

INDIVIDUAL DECEASED

PERSONNEL FILE

BEST COPY POSSIBLE  
POOR QUALITY ORIGINAL

New York State Department of Health  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Dist. No. 3650  
To be inserted by registrar

Registered No. 23

1 PLACE OF DEATH: STATE OF NEW YORK

County Orleans  
Town Albion  
Village \_\_\_\_\_  
City \_\_\_\_\_ Ward \_\_\_\_\_  
No. \_\_\_\_\_ St. \_\_\_\_\_  
(If a hospital or institution give its NAME instead of street and number)

Length of stay:  
In hospital or institution \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 days  
In town, village or city \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission.)

State New York  
County Orleans  
Town Ridgeway  
Village or City Medina RFD  
No. \_\_\_\_\_ St. \_\_\_\_\_  
Is residence within limits of city or incorporated village? No

2a Citizen of foreign country (alien)? \_\_\_\_\_ (Yes or no)  
If yes, name country \_\_\_\_\_

3 Full Name (Print) Rudolf Augustus Marks

4 (a) Social Security No. \_\_\_\_\_ 4 (b) If Veteran, Name War \_\_\_\_\_

5 Sex Male 6 COLOR OR RACE White 7 Single, Married, Widowed, or Divorced (Write the word) Widower

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Emma Goldwitzer Age if alive \_\_\_\_\_ years

9 DATE OF BIRTH (month, day, year) Feb. 26, 1890

10 AGE Years 56 Months 8 Days 8 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

11 Usual occupation Farmer

12 Industry or business General Farming

13 BIRTHPLACE (City or Town) (State or Country) Germany COPY

14 NAME Unknown COPY

15 BIRTHPLACE (City or Town) (State or Country) Germany Unknown

16 MAIDEN NAME unknown

17 BIRTHPLACE (City or Town) (State or Country) Germany Unknown

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant's own signature Alma Nichols

Address 4 Webb St. Lockport, N.Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL N.Y. DATE OF BURIAL 11-5-46 19 Lynhaven Lyndonville

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Dr. A. Barnes

ADDRESS Medina, N.Y.

UNDERTAKER'S License No. 6101

21 Date received 11-4-46 Signature of Registrar or Subregistrar W.M. Hanington

Burial or Transit } Permit issued by Ella E. Hanington Dep

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) Nov. 3, 1946

23 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1946, to Nov. 3, 1946  
I last saw h. \_\_\_\_\_ alive on Nov. 2, 1946

To the best of my knowledge, death occurred on the date stated above, at 4.30 A.M.

Immediate cause of death Carcinoma of bowels

DURATION OF CONDITION		
Yrs.	Mos.	Dys.
<u>2</u>		

Due to \_\_\_\_\_ COPY  
Due to \_\_\_\_\_ COPY  
Due to \_\_\_\_\_ COPY

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of sigmoid  
Of operations \_\_\_\_\_ Date 1944

PHYSICIAN Underline the cause to which death should be charged.

Of autopsy \_\_\_\_\_ biopsy at operation

What laboratory test was made? \_\_\_\_\_

- 24 If death was due to external cause, fill in the following:
- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
  - (b) Date of occurrence \_\_\_\_\_
  - (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_
  - (d) Did injury occur in or about home, on farm, or industrial place, or public place? \_\_\_\_\_ While at work? \_\_\_\_\_ (Specify type of place)
  - (e) Means of injury \_\_\_\_\_

25 Signature David G. Cooper M. D. 11-4-46  
Address Albion, N.Y. Date 11-4-46

*Handwritten notes and signatures:*  
Mills  
Barnes  
M. D.  
11-4-46

THIS CERTIFICATE MUST BE FILED WITH THE REGISTRY OF VITAL STATISTICS WITHIN 72 HOURS AFTER THE DEATH. N.B.—WRITE OR TYPEWRITE LEGIBLY WITH DURABLE INK. Every item of information should be carefully supplied. AGE should be stated in FULLY. If possible, state the CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statements of RESIDENCE and OCCUPATION are very important. See instructions on back of certificate.

*Marks, Arthur R. - 32.381,172*

**REGISTRAR OF VITAL STATISTICS**

Town of Albion

State of New York, }  
County of Orleans } ss.

I, *Walter Hamilton* Registrar  
of Vital Statistics of the Town of Albion, N. Y., do hereby  
certify that annexed hereto is a true copy of the original  
certificate as to the *Death* of

*Rudolf Augustus Marks*

In witness hereof, I have herewith  
set my hand this *6*  
day of *November* 19*46*

*Walter Hamilton*  
Registrar of Vital Statistics  
Town of Albion, N. Y.

*W. Hamilton*  
*30 Nov 46*

Do not accept this copy unless the raised seal of the New York State Department of Health is affixed thereon.

Albany, New York.

NOV 3 1948

New York State Department of Health  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

8215

Registered No. 39

Dist. No. 1410  
To be inserted by registrar

1 PLACE OF DEATH: STATE OF NEW YORK  
County Erie  
Town  
Village  
City Buffalo 23 Ward  
No. Buffalo State Hospital  
(If a hospital or institution give its NAME instead of street and number)  
Length of stay:  
In hospital or institution 7 yrs. 7 mos. 29 days  
In town, village or city 47 yrs. 3 mos. 24 days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission.)  
State New York  
County Orleans  
Town  
Village or City Lyndonville  
No. R. F. D.  
Is residence within limits of city or incorporated village: No  
2a Citizen of foreign country (alien)? No  
If yes, name country (Yes or no)

3 Full Name EMMA M. MARKS

4 (a) Social Security No.  
4 (b) If Veteran, Name War  
5 Sex Female  
6 COLOR OR RACE White  
7 Single, Married, Widowed, or Divorced (Write the word) Married

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband or Wife Rudolph Marks  
Age If alive 54 years

9 DATE OF BIRTH (month, day, year) October 28, 1897  
10 AGE Years 47 Months 3 Days 24  
IF LESS than 1 day, hrs. or min.

11 Usual occupation Housewife

12 Industry or business

13 BIRTHPLACE (City or Town) Medina, New York  
(State or Country)

14 NAME John Goldwitzl

15 BIRTHPLACE (City or Town) Germany  
(State or Country)

16 MAIDEN NAME Minna Miller

17 BIRTHPLACE (City or Town) Germany  
(State or Country)

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Informant's name Germaine E. Parneter (Hosp. Records)  
Signature Germaine E. Parneter  
Address 400 Forest Ave., Buffalo, N.Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL  
20 DATE OF BURIAL  
Funeral Home  
Feb. 26 1948

21 UNDERTAKER OR PERSON IN CHARGE (Signature)  
Address 448 Delaware St.  
UNDERTAKER'S LICENSE NO. 8215

22 Date received  
23 Signature of Registrar or Subregistrar  
Germaine E. Parneter  
Feb. 23, 1948

24 Permit issued by Germaine E. Parneter

MEDICAL CERTIFICATION

22 DATE OF DEATH Feb 22 (Month, Day and Year) 1945

23 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1944, to Feb 22, 1945  
I last saw her alive on Feb 22, 1945

To the best of my knowledge, death occurred on the date stated above, at 7:55 P.M.

Immediate cause of death  
Adeno carcinoma of Cecum  
Dysplasia of peritoneum

DURATION OF CONDITION

Yrs.	Mos.	Drs.
8		
20		

24 Other conditions  
Dysplasia of peritoneum

25 Major findings  
Of operations Carcinoma of Cecum

PHYSICIAN  
Underline the cause to which death should be charged.

Of autopsy Adeno carcinoma of Cecum

26 What laboratory test was made Blood Wassermann neg

27 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) 87.2

(b) Date of occurrence 87.2

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

28 Signature J. V. DePorte  
Address 550 Jewel  
Date Feb 23 1945

This is to certify that the foregoing is a true copy (photostatic) of a record on file in the Division of Vital Statistics, New York State Department of Health, Albany, N.Y.

J. V. DePorte  
J. V. DePorte, Ph. D., Director,  
Division of Vital Statistics.

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

JRM:IB:vw  
487716  
Case No. 13 August 1945  
Date \_\_\_\_\_

SUBJECT: Report of transaction in disposing of the effects of  
Arthur R. Marks **32381172**  
late a  
(Name of deceased) (Army Serial Number)  
Private Infantry  
(Grade) (Organization, Army or Service) who died  
8 April 45 European Area  
on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_

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

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

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

**none**  
b. Local debtors owed decedent's estate \$ \_\_\_\_\_, of which the sum of \$ \_\_\_\_\_ 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 \$ \_\_\_\_\_ 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 **8 August 1945**, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of **Rudolph Marks** 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 **Rudolph Marks** A.W. 112, \_\_\_\_\_ of  
(Name of person found entitled)  
**Barker**  
\_\_\_\_\_  
(Number, Street or Avenue) (City, Town or Village) State of  
**New York** **father**  
\_\_\_\_\_ is the \_\_\_\_\_ of the  
relationship or Capacity)  
\_\_\_\_\_ and decedent \_\_\_\_\_  
receive his or her effects.

ARMY EFFECTS BUREAU  
INVENTORY

487716

DH

JUL 13 1945

CASE NO.	
TYPED BY	bt
DATE	7/9/45
STATUS	DEC
NAME	Arthur R. Marks ✓
A.S.N.	32381172 ✓
RANK	Pvt ✓
ORGANIZATION	
AMOUNT	48.73
ACCOUNT NO.	PAID Check NO. 12320974/132685 df.
LIST NO.	F 274
REMARKS	

ACCOUNTING INVENTORY

file  
AB  
8-8

Serial No. 32381172 Name MARKS, ARTHUR  
Grade \_\_\_\_\_ Rank \_\_\_\_\_  
Organization CO. A. 38th INF. 7 ARMD DIV.  
Address \_\_\_\_\_  
Nearest Relative \_\_\_\_\_  
Address \_\_\_\_\_  
Killed in Action \_\_\_\_\_ Died of Disease \_\_\_\_\_  
Date EST. 8 APRIL 1945 Hospital \_\_\_\_\_  
Battle Area NEIDERSPEDE GERMANY Information \_\_\_\_\_  
Place of Burial ITTENBACH No. 1  
Point of Coordination \_\_\_\_\_  
Description of Body \_\_\_\_\_  
Members Missing \_\_\_\_\_  
Signed \_\_\_\_\_

100  
E

Box No. Am 6  
Mailed direct to  
Eff. QM, KC by Reg  
Mail  
Register No. \_\_\_\_\_  
Pouch No. \_\_\_\_\_

R E S T R I C T E D

(US Military Cemetery)  
(Houri Chapelle, Belg.)

I N V E N T O R Y      F O R M

Ittenbach / 1 E 100

11 APR

1945

SUBJECT: Inventory of Personal Effects of:

Marks	Arthur	R.	Pvt.	32381172
(Last name)	(First Name)	(MI)	(Rank)	(Serial No.)

TO: Effects Quartermaster, Communication Zone, APO 887, U. S. Army.

The above named individual of Co. A, 38th Inf., 7th Arm'd  
(Unit) (Organization)

was buried by the 607th QM Graves Reg. Co., on 11 APR 1945.

Designated Beneficiary: NOT AVAILABLE TO THIS HEADQUARTERS.

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

CLASS I

1 wrist watch ✓  
1 coin bracelet ✓  
souvenir money ✓  
1 button ✓  
1 billfold ✓  
pictures ✓

CLASS II

\$19.00 U. S.  
24 French  
1280 Belg.

Money as listed above has been turned into  
attached (to ribbon copy of Inventory).

E. H. JENISON  
Major, F. D.  
Sym. 211-039

and Form WD FD #38

INFORMATION NOT AVAILABLE TO THIS HEADQUARTERS

(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  
of the above named individual and that they were forwarded to the Effects  
by TRUCK.

K S:

S. Herman  
S. HERMAN  
Lt, QMC  
O-1587315  
G. R. O.

AG ETO FORM 26  
(Sub)



PACKAGE DESCRIPTION  <i>#1 bag</i>	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
			MISSING <input type="checkbox"/>
	487716 PL		P.O.W. <input type="checkbox"/>
			ABANDONED <input type="checkbox"/>
			TALLY NO. 9900
			INV. DATE 31 July 45
			ORIG. NO. OF PGS. 1
			BOX NO. 53
			SHEET 1
			CF. SHEETS
			ORGANIZATION Co A. 38th Inf

NAME ARTHUR R. MARKS  
 A.C.F. 32381172 RANK PL

HEADWEAR	TOILET & FASHION	WIGGS
Belts	CLOTHING	BAGS, CLOTH OR TRAVEL
<del>SOLE, MONEY (NO MONEY)</del>	ORANGE IDENT.	<del>BILLFOLD, (NO MONEY)</del>
Cloth, Wash	Brushes	Cash
Coats	COMBS	Footlocker
Footwear, Pr.	Glasses	KIT, SEW, KIT, OR WRITING
Gloves, Pr.	Knives	BOOKS
Handkerchiefs	Lighters	Books, Address
Headwear	MISC.	Books, Pilot Log
Jackets	Pen, Fountain	DIARY (REMOVED FOR DIR)
Overcoats	Pencil, Mechanical	PICTURES
Scarfs	Pipes	Letters
Shirts	RELIGIOUS ARTICLES	Papers, Personal
Socks, Pr.	RIBBONS, DECORATION	Photos
Ties	Rings	Shoe Shine Articles
Towels	Tobacco	SMOKE BROWER
Trousers, Pr.	Toilet articles	SOUVENIRS
Trunks, Pr.	<i>* I. T. KITCHEN Lined Bag</i>	SOUTHERN MONEY
Underwear		Stationery
		TESTAMENTS
		U.S. MONEY (AMOUNT)

REMARKS <i>Rudolf marks father RFD. Barker N.Y.</i>	ATTACHMENTS <i>file AB 9.8</i>	FORM 654 <i>Inventory for labels</i>	FORM 7100
	WEIGHT	G.I. REMOVED	

SHORTAGES

U.S. GOVT. CHECK SHORT

\$19.00 U.S.

NUMBER

24 French

DATE

1280 Belg

SYMBOL

Sum 211-039

AMOUNT

Form 38

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

*Cornell*

INVENTORY CLERK

*LaFaver*

SUPERVISOR

G.I. REMOVED

345 ACC. 12-2-48 (S-1)

*ell*

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

*J.M.*

In Reply Refer To RR Br: QMGMR 293 Marks, Arthur R., Pvt., 32 381 172  
Plot PPP, Row 5, Grave 120

**IMPORTANT**  
Address reply and envelope to:  
**THE QUARTERMASTER GENERAL**  
Do NOT include the name of the  
official who signed the com-  
munication.

United States Military Cemetery  
Margraten, Holland

4 AUG 1948

P R I O R I T Y

Miss Mildred Jenkins, Home Service Director  
North Atlantic Area, American Red Cross  
300 Fourth Avenue  
New York 10, New York

Dear Miss Jenkins:

The Next of Kin of the above captioned deceased father  
(relationship)

Mr. Rudolph Marks Barker, New York  
(name) (address)

has failed to return a Form 345 indicating disposition instructions for the  
remains. The form was dispatched 5 December 1947.

It is respectfully requested that the attached OQMG Form 345 be properly  
accomplished by the Next of Kin and legal documents obtained through assistance  
of your representative if appropriate, be furnished this office. In the event  
you are unable to secure disposition instructions from the Next of Kin, it is  
further requested that a statement of the action taken by your representative  
be furnished this office for use as a basis for final disposition of remains of  
the decedent.

It is recommended that in contact with the Next of Kin mentioned above,  
they first be queried as to whether or not they have submitted the appropriate  
form, as it may have been mailed to this office since receipt by you of this  
request.

Sincerely yours,

*John O. Hyatt*  
JOHN O. HYATT  
Colonel, QMC  
Memorial Division

Incls.

SEE REVERSE SIDE FOR AMERICAN RED CROSS REPLY.

*File  
trans  
Blm  
12/28/47  
N. Moore  
Mem. Div.  
D.C. Branch  
Receipts  
Co. H*

SENSITIVE SURFACE - HANDLE WITH CARES ONLY

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

REPORT OF DEATH *JW 18709* DATE 27 April 1945

FULL NAME <b>Marks, Arthur R.</b>		ARMY SERIAL NUMBER <b>32 381 172</b>	GRADE <b>Pvt</b>
HOME ADDRESS <b>Barker, New York</b>		ARM OR SERVICE <b>Infantry</b>	DATE OF BIRTH <b>9 Jan 21</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>8 Apr 45</b>
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>25 Jul 42</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mr. Rudolph Marks, father, Barker, New York Acc</b>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mr. Rudolph Marks, father, same as above Acc</b> <b>Miss Alma M. Marks, sister, 63 Walnut St., Lockport, New York</b>			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		

ADDITIONAL DATA AND/OR STATEMENT

Evidence of death rec'd in W. D. 23 Apr 45

BATTLE  NON-BATTLE

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

BY ORDER OF THE SECRETARY OF WAR:

*J. Marshall*  
ADJUTANT GENERAL

2 MAY 1945

SENSITIVE SURFACE - HANDLE EDGES ONLY

487719

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

REPORT OF DEATH *JW 3709* DATE 27 April 1945

FULL NAME <b>Marks, Arthur E.</b>		ARMY SERIAL NUMBER <b>32 381 172</b>	GRADE <b>Pvt</b>
HOME ADDRESS <b>Barker, New York</b>		ARM OR SERVICE <b>Infantry</b>	DATE OF BIRTH <b>9 Jan 21</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>8 Apr 45</b>
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>25 Jul 42</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  
**Mr. Rudolph Marks, father, Barker, New York**

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)  
**Mr. Rudolph Marks, father, same as above**  
**Miss Alma M. Marks, sister, 63 Walnut St., Lockport, New York**

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	

ADDITIONAL DATA AND/OR STATEMENT  BATTLE  NON-BATTLE

Evidence of death rec'd in W. D. 23 Apr 45

*P.B.*

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

BY ORDER OF THE SECRETARY OF WAR:  
*J. Marshall*  
ADJUTANT GENERAL

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

In Reply Refer To RR Br: QMGR 293 Marks, Arthur R., Pvt., 32 381 172  
Plot PPP, Row 5, Grave 120

**IMPORTANT**  
Address reply and envelope to:  
**THE QUARTERMASTER GENERAL**  
Do NOT include the name of the  
official who signed the com-  
munication.

United States Military Cemetery  
Margraten, Holland

4 AUG 1948

**P R I O R I T Y**

Miss Mildred Jenkins, Home Service Director  
North Atlantic Area, American Red Cross  
300 Fourth Avenue  
New York 10, New York

Dear Miss Jenkins:

The Next of Kin of the above captioned deceased father  
(relationship)

Mr. Rudolph Marks Barker, New York  
(name) (address)

has failed to return a Form 345 indicating disposition instructions for the  
remains. The form was dispatched 5 December 1947.

It is respectfully requested that the attached QMGR Form 345 be properly  
accomplished by the Next of Kin and legal documents obtained through assistance  
of your representative if appropriate, be furnished this office. In the event  
you are unable to secure disposition instructions from the Next of Kin, it is  
further requested that a statement of the action taken by your representative  
be furnished this office for use as a basis for final disposition of remains of  
the decedent.

It is recommended that in contact with the Next of Kin mentioned above,  
they first be queried as to whether or not they have submitted the appropriate  
form, as it may have been mailed to this office since receipt by you of this  
request.

Sincerely yours,

JOHN O. HYANT  
Colonel, QMC  
Memorial Division

msh

Incls. Q.M.C.  
10 42 AM  
U.S. ARMY  
WASHINGTON

4 AUG 1948

November 22, 1948



The chapter giving service to Barker, New York, learned that Mr. Rudolph Marks, father of the deceased serviceman, is dead.

Since the mother also is dead, and there are no brothers, the next-of-kin is the sister, Mrs. Esther F. Reinhardt, 153 Pine Street, Lockport, New York.

Mrs. Reinhardt completed Form 345 and mailed it to your headquarters on August 19. She stated that she desired to have the remains of the deceased serviceman interred in a permanent American Military Cemetery overseas.

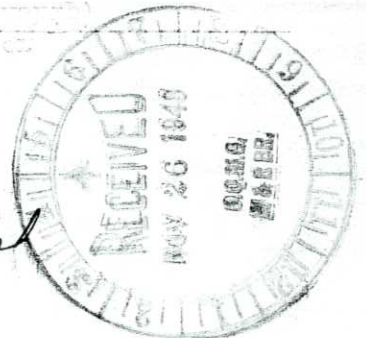
When it was learned that Mrs. Reinhardt had not submitted any documentary evidence, she was advised of the necessity of so doing. We have been informed by the chapter that on November 10, copies of the death certificates of both parents, together with a cover letter of explanation giving identifying information on the deceased serviceman, were mailed to your office.

We trust that the Form 345 and the documentary evidence have been received and are in order.

(Miss) Mildred Jenkins  
Director, Home Service

*Bertha E. Gerrish*

(Miss) Bertha E. Gerrish  
Home Service Correspondent



OFFICE OF THE GOVERNMENT PRINTING OFFICE  
WASHINGTON, D. C.

Pvt Arthur R. Marks, 32 381 172  
~~Plot PPP, Row 5, Grave 120,~~  
United States Military Cemetery  
Margraten, Holland

5 December 1947

Mr. Rudolph Marks

Barker, New York

Dear Mr. Marks:

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.

p4j

HRC Sent 4 AUG 1948 RK



18 November 1946

Mr. Rudolph Marks  
Barker, New York

Dear Mr. Marks:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Arthur R. Marks, A.S.N. 32 381 172.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot PPP, row 5, grave 120. 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,

T. B. LARKIN  
Major General  
The Quartermaster General

Nov 18 4 01 PM '46  
Lcd  
O. O. M. G.  
MAIL & RECORDS BRANCH

**REPORT OF BURIAL**

27 Aug 1945

TM 10-630 AND AR 30-1815

Marks, Arthur R. Pvt 32381172

Last Name First Middle Initial Rank Serial No.

Co A 38th Inf 7th Armcd

Neidersrode, Ger. Est 8 Apr 1945 GSW Back

Unit Date of Death Organization

0830 30 APR 1945 Margraten VK 645 482

Place of Death Date of Death Cause of Death

120 5 PPP Cross

Time and Date of Burial Name of Cemetery Name or Coordinates of Location

Grave Number Row Number Plot Number Type of Marker

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

**If No Identification Tags**

How were remains identified?

- 1 Paybook
- 1 ETO Card

**REBURIAL**

What means of identification were buried with the body?

Ittenbach Cemetery

Plot E Row 5 Grave 100

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

Who is buried on: **Hayes** 0-1184223 2 Lt 484 AFA 119

Deceased's Right: Name Serial No. Rank Organization Grave No.

Deceased's Left: **OPEN AT PRESENT** 121

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:

ARTHUR R MARKS  
32381172 T43 AB  
MR R MARKS  
RFD  
BARKER NY P

Emergency Addressee Name

Address

Religion P

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

Disinterring Officer: CHARLES O. WEAVER, Capt, QMC, 608th GR C

Signature of Officer or other person reporting burial

Reinterring Officer: CLEON E. WELLS, 1st Lt, QMC, 603rd QM GR CC

**Restricted**

JAN 23 1946

99

28 OCT 1945

RESTRICTED

143

REPORT OF BURIAL

TM 10-630 AND AR 30-1315

11 Apr 45

Date

Marks	Arthur	R.	Pvt	32381172
Co	A	38th Inf	7th Arm'd Div.	Serial No.
Place of Death	Neidersrodf, Germany	Date of Death	8 Apr 45	Organization
Time and Date of Burial	1700 11 Apr 45	Name of Cemetery	Ittenbach #1	GSW Back
Grave Number	100	Row Number	5	Plot Number
			Name or Coordinates of Location	Perm
			Type of Marker	678-310

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

If No Identification Tags  
How were remains identified? **Paybook**  
**ET<sup>O</sup> Card**

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:	No grave--end of row.	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Hayes, Edward E.	0-1184223				99

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

ARTHUR R MARKS  
32381172 T43 AI  
MR R MARKS  
RFD  
BARKER NY

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

Emergency Addressee	Name
Address	
Religion	

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

Signature of Officer or other person reporting burial

*Melvin Hoar*  
Verified by G.R.S. Officer

O-1591451  
G.R.C.

487716

RTB:IB:wp  
August 16, 1945

Mr. Rudolph Marks  
Barker, New York

Dear Mr. Marks:

The Army Effects Bureau has received from overseas some personal effects of your son, Private Arthur R. Marks.

I am inclosing a check for \$48.73, representing funds which belonged to him. The remainder of the property is 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 son.

Yours very truly,

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

I Incl—  
Check

4  
6 10

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Rudolph Marks

SHIP TO:

Barker, New York

Effects of:

Name Pvt. Arthur R. Marks

ASN 32381172

Case No. 487716 D

Wt.

DATE 17 August 1945  
RTB:IB:vw

*Betty Zimmerman*  
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check  
Acct. No. 132685  
Amount \$48.73 *mo*  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

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

123209 hmc

ROUTING:

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

132685

487716

August 22

45

Rudolph Marks

48.73

Forty-Eight and 73/100

REMARKS:

SHIP DAMAGED PROPERTY ✓

Franked **FRANKED**  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 1

**AUG 28 1945**

*Ek*  
Shipping Clerk

NAME MARKS, ARTHUR R 72

BAY	PALLET	BOX	TALLY
	11	53	9900
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Eff. QM Form 43

18 April 1949

293  
Pvt Arthur R. Marks, ASN 32 381 172 8  
Plot L, Row 13, Grave 10  
Headstone: Cross  
Margraten (Holland) U. S. Military Cemetery

Mrs. Esther F. Reinhardt  
153 Pine Street  
Lockport, New York

Dear Mrs. Reinhardt:

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

APR 18 2 40 PM '49  
MAIL & RECORDS BRANCH

how

1

USMA MARGRATEN  
PLOT: L ROW 13 GRAVE 10  
DATE OF BURIAL: 21 February 1949  
VERIFIED BY GRS OFFICER:  
WILLARD B OWEN, CAPT, INF. *Raymond J. Rodriguez CWO USA*

I CERTIFY that the typed names appearing above are the same as the original signatures on the original copy of F-1194

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER: 4650 10140  
DATE: 15 12 48  
DAY MONTH YEAR

NAME: MARKS ARTHUR R  
SERIAL NUMBER: 32381172  
GRADE: PVT  
ARM: 1  
RACE: 1  
RELIGION: 1

CEMETERY: MARGRATEN HOLLAND  
PLOT: PPP  
ROW: 5  
GRAVE: 120  
DISPOSITION OF REMAINS: 4601 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN  
21 February 1949

NAME AND ADDRESS OF CONSIGNEE: MARGRATEN, HOLLAND  
NAME AND ADDRESS OF NEXT OF KIN: ESTHER F. REINHARDT (SISTER)  
153 PINE STREET  
LOCKPORT, NEW YORK

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED:

IDENTIFICATION TAG ON: ORGANIZATION: USAGF  
RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS:

OTHER MEANS OF IDENTIFICATION:

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE: BY: CASKET SEALED BY: EMBALMER (Signature):

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: DATE: BY:

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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

WAT FILE  
RECORDS ASSOCIATED  
DATE: 12/1/49  
NAME: STERLING  
E. & R BR.



1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER		DATE DAY   MONTH   YEAR	
NAME <b>MARKS ARTHUR R</b>			SERIAL NUMBER <b>32381172</b>	RANK <b>PVT</b>	ARM <b>1</b>	DATE OF DEATH DAY   MONTH   YEAR
CEMETERY					DISPOSITION OF REMAINS CODE   DIST. PT.	
PLOT <b>PPP</b>	ROW <b>5</b>	GRAVE <b>120</b>	COUNTRY <b>MARGRATEN HOLLAND</b>		CAUSE OF DEATH	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME <b>ARTHUR R. MARKS</b>	SERIAL NUMBER <b>32381172</b>	RANK <b>PVT</b>	DATE OF DEATH	DATE DISTINTERRED <b>21 SEPTEMBER 48</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <b>2</b> <input checked="" type="checkbox"/> MARKER <b>EMB</b>	ORGANIZATION	RELIGION <b>P</b>	IDENTIFICATION VERIFIED BY <b>FRITZ J. TOLTZIEN 1/LT MI</b> NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>UNIFORM</b>	CONDITION OF REMAINS <b>REMAINS COMPLETE - ADVANCED DECOMPOSITION.</b>
------------------------------------	-------------------------------------------------------------------------------

OTHER MEANS OF IDENTIFICATION

SECOND ID TAG FOUND WITH REMAINS DURING PROCESSING

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE <b>21 SEPTEMBER 48</b>	BY <b>THOMAS H. JAMES EMBALMER</b>
CASKET SEALED BY <b>THOMAS H. JAMES</b>	EMBALMER (Signature) <b>THOMAS H. JAMES</b>
CASKET BOXED AND MARKED <b>BRADFORD W. JENNINGS</b>	SHIPPING ADDRESS VERIFIED BY ALL PLATES TAGS MARKINGS VERIFIED BY: <b>ROGER N. LETOURNEAU CAPT FA</b>
DATE <b>21/9/48</b> BY <b>CLERK RECORDER</b>	

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

ROGER N. LETOURNEAU CAPT FA

SIGNATURE OF GRS INSPECTOR

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

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

*Raymond A Rodriguez*  
**QWO USA**

QMCMF 293  
Marks, Arthur R.  
ASN 32 381 172

6 December 1948

You will receive notification of the exact location of the grave. The flag used to drape the casket of your brother during the burial ceremony will also be sent to you.

Please be assured of my continued sympathy in your great loss.

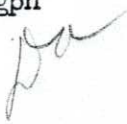
Sincerely yours,

JAMES F. SMITH  
Major, QMC  
Memorial Division

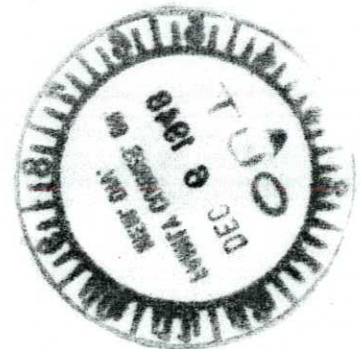


JFS

gph



C 6 2 38 PM '48  
O. O. M. C.  
L & RECORDS BRANCH



# REQUEST FOR DISPOSITION OF REMAINS

DATE: 28/25/48

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

Pvt Arthur R. Marks, 32 381 172  
Plot PPP, Row 5, Grave 120,  
United States Military Cemetery  
Margraten, Holland

*ARC*

**4 AUG 1948**

A		C	
B		D	

**DO NOT WRITE ABOVE THIS LINE**

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

## PART I

I, ESTHER F. REINHARDT  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

Jr Williams

Coded 12-10-48

DD Proc 12/28/48 AB

*Barker 30 Nov 48*

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

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

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
MRS ALMA NICHOLS	ALMA	MAE	SISTER
4 WEBB STREET	LOCKPORT	NIAGARA	NEW YORK

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.

*Esther Reinhardt*  
 (SIGNATURE OF NEXT OF KIN)  
 ESTHER F. REINHARDT  
 (NAME PRINTED OR TYPED)

153 PINE STREET  
 (STREET AND NUMBER)  
 LOCKPORT, NEW YORK  
 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 20th day of August 1948, at city (or town) of Lockport, county of Niagara, and State (or Territory) of New York.  
 District of New York

Carl F. Seruse  
 Notary Public, State of New York  
 Residing in Niagara Co. at time of appointment  
 My Commission Expires March 30, 1949  
 Reg. No. 1174

*Carl F. Seruse*  
*Esther Reinhardt*  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 Notary Public  
 (OFFICIAL TITLE)

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

153 Pine Street  
Lockport, New York  
November 10, 1948

Office of the Quarter-Master General  
Washington, D. C.

Dear Sir:

293 Enclosed are copies of the death certificates of my father, Rudolph A. Marks, and my mother, Emma M. Marks, which I am submitting as evidence that I am next of kin to my deceased brother, Pvt. Arthur R. Marks, ASN 32381172, who was killed in World War II. I have no other brothers.

advt

I mailed Form 345 to you last August 19, saying that I wish my brother's body to be buried in a permanent military cemetery overseas. He is now interred in Plot PPP Row 5, Grave 120, U. S. Military Cemetery, Margraten, Holland.

Very truly yours,

*Mrs. Esther Reinhardt*

(Mrs.) Esther F. Reinhardt

2 Enc.



PPP-5-120  
R 8-25-48  
5-1

**REQUEST FOR NEW LETTER OF INQUIRY**

<b>TO</b> LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		<b>FROM</b>	
NAME OF DECEDENT (First, Middle, Last) Marks, Arthur R.		GRADE Pvt	SERIAL NUMBER 32 381 172
GRAVE LOCATION			
CEMETERY Margraten	PLOT PPP	ROW 5	GRAVE 120
LETTER OF INQUIRY TO BE SENT TO: MR. Mrs. Esther F. Reinhardt MISS MRS.		RELATIONSHIP Sister	
ADDRESS			
STREET 153 Pine Street	CITY AND STATE Lockport, N Y		
AUTHORITY FOR LETTER OF INQUIRY AND REMARKS			
<p>165 A with inclosures</p> <p>The D of the A appreciates your interest in forwarding <del>2</del> certified copies of the death certifieates for your parents, Rudolph A. Marks and Emma M. Marks. This information enables us to amend our records to correctly indicate that you are <del>the</del> legally authorized to direct the disposition of the remains of your brother.</p> <p>The "RDR" form which you accomplished has been accepted and action has been initiated to comply with your request to have the remains of your brother permanently interred in an AMC overseas.</p> <p>56 A para 1 Margraten " 2 mit "the late _____" End para after "ground!"</p> <p>56 B Line 2 remains of your brother, within the cemetery, during etc</p> <p>113 D 1 2</p> <p>166 M</p>			
DATE 2 Dec 48	CLERK'S SIGNATURE Logan		

## REPLY FORM ACTION REQUEST

TO: <span style="font-size: 1.5em; margin-left: 20px;">FL</span>	FROM: <b>REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH</b>		
NAME (Last, First, Middle)  <i>Markus Arthur R.</i>	RANK  <i>Pvt</i>	SERIAL NUMBER  <i>32381172</i>	
CEMETERY  <i>usmc Margraten, Holland</i>	PLOT  <i>PPP</i>	ROW  <i>5</i>	GRAVE  <i>120</i>
NEXT OF KIN  MR. MISS MRS: <i>Ether J. Reinhardt</i>	ADDRESS (Street, City, State)  <i>153 Pine Street Lockport, New York</i>		
RELATIONSHIP TO DECEASED  <i>Sister</i>	OPTION SELECTED  <i>1</i>	OQMG FORM 345 EXECUTED BY  <i>Sister</i>	

WRITE NOK FOR CORRECTION OR COMPLETION OF REPLY FORM ON ITEMS CHECKED BELOW

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> RELATIONSHIP TO DECEASED<br><br><input type="checkbox"/> OPTION DESIRED<br><br><input type="checkbox"/> NATIONAL OR PRIVATE CEMETERY INTERMENT DESIRED<br><br><input type="checkbox"/> COUNTRY (Homeland) OF DECEASED OR NOK<br><br><input type="checkbox"/> NAME AND/OR <input type="checkbox"/> ADDRESS OF CONSIGNEE<br><br><input type="checkbox"/> SECURE DOCUMENTS: <input type="checkbox"/> REMARRIAGE <input type="checkbox"/> BIRTH | <input type="checkbox"/> SIGNATURE OF NOK<br><br><input type="checkbox"/> NOTARIZATION<br><br><input type="checkbox"/> NATIONAL CEMETERY SELECTED IS CLOSED<br><br><input type="checkbox"/> REPLY TO "REMARKS" ON FORM 345<br><br><input type="checkbox"/> SPECIAL INSTRUCTIONS<br><br><input type="checkbox"/> DEATH <input type="checkbox"/> OTHER _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**SPECIAL INSTRUCTIONS**

Letter to sister, acknowledging receipt of death certificates for parents. 345 accepted for Opt 1.

DATE  <i>30 Nov 48</i>	CLERK'S SIGNATURE  <i>Barber</i>
------------------------------	----------------------------------------

QMGMF 293  
Marks, Arthur R.  
SN 32 381 172

6 December 1948

Mrs. Esther F. Reinhardt  
153 Pine Street  
Lockport, New York

Dear Mrs. Reinhardt:

Your letter with inclosures pertaining to the remains of your brother, the late Private Arthur R. Marks, has come to my attention.

The Department of the Army appreciates your interest in forwarding certified copies of the death certificates for your parents, Rudolph A. Marks and Emma M. Marks. This information enables us to amend our records to correctly indicate that you are legally authorized to direct the disposition of the remains of your brother.

The "Request for Disposition of Remains" form which you accomplished has been accepted and action has been initiated to comply with your request to have the remains of your brother permanently interred in an American Military Cemetery overseas.

I am gratified to inform you that the United States Military Cemetery Margraten, Holland, located ten miles west of Aachen, Germany has been designated as a permanent American Military Cemetery, dedicated in grateful remembrance of the Dead of World War II.

As an American Military Cemetery, it will be beautified, maintained, and permanently cared for by the American Battle Monuments Commission as a shrine to the memory of our heroic dead. The remains of your beloved brother, may repose forever in this hallowed ground.

I am sure you will understand that it may be necessary to move the remains of your brother, within the cemetery, during the beautification and consolidation of the cemetery.

All necessary arrangements for burial, military honors and religious services will be completed and provided by the Government. Please rest assured that although you have no responsibilities and cannot be present, every detail will be accomplished with all the reverence and dignity traditional for our honored dead.