

# REQUEST FOR DISPOSITION OF REMAINS

DATE: 1-2-20

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

S/Sgt Ernest A. Link, 37 032 105  
Plot I, Row 1, Grave 17,  
United States Military Cemetery  
Foy, Belgium

5 January 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, Lillian M. Link

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. Henri - Chapelle, Bel.
- 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 \_\_\_\_\_

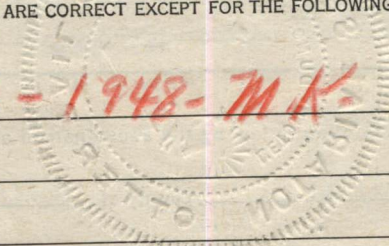
(LOCATION OF NATIONAL CEMETERY SELECTED)

(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.)

D.D. P.M.C. - 7-26-1948 - M.K.



Lillian M. Link  
7/7/48

16-50411-1

DDMG FORM 17 NOV 1946 345 MILITARY

9 JUN 1948

Embrey  
5-24-48



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

**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.

Lillian M. Link (SIGNATURE OF NEXT OF KIN)      528 W Summit (STREET AND NUMBER)  
Lillian M. Link (NAME PRINTED OR TYPED)      Fergus Falls Minn (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 26<sup>th</sup> day of January, 1948, at city (or town) of Fergus Falls, county of Otter Tail, and State (or Territory or District) of Minnesota

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

Mary M. Gray  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Mary M. Gray, Notary Public  
Otter Tail County, Minn.  
My Commission Expires Jan. 2, 1952  
(OFFICIAL TITLE)



**PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

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

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

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

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

**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.

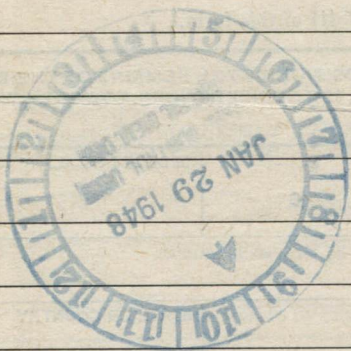
LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

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



ADDITIONAL REMARKS AND INSTRUCTIONS

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





~~~~~









31 December 1948

243  
S/Sgt Ernest A. Link, ASN 37 032 105  
Plot F, Row 12, Grave 57  
Headstone: Cross  
Henri-Chapelle U. S. Military Cemetery

Mrs. Lillian M. Link  
528 West Summit  
Fergus Falls, Minnesota

Dear Mrs. Link:

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, 1712 "G" Street, N. W., Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interment 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



31 December 1948

General Robert A. Link, USA, Ret.  
Post Office Box 10  
Washington, D.C.  
Army Medical Cemetery

Mrs. William M. Link  
555 West Street  
Newport News, Virginia

Dear Mrs. Link:

This is to inform you that the remains of your loved one have been permanently interred, as reported above, and by this time you have also given their final resting place. Burial will take place over the grave at the time of the funeral.

After the Department of the Army has completed all final arrangements, 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 maintenance and protection of the cemetery, including attention to the permanent headstones. The headstones will be furnished with the name exactly as recorded above, the rank or rating, appropriate organization, state, and date of death. Any inscription relative to the time of death 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 1212, 1215 14th Street, N.W., Washington, D.C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While permanent interment is in progress, the cemetery will not be open to visitors. However, from a practical standpoint, the cemetery will be carried by the press.

You may be assured that this final interment was completed 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 H. JARVIS  
Major General  
The Quartermaster General

NOV 11 1948  
U.S. ARMY  
WASHINGTON, D.C.



L  
293 Link, Ernest A.

37032105



S/Sgt Ernest A. Link, 37 032 105  
Plot I, Row 1, Grave 17,  
United States Military Cemetery  
Foy, Belgium

5 January 1948

Mrs. Lillian M. Link  
c/o John Moshus  
Route #3  
Fergus Falls, Minnesota

Dear Mrs. Link:

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.  
6  
etc

reg

JAN 5 11 32 AM '48  
O. O. M. G.  
MAIL & RECORDS DIV.



2 January 1946

1/25/46  
1st Lt. James A. ...  
1st Lt. ...  
1st Lt. ...

Mr. ...  
c/o ...  
Room ...  
Fort ...

Dear Mr. ...

The people of the United States, through the Congress have authorized the  
disbursement of funds for the benefit of the World War II. The Government  
has been authorized with this amount responsibility  
to the Federal Government. The records of the War Department indicate that you are  
one of the nearest relatives of the above-named deceased, who gave his life in the  
service of his country.

The enclosed pamphlet, "Disposition of World War II Armed Forces Dead,"  
and "American Government," explain the disposition of the services and  
benefits to you by your Government. If you are the next of kin according to  
the law of kinship as set forth in the enclosed pamphlet, "Disposition of  
World War II Armed Forces Dead," you are invited to advise your wishes as to  
the disposition of the remains of the deceased by completing Part I of the en-  
closed form "Request for Disposition of Remains." Should you desire to retain  
your right to the next of kin 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 further correspondence  
or other personal arrangements be made with you the instant notified by this  
office.

Will you please complete the enclosed form, "Request for Disposition of  
Remains," and mail it to the enclosed self-addressed envelope, which applies to  
you, within 30 days after the receipt of your form. The amount returned will  
avoid unnecessary delay.

Sincerely,

THOMAS D. ...  
Major General  
The Quartermaster General

Encls.



293  
LINK 293  
~~Link, Ernest A.~~

293 Link, Ernest A

15 July 1946

Mrs. Lillian M. Link ✓  
c/o John Moshus ✓  
Route #3 ✓  
Fergus Falls, Minnesota ✓

Dear Mrs. Link: ✓

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Staff Sergeant Ernest A. Link, A.S.N. 37 032 105. ✓

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Foy, plot I, row 1, grave 17. ✓

This cemetery is located four miles north of Bastogne, Belgium, and is under the constant care and supervision of United States military personnel. ✓

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

Please accept my sincere sympathy in your great loss. ✓

Sincerely yours, ✓

T. B. LARKIN  
Major General  
The Quartermaster General ✓

IK

11  
JUL 17 11 21 AM '46  
C.D.M.G.  
MAIL & RECORDS BRANCH  
CK



USMC: Henri-Chapelle

BURIED ON:

GWA

PLOT: F ROW: 12 GRAVE: 57

RIGHT: HAROLD S. SWANSON

DATE OF BURIAL: 12 Oct 48

36650255

VERIFIED BY: *J. Hoffman*

DISINTERMENT DIRECTIVE

LEFT: LLOYD F. MARSEY

37616610

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1225 01473

DATE

15 07 48  
DAY MONTH YEAR

NAME

LINK ERNEST A

SERIAL NUMBER

37032105

RANK

S SG 1

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

FOY BASTOGNE

DISPOSITION OF REMAINS

1 1201 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

I 1 17 BELGIUM

CAUSE OF DEATH

1

SECTION B - CONSIGNEE AND NEXT OF KIN

FLAG SENT

NAME AND ADDRESS OF CONSIGNEE  
HENRI-CHAPELLE, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN  
LILLIAN M. LINK (WIFE)  
528 WEST SUMMIT  
FERGUS FALLS, MINNESOTA

8 Nov 48

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

ERNEST A LINK

SERIAL NUMBER

37032105

RANK

S/SGT

DATE OF DEATH

DATE DISTINTERRED

10 SEPTEMBER 1948

IDENTIFICATION TAG ON  
 REMAINS ID  
 MARKER ID

ORGANIZATION

USAGF

RELIGION

P

IDENTIFICATION VERIFIED BY

HERBERT NORTON, 1/LT. INF.  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

UNIFORM

CONDITION OF REMAINS ADVANCED DECOMPOSITION.  
MULTIPLE FRACTURES OF L/TIBIA & FIBULA/  
PARTS MISSING.

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

NAT  
FILE  
RECORDS ANNOTATED  
DATE FEB 3 1949  
NAME *Cummins*  
R & R BR.

REMAINS PREPARED AND PLACED IN ~~XXXX~~ TRANSFER BOX

DATE 16 SEPTEMBER 1948

BY THEODOR R HARRISON JR (EMBALMER)

*Raymond J Rodriguez*

CASKET SEALED BY

CHARLES W. FREDERICKS  
EMBALMER

EMBALMER (Signature)

CHARLES W. FREDERICKS, EMBALMER

CASKET BOXED AND MARKED

DATE 8 Oct 48 BY CHARLES V. MORGANT  
CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY

ALL MARKINGS, PLATES &  
TAGS VERIFIED BY:  
ROGER E LEWIS, CAPT, CAV.

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

EXCEPT CASKETING

*Alvin C Beck*  
ALVIN C BECK, 1/LT. INF.

SIGNATURE OF GRS INSPECTOR

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



# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 2. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 3. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 4. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 5. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 6. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

## 7. SHIPPED

|                      |      |                       |      |
|----------------------|------|-----------------------|------|
| FROM                 |      | TO                    |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER      |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |



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

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300  
(GPO)



OFFICE OF THE QUARTERMASTER GENERAL  
MEMORIAL DIVISION, R. R. BRANCH  
WASHINGTON 25, D. C.





# NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED

*Ernest A Link*

RANK

*S/Egt.*

SERIAL NUMBER

*370-32105*

NAME OF NEXT OF KIN

*Lillian Link*

RELATIONSHIP

*wife*

OLD ADDRESS

*R# 3 Fergus Falls  
Minn*

NEW ADDRESS

*528 W Summit  
Fergus Falls Minn*

REMARKS

*NA 1-30-48  
W*



FILE UNDER NO. 293 --Link, Ernest A. (S/Sgt. 37032105)

I N D E X S H E E T

S Y N O P S I S

Letter

25 Aug. 1945

FROM: OQMG  
TO: CG, COMZONE, European T/O APO 887, c/o PM, New York, N. Y.  
FOR: Chief QM

SUBJ: Identification of Unk. Deceased.

DOCUMENT FILED UNDER NO. 293 - Unknown X-69, Luxembourg, (Hamm)

tjh



RESTRICTED

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

# REPORT OF BURIAL

14 Mar 45

TM 10-630 AND AR 30-1815

Date

LINK

Ernest

A

Unk

37032105

Last Name

First

Initial

Rank

Serial No.

Unk 40 Tank Bn.

Unit

St Vith Bel

Unk (Estimated to be Dec 44) Pen W chest

Organization

Place of Death

Date of Death

Cause of Death

13 Mar 45 1400

U S Mil Cem #1 Foy Bel

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

17

1

I

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

Two tags tied on shirt collar. Disinterred by 3042 QMGR CO

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:

CARROLL

32823394

Unk

Unk

16

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

BETHEL

39620058

Unk

106 Div

18

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:

ERNEST A LINK  
37032105 T41 43A  
MR WILLIAM D LINK  
RT 1  
FOXHOME MINN

Emergency Addressee

Name

Address

Religion

P

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

## REBURIAL

Previously buried in isolated grave

located at ST. VITH, BEL.

*W. Samson*

WILLIAM E SAMSON Signature of Officer or other person reporting burial

1st Lt QMC

3043 QMGR CO

Verified by G.R.S. 20:3ccr

61



# REPORT OF BURIAL IF DECEASED UNIDENTIFIED

FINGER 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:

|            |   |                      |   |
|------------|---|----------------------|---|
| Left Hand  | 4 | Date                 | 4 |
|            | 3 | Serial No.           | 3 |
|            | 2 | Case of Death        | 2 |
|            | 1 | Location of Location | 1 |
| Right Hand | 4 | Date                 | 4 |
|            | 3 | Serial No.           | 3 |
|            | 2 | Case of Death        | 2 |
|            | 1 | Location of Location | 1 |

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

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

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

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

|                  |       |       |            |       |       |            |
|------------------|-------|-------|------------|-------|-------|------------|
| Thumb            | Name  | Rank  | Serial No. | Name  | Rank  | Serial No. |
| Deceased's Left  | _____ | _____ | _____      | _____ | _____ | _____      |
| Deceased's Right | _____ | _____ | _____      | _____ | _____ | _____      |

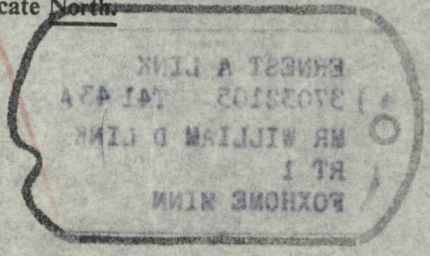
## TOOTH CHART

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.

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

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

Characteristics: \_\_\_\_\_  
 Other Data: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Emergency Address: \_\_\_\_\_



REBURIED

Previously buried in location located at



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

47  
 REPORT OF DEATH mo 3707

DATE 19 Apr 45

|                                                                                                                                                                                      |                                           |                                                             |                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|
| FULL NAME<br><b>Link, Ernest A.</b>                                                                                                                                                  |                                           | ARMY SERIAL NUMBER<br><b>37 032 105</b>                     | GRADE<br><b>S/Sgt</b>                                                          |
| HOME ADDRESS<br><b>Foxhome, Minnesota</b>                                                                                                                                            |                                           | ARM OR SERVICE<br><b>Infantry</b>                           | DATE OF BIRTH<br><b>29 May 15</b>                                              |
| PLACE OF DEATH<br><b>European Area</b>                                                                                                                                               | CAUSE OF DEATH<br><b>Killed in action</b> |                                                             | DATE OF DEATH<br><b>23 Dec 44</b>                                              |
| STATION OF DECEASED<br><b>European Area</b>                                                                                                                                          |                                           | DATE OF ENTRY ON CURRENT ACTIVE SERVICE<br><b>24 Jun 41</b> | LENGTH OF SERVICE FOR PAY PURPOSES<br>YEARS MONTHS DAYS<br><b>Over 3 years</b> |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)<br><b>Mrs. Lillian M. Link, Wife, Route #3, c/o John Moshus, Fergus Falls, Minnesota</b>                                          |                                           |                                                             |                                                                                |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)<br><b>Lillian M. Link, Wife, Same as above<br/>Mrs. Bral Link, Mother, Rt. #1, Foxhome, Minn.<br/>William Link, Father, Same as above</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                                                                                                                                                                                   |                                           | X                                                           |                                                                                |

ADDITIONAL DATA AND/OR STATEMENT

BATTLE  NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 Dec 44 until such absence was terminated on 14 Apr 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

FILE  
 APR 24 1945

| COPIES FURNISHED: |             |                      |
|-------------------|-------------|----------------------|
| S. G. O.          | F. B. I.    | F. O., U. S. A.      |
| S. O. C. 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  
*[Signature]*  
 ADJUTANT GENERAL



SENSITIVE SURFACE - HANDLE EDGES ONLY

381,321  
mb

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

REPORT OF DEATH mo 3707

DATE 19 Apr 45

|                                                                                                                                                                                      |                                           |                                                             |                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|
| FULL NAME<br><b>Link, Ernest A.</b>                                                                                                                                                  |                                           | ARMY SERIAL NUMBER<br><b>37 032 105</b>                     | GRADE<br><b>S/Sgt</b>                                                          |
| HOME ADDRESS<br><b>Foxhome, Minnesota</b>                                                                                                                                            |                                           | ARM OR SERVICE<br><b>Infantry</b>                           | DATE OF BIRTH<br><b>29 May 15</b>                                              |
| PLACE OF DEATH<br><b>European Area</b>                                                                                                                                               | CAUSE OF DEATH<br><b>Killed in action</b> |                                                             | DATE OF DEATH<br><b>23 Dec 44</b>                                              |
| STATION OF DECEASED<br><b>European Area</b>                                                                                                                                          |                                           | DATE OF ENTRY ON CURRENT ACTIVE SERVICE<br><b>24 Jun 41</b> | LENGTH OF SERVICE FOR PAY PURPOSES<br>YEARS MONTHS DAYS<br><b>Over 3 years</b> |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)<br><b>Mrs. Lillian M. Link, Wife, Route #3, c/o John Moshus, Fergus Falls, Minnesota</b>                                          |                                           |                                                             |                                                                                |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)<br><b>Lillian M. Link, Wife, Same as above<br/>Mrs. Bral Link, Mother, Rt. #1, Foxhome, Minn.<br/>William Link, Father, Same as above</b> |                                           |                                                             |                                                                                |
| INVESTIGATION MADE?                                                                                                                                                                  |                                           | IN LINE OF DUTY                                             | OWN MISCONDUCT                                                                 |
| YES                                                                                                                                                                                  | NO                                        | YES                                                         | NO                                                                             |
| WAS DECEASED ON DUTY STATUS                                                                                                                                                          |                                           | AUTHORIZED ABSENCE                                          |                                                                                |
| YES                                                                                                                                                                                  | NO                                        | YES                                                         | NO                                                                             |
| IN FLYING PAY STATUS                                                                                                                                                                 |                                           | OTHER PAY STATUS (SPECIFY BELOW)                            |                                                                                |
| YES                                                                                                                                                                                  | NO                                        | YES                                                         | NO                                                                             |

ADDITIONAL DATA AND/OR STATEMENT

BATTLE  NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 Dec 44 until such absence was terminated on 14 Apr 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

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

*[Signature]*

ADJUTANT GENERAL







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

2209  
381321

**BATTLE CASUALTY REPORT**

|                   |                  |               |                        |                  |                   |
|-------------------|------------------|---------------|------------------------|------------------|-------------------|
| NAME              |                  | SERIAL NUMBER | GRADE                  | ARM OR SERVICE   | REPORTING THEATRE |
| LINK ERNEST A     |                  | 37032105      | S SG                   | INF              | ETO               |
| PLACE OF CASUALTY | DATE OF CASUALTY |               | FLYING OR JUMPING STAT | TYPE OF CASUALTY | SHIPMENT NUMBER   |
|                   | DAY              | MONTH         | YEAR                   |                  |                   |
| BELGIUM 9         | 23               | DEC           | 44                     | MIA              | 006               |

**NAME AND ADDRESS OF EMERGENCY ADDRESSEE**

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

|                                                   |              |               |
|---------------------------------------------------|--------------|---------------|
| MR. MRS. MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME | RELATIONSHIP | DATE NOTIFIED |
| MRS. LILLIAN M. LINK                              | WIFE         | 18 JANUARY    |
| NO. AND NAME OF STREET—CITY—STATE                 |              |               |
| ROUTE NUMBER ONE FOXHOLE MINNESOTA                |              | IW            |

REMARKS:

CORRECTED COPY



CASUALTY BRANCH A.G.O.

JAN 15 3 42 PM '45

RECEIVED

|                                                       |          |                                                             |                                                 |
|-------------------------------------------------------|----------|-------------------------------------------------------------|-------------------------------------------------|
| <b>ACTION BY PROCESSING AND VERIFICATION SECTION:</b> |          | REPORT VERIFIED <input checked="" type="checkbox"/> FORM 43 | AS FOR FILE <input checked="" type="checkbox"/> |
| CASUALTY BRANCH FILE ATTACHED                         |          | OR CHARGED TO                                               |                                                 |
| PREVIOUSLY REPORTED                                   | NO.      | YES (AS INDICATED BELOW)                                    |                                                 |
| FILE NO.                                              | MESS NO. | TYPE                                                        | DATE AND AREA                                   |
| FORWARDED TO <input checked="" type="checkbox"/>      |          | SPEC. IDEN. TELE <input checked="" type="checkbox"/>        |                                                 |
| REPORT NOT VERIFIED <input type="checkbox"/>          |          | NO CAS. BR. FILE <input checked="" type="checkbox"/>        |                                                 |

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

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

DISTRIBUTION "A"  23 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.)

U.S. A.G.O. FORM NO. 6288  
16 JUNE 1944

*mm*



|                                                                                                                                                                       |                        |                              |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|-------------------------------------------------------|
| AMOUNT OF CHECK                                                                                                                                                       | NOTE OF DISCREPANCY IN | INCLOSE VALUABLES            | RECIPIENT FROM                                        |
| ACCOUNT NUMBER                                                                                                                                                        | NAME                   | SHIP VALUABLES               | <input checked="" type="checkbox"/> CASUALTY REPORT   |
|                                                                                                                                                                       | SERIAL NUMBER          | VALUABLES SHIPPED BY (clerk) | INVENTORY                                             |
|                                                                                                                                                                       | RANK                   |                              | FORM 20                                               |
| <p style="text-align: center;">Mrs. Lillian M. Link<br/>c/o John Moshus<br/>S/Sgt. Ernest A. Link / Route Three<br/>37032105 Fergus Falls, Minnesota<br/>381321 D</p> |                        |                              | LETTER                                                |
|                                                                                                                                                                       |                        |                              | NO. & TYPE OF CONTAINER                               |
|                                                                                                                                                                       |                        |                              | ENVELOPE                                              |
|                                                                                                                                                                       |                        |                              | <input checked="" type="checkbox"/> CARTONS           |
|                                                                                                                                                                       |                        |                              | PACKAGE                                               |
|                                                                                                                                                                       |                        |                              | FOOT LOCKER                                           |
|                                                                                                                                                                       |                        |                              | SPECIAL INSTRUCTIONS                                  |
|                                                                                                                                                                       |                        |                              | REMOVE GI                                             |
|                                                                                                                                                                       |                        |                              | SHIP BLOODSTAINED                                     |
|                                                                                                                                                                       |                        |                              | SHIP DAMAGED                                          |
| REMOVE BL'DSTAINED                                                                                                                                                    |                        |                              |                                                       |
| REMOVE DAMAGED                                                                                                                                                        |                        |                              |                                                       |
| FILMS REMOVED                                                                                                                                                         |                        |                              |                                                       |
| DIARY REMOVED                                                                                                                                                         |                        |                              |                                                       |
| RTB:LK:anh                                                                                                                                                            |                        | SUMMARY COURT DATA           | DATE ACTION TAKEN                                     |
| DATE OF FINDING                                                                                                                                                       | APPLICANT              |                              | 11-21-45                                              |
| REMARKS                                                                                                                                                               |                        |                              | MAIL REVIEWER (initials)<br>J                         |
|                                                                                                                                                                       |                        |                              | <input checked="" type="checkbox"/> SHIPPED           |
|                                                                                                                                                                       |                        |                              | <input checked="" type="checkbox"/> FRANKED           |
|                                                                                                                                                                       |                        |                              | EXPRESS                                               |
|                                                                                                                                                                       |                        |                              | FREIGHT                                               |
|                                                                                                                                                                       |                        |                              | DATE SHIPPED<br>NOV 26 1945                           |
|                                                                                                                                                                       |                        |                              | SHIPPING CLERK<br>Mk                                  |
|                                                                                                                                                                       |                        |                              | ROUTING                                               |
|                                                                                                                                                                       |                        |                              | <input checked="" type="checkbox"/> ACCOUNTING BRANCH |
|                                                                                                                                                                       |                        |                              | WAREHOUSE                                             |
|                                                                                                                                                                       |                        |                              | <input checked="" type="checkbox"/> FILE              |

ORDER FOR ACTION



RESTRICTED  
INVENTORY FORM

17 JANUARY 1945

Date

SUBJECT: Inventory of Personal Effects of:

LINE BRINEST A S/SGT 37032105  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO \_\_\_\_\_ US Army

The above named individual of 40th Tank Bn 7TH ARMORED DIVISION  
(Unit) (Organization)

was reported MIA about 23 DECEMBER 1944  
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible NOT KNOWN

INVENTORY OF EFFECTS

- 1 PAIR SHOES ✓
- 1 BELT ✓
- 1 HAT ✓
- STATIONERY AND PERSONAL PAPERS ✓
- 1 MEDAL ✓
- 3 RIBBONS ✓
- 2 COLLAR INSIGNIAS ✓

Money in the amount of NONE has been turned into \_\_\_\_\_  
(Name of Finance Office)

Form WDFD 38 enclosed.  
and symbol number) 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 17 JANUARY 1945.  
(Rail, Truck, etc.)

Name Sam B. Plyler  
Rank & ASN SAM B PLYLER  
CAPT OSG O-4016266  
Organization HEADQUARTERS 7th A.D.

Any additional pertinent information:







381321

RTB:HL:po  
August 11, 1945

Mrs. Lillian M. Link  
Route 3, c/o John Moshus  
Fergus Falls, Minnesota

Dear Mrs. Link:

The Army Effects Bureau has received from overseas some personal effects of your husband, Staff Sergeant Ernest A. Link.

These effects are being forwarded to you in one envelope.

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

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

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

Yours very truly,

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

*W*



RECEIVED  
MAY 11 1943

351821

Mrs. William M. Link  
Jones 5, c/o John Kachas  
Farquharville, Minnesota

Dear Mrs. Link:

The Army Liaison Bureau has received from overseas  
some personal effects of your husband, Staff Sergeant  
Edward A. Link.

These effects are being forwarded to you in the  
enclosure.

If, for any reason, the property has not reached you  
at the expiration of thirty days from this date, please  
notify us and it will be re-shipped.

The location of this Bureau is constantly in flux and  
effects are not of itself, sent to the recipient.  
Such property is forwarded on distribution according to  
the laws of the State of the soldier's last residence.

I regret the circumstances preventing this letter,  
and would be glad to express my sympathy for the loss of your husband.

Yours very truly,

P. J. HUGHES  
Lieut. Col.  
Officer-in-Charge  
31 Unit



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Lillian M. Link  
Route 3, c/o John Moshus  
Fergus Falls, Minnesota

SHIP TO:

S/Sgt. Ernest A. Link

Effects of:  
Name 37032105

ASN 381521 D

Case No.

Wt.

DATE 11 Aug 1945  
RTB:HL:po

*[Handwritten Signature]*  
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.

*1 Em.*

REMARKS:

SHIP DAMAGED PROPERTY

Franked **FRANKED** AUG 18 1945  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 1

*[Handwritten Signature]*  
Shipping Clerk



ERNEST A LINK  
37032105 T41 43A  
MR WILLIAM D LINK  
RT 1  
FOXHOME MINN

INVENTORY OF PERSONAL EFFECTS

US Mil. Cem. #1 Foy, Bel

14 Mar 45  
Date

SUBJECT: Inventory of Personal Effects of:

|                                                          |                                          |          |                |                    |
|----------------------------------------------------------|------------------------------------------|----------|----------------|--------------------|
| <u>LINK</u>                                              | <u>Ernest</u>                            | <u>A</u> | <u>Unk</u>     | <u>37032105</u>    |
| (Last Name)                                              | (First Name)                             | (MI)     | (Rank)         | (ASN)              |
| TO: Effects Quartermaster, Communications Zone, APO      |                                          |          | <u>887</u>     | US Army            |
| The above named individual of                            | <u>Unk</u>                               |          | <u>Unk</u>     |                    |
|                                                          | (Unit)                                   |          | (Organization) |                    |
| was reported                                             | <u>deceased</u>                          |          | about          | <u>22 Dec</u> 1944 |
|                                                          | (Status-Killed, MIA, Hospitalized, etc.) |          | (Date)         |                    |
| Designated Beneficiary if information readily accessible |                                          |          |                |                    |
| <u>Mr William D Link Rt 1 Foxhome Minn</u>               |                                          |          |                |                    |
| <u>INVENTORY OF EFFECTS</u>                              |                                          |          |                |                    |

1 Letter (personal) ✓  
No currency

Money in the amount of none has been turned into  
Form WFD 38 enclosed. (Name of Finance Officer  
and symbol number)

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~~ <sup>will be</sup> forwarded to the Effects  
Depot by Truck on 1 Apr 45  
(Rail, Truck, etc.) (Date)

Name W E Samson  
WILLIAM E SAMSON  
Rank & ASN 1st Lt OMC  
3043 QMGR CO  
Organization

Any additional pertinent information:



PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASED   
 MISSING   
 P.O.W.   
 ABANDONED   
 TALLY NO. 9900 ✓  
 INV. DATE 28 July 45 ✓  
 ORIG. NO. OF PGS. 1 ✓  
 BOX NO. 63 ✓  
 SHEET   
 OF SHEETS   
 ORGANIZATION

*H/one/ply*

381,321

NAME ERNEST A LINK ✓  
 A.S.N. 37032105 ✓ RANK

|                        |                      |                           |
|------------------------|----------------------|---------------------------|
| Belt                   | SCURLS & HASKLOCKS   | WINGS                     |
| CASH, MONEY (NO MONEY) | CLOTHING             | BAGS, CLOTH OR TRAVEL     |
| cloth, wash            | BRACHLES IDENT.      | BILLFOLD, (NO MONEY)      |
| coats                  | Brushes              | Cash                      |
| Footwear, Pr.          | CAMERAS              | Footlocker                |
| Gloves, Pr.            | Glasses              | FIT, SEW, TLT, OR WRITING |
| Handkerchiefs          | Knives               | BOOKS                     |
| Headwear               | Light rs             | Books, Address            |
| Jackets                | MISC. ✓              | Books, Pilot Log          |
| Overcoats              | Pen, Fountain        | DIARY (REMOVED FOR DIR)   |
| Scarfs                 | Pencil, Mechanical   | FILMS                     |
| Shirts                 | Pipes                | Letters                   |
| Socks, Pr.             | OPTICONS ARTICLES    | Papers, Personal          |
| Ties                   | RIBBONS, PROXIMATION | Photos                    |
| Towels                 | Rings                | Shoe Shine Articles       |
| Trousers, Pr.          | Tobacco              | SECRET BROCHER            |
| Trunks, Pr.            | Toilet articles      | SOUVENIRS                 |
| Underwear              | WAGON                | SQUISHY MONEY             |
|                        |                      | Stationery                |
|                        |                      | TESTAMENTS                |
|                        |                      | U.S. MONEY (AMOUNT)       |

DAMAGED

REMARKS: Mr William D Link  
RT  
Fox home Minn  
This letter is very worn and slightly discolored

ATTACHMENTS: Inventionals  
Shove label ✓

C.A.T. none

WAREHOUSE SPACE S

INVENTORIED BY Link

STORER BY [Signature]

DATE SHIPPED AUG 18 1945

WEIGHT

G.I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LAUNDRY REMOVED



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



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



#1 General

381,321

P.O.W. ABANDONED  
 TALLY NO. 9900 ✓  
 INV. DATE 28 July 45 ✓  
 ORIG. NO. OF PGS. 1 ✓  
 BOX NO. 63 ✓  
 SHEET ✓  
 OF SHEETS ✓  
 ORGANIZATION

NAME ERNEST A. LINK ✓  
 A.S.N. 37032 I.O.S. ✓ RANK

|                        |                       |                             |
|------------------------|-----------------------|-----------------------------|
| Belt                   | SCURFS & FASCIOLETS   | ETICS                       |
| CASH, MONEY (NO MONEY) | CLOTHING              | BAGS, CLOTH OR TRAVEL       |
| Cloth, Wash            | OR BAGGERS IDENT.     | BILLBOARD, (NO MONEY)       |
| Coats                  | Brushes               | CASE                        |
| Footwear, Pr.          | CAMERAS               | Footlocker                  |
| Gloves, Pr.            | Glasses               | FIT, SHIRT, TIE, OR WRITING |
| Handkerchiefs          | Knives                | BOOKS                       |
| Headwear               | Lighters              | Books, Address              |
| Jackets                | MISC. ✓               | Books, Pilot Log            |
| Overcoats              | Pen, Fountain         | DIARY (REMOVED FOR DIR)     |
| Scarfs                 | Pencil, Mechanical    | FILMS                       |
| Shirts                 | Pipes                 | Letters                     |
| Socks, Pr.             | UNIDENTIFIED ARTICLES | Papers, Personal            |
| Ties                   | KNIVES, DECORATION    | Photos                      |
| Towels                 | Rings                 | Shoe shine articles         |
| Trousers, Pr.          | Tobacco               | SHORT-DROPTER               |
| Trunks, Pr.            | Toilet articles       | SOUVENIRS                   |
| Underwear              | WALLET                | SOUVENIR MONEY              |
|                        |                       | stationery                  |
|                        |                       | TRINKETS                    |
|                        |                       | U.S. MONEY (AMOUNT)         |

DAMAGED

REMARKS: Mr William D Link  
 RT 1  
 Fox home, Minn  
 This letter is very worn and slightly discolored

ATTACHMENTS: Invention  
 glove label ✓

C.A.T. none

WAREHOUSE SPACE S

INVENTORIED BY Link

PACKED BY O. O. Swales ✓

STORER BY [Signature]

CHECKED BY [Signature]

DATE SHIPPED AUG 18 1945

WEIGHT

G.I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LAUNDRY REMOVED

FILM REMOVED

FORM 754 P.O.W. 1100



NAME LING, ERNEST A 21,05

BAY

PALLET

BOX

TALLY

12

63

9900

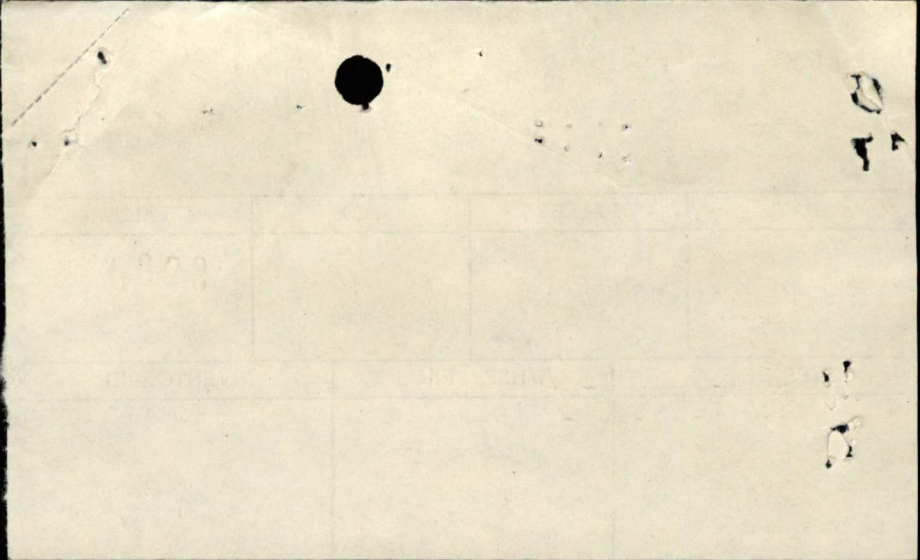
TYPE OF PKG.

WHSE. SPACE

INVENTORIED

GRB







Serial No. 37032105 Name LINK ERNEST A

Grade unk Rank \_\_\_\_\_

Organization unk \_\_\_\_\_

Address \_\_\_\_\_

Nearest Relative unk \_\_\_\_\_

Address \_\_\_\_\_

Killed in Action yes Died of Disease \_\_\_\_\_

Date \_\_\_\_\_ Hospital \_\_\_\_\_

Battle Area \_\_\_\_\_ Information \_\_\_\_\_

Place of Burial U.S. Mar Gen #1

Point of Coordination Fog Bell

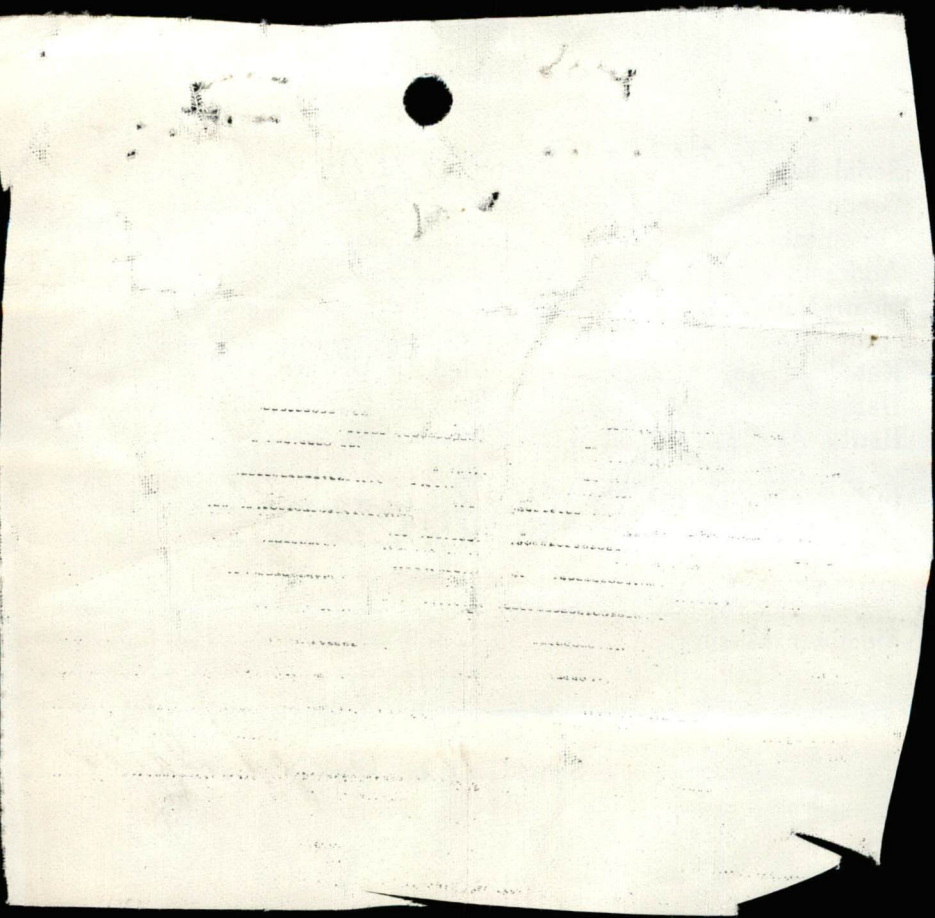
Description of Body \_\_\_\_\_

Members Missing \_\_\_\_\_

Signed 1/5 Joseph Licio

1-17























381321 mc

|             |                        |                                                        |           |  |
|-------------|------------------------|--------------------------------------------------------|-----------|--|
| ATTACHMENTS |                        | <b>EFFECTS INVENTORY</b><br><b>ARMY EFFECTS BUREAU</b> | STATUS    |  |
| X           | INBOUND INVENTORY      |                                                        | DECEASED  |  |
|             | G. R. OR SUB GR LABEL  |                                                        | MISSING   |  |
|             | WILL OR POWER OF ATTY. |                                                        | P. O. W.  |  |
| 1           | TALLY IN FORM 43       |                                                        | ABANDONED |  |
|             |                        | UNKNOWN                                                |           |  |

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

|                                                                                    |                                                                                                                                              |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| CONTAINERS ADDRESSED TO<br><p style="font-size: 2em; text-align: center;">None</p> | INFORMATION<br><p>wife<br/>Mrs Ernest a Link<br/>Fox hole, Minn.</p> <p style="color: red;">Rechecked &amp; name of town<br/>is Fox home</p> |
| NAME AND STATUS VARIATIONS                                                         | CROSS REFERENCE                                                                                                                              |

|                                                                                                |          |                        |                   |
|------------------------------------------------------------------------------------------------|----------|------------------------|-------------------|
| CHECK                                                                                          | REC'D BY | NUMBER                 | BUREAU CHECK      |
| MONEY ORDER                                                                                    |          | SYMBOL                 | TRANSMIT ORIGINAL |
| BOND                                                                                           |          | AMOUNT                 | ORIG. REG. MAIL   |
| TRAV. CHECK                                                                                    |          | DATE                   | TO G. A. O.       |
| FOREIGN CURRENCY                                                                               |          | BANK OR PLACE OF ISSUE | MUTILATED         |
| U. S. CURRENCY                                                                                 |          | PAYEE                  | TO ISSUING AGENCY |
| REMITTER OR DRAWER<br><p style="font-size: 2em; text-align: center;">Jed<br/>and<br/>11-16</p> |          |                        |                   |

|                          |                     |                             |         |                 |
|--------------------------|---------------------|-----------------------------|---------|-----------------|
| TALLY NO. 4808           | ORIG. NO. OF PKGS.  | EXAMINING DATE 8 Nov. 1945  | BOX NO. | SHEET OF SHEETS |
| NAME ERNEST A. LINK      |                     | A. S. N. 37032105           |         |                 |
| ORGANIZATION             |                     | RANK S/Sgt CASE NO.         |         |                 |
| WAREHOUSE SPACE 1080     | EXAMINED BY Shields | DIARY REMOVED               |         |                 |
| PACKAGE DESCRIPTION #107 | PACKED BY Welch     | PHOTO FILM REMOVED          |         |                 |
|                          | INSPECTED BY        | MOTION PICTURE FILM REMOVED |         |                 |
| WEIGHT                   | DATE                | SHIPPED                     |         |                 |
|                          |                     | BY WHOM                     |         |                 |



SHORTAGES

U. S. GOV'T CHECK SHORT

1 Hat

NUMBER

DATE

SYMBOL

AMOUNT

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

*M. Shields*

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED



INBOUND INVENTORY

G. R. OR SUB GR LABEL

WILL OR POWER OF ATTY.

TALLY IN FORM 43

# EFFECTS INVENTORY ARMY EFFECTS BUREAU

DECEASED

MISSING

P. O. W.

ABANDONED

UNKNOWN

BAGS, CLOTH OR TRAVEL  
 BELT, MONEY (NO MONEY)  
 BILLFOLD (NO MONEY)  
 BOOKS  
 BRACELET, IDENT.  
 CAMERAS  
 X CLOTHING  
 X MISC. ARTICLES  
 RELIGIOUS ARTICLES  
 RIBBONS, DECORATION  
 SHORT SNORTER  
 SOUVENIR MONEY  
 SOUVENIRS  
 TESTAMENTS  
 TOWELS & WASHCLOTHS  
 U. S. MONEY (AMOUNT)  
 WATCH  
 WINGS

BELT  
 BOOKS, ADDRESS  
 BOOKS, PILOT LOG  
 BRUSHES  
 CASE  
 CLOTH, WASH  
 COATS  
 FOOTLOCKER  
 FOOTWEAR, PR.  
 GLASSES  
 GLOVES, PR.  
 HANDKERCHIEFS  
 HEADWEAR  
 JACKETS  
 KITS  
 KNIVES  
 LETTERS  
 LIGHTERS

OVERCOATS  
 PAPERS, PERSONAL  
 PENCIL, MECHANICAL  
 PEN, FOUNTAIN  
 PHOTOS  
 PIPES  
 RINGS  
 SCARFS  
 SHIRTS  
 SOCKS, PR.  
 STATIONERY  
 TIES  
 TOBACCO  
 TOILET ARTICLES  
 TOWELS  
 TROUSERS, PR.  
 TRUNKS, PR.  
 UNDERWEAR

CONTAINERS ADDRESSED TO

*None*

INFORMATION

*wife  
Mrs Ernest A Link  
Fox hole, Minn.*

*Rechecked & name of town  
is Fox home*

NAME AND STATUS VARIATIONS

CROSS REFERENCE

CHECK

MONEY ORDER

BOND

TRAV. CHECK

FOREIGN CURRENCY

U. S. CURRENCY

REC'D  
BY

NUMBER

SYMBOL

AMOUNT

DATE

BANK  
OR  
PLACE OF ISSUE

PAYEE

REMITTER  
OR  
DRAWER

BUREAU CHECK

TRANSMIT ORIGINAL

ORIG. REG. MAIL

TO G. A. O.

MUTILATED

TO ISSUING AGENCY

TALLY NO.

*4808*

ORIG. NO. OF PKGS.

EXAMINING DATE

*8 Nov. 1945*

BOX NO.

SHEET

OF SHEETS

NAME

*ERNEST A. LINK*

A. S. N.

*37032105*

ORGANIZATION

RANK

*S/Sgt*

CASE NO.

WAREHOUSE SPACE

*1080*

EXAMINED BY

*Shields*

DIARY REMOVED

PHOTO FILM REMOVED

MOTION PICTURE FILM REMOVED

PACKAGE DESCRIPTION

*#1 ctr.*

WEIGHT

PACKED BY

*Welch*

INSPECTED BY

STORED BY

*RC*

SHIPPED

DATE

*NOV 26 1945*

BY WHOM

*[Signature]*



ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

SHORTAGES

1 Hat

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

*M. Shields*

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED



LINK, ERNEST A.

S.SGT. 2105

BAY

PALLET

BOX

TALLY

4808

TYPE PKG.

PKG.







# CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

Only **PART I** should be completed, if identification tags are available.

Both **PART I & II** should be completed if identification tags are not available.

If information is unavailable, so indicate.

10 March 1945

## PART I (Positive identification)

Date

1. Link, Ernest A. Unk 37032105 Unknown  
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached None (Two tags tied to shirt collar)
3. Give exact location from which disintered, furnishing coordinates and map series used Along road in Sart lez St. Vith, Belg. P 815991 Central Europe 1:100000 Bonn 3-1
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) None
5. Approximate or established date of death (state which & give basis for date selected) Unknown
6. Approximate or established date of burial (give basis for date established) Unknown
7. Manner in which grave was marked and all information contained on the marker Wooden cross with two tags of Ernest A. Link attached who was buried with other body. Unknown
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information). None

## PART II (Doubtful as Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)
11. \_\_\_\_\_  
(Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc.

RESTRICTED



13. Give as detailed description as possible of condition and amounts of remains .....

14. Give probable cause of death, type and location of wounds (is there evidence that body was burned) .....

15. Give minute description of all effects, clothing and shoes, including clothes markings and sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, designs markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

16. Give description of any vehicle found in the area that could be connected with the death of the deceased .....

(Type)

(WD Serial No.)

(Organization)

(Serial No. and

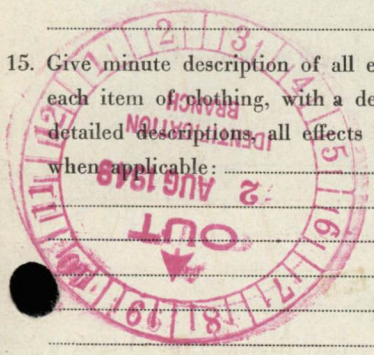
Type of each gun)

17. Give exact location of remains in vehicle before removal .....

18. If buried in a coffin, give description and markings .....

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause and place of death of each that may assist in identification of these remains .....

20. Other pertinent information which would aid in establishing identity .....



Nicholas (M) Yentes  
(Individual in Charge of Disinterment)

1st Sgt  
(Rank)

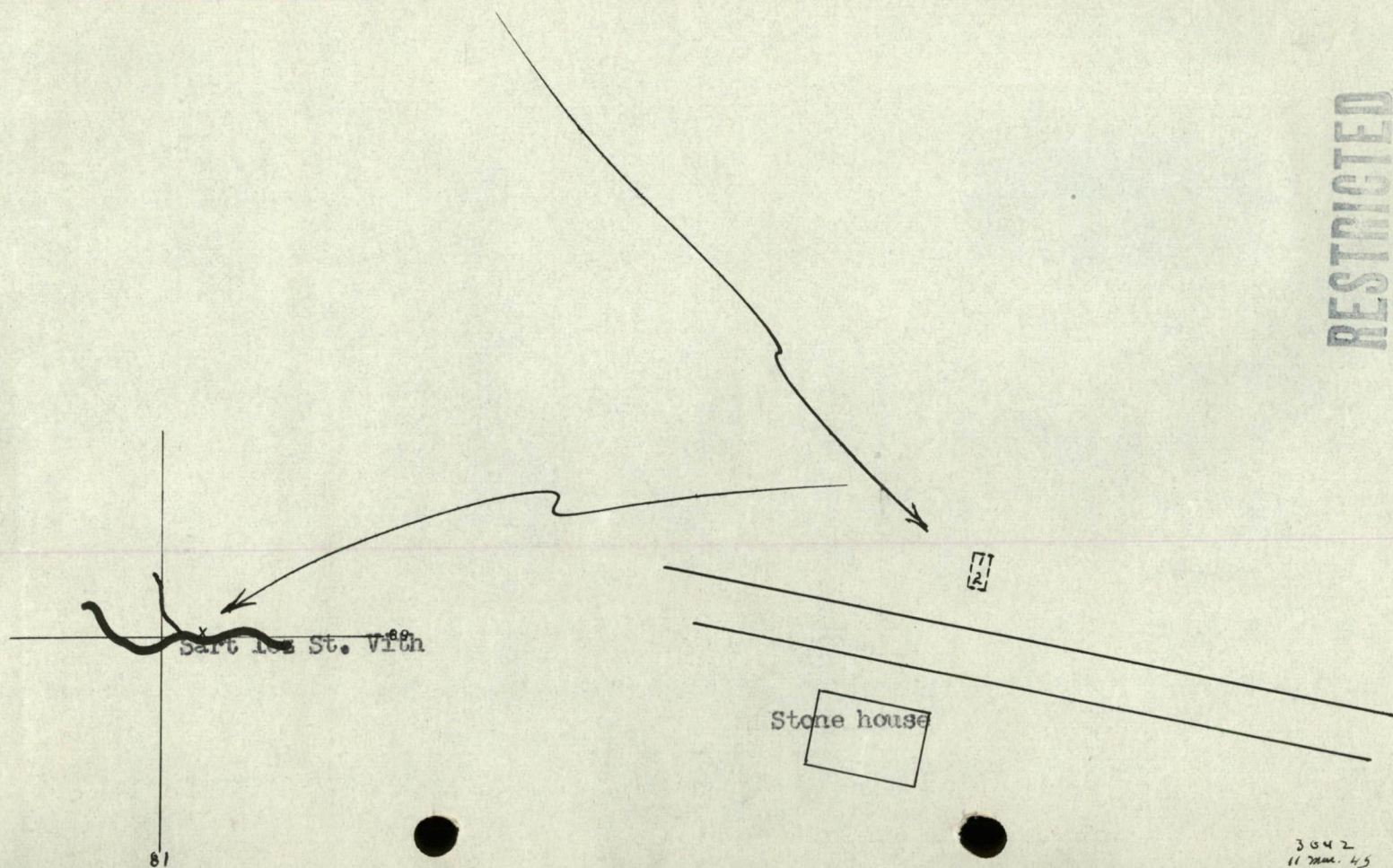
6141802  
(ASN)

3042 St. Reg.  
(Organization)



Two American bodies disinterred at "X", from same grave, in Sart lez St. Vith, Belgium.  
Coor: P815891.

1. Ernest A. Sink, 37032105
2. Unknown



RESTRICTED



Stone house

Stone house

3\* 1878801  
E. Street W. 11th, 31035102

COOK: 1878801  
The American people understand of it, from some place, in 1814 168 24\* 11th, 31035102

Central 11th - 1:100000 - 10th - 11th - 12th - 13th - 14th - 15th - 16th - 17th - 18th - 19th - 20th - 21st - 22nd - 23rd - 24th - 25th - 26th - 27th - 28th - 29th - 30th - 31st - 32nd - 33rd - 34th - 35th - 36th - 37th - 38th - 39th - 40th - 41st - 42nd - 43rd - 44th - 45th - 46th - 47th - 48th - 49th - 50th - 51st - 52nd - 53rd - 54th - 55th - 56th - 57th - 58th - 59th - 60th - 61st - 62nd - 63rd - 64th - 65th - 66th - 67th - 68th - 69th - 70th - 71st - 72nd - 73rd - 74th - 75th - 76th - 77th - 78th - 79th - 80th - 81st - 82nd - 83rd - 84th - 85th - 86th - 87th - 88th - 89th - 90th - 91st - 92nd - 93rd - 94th - 95th - 96th - 97th - 98th - 99th - 100th

10 18th - 19th  
March 11



RRE Form #43  
20 Sep 48

16

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

*9*  
*M*

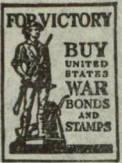
| LINK        | Ernest       | A.        | S/Sgt  | 37 032 105 |
|-------------|--------------|-----------|--------|------------|
| (Last Name) | (First Name) | (Initial) | (Rank) | (ASN)      |

Subject remains have been permanently interred overseas in the United States Military Cemetery Henri-Chapelle, Plot F, Row 12, Grave 57

STATION FILE

Incl #





ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

RTB:LK:as  
November 29, 1945

381321

IN REPLY REFER TO \_\_\_\_\_

Dear Mrs. Link:

The Army Effects Bureau has received some additional property of your husband, Staff Sergeant Ernest A. Link.

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

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

Sincerely yours,

HARRY NIEMIEG  
2nd Lt., QMC  
Chief, Correspondence Branch





KANSAS CITY QUARTERMASTER DEPOT

ARMY SERVICE FORCES  
801 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO \_\_\_\_\_

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