

293 FULLMAN, JOHN W. JR. 32 485 042 T/5 QM.G. EUROPEAN AREA(DEL.) 45rs

648

17 September 1948

203

Tec 5 John W. Fullman, Jr., ASN 32 485 042
Plot C, Row 2, Grave 25
Headstone: Cross
Henri-Chapelle U. S. Military Cemetery

Mrs. Olivia Fullman
311 Southeast Second Street
Milford, Delaware

Dear Mrs. Fullman:

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, the central address of which is Room 713, 112 "G" Street, N. W., Washington 25, D. C.

While interment and beautification activities are in progress, the cemetery will not be open to visitors. However, upon completion thereof, due notice will be carried by the press.

You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

THOMAS B. LARKIN
Major General
The Quartermaster General

Handwritten signature and blue stamp: SEP 17 10 03 AM '48 O. O. H. G. MAIL & RECORDS SECTION

57

BURIED ON **JGS** *erh*

USMC: Henri-Chapelle
PLOT:C ROW:2 GRAVE:25
DATE OF BURIAL: 24 JUL 1947
VERIFIED BY *J. Fullman*
GRS OFFICER

RIGHT: LESTER F STEWART
14047311
LEFT: DIMITRO W SAMAR
36547857

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 1240 05153
DATE: 05 08 47
DAY MONTH YEAR

NAME: FULLMAN JOHN W JR
SERIAL NUMBER: 32485042
RANK: TEC 51
ARM: 51
DATE OF DEATH: 20 DEC 1944
DISPOSITION OF REMAINS: 2 1201 80
CODE DIST. PT.
COUNTRY: BELGIUM
CAUSE OF DEATH: 1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: HENRI CHAPELLE, BELGIUM
NAME AND ADDRESS OF NEXT OF KIN: OLIVIA FULLMAN, 311 SOUTHEAST SECOND STREET, MILFORD, DELAWARE
FLAG SENT: 29 JUL 48

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: FULLMAN JOHN W JR
SERIAL NUMBER: 32485042
RANK: TEC 5
DATE OF DEATH: 20 DEC 1944
DATE DISTINTERRED: 5 NOV 1947
ORGANIZATION: 3967 TH QM TRUCK CO
RELIGION: P
IDENTIFICATION TAG ON: REMAINS, MARKER
IDENTIFICATION VERIFIED BY: ROBERT C MALLORY, 1ST LT. INF., 537 QM SV CO.

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: MATTRESS COVER
CONDITION OF REMAINS: BODY COMPLETE.
OTHER MEANS OF IDENTIFICATION: NO CONFLICTING EVIDENCE FOUND ON REMAINS.

MINOR DISCREPANCIES: NONE

REMAINS PREPARED AND PLACED IN CASKET
DATE: 13 NOV 1947
BY: RAY E BOWER, EMB. SUPV.
CASNET SEALED BY: RAY E BOWER, EMB. SUPV., 562 QM SV CO.
CASNET BOXED AND MARKED BY: KENDEL B RISER, 13 NOV 47, BY CLERK RECORDER
SHIPPING ADDRESS VERIFIED BY: RAY E BOWER, EMB. SUPV.

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
SIGNATURE OF GRS INSPECTOR: *Raymond G Johnson*
RAYMOND G JOHNSON, 1ST LT INF.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
RECORDS ANNOTATED
DATE: 9-28-48
NAME: *J. Fullman*
R & R BR.

FINAL LETTER SENT 17 SEP 1948

1181

RECORD OF CUSTODIAL TRANSFER

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

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

T/5 John W. Fullman, Jr., 32 485 042
Plot 77, Row 1, Grave 13,
United States Military Cemetery
Henri-Chapelle, Belgium

4 March 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, Olivia Fullman (Please indicate relationship to the deceased by placing an "X" in the proper box.)
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. Henri Chapelle Belgium
- 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 _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (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.)

MAY 1 1947

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PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

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

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

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

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

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

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

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

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

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

Olivia Fullman (SIGNATURE OF NEXT OF KIN) 311 S. East Second St (STREET AND NUMBER)
Olivia Fullman (NAME PRINTED OR TYPED) Milford - Delaware. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 31st day of March, 1947, at city (or town) of Milford, county of Sussex, and State (or Territory or District) of Delaware

William E. Lamb (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public (OFFICIAL TITLE)

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

PART II - RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN) _____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED) _____ (CITY AND STATE)

PART III

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

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

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



_____ (DATE)

_____ (SIGNATURE) _____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED) _____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTION

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

IN THE STATE OF _____ COUNTY OF _____

BEFORE ME, the undersigned authority, on this _____ day of _____ 19____, personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, acknowledged to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____ 19____.

My Commission Expires _____

NOTARY PUBLIC



IN THE STATE OF _____ COUNTY OF _____

BEFORE ME, the undersigned authority, on this _____ day of _____ 19____, personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, acknowledged to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____ 19____.

My Commission Expires _____

NOTARY PUBLIC

RODA

REQUEST FOR NEW LETTER OF INQUIRY

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM F.R.	
NAME OF DECEDENT (First, Middle, Last) 293 ✓ ✓ ✓ John M. Fullman Jr.		GRADE Pvt ✓	SERIAL NUMBER 34 803 234 ✓ ✓ ✓
CEMETERY Fosse #1, Belgium			
PLOT B ✓		ROW 8 ✓	GRAVE 147 ✓
LETTER OF INQUIRY TO BE SENT TO: MR. John M. Fullman MISS MRS		RELATIONSHIP Father ✓	
ADDRESS			
STREET General Delivery ✓		CITY AND STATE Underwood, Ala. ✓	
AUTHORITY FOR LETTER OF INQUIRY AND REMARKS Widow remarried 7 - DEC 1948			
<p style="text-align: right;"><i>file</i> <i>Info. Extracted</i> <i>12 Dec 48</i> <i>S. Taylor</i> <i>R+R</i></p> <p>LOI SENT 3 DEC 1948 to Father <i>BM</i></p>			
DATE 24 November 1948		CLERK'S SIGNATURE Clarke-Unit #5 <i>Clarke</i>	

22
P/5 John W. Fullman, Jr., 32 485 042
Plot XX, Row 1, Grave 13,
United States Military Cemetery
Henri-Chapelle, Belgium

4 March 1947

Mrs. Olivia Fullman
311 East 2nd Street
Milford, Delaware

Dear Mrs. Fullman:

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

- 5-4* Enclosures *rtf*
- 1. Pamphlet (Options)
 - 2. Disposition Form
 - 3. Envelope
 - 4. Pamphlet (Cemeteries)

MB

MAJ

5
O
RECORDS BRANCH

QMGMR 293
Fullman, John W., Jr. *W*
A.S.N. 32 485 042

21 January 1947

Mrs. Olivia Fullman
311 East 2nd Street
Milford, Delaware

Dear Mrs. Fullman:

Inclosed herewith is a picture of the United States Military Cemetery Henri-Chapelle, Belgium, in which your husband, the late Technician Fifth Grade John W. Fullman, Jr., is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

1 Incl
Photograph

eb

G. A. HORKAN
Brigadier General, QMG
Assistant

JAN 23 11 50 PM
C. O. M. G.
MAIL & RECORDS BRANCH

ab

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

22 November 1946

In Reply Refer To
QMGM 314.6
Graves Registration
(European) *W. S. Russ*

SUBJECT: Burial Records *Carv*

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

1. Request the burial reports and grave markers for the following decedents be changed to read as underscored:

NAME	RANK/ GRADE	SERIAL NO.	DATE OF DEATH	ORGAN.	PLOT	ROW	GRAVE
<u>Fullman, John W</u> <u>Jr</u>	<u>T/5</u>	<u>32485042</u>			<u>TT</u>	<u>1</u>	<u>13</u>
Gilliam, Floyd V	<u>Pfc</u>	<u>34892804</u>	<u>28 Dec 44</u>	<u>Hq Co</u> <u>3rd Bn</u> <u>23rd Inf Regt</u> <u>2nd Inf Div</u>	UU	4	63
Godsey, Cecil C	<u>1/Lt</u>	<u>6281458</u>	<u>28 Dec 44</u>	<u>Co I</u> <u>318th Inf</u> <u>Regt</u> <u>80th Inf Div</u>	UU	7	137

Cemetery: United States Military Cemetery, Henri Chapelle, Belgium

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, OMC
Assistant

REPATRIATION RECORDS B RANCH

14 November 46
DATE

NAME FULLMAN, JR., JOHN W Sec/5

SERIAL NO 32485042

CEMETERY HENRI CHAPELLE #1, BEL

PLOT TT

ROW 1

GRAVE 13

LETTER Field
Correct Records to Read

Name

dehles
SPECIAL CHECKER
file
22 Nov 46
Lt Daugherty
NA7

SPQYG 293
Fullman, John W. Jr.

7 September 1945

Mrs. Olivia Fullman
311 E. 2nd Street
Milford, Delaware

Dear Mrs. Fullman:

The War Department is most desirous that you be furnished the burial location of your husband, the late Technician Fifth Grade John W. Fullman, Jr.

The records of this office disclose that he is interred in the U. S. Military Cemetery #1, Henri Chapelle, Belgium, plot TT, row 1, grave 13.

This cemetery is located approximately 7 miles southwest of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

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

Sincerely yours,

E. B. GREGORY
Lieutenant General
The Quartermaster General

orig. deposited
GRAVES REGISTRATION SECTION
SEP 8 1 49 PM '45
MEMORIAL DIVISION

GRAVES REGISTRATION
FORM No. 1
(Revised 1 Sept. 1948)

RESTRICTED 410

REPORT OF BURIAL

83924
26 Dec. 44

TM 10-630 AND AR 30-1815

T/5

Date

FULLMAN

JOHN

JR

Rank

32485042

396 th

3967 QM Trk Co

Serial No.

Unit

Organization

307 Clear. Sta. Belg

20 Dec. 44

Shrap. W Chest.

Place of Death

Date of Death

Cause of Death

1000-hrs, 26 Dec. 44

Henri Chapelle #

K 721-348

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

13

Plot Number

Perm.

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?

**Per ltr dtd 21 Aug. 45 (314.6 T/O European, Corr. of Reports of BR)

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:

Mc Daniel, Charles C

36043717

14

Name Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Symin, Stanley F

16064762

12

Name Serial No.

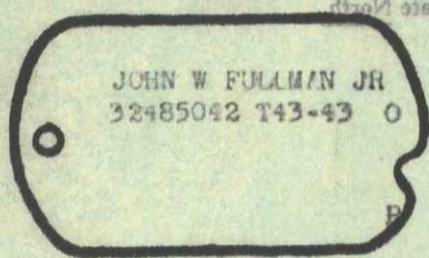
Rank

Organization

Grave No.

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

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



Emergency Addressee

Name

Address

Religion

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

None.

Signature of Officer or other person reporting burial

NEAL F BAKER

1st Lt. QMC

Graves Registration Officer

RESTRICTED

410

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

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

Height: _____
Weight: _____
Color of Eyes: _____
Color of Hair: _____
Race: _____

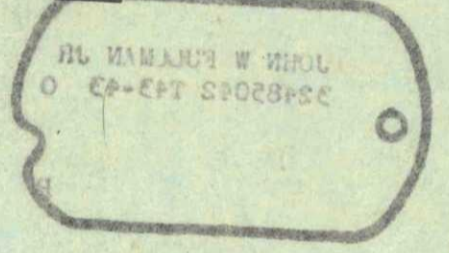
Laundry Marks: _____
Number of Rifle: _____
Wear Glasses? _____
Is Tooth Chart Attached? _____

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

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

Who is buried on:
Deceased's Right: _____
Deceased's Left: _____

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



Tooth Chart	
Deceased's Right	Deceased's Left
8	8
7	7
6	6
5	5
4	4
3	3
2	2
1	1
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8

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

Characteristics: _____

Other Data: _____

Emergency Address: _____

Address: _____

Religion: _____

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

RESTRICTED

AG P BR HQ SOS 122560

Left Hand 2

Right Hand 1

Thumb

Graves No. _____

Organization _____

Name _____

Rank _____

Serial No. _____

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

Graves No. _____

Organization _____

Name _____

Rank _____

Serial No. _____

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

Graves No. _____

Organization _____

Name _____

Rank _____

Serial No. _____

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

Graves No. _____

Organization _____

Name _____

Rank _____

Serial No. _____

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

DATE 8 Feb 1945 vjb

REPORT OF DEATH

FULL NAME Fullman, John W. Jr.		ARMY SERIAL NUMBER 32 485 042	GRADE Tec 5
HOME ADDRESS <i>cls</i> Milford, Del.		ARM OR SERVICE Corps Quartermaster/	DATE OF BIRTH 21 May 11
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds rec'd in action		DATE OF DEATH 20 Dec 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 19 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Olivia Fullman (wife) 311 E. 2nd St., Milford, Del.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Olivia Fullman (wife) same as above Mary Fullman (mother) 19 Commerce St., Milford, Del. John W. Fullman, Sr. (father) same as mother			
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)		OTHER PAY STATUS (SPECIFY BELOW)	
YES		NO	
		<input checked="" type="checkbox"/>	

ADDITIONAL DATA AND/OR STATEMENT

Evidence of death rec'd in WD 26 Feb 45

BATTLE NON-BATTLE

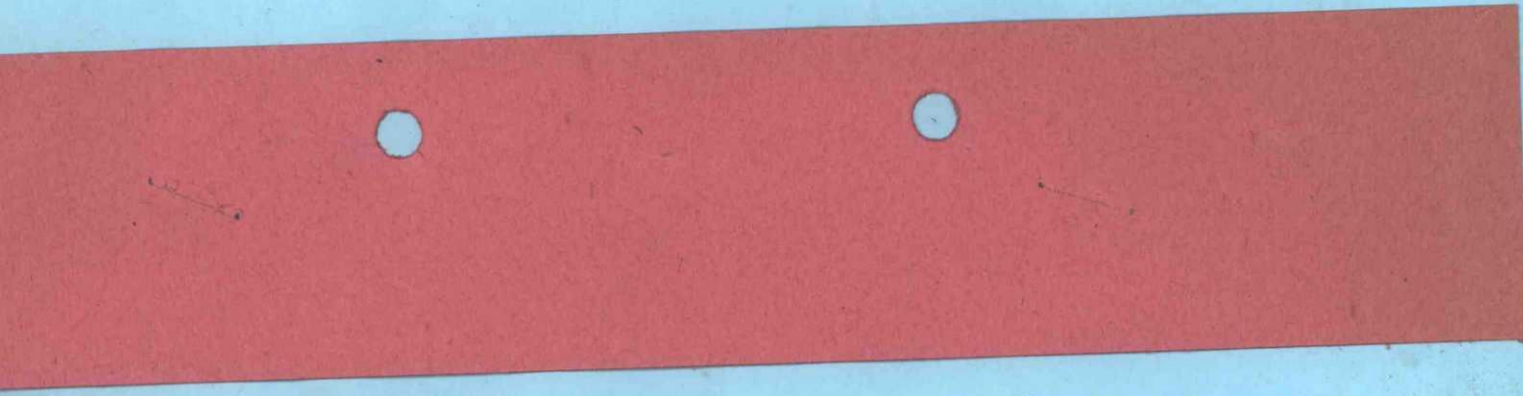
COPIES FURNISHED:

S. O. O.	F. B. I.	F. O. U. S. A.
2. O. C. M. O.	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.

Preston B. Mayson

ADJUTANT GENERAL
16 MAR 1945



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

450377

DATE 8 Feb 1945 vjb

REPORT OF DEATH

FULL NAME Fullman, John W. Jr.		ARMY SERIAL NUMBER 32 485 042	GRADE Tec 5
HOME ADDRESS Milford, Del.		ARM OR SERVICE Corps Quartermaster/	DATE OF BIRTH 21 May 11
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds rec'd in action		DATE OF DEATH 20 Dec 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 19 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Olivia Fullman (wife) 311 E. 2nd St., Milford, Del.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Olivia Fullman (wife) same as above Mary Fullman (mother) 19 Commerce St., Milford, Del. John W. Fullman, Sr. (father) same as mother			
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 inWD 26 Feb 45

 BATTLE NON-BATTLE

COPIES FURNISHED:

S. O. O.	F. B. I.	F. O. U. S. A.
2. 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:

Preston B. Mayson
ADJUTANT GENERAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Olivia Pullman

SHIP TO:

311 East 2nd Street

T/5 John W. Pullman, Jr.

Milford, Delaware

Effects of:

32485042

Name

450377 D

ASN

Case No.

Wt.

DATE 26 July 1945
RTB:JFH:md

T. Marshall
FOR: Effects Quartermaster

REMARKS:

- | | |
|---|--|
| <input type="checkbox"/> Inclose Bureau Check | <input type="checkbox"/> Remove G.I. |
| <input type="checkbox"/> Acct. No. _____ | <input type="checkbox"/> Note discrepancy in _____ |
| <input type="checkbox"/> Amount _____ | <input type="checkbox"/> Films removed |
| <input type="checkbox"/> Inclose "Valuables" item | <input type="checkbox"/> Diary removed |
| <input type="checkbox"/> Ship "Valuables" item(s) | <input type="checkbox"/> Laundry removed |

ROUTING:

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

hpkeg

REMARKS:

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

FRANKED JUL 28 1945

AA
Shipping Clerk

PACKAGE DESCRIPTION #1 pkg	ARMY EFFECTS BUREAU INVENTORY 450 377 <i>WMA</i>	DECEASED <input checked="" type="checkbox"/> MISSING <input type="checkbox"/> P.O.W. <input type="checkbox"/> ABANDONED <input type="checkbox"/> TALLY NO. 944.7 INV. DATE 13 July 45 ORIG. NO. OF PGS. 1 BOX NO. 14 SHEET 1 OF 1 SHEETS ORGANIZATION
NAME John W Fullman A.S.N. 32485042 RANK T/5		

3967 QM.

Belt	<u>TOILET & WASHCLOTHS</u>	<u>KNIVES</u>
BELT MONEY (NO MONEY)	<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>KIT, SEW, TLE, OR WRITING</u>
Handkerchiefs	Knives	<u>BOOKS</u>
Headwear	Lighters	Books, Address
Jackets	<u>MISC.</u> ✓	Books, Pilot Log
Overcoats	Pen, Fountain	<u>DIARY (REMOVED FOR DIR)</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 SMOCKER</u>
Trunks, Pr.	Toilet articles	<u>SCOTCH TIPS</u>
Underwear	<u>HAIR</u>	<u>SEWING KIT</u>
		Stationery
		<u>RESIDUES</u>
		<u>U.S. MONEY (AMOUNT)</u>

WMA

WMA

REMARKS: Mrs. Olivia Fullman	ATTACHMENTS	FORM #54	FORM #100
311 East 2nd St.			Inventory
Milford Del.			

C.A.T. None	WEIGHT	G.I. REMOVED
		SHORTAGE ON REVERSE
		IDENT. TAGS REMOVED
		DIARY REMOVED
WAREHOUSE SPACE 1074	STORED BY MW	LOCKED STORAGE
INVENTORIED BY Muchmore	DATE SHIPPED JUL 28 1945	LAUNDRY REMOVED
PACKED BY Parriol	CHECKED BY 7	FILM REMOVED
	#43 OR ADDITIONAL	

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME FULLMAN, JOHN W JR T/5 5042

BAY	PALLET	BOX	TALLY
	7	14	9447
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PKG			

Eff. QM Form 43

SPECIMEN INVENTORY FORM

18 February 1945

SUBJECT: Inventory of Personal Effects of:

Fullman, Jr, John W., T/5 32485042.

TO : Effects Quartermaster, Communications Zone, APO
U.S. Army.1. The above-named individual of 3967 Quartermaster
Truck Company, was reported DOW about 20 December 1944.2. Designated Beneficiary if information readily
accessible, Mrs. Olivia Fullman, 311 East 2nd Street, Milford,
Delaware.

3. Inventory of Effects:

- 1 Cigarette Lighter ✓
- 1 Souvenir France ✓
- 16 Coins-Coin collection ✓
- 3 Greeting cards ✓
- 1 Stars & Stripes clipping ✓
- 1 London Arc Light (newspaper) ✓
- 1 Short Guide to Great Britain ✓
- 1 Army Song Book ✓

Bill Collection

- 1 Dutch Gulden note ✓
- 1 (one) 5 mark note ✓
- 1 (one) 2 Franc note (French) ✓
- 1 (one) 20 Franc note (French) ✓
- 1 (one) 50 Franc note (Belgian) ✓

4. No money has been turned in to the Finance Officer.

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 19 February 1945.

John H. Craemer
JOHN H. CRAEMER
1st Lt., QMC, C-1588497
3967 QM Truck (

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

JRM:JFH:md

Case No. 450377Date 25 July 1945

SUBJECT: Report of transaction in disposing of the effects of

John W. Fullman, Jr., 32485042 late a
(Name of deceased) (Army Serial Number)

T/5, Quartermaster Corps who died
(Grade) (Organization, Army or Service)

on the 20 day of Dec, 19 44, at European Area

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 21 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Olivia Fullman for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

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

311 East 2nd Street, Milford State of
(Number, Street or Avenue) (City, Town or Village)
Delaware, is the widow of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, QMC

(Name, Rank, Organization)
SUMMARY COURT MARTIAL

PROPERTY OF THE ARMY
EFFECTS BUREAU
WASHINGTON, D.C.

450377

RTB:EW:dje
July 25, 1945

Mrs. Olivia Fullman
311 East 2nd Street
Milford, Delaware

Dear Mrs. Fullman:

The Army Effects Bureau has received from overseas some property of your husband, Technician Fifth Grade John W. Fullman, Jr.

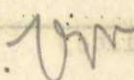
This property, consisting of a few small items, is being sent you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

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

Yours very truly,

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



450377

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

In Reply Refer To: _____

The Army Effects Bureau has received some personal effects belonging to your

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

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

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

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

Incl--
Envelope

Receipt acknowledged:

(Signature of Bailee)

(Date)