBREW	
<input type="checkbox"/> BRONZE MARKER (NOTE RESTRICTIONS)		RANK PFC	<input type="checkbox"/> NONE	
NAME (Last, First, Middle Initial) 293 HENNESSEY, WILLIAM F.		COMPANY CO. D. 50TH INF. 42ND AIRBORNE DIV.	U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION	
DATE OF BIRTH (Month, Day, Year) MAY 23 1918	DATE OF DEATH (Month, Day, Year) SEPT. 19 1944	LOCATION (City and State) N. TARRYTOWN, N. Y.		
NAME OF CEMETERY SLEEPY HOLLOW CEMETERY. B		NEAREST FREIGHT STATION (City and State) TARRYTOWN, N. Y.		
SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY) W. S. Smith (Monument Wks.) (SIGNATURE OF CONSIGNEE)		POST OFFICE ADDRESS OF CONSIGNEE 418 N. BWAY, N. TARRYTOWN, N. Y.		
DO NOT WRITE HERE		I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.		
FOR VERIFICATION FEB 11 1949	ORDERED 1 APR 1949	APPLICANT'S SIGNATURE Thomas Hennessey		DATE OF APPLICATION 2/2/49
B/L		ADDRESS (Street, City, State) 121 B. 2nd Ave. N. Tarrytown N.Y.		
SHIPPED				

FOR ORD. 30 MAR 1949

OQMG FORM 623
REV 15 APR 47

IMPORTANT—Complete Reverse Side

16-11453-6 GPO

I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

W. J. Weston

(Signature of superintendent, sexton, or caretaker)

Date 12-2-48

16-11453-4

Return to: OFFICE OF THE QUARTERMASTER GENERAL,
MEMORIAL DIVISION,
WASHINGTON 25, D. C.

ORIGINAL ORDER

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

FLAT GRANITE MARKER

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat granite marker you ordered. CHECK IT CAREFULLY before the marker is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat granite marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom marker is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage. UNTIL YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

WILLIAM F HENNESSEY / NEW YORK / 1st LIEUT, 248 AAF
BASE UNIT / WORLD WAR II / MAY 10 1919 MAY 4 1948

SHIP TO: E. KEOUGH, PRESIDENT
KEOUGH MEMORIAL CHAPEL INC
SARANAC LAKE
FOR: NEW YORK

R. R. STATION:

R. R. STATION:

MAR 9 1949

Do not remove

APPLICANT: JAMES SHEFFIELD
41 1/2 SARANAC AVE
LAKE PLACID
NEW JERSEY *YORK*

CEMETERY: ST. BENARD'S
SARANAC LAKE
NEW YORK

FILE
1 APR 1949
LFH

QMG FORM
Rev. 1 NOV. 48 312

APPROVAL AND ACCEPTANCE

James Sheffield
SIGNATURE

CORRESPONDENCE ACTION SLIP

NAME <i>Hennessey, William</i>		SERIAL NUMBER <i>0435413</i>	INITIALS <i>7</i>	DATE <i>1-10-49</i>
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>Keough Men Chapel</i> <i>Please print</i> <i>name + give</i> <i>complete</i> <i>addr. of person</i> <i>making appl -</i> <i>for stone</i>	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

1 APR 1949

FILE

JAN 19 1949

RECEIPT OF REMAINS

HEADQUARTERS, NYPE - DISTRIBUTION CENTER #1, AGRS
DISTRIBUTION CENTER 58th ST. & 1st AVE., BROOKLYN, N.Y. ROUTINE

REMAINS CONSIGNED TO:

WILLIAM A. DWYER
90 NORTH BROADWAY
TARRYTOWN, NEW YORK

REMAINS OF THE LATE PFC WILLIAM F. HENNESSEY ACCOMPANIED BY
AN ESCORT WILL BE DELIVERED TO YOU BY MOTOR VEHICLE DURING THE EVENING
ON TUESDAY 30 NOVEMBER. PLEASE MAKE ARRANGEMENTS TO ACCEPT
REMAINS UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME
OF ARRIVAL.

ESCORT: PFC BERNARD NEYMAN
ER 12 262 949
DET. #5, 1300 ASU

G. H. BARE

COLONEL, QMC

NAT
FILE

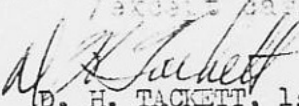
COPIES ANNOTATED
23 DEC 1948

NAME D. P. Matthews
R & R BR.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased
this 30 day of November, 1948
(Day) (Month)

Bernard Neyman Pfc
(Witness (Escort))
12202949 AFF CVA Pct 5

G. H. Bare
(Consignee)

1	DISINTERMENT DIRECTIVE				
SECTION A — NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 3574 05162	DATE 15 12 47 DAY MONTH YEAR	
NAME HENNESSEY WILLIAM F		SERIAL NUMBER 32227622	RANK PFC	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY ST AVOLD - METZ				1	DISPOSITION OF REMAINS 2300 01 CODE DIST. PT.
PLOT 00	ROW 9	GRAVE 107	COUNTRY FRANCE		CAUSE OF DEATH 2
SECTION B — CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE WILLIAM A. DWYER 90 NORTH BROADWAY TARRYTOWN, NEW YORK			NAME AND ADDRESS OF NEXT OF KIN THOMAS HENNESSEY (BROTHER) 127 BEEKMAN AVENUE NORTH TARRYTOWN, NEW YORK		
SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME HENNESSEY WILLIAM F		SERIAL NUMBER 32227622	RANK Pfc	DATE OF DEATH	DATE DISTINTERRED 6 July 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION USAGF	RELIGION C	IDENTIFICATION VERIFIED BY FORREST L BROWN, EMBALMER NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL MATTRESS COVER			CONDITION OF REMAINS MISSING: R/UL/ULNA, R/TIBIA, FIBULA, RADIUS. FRACTURED L/TIBI DISARTICULATED.		
OTHER MEANS OF IDENTIFICATION NONE					
MINOR DISCREPANCIES I IDENTIFICATION TAG READS: " WM.F. HENNESSEY ". NEW PLATES MADE TO AGREE W/1194					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 12 July 48		BY FORREST L BROWN, EMBALMER			
CASKET SEALED BY RICHARD N CONRAD, EMB. SUPV.			EMBALMER (Signature) <i>[Signature]</i> RICHARD N CONRAD, EMB. SUPV.		
CASKET BOXED AND MARKED 11/9/48 CHARLES R GARDER			SHIPPING ADDRESS VERIFIED BY <i>[Signature]</i> ... QMC.		
DATE BY CLERK RECORDER					
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
 D. H. TACKETT, 1st Lt QMC, 7857 AGRC ZONE 3 HQ SIGNATURE OF GRS INSPECTOR					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM UNION MARINE AVENUE, BRUSSELS		TO C/O CASPERING POINT ANTOING, BELGIUM	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER P/O REGIL C LAMON, 10016002	
SIGNATURE OF SHIPPER H. MEAD, CAPT, 10016002	DATE 29/7/48	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE -2 NOV 1948

2. SHIPPED

FROM AGRO ANTWERP BELGIUM		TO U.S.A.T. Carroll Victory	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER Transport Comdr	
SIGNATURE OF SHIPPER L. E. Butler Lt. Col. Inf	DATE 29 OCT 1948	SIGNATURE OF RECEIVER K. W. Wheratt	DATE 29 OCT 1948

3. SHIPPED

FROM		TO NY 1 E	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER M. Roberts	DATE 16 NOV 1948

4. SHIPPED

FROM NY 1 E		TO D.C. 01	
KIND OF CONVEYANCE TRAILER		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LIEUT. COLONEL, TC.	DATE NOV 17 1948	SIGNATURE OF RECEIVER H. O. YOUNG	DATE NOV 18 1948

5. SHIPPED

FROM NEW YORK		TO NEW YORK	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LIEUT. COLONEL, TC.	DATE	SIGNATURE OF RECEIVER LIEUT. COLONEL, TC.	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

SPACE NO. 1807 BAY NO. _____ (FOR USE AT DISTRIBUTION POINT)

INSPECTION CHECKLIST

NAME HENNESSEY, WILLIAM F.	RANK PFC	SERIAL NUMBER 32227622
-------------------------------	-------------	---------------------------

NEXT OF KIN THOMAS HENNESSEY (BROTHER)	ADDRESS 127 BEEKMAN AVE., NORTH TARRYTOWN, N.Y.
-------------------------------------------	----------------------------------------------------

SHIPPING CASE - General Appearance (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

FINISH (Exterior) <i>well up</i>	REMARKS <i>As stored</i>
FINISH (Interior)	
HANDLES	
HANDLE BOLTS <i>integrated</i>	
STENCILING - NAMEPLATE <i>clear</i>	

CASKET - General Appearance (Check ONLY Discrepancies)	CONDITION OF CASKET (Check one) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
-----------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

FINISH (Exterior) <i>clean & white</i>	REMARKS <i>Case has few scratches on edge of base</i>
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
CAM LOCKS (Sealing) <i>tight</i>	
ODOR OR MOISTURE	

ROUTED THROUGH

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
--------------------------------------------------	-----------------------------------------------

CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/>
-------------------------------------------------------------------------------------------------------	---------------------------------------------

NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input checked="" type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
	REMARKS <i>Plastic & Styrofoam</i>

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
					<i>W. H. Reynolds</i>

REMARKS IF SHIPPING CASE DOES NOT REQUIRE REPLACEMENT, REMOVE STENCIL FROM INSIDE CASE AND DESTROY. IF CASE IS TO BE REPLACED, RE-STENCIL WITH STENCIL FOUND INSIDE CASE, THEN DESTROY STENCIL.

Printed CP. 11/23

Bob

RECEIVED
GREENWICH MEAN TIME (Z)

NOV 11 19 11 1943

SIGNAL CENTER
HQ. NYPE. BKLYN., N.Y.

WU518 19 GOVT COLLECT

TARRYTOWN NY NOV 11 117P

COL GH BARE

DISTRIBUTION CENTER ONE NEW YORK PORT OF EMBARKATION

BROOKLYN NY

THIS IS TO CONFIRM DELIVERY INSTRUCTIONS AS STATED REGARDS

TO REMAINS OF THE LATE PFC WILLIAM F HENNESSEY

THOMAS HENNESSEY

210P..

RECEIVED

DISTRIBUTION CENTER #1
NEW YORK PORT OF EMBARKATION
BROOKLYN, NEW YORK NOV 9 1

I certify that this message is on official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest.

WAR DEPARTMENT
TELEGRAPH OFFICE
BROOKLYN, NEW YORK

THOMAS HENNESSEY
187 BELMONT AVENUE
NORTH BROOKLYN, NEW YORK

JAMES McCARTHY
Major, TC
Admin O, AGR Div.

CARROLL VICTORY

PLEASE BE ADVISED THE REMAINS OF THE LATE PFC WILLIAM F HENNESSEY
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED
TO WILLIAM A DWYER 90 NORTH BROADWAY TARRYTOWN NEW YORK.

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF FROM
FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL
DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DELIVERY GIVING DATE AND
TIME REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO
ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM YOU
SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY
MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZA-
TION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE DELIVERY
INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE BY TELEGRAM
COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW
INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE
WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT
HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

RELEASED TO W U

G. H. BARE, COL, QMC

950

QUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc William F. Hennessey, 32 227 622
 Plot 00, Row 9, Grave 107,
 United States Military Cemetery
 St. Avold, 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, THOMAS HENNESSEY

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- | | | | |
|------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> WIDOW | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input checked="" type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD |
| <input type="checkbox"/> 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
SLEEPY HOLLOW CEMETERY
 (NAME AND LOCATION OF CEMETERY)
3. BE RETURNED TO _____ (FOREIGN COUNTRY) THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT NORTH TARRYTOWN, N.Y.
 (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.)

Disposition of Remains

used
marked
marked

chm

NOV 28

awg

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 HENNESSEY	FIRST NAME THOMAS	MIDDLE INITIAL J
NUMBER AND STREET 127 BEEKMAN AVE	CITY OR TOWN N. TARRYTOWN	COUNTY OR PROVINCE WESTCHESTER
EXPRESS OFFICE (Nearest railroad passenger station) TARRYTOWN	TELEGRAPH ADDRESS TARRYTOWN	STATE OR TERRITORY OF U. S. A., OR COUNTRY U S A.
		TELEPHONE NO. 1584 R

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 DWYER WM A.			
NUMBER AND STREET 90 N. BROADWAY	CITY OR TOWN TARRYTOWN	COUNTY OR PROVINCE WESTCHESTER	STATE OR TERRITORY OF U. S. A., OR COUNTRY N. Y.
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.

Thomas Hennessey (SIGNATURE OF NEXT OF KIN) 127 BEEKMAN AVENUE (STREET AND NUMBER)
THOMAS HENNESSEY (NAME PRINTED OR TYPED) NORTH TARRYTOWN, N. Y. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 24 day of Oct, 1947, at city (or town) of Tarrytown, county of West, and State (or Territory or District) of New York.

[Signature]
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
William Rubin
 (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 _____, (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.

(SIGNATURE OF NEXT OF KIN)	(DATE)
(NAME PRINTED OR TYPED)	(STREET AND NUMBER)
	(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.

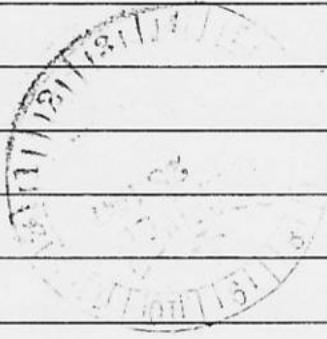
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



MEMORIAL DIVISION
OCT 28 5 24 PM '47
RECORDS BRANCH

DEPARTMENT OF THE ARMY



293

BURIAL OF

Pfc William F. Hennessey, 32 227 622
Plot 00, Row 9, Grave 107,
United States Military Cemetery
St. Avoild, France

16 October 1947

Mr. Thomas Hennessey
127 Beekman Avenue
North Tarrytown, New York

Dear Mr. Hennessey:

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

Incls.

5
BXJ

OCT 21 12 47 PM '47

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

tjh

Section 3. - 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.

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

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		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

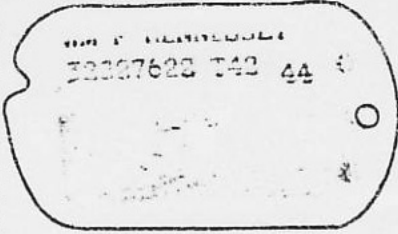

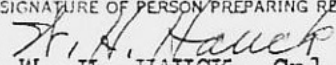
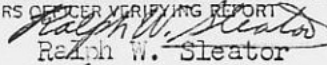
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

62

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS 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 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) HENNESSEY WILLIAM F.				SERIAL NO. 32227622	
GRADE Pfc UNK		ORGANIZATION UNK 38 Arm INF Br		BRANCH OF SERVICE			
RACE WHITE		RELIGION CATHOLIC		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY GROUND FORCE			
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 (U. S. or none) 2		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) NO							
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. 9	GRAVE No. 107	
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. GRAVE No.	
TYPE OF RELIGIOUS CEREMONY CATHOLIC	PERSON CONDUCTING BURIAL RITES Ch. Z. S. Kish, 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						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Kay, Louis E.			RANK Pfc.	SERIAL NO. 37099594	ORGANIZATION Ground Forces	GRAVE No. 106	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Santillanes, Elias A.			RANK Pvt	SERIAL NO. 38352208	ORGANIZATION Ground Forces	GRAVE No. 108	
SIGNATURE OF PERSON PREPARING REPORT  W. H. HAUCK, Cpl, 37588082			SIGNATURE OF GRS OFFICER VERIFYING REPORT  Ralph W. Sleator 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

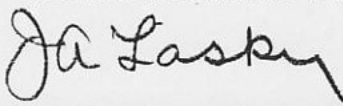
32

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATH

DATE 11 Sept 45 rc

FULL NAME Hennessey, William F.		ARMY SERIAL NUMBER 32 227 622		GRADE Pfc	
HOME ADDRESS North Tarrytown, N.Y.		ARM OR SERVICE Infantry		DATE OF BIRTH 22 May 18 726	
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 13 Mar 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Thomas Hennessey (brother) 127 Beekman Ave. North Tarrytown, N.Y.					
BENEFICIARY (Name, relationship, and address) Catherine Hennessey (sister) same as above Thomas Hennessey (brother) same as 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
ADDITIONAL DATA AND/OR STATEMENT					
<input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE					
<p>The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 19 Sept 44 until such absence was terminated 8 Sept 45 by when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.</p>					
BY ORDER OF THE SECRETARY OF WAR  ADJUTANT GENERAL					

11 SEP 1945
ADJUTANT GENERAL

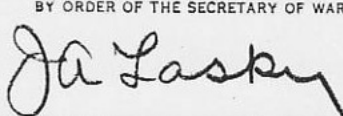
SENSITIVE SURFACE - HANDLE EXTREMELY CAREFULLY

262, 195
R

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

REPORT OF DEATH

DATE 11 Sept 45 rc

FULL NAME Hennessey, William F.		ARMY SERIAL NUMBER 32 227 622		GRADE Pfc	
HOME ADDRESS North Tarrytown, N.Y.		ARM OR SERVICE Infantry		DATE OF BIRTH 22 May 18	
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 13 Mar 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Thomas Hennessey (brother) 127 Beekman Ave. North Tarrytown, N.Y.					
BENEFICIARY (Name, relationship, and address) Catherine Hennessey (sister) same as above Thomas Hennessey (brother) same as above					
INVESTIGATION MADE		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS	
YES	NO	YES	NO	YES	NO
IN LINE OF DUTY		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (Specify below) YES NO					
ADDITIONAL DATA AND/OR STATEMENT					
<input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE					
<p>The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 19 Sept 44 until such absence was terminated 8 Sept 45 by when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.</p>					
BY ORDER OF THE SECRETARY OF WAR  ADJUTANT GENERAL					

262195

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

-BATTLE CASUALTY REPORT

NAME HENNESSEY WILLIAM F		SERIAL NUMBER 32227622	GRADE PTC	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE 9		DATE OF CASUALTY DAY MONTH YEAR 19 SEP 44	FLYING OR JUMPING STAT	TYPE OF CASUALTY MIA	SHIPMENT NUMBER 214

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 MR THOMAS HENNESSEY	RELATIONSHIP BROTHER	DATE NOTIFIED 13 OCT 44 GJM
NO. AND NAME OF STREET—CITY—STATE 127 BEEKMAN AVENUE NORTH TARRYTOWN NEW YORK		

REMARKS:

CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED _____ FORM 42 _____ AG 201 REG _____

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. IDER. TELEGRAM WOUNDED LETTER CORRES. S. R. & D. CERTIF. M. & M. HOR-DIL.

REPORT NOT VERIFIED _____ NO FORM 42 _____ 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 PCB.	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" _____ 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 DEPT
ARMY EFFECTS BUREAU
601 Hardisty Avenue
Kansas City 1, Missouri

(S-10-5-45)
RTB:MH:jk
July 27, 1945

In Reply Refer To: 262195

Mr. Thomas Hennessey
127 Beekman Avenue
North Tarrytown, New York

Dear Mr. Hennessey:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your brother, Private First Class William F. Hennessey:

1 Package and Contents

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 brother.

Yours very truly,

P. L. Koob

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Unit

Incl--
Envelope

Receipt acknowledged:

Mr. Thomas Hennessey
(Signature of Bailee)
Eff. QM Form 205 (11 Apr 45)

8/6/45
(Date)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Thomas Hennessey

SHIP TO:

127 Beekman Avenue

Northarrytown, New York

Effects of: Pfc. William F. Hennessey
Name

ASN 32227622

Case No. 262195 M

Wt.

DATE 27 July 1945
RTB:MH:jk

Margaret Hill
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 AUG 2 1945
Tracked
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages 1

Ad
Shipping Clerk

262195

ABANDONED	<input type="checkbox"/>
TALLY NO.	9447
INV. DATE	16 July 15
ORIG. NO. OF PKGS.	1
BOX NO.	40
SHEET OF SHEET	1
ORGANIZATION	380th ...

NAME: WILLIAM F HENNESSEY
 A.S.N. 32237622 RANK Pfc

Belt		<u>TOILET & WASHCLOTHS</u>		<u>WIGS</u>
<u>SELF. MONEY (NO MONEY)</u>	X	<u>CLOTHING</u>	/	<u>BAGS, CLOTH OR TRAVEL</u>
Cloth, wash		<u>BRACELET IDENT.</u>		<u>BILLFOLD (NO MONEY)</u>
Coats		Brushes		Case
Footwear, Pr.		<u>CAMERAS</u>		Footlocker
Gloves, Pr.		Glasses		<u>MAP, SKETCH, PLAN, OR WRITING</u>
Handkerchiefs		Knives	X	<u>BOOKS</u>
Headwear		Lighters		Books, Address
Jackets	X	<u>misc</u>		Books, Pilot Log
Overcoats		Pen, Fountain		<u>DIARY (REMOVED FOR DUR)</u>
Scarfs		Pencil, Mechanical		<u>FILMS</u>
Shirts		Pipes		Letters
Socks, Pr.		<u>RELIGIOUS ARTICLES</u>		Papers, Personal
Ties		<u>RIBBONS, DECORATION</u>		Photos
Towels		Rings		Shoe Shine Articles
Trousers, Pr.		Tobacco		<u>SHORT SHORTS</u>
Trunks, Pr.		Toilet Articles		<u>SOUVENIRS</u>
Underwear		<u>WAFER</u>	X	<u>SOUVENIR MONEY</u>
				Stationery
				<u>RESTAURANT</u>
				<u>U.S. MONEY (AMOUNT)</u>

REMARKS	MISS MRS HENNESSEY 16 New Broadway Tarrytown, N.Y.	ATTACHMENTS	FORM #54	FORM #100
C.A.T.	none			
WAREHOUSE SPACE	2483	STORED BY	483	
INVENTORIED BY	Sh...	DATE SHIPPED	15/7	
PACKED BY		CHECKED BY		
			X #43 OF ADDITIONAL	
				G.I. REMOVED
				SHORTAGE ON REVERSE
				IDENT. TAGS REMOVED
				DIARY REMOVED
				LOCKED STORAGE
				LAUNDRY REMOVED
				FILM REMOVED

NAME HENNESSEY, WILLIAM F. PFC 7622

BAY	PALLET	BOX	TALLY
	20	2 40	9447
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PKG EN. QM Form 43			

R E S T R I C T E D

October 14 1944

Date

SUBJECT: Inventory of Personal Effects of:

HENNESSEY WILLIAM F Pfc 32227622
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of 38th Armd Inf Bn
(Unit)

7th Armored Division was reported MIA
(Organization) (Status-Killed, MIA,

_____ about September 19 1944
Hospitalized, etc.) (Date)

Designated Beneficiary if information readily accessible not accessible

INVENTORY OF EFFECTS

- 1 Address book ✓
- 1 Calendar ✓
- 1 Prayer book ✓
- 2 Missal ✓
- 1 pr Glasses, eye ✓
- Personal letters ✓
- 1 Sweater ✓

R E S T R I C T E D

R E S T R I C T E D

Money in the amount of 6 Shillings and 4 1/2 Pence ⁰ has been turned into

(Name of finance officer and symbol number)

Form WDFD 38

enclosed.

Not known

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.)

October 14 1944.

Name H. A. Pickford
H. A. PICKFORD
Rank & ASN 1st Lt. OSG D-1016270
Organization Headquarters 7th A.D.

Any additional pertinent information:

R E S T R I C T E D