

***INDIVIDUAL DECEASED
PERSONNEL FILE***

Kaufman, Lawrence

605

g

QCMH 293

Kaufman, Lawrence B.
SN 36 109 189

att
23 September 1949

Mrs. Rose Kaufman
5947 - 15th Street
Detroit 8, Michigan

Dear Mrs. Kaufman:

Information has been received in this Office that the Government flat granite marker requested for the grave of the late Lawrence B. Kaufman, remains unclaimed at the New York Central Railroad freight station, Detroit, Michigan. (B/L No. WT 7721620)

This stone must be removed from the freight station at once, as the Government assumes no responsibility for storage charges which accrue daily when stones are not promptly removed.

If notice of removal is not received in this Office, within ten days after receipt of this letter, the stone will be ordered destroyed. Please advise.

Sincerely yours,

1 Incl
env

L. M. FELLEBAUM
Major, QMC
Memorial Division

*fil
5 Oct 49
E. G. ...*

mh

✓
CC: J. J. Healy, Freight Agent
New York Central System
Detroit, Mich.

Unclaimed freight notice dated 15 Sept/49
Agent's No. R 1189/89
Waybill 1529 dated 30 Aug 1949

Please advise this Office when this stone has been removed from your station.

*Re above shipment
Delivered to consignee 9-16-49
J. J. Healy
Detroit Mich 9/2*

Referral Nos 2 MG MH 293

SM 36-109-189

5947-15th St

Detroit 8, Michigan

September 26, 1949

293

L. M. Fullerton
Major 2. M.C.
Memorial Division.

Dear Sir:

In regard to flat granite marker
for the grave of my son, the late
293 Lawrence B. Kaufman, same has been
claimed by us at the New York Central
freight station, Detroit, Michigan.
(B.L. No. W.T. 7721620)

Sincerely yours
Rose Kaufman

file
set up
3
Woodman



NEW YORK CENTRAL SYSTEM

REPORT OF REFUSED OR UNCLAIMED FREIGHT

FREIGHT CLAIM DEPARTMENT,

DETROIT MICH Station 9/15/49

OFFICE OF THE QM
W CHELMSFORD MASS

Agent's No. R 1189/89
(Commence with No. R 1 the first of each year)

(Name and address of party to whom original report is sent will be shown above.)

Description of shipment: Freight Bill Pro. No. GBL 71133 Date 9/9/49
BM waybill 1529 From W CHELMSFORD MASS 8/30/49
(Road issuing)
Initial NYC Car No. 174724 Originating Point W CHELMSFORD MASS BM
Consignee and Destination ROSE KAUFMAN 5947 15TH ST DETROIT MICH
Shipper's Name and Address OFFICER OF THE QM W CHELMSFORD MASS
Articles: 1 CRT Weight: 125 Freight: ~~CC 25~~ 181 lbs
Order No. or Other Special Marks

ARTICLES REFUSED OR UNCLAIMED
ADVISE IMMEDIATE DISPOSITION TO AGENT NYC RR DETROIT MICHIGA
CALL WO 18900 LINE 254 MISS BRAUN

Date shipment arrived 9/9 Date of notice to consignee 9/9
Cause of non-delivery SHIPMENT ON HAND UNCLAIMED
(If refused, state reason given by consignee; if damaged, state nature and extent)
Shipper notified of non-delivery 9/15 By NYC (Wire or FCA-2)
If P&D Service applicable, state whether delivery tendered at consignee's address NO
J J HEALY FRT AGT NYC RR Agent

INSTRUCTIONS

1. Where tariff requires notice to consignor by wire and disposal orders are not received within 2 days after such notice was given, report must be made on this form.
2. Where tariff requires notice to consignor, but not by wire, such notice must be given on post card form FCA-2 and record made showing date mailed. If disposal orders are not received within 10 days thereafter, report must be made on this form.
3. LIVE STOCK OR PERISHABLE FREIGHT REQUIRING IMMEDIATE DISPOSAL OR SPECIAL PROTECTION ON HAND UNDELIVERED MUST BE PROMPTLY REPORTED TO FREIGHT CLAIM DEPARTMENT BY TELEPHONE OR TELEGRAPH, IRRESPECTIVE OF REPORT BEING MADE TO CONSIGNOR.
4. Where tariff does not require notice to consignor; unclaimed freight must be reported on form FCA-2A within 2 days after expiration of free time for CL and 10 days for LCL.
5. Notice to consignor is not required where consignee rejects only part of shipment on account of damage, but prompt report must be made on this form.
6. "Order Notify" or "Advise" shipments which are refused or unclaimed after being placed in public storage warehouses subject to release by agent upon surrender of bill of lading or presentation of delivery order, must be reported in accordance with the foregoing

Give below any additional information which may be helpful to Freight Claim Dept. in arranging disposition.

When reporting freight on hand which it seems evident we will have to salvage, Agents should ascertain and show on report sent to the Freight Claim Dept. the invoice value of the goods on hand unless the commodity is in common use and its approximate value generally known.

CC CONSIGNEE
CC AGENT BM
CC TAP DSA
CC RE VZ FCA

*encl letter
written 9-23-49*

*file
26 Sept 49
JH*

1893 - Kaufman, Lawrence B.

SEP 21 1949
HDST RR
MEM. DIV

RECEIVED
SEP 21 1949
O.G.M.
W&B

QAGWH 293

23 September 1949

Kaufman, Lawrence B.
SN 36 109 189

Mrs. Rose Kaufman
5947 - 15th Street
Detroit 8, Michigan

Dear Mrs. Kaufman:

Information has been received in this Office that the Government flat granite marker requested for the grave of the late Lawrence B. Kaufman, remains unclaimed at the New York Central Railroad freight station, Detroit, Michigan. (B/L No. WT 7721620)

This stone must be removed from the freight station at once, as the Government assumes no responsibility for storage charges which accrue daily when stones are not promptly removed.

If notice of removal is not received in this Office, within ten days after receipt of this letter, the stone will be ordered destroyed. Please advise.

Sincerely yours,

L. M. FULLEAUM
Major, QAG
Memorial Division

CC: J. J. Healy, Freight Agent
New York Central System
Detroit, Mich.

Unclaimed freight notice dated 15 Sept/49
Agent's No. R 1189/89
Waybill 1529 dated 30 Aug 1949

Please advise this Office when this stone has been removed from your station.

NEW YORK CENTRAL SYSTEM

REPORT OF REFUSED OR UNCLAIMED FREIGHT

FREIGHT CLAIM DEPARTMENT,

DETROIT MICH Station 9/15/49

OFFICE OF THE GM

Agent's No. R-1189/89
(Commence with No. R-1 the first of each year)

(Name and address of party to whom original report is sent will be shown above.)

Description of shipment: Freight Bill Pro. No. **GBL 71133** Date **9/9/49**
 (Load Billing) waybill **1529** From **W CHELMSFORD MASS** Date **8/30/49**
 Initial **NYC** Car No. **174724** Originating Point **W CHELMSFORD BRGGS BM**
 Consignee and Destination **NOSE KAUFMAN 5947 15TH ST DETROIT MICH**
 Shipper's Name and Address **OFFICER OF THE GM W CHELMSFORD MASS**
 Articles **1 CRT** Weight **125** Freight **0025 101** Advances
 Order No. or Other Special Marks

ARTICLES REFUSED OR UNCLAIMED

ADVISE IMMEDIATE DISPOSITION TO AGENT NYC RR DETROIT MICH 13A
CALL TO 10900 LINE 254 MISS BRAUN

Date shipment arrived **9/9** Date of notice to consignee **9/9**
 Cause of non-delivery **SHIPMENT ON HAND UNCLAIMED**
 Shipper notified of non-delivery **9/15** (date) By **NYC** (Wire or FCA-2)
 If P&D Service applicable, state whether delivery tendered at consignee's address **NO**
J J HEALY FRT AGT NYC RR agent

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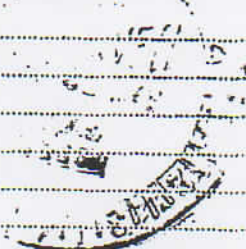
Give below any additional information which may be helpful to Freight Claim Dept. in arranging disposition.

When reporting freight on hand which it seems evident we will have to salvage, Agents should ascertain and show on report sent to the Freight Claim Dept. the invoice value of the goods on hand unless the commodity is in common use and its approximate value generally known.

CC CONSIGNEE
 CC AGENT BM
 CC TAP USA
 CC RE VZ FCA

V. E. WOODWARD, Agent

SEP 9 1949



293 Kaufman, Lawrence B.

NEW YORK CENTRAL SYSTEM

REPORT OF REFUSED OR UNCLAIMED FREIGHT

FREIGHT CLAIM DEPARTMENT

DETROIT MICH Station 9/15/49

OFFICE OF THE QM

Agent's No. R. 1189/89
(Commence with No. R-1 the first of each year)

(Name and address of party to whom original report is sent will be shown above.)

Description of shipment: Freight Bill Pro. No. GBL 71133 Date: 9/9/49
 waybill 1529 From W CHELMSFORD MASS Date: 8/30/49
 (Rate/Charging) SM
 Initial: NYC Car No. 174724 Originating Point: W CHELMSFORD MASS DM
 Consignee and Destination: ROSE KAUFMAN 5947 15TH ST DETROIT MICH
 Shipper's Name and Address: OFFICER OF THE QM W CHELMSFORD MASS
 Articles: 1 CRT Weight: 125 Freight: 0085 101 Advances:
 Order No. or Other Special Marks:

ARTICLES REFUSED OR UNCLAIMED

ADVISE IMMEDIATE DISPOSITION TO AGENT NYC NR DETROIT MICHIGA
CALL EG 10900 LINE 254 MISS BRAUN

Date shipment arrived: 9/9 Date of notice to consignee: 9/9
 Cause of non-delivery: SHIPMENT ON HAND UNCLAIMED
 (If refused, state nature and extent; if damaged, state nature and extent)
 Shipper notified of non-delivery: 9/15 By: NYC (Wire or FCA-2)

If P&D Service applicable, state whether delivery tendered at consignee's address: NO
J J HEARLY FRT AGT NYC RR Agent

INSTRUCTIONS

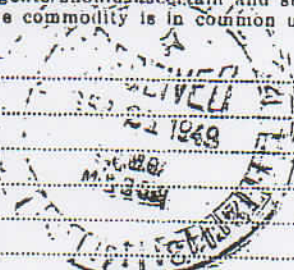
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CC CONSIGNEE
 CC AGENT BM
 CC TAP DSA
 CC RE VZ FCA

W. E. WOODWARD, Agent
 SEP 15 1949
 WEST DETROIT



293 Kaufman, Lawrence B

FORM
NO. 257

SEP 21 1949
HOST BR.
MEM. DIV.

[Handwritten signature]

293 Kaufman, Lawrence B. 36109189

QMSD 293

(Pfc Lawrence B. Kaufman, 36109189)

19 August 1949

SUBJECT: Internment Allowance

TO: Commanding Officer
Chicago Quartermaster Depot
1819 West Pershing Road
Chicago, Illinois
Attn: AGR Division

1. Attached copy of letter from Mrs. Rose Kaufman, next of kin of Pfc Lawrence B. Kaufman, 36109189, is forwarded for necessary action and direct reply.

2. Copy of QMS Form 1296 on file in this Office indicates claim was paid 20 July 1949 by R. G. Boyel, Lt Col, Finance Department.

BY COMMAND OF MAJOR GENERAL MIDDLESWART:

1 Incl
Cy ltr fr/ Mrs. Kaufman
dtd 15 Aug 49

L. W. ALEX
Lt Colonel, QMS
Memorial Division

MCB
AUG 22 11 25 AM '49
MIDSWART

AUG 22 10 01 AM '49
MEMORIAL DIVISION

PPA
WOL
CPA

293 Kaufman, Lawrence B, 36109189

QMSD 293

19 August 1949

(Pfc Lawrence B. Kaufman, 36109189)

SUBJECT: Internment Allowance

TO: Commanding Officer
Chicago Quartermaster Depot
1819 West Pershing Road
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BY COMMAND OF MAJOR GENERAL MIDDLESBART:

1 Incl
Cy ltr fr/ Mrs. Kaufman
dtd 15 Aug 49

L. W. ALLEN
Lt Colonel, QMS
Memorial Division

Aug 22 11 25 AM '49
MCH
[Handwritten signature]

Aug 22 10 01 AM '49
MEMORIAL DIVISION

PPA
WGL
CPA

August 15, 1949

Department of the Army
Office of the Quartermaster General
Washington, D. C.

Dear Sir:

213
Forgive the seeming negligence, but in recent weeks a check for \$75.00 to cover, in part, the funeral expenses for my son, Lawrence Kaufman was mailed to me and mislaid. In due time would the government replace said loss?

Thanking you for your kind consideration in this matter, I remain

Respectfully,

Mrs. Rose Kaufman

Mrs. Rose Kaufman
5947 15th Street
Detroit 8, Michigan





4-107

WESTERN
UNION
DISTRIBUTION CENTER

RECEIPT OF REMAINS

DELIVER AND REPORT
ANY CHARGES

AGE DIV., CHICAGO ON DEPOT
1819 W. PERSHING RD., CHICAGO 9 ILL. ROUTINE

DAY LETTER

REMAINS CONSIGNED TO:

DANIEL DOYLE FUNERAL HOME
6158 - 14TH STREET
DETROIT, MICHIGAN

REMAINS OF THE LATE PFC. LAWRENCE B. KAUFMAN, SN. 36109189
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 316
NYC RR

DUE TO ARRIVE DETROIT, MICH. 7:15 AM (ST) SAT. 25 JUNE 1949
REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS
TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 27918

THOS. O. CALL
MAJOR QMC

FILE
21 JUN 1949
REPAIRATION
BRANCH

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased
this 25 day of June, 1949.

Cpl Theodore D. Dagnan
(Witness (Escort))

Daniel Doyle Funeral Home
(Consigned)

W.M.

CMB CRJ

1

DISINTERMENT DIRECTIVE

16-29

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1260 06380	DATE 15 08 48 DAY MONTH YEAR		
NAME KAUFMAN LAWRENCE B	SERIAL NUMBER 36109189	GRADE PFC	ARM 1	RACE 1	RELIGION 2
CEMETERY NEUVILLE BELGIUM	PLOT E	ROW 7	GRAVE 168	DISPOSITION OF REMAINS 6200 07 CODE DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE DANIEL DOYLE FUNERAL HOME 6158 - 14TH STREET DETROIT, MICHIGAN	NAME AND ADDRESS OF NEXT OF KIN MRS. R. KAUFMAN (MOTHER) 5947 - 15TH DETROIT, MICHIGAN
---	---

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME LAWRENCE B KAUFMAN	SERIAL NUMBER 36109189	GRADE PFC	DATE OF DEATH	DATE DISTINTERRED 27 OCT 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER EMB	ORGANIZATION USAGF	RELIGION C	IDENTIFICATION VERIFIED BY MANUEL M ESTEVEZ 1/LT INF NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL OD BLANKET	CONDITION OF REMAINS ADVANCED DECOMPOSITION. COMPLETE.
--------------------------------	--

OTHER MEANS OF IDENTIFICATION

NONE. NO CONFLICTING EVIDENCE FOUND ON REMAINS.
 THIS IS THE ONLY REMAINS ABOVE CEMETERY HAVING NOW BEEN COMPLETELY DISINTERRED AND NO UNIDENTIFIED
 MINOR DISCREPANCIES (Prepare Discrepancy Report OMC Form 1194a for major discrepancies.)
 EVIDENCE WHATSOEVER HAVING BEEN FOUND, THE REMAINS OF THE DECEASED ARE CONSIDERED ADEQUATELY IDENTIFIED
 COMPLIANCE WITH AGRC - EA 01 // 21. *RM*
 EMBOSSED PLATE READS "L" FOR LAWRENCE.

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX

DATE 3 NOVEMBER 1948	BY EDWARD C SETTLE III, EMBALMER
CASKET SEALED BY RICHARD N. CONRAD, EMB. SUPV.	EMBALMER (Signature) RICHARD N. CONRAD, EMB. SUPV.

CASKET BOXED AND MARKED DATE 28/8/1949 BY WILLIAM F. MOY CAIN, CLK	SHIPPING ADDRESS VERIFIED BY E.N. HEISEY 1/LT INF ALL TAGS, PLATES AND MARKINGS VERIFIED BY:
---	---

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

MANUEL M ESTEVEZ 1/LT INF
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Raymond J Rodriguez CWO USA

LT

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC NEUVILLE BELGIUM		TO ANTWERP PORT PIER 140	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER PFC EARL H. BLANTON RA 14297030	
SIGNATURE OF SHIPPER <i>Antonio Teixeira</i> ANTONIO TEIXEIRA 1/LT SC 01648826	DATE 11/1/49	SIGNATURE OF RECEIVER DELETED FROM PREVIOUS CONVOY	DATE

2. SHIPPED

FROM USMC NEUVILLE, BELGIUM		TO ANTWERP PORT, PIER 140	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Antonio Teixeira</i> ANTONIO TEIXEIRA 1/LT SC 01648826	DATE 16.2.49	SIGNATURE OF RECEIVER <i>R. Miller</i> ANTONIO TEIXEIRA JR., RA 13286369	DATE 48 MAR 1949

3. SHIPPED

FROM GRC ANTWERP BELGIUM		TO USAT HAITI VICTORY	
KIND OF CONVEYANCE VC. 2		NAME OF CONVOYER D. E. PRICE, MAJ. OMC.	
SIGNATURE OF SHIPPER <i>[Signature]</i> [Signature], Lt Col., T.C.	DATE 22 APR 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 22 APR 1949

4. SHIPPED

FROM		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> LIEUT. COLONEL, TC.	DATE MAY 4 1949

5. SHIPPED

FROM N Y P E		TO	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER <i>De, 08</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i> REISCH, LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE MAY 5 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> BOCKSTAHLER for Sgt Lt. OMC	DATE 5/9/49

6. SHIPPED

FROM		TO Chief, Operations	
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

Handwritten: 27918

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NAME KAUFMAN, Lawrence B.		RANK Pfc	SERIAL NUMBER 36109189				
SOURCE		CONSIGNEE Daniel-Doyle Funeral Home 6158 14th Street Detroit, Michigan					
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
FINISH (EXTERIOR)		REMARKS					
FINISH (INTERIOR)							
HANDLES							
HANDLE BOLTS							
STENCILING - NAMEPLATE							
HEALTH PERMIT MARKER							
HEALTH PERMIT NUMBER							
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)					CONDITION OF CASKET (CHECK ONE) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
FINISH (EXTERIOR)		REMARKS					
HANDLES AND FASTENINGS							
STENCILING - NAMEPLATE							
CAM LOCKS (SEALING)							
ODOR OR MOISTURE							
Routed Through							
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> MORTUARY REPAIR SHOP					
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		REMARKS			
NECESSARY DISINFECTION (EXPLAIN)		CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO					
		SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO					
		SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO					
TIME	DATE	SIGNATURE OF MORTICIAN		TIME	DATE	SIGNATURE OF INSPECTOR	
REMARKS							
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; font-size: 2em;">208</div> <div style="font-size: 4em; opacity: 0.5;">208</div> </div>							

RECEIVED
SIGNATURE CENTER

MAY 13 11 27 AM '49

WU A030 29 COLLECT

DETROIT MICH MAY 13 1949 1019A

MAJOR THOMAS O CALL

QMC QUARTER MASTER DEPOT

IN RESPONSE TO TELEGRAM RECEIVED CONCERNING LAWRENCE B

KAUFMAN CONTROL NUMBER 27918 WE WISH TO CONFIRM

INSTRUCTIONS AS ORIGINALLY GIVEN OUR ADDRESS IS 5947 15TH

STREET DETROIT 8

MRS R KAUFMAN

1023A

MESSAGEFORM

MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT			
CALLS V	STA. SER. NO. NR	PRECEDENCE DAY LETTER	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT	GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILL.

SECURITY CLASSIFICATION

ACTION TO:

MRS. R. KAUFMAN
5947 - 16TH
DETROIT, MICHIGAN

DEL.
&
REPORT
ANY
CHARGES

PRECEDENCE FOR
ACTION INFORMATION

ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

REPLY TO TELEGRAM DATED **2 MAY, 1949** ADDRESSED TO
YOU WAS SIGNED BY **MRS AND MRS JOSEPH KAUFMAN** AS YOU ARE
RECOGNIZED AS NEXT OF KIN, REPLY SHOULD BE SENT BY YOU.
ANSWER BY TELEGRAM COLLECT WILL BE APPRECIATED. REFER TO CONTROL
NO. **27918**

MAY 12 1949
THOS. O. GALL
MAJOR QMC
RECEIVED

Model 25

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

C. M. ODENWALDER

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP

OFFICIAL TITLE

Captain, QMC

Chief Admin. Br.

PAGE OF

MAY 12 1949

WU B135 28 COLLECT

RECEIVED
SIG: ED
MAY 3 1949
MAY 3 3 57 PM '49

DETROIT MICH MAY 3 1949 1053A

QM DEPOT AGRD

IN RESPONSE TO TELEGRAM RECEIVED CONCERNING LAWRENCE B
KAUFMAN CONTROL NUMBER 27918 WE WISH TO CONFIRM INSTRUCTIONS
AS ORIGINALLY GIVEN OUR ADDRESS 5947 15TH DETROIT 8
MICHIGAN

MRS AND MRS JOSEPH KAUFMAN

1234P

27918 5947 15 8..



GPO-vc

ARMY

36109189

AGRD V., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO 9, ILL.

WESTERN UNION
DAY LETTER

DELIVER AND REPORT ANY CHARGES

RECEIVED
SIGNATURE CENTER

MAY 2 10 15 PM '49

MRS. R. KAUFMAN

5947 - 15TH

DETROIT, MICHIGAN

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE

PFC LAWRENCE B. KAUFMAN

ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO DANIEL DOYLE FUNERAL HOME,

6158 - 14TH STREET, DETROIT, MICHIGAN

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. DELIVERY OF REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY SEVERAL WEEKS. AT LEAST THREE DAYS PRIOR TO SHIPMENT OF REMAINS ACCOMPANIED BY MILITARY ESCORT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF METHOD OF TRANSPORTATION AND TIME OF ARRIVAL AND REQUESTED TO NOTIFY YOU. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. IN REPLY REFER TO CONTROL NO. 27918

THOS. O. CALL
Major, QMC
Chief,

A. G. R. D.

MAY 2 1949

4A-1 and 4E-1
Combined and Revised

C. M. ODENWALDER
Captain, QMC
Chief Admin. Bks.

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES			1. DATE
<i>(Read Explanation on Reverse Side before completing form)</i>			June 28 1949
2. NAME OF DECEDENT (Last, First, Middle Initial)	3. BRANCH OF SERVICE	6. A. <input type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) B. <input checked="" type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)	
KAUFMAN, LAWRENCE B	ARMY		
4. RANK OR GRADE	5. SERIAL NO.	7. <input type="checkbox"/> IF WORLD WAR II DECEASED, CHECK BOX. <input checked="" type="checkbox"/> CURRENT DECEASED, ENTER DATE OF DEATH.	
PTC	35109189		
<p>INSTRUCTIONS TO INITIATING INSTALLATION TO OFFICE OF Fill in items 1 through 7 and item 10. FORWARD COPY Cross out item 8 or item 9, whichever is not applicable. QUARTERMASTER GENERAL WASHINGTON 25, D. C. Stamp "Ribbon" copy "ORIGINAL." ATTN: HQURS., A. G. R. S. Stamp carbon copies "COPY."</p>			
<p>INSTRUCTIONS TO PERSONS SIGNING THIS FORM This form is to be signed by the claimant and NOT by the funeral director. Complete the original and three copies. JUL 6 1949 SIGN ORIGINAL ONLY. <i>cc</i></p>			
8. FILL IN THIS STATEMENT IF BOX "A" IS CHECKED		9. FILL IN THIS STATEMENT IF BOX "B" IS CHECKED	
I certify that the sum of \$ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below: NAME: of cemetery Mt Olivet CITY OR COUNTY: Detroit STATE: Michigan		I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from _____ to _____ (City, town, or place from which remains were shipped) TO: Name and location of National or Post Cemetery	
10. RETURN THE ORIGINAL AND THREE COPIES TO:		11. SIGNATURE OF CLAIMANT	
COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT 1819 WEST PERSHING ROAD CHICAGO 9, ILLINOIS ATTN: AGR DIVISION		<i>LRB B. KAUFMAN</i> 12. ADDRESS (Street number or RFD, City and State) 5947 - 15TH CHICAGO, ILLINOIS	
13. RELATIONSHIP TO DECEDENT		13. RELATIONSHIP TO DECEDENT	
REMARKS:		13. RELATIONSHIP TO DECEDENT	
		PAID ON MONEY ACCOUNTS of E. G. DUFEL LT. COL. E.D. Symbol Number 216-062 12157 (DO NOT SIGN THIS) COPY	

293

EXPLANATION OF BOX "A"

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the Government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

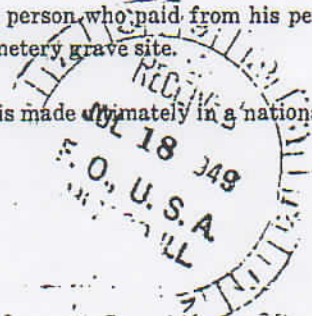
EXPLANATION OF BOX "B"

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed, (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. **WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.**

3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.



BL
RRE Form #39
13 Jul 48

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

<u>KAUFMAN</u>	<u>LAWRENCE</u>	<u>B</u>	<u>PFC</u>	<u>36109189</u>
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN) ✓

Repatriated to the United States: _____

26 APR. 1949

STATION FILE

Incl #

Ref: 1549.

SUBJECT: Graves Registration.

H.Q.,
U.S. Theatre Graves Registration Service,
A.P.O. 887, U.S. Army.

Belgium 3

BAOR/16713/GR(1).



A.F.W. 3572 number: BAOR/DDGR/18928, is forwarded herewith, for such action as you deem necessary.

G.R. & E. Branch,
British Army of the Rhine,
c/o: HQ, L of C, BAOR.

Abbott

Colonel,
D.D.G.R.E.

IG.

ENCL/1.

U.S.

BELG 3

Army Form W. 3372

GRAVES REGISTRATION REPORT FORM.

Report No: BAOR/DIOR/18928

Schedule No.

GSGS 4336 1/10C, 000
Sheet 46K 158712

Place of Burial
SCAFFEN, Nr. DIEST, Belgium

Map Reference or In-field up turn, track

The following are buried here: Temporary Burial Ground.

Location Detail: North of main road.

Regiment.	Army No.	Name and Initials	Rank.	Date of Death.	How marked.	Plot, Row and Grave.
U.S.A. Army	36109189	KAUFFMAN	Private	10.10.14	White cross	E-7-168
"	13157882	RESSLER	Captain	2.10.14	"	" " 4
1) Kaufman, Lawrence	36109189					E-9-202
2) Ressler, Charles W.	13157882					
						(Sd) H. R. C. CHAPMAN
26 MAR 1946					for C.C.I.	
					D. D. G. R. E.	

remains taken to US Mail CEM.,
Suvville-en-Condroy, Belgium.
Date 28 April 1945.

Headquarters
Det "A" 4th Liaison Co
3049 AM GRAV. & DIST. CO.
APO 228 U.S. Army

Kaufman, L. D.

(fc. 36103189 440 AMBU. PA BR.

One (1) ident. tag found around neck.

Schaffren, Belgium Military Cemetery, Plot #3 2nd Co 1,250,000,
Plot K, now American Section 5

Schaffren Military Cemetery


4 October 1944 taken from US Army Orders Reg. No. 822

Unavailable.

Plain wooden cross with roll-in; inscription: MIP 36103189 Pfc
Kaufman, L. USA Army Med-- D.O.S. 4.10.44

Unavailable.

Burghmaster of Schaffren gave the following information: All
crosses used in the cemetery were patients of a British Hospital at Diest. (Name
of hospital unknown) Deceased were turned over to the Red Cross by the Hosp.
for burial. No other information is available. Information on ident. tag:
L.D. Kaufman 36103189; T-41-43; blood type "O"; religion "C"; emergency
address: Mrs J. Kaufman 5947-14th St. Detroit, Mich. Data for disinterment:
US Army Orders Register No. 822


ROBERT H. HUPP 2nd Lt. MC
O-1896087 Det "A" 3049 AM
Gr Reg Co. 28 April 1945

AMB CRJ

6

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
1260 05380

DATE
15 03 48
DAY MONTH YEAR

NAME
KAUFMAN LAWRENCE B

SERIAL NUMBER
56100129 PFC

GRADE
PFC

ARM
1

RACE
1

RELIGION
2

CEMETERY
NEUVILLE BELGIUM

PLOT ROW GRAVE
E 7 158

DISPOSITION OF REMAINS
5200 07
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
DANIEL DOYLE FUNERAL HOME
6158 - 14TH STREET
DETROIT, MICHIGAN

NAME AND ADDRESS OF NEXT OF KIN
MRS. R. KAUFMAN (MOTHER)
5947 - 15TH
DETROIT, MICHIGAN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
 MARKER

USAGF

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 15 January 1948

Pfc Lawrence B. Kaufman, 36 109 189
 Plot B, Row 7, Grave 168,
 United States Military Cemetery
 Neuville-en-Condroz, Belgium

15 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, MRS. R. KAUFMAN (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.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
Mt. Olivet Cemetery E. McNichols & Van Dyke
(NAME AND LOCATION OF CEMETERY)
- 3. BE RETURNED TO _____ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
(FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)
- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
(LOCATION OF NATIONAL CEMETERY SELECTED)
 (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

NONE

2000 p. e. AUG 31

R. Kaufman

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			
DANIEL DOYLE FUNERAL HOME			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
6158 14th Street	Detroit 07	Wayne	Michigan
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Michigan Central	15th & Michigan, Depot	TA 5-7000	

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
KAUFMAN	JOSEPH	-	FATHER
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
5947 15th Street	DETROIT	WAYNE	MICHIGAN

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.

Mrs. R. Kaufman
 (SIGNATURE OF NEXT OF KIN)

5947 15TH
 (STREET AND NUMBER)

MRS R. KAUFMAN
 (NAME PRINTED OR TYPED)

DETROIT, MICHIGAN
 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 30th day of January, 1948, at city (or town) of Detroit, county of Wayne, and State (or Territory or District) of Michigan

Commission Expires June 15, 1951

Kathryn Hillery
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 Notary Public, Wayne County, Michigan
 My Commission Expires June 15, 1951

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)
_____	_____ (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)	

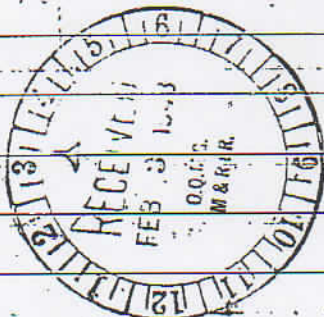
ADDITIONAL REMARKS AND INSTRUCTIONS

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

RECORDS BRANCH

FEB 3 4 29 PM '48

MEMORIAL DIVISION



Pfc Lawrence B. Kaufman, 36 109 189
Plot E, Row 7, Grave 168,
United States Military Cemetery
Neuville-en-Condroz, Belgium

15 January 1948

Mr. Joseph Kaufman
5947 15th Street
Detroit, Michigan

Dear Mr. Kaufman:

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. LANKIN
Major General
The Quartermaster General

8 Incls.
M

reg

SPQYG 293
Kaufman, Lawrence B.
S.N. 36109189

31 August 1945

Mrs. Rose Kaufman
5947 15th Street
Detroit, Michigan

Dear Mrs. Kaufman:

Your letter requesting information concerning your son, the late Private First Class Lawrence B. Kaufman, has been referred to this office.

The official report of interment received in this office shows that the remains of your son were interred in the United States Military Cemetery, Neuville-en-Condruz, Belgium, Plot E, Row 7, Grave 168. With reference to other larger cities the approximate location of Neuville-En-Condruz, Belgium is eight miles northeast of Huy and six miles southwest of Liege, both in Belgium.

This office regrets, sincerely, the delay in answering your letter and wishes to extend its deepest sympathy in the loss of your son.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN
Colonel, QMC
Assistant

*Dispatched to Mrs. Kaufman
K. H.
20/2*

*Mrs. Kaufman
S.N. (36.109,189)*

SPQYG 293
Kaufman, Lawrence B.
S.N. 36109189

31 August 1945

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5947 15th Street
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FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN
Colonel, QMC
Assistant

*Dispensed to
K. G.
20/2*

1945 Kaufmann Rose S.N. (36.109,189)

FEB 14 2 12 PM '45
MEMORIAL DIVISION



GRAVES REGISTRATION SECTION
FEB 14 2 51 PM '45
MEMORIAL DIVISION

5947 Fifteenth Street
Detroit, Michigan
January 30, 1945

Adjutant General
Washington, D. C.

RE: Lawrence B. Kaufmann,
36 109 189

Dear Sir:

Would any details regarding the death and burial of my son, Lawrence Kaufmann, 36109189, in Holland on October 4, 1944, be available at this time?

Any information would be much appreciated by myself and family.

Acknowledging your courteous cooperation in these matters I remain

Yours respectfully,

Mrs. J. Kaufman

No Rec
9/26/45 JKS

4/2/45
143

AGRD-C 201 Kaufman, Lawrence B.
(30 Jan 45)

12 February 1945.

Mrs. J. Kaufmann,
5947 Fifteenth Street,
Detroit, Michigan.

Dear Madam:

Reference is made to your recent letter addressed to The Adjutant General, Washington, D. C., requesting additional information concerning the death and burial of your son.

Information has now been received which shows that your son, Private First Class, Lawrence B. Kaufman, Army serial number 36 109 189, Field Artillery, died on 4 October 1944 in Holland as a result of a serious gunshot wound, perforating neck, received in action on 3 October 1944 at Oploo, Holland. No further details were given, but I am sure you will understand how extremely difficult it is under actual battle conditions to record all details concerning casualties.

The Quartermaster General of the Army, Washington, D. C., has jurisdiction over matters pertaining to the burial of our military personnel who die overseas. A copy of your letter has accordingly been forwarded to that officer for necessary action.

Permit me to extend my sincere sympathy to you and the members of your family.

Very truly yours,

E. C. GAULT,
Colonel, AGD,
Chief of Branch.

COPY FOR: ✓

The Quartermaster General,
Washington 25, D. C.

MEMORIAL DIVISION
FEB 14 5 15 PM '45

1 Incl.

Copy ltr 30 Jan 45.

GRAVES REGISTRATION
Form No. 1
(Revised 1 Sept. 1943)

RESTRICTED
REPORT OF BURIAL

29 April 1945

Re-Burial

LAWRENCE TM 10-630 AND AR 30-1815

Date

Kaufman, L. B.

Pfc

36109189

446 Armd F.A. Bn.

Unit
~~Unk Holland~~

Date of Death
4 October 1944

Organization
KIA

Place of Death
0930 29 April 1945:US/Cem.#1, Neuville-en-Condroz, Belg. Vk390187

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

168

7

E

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

REBURIAL

What means of identification were buried with the body?

Previously buried in isolated grave

located at

Belgium Mil Cem.

Schaffen, Belgium

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

Who is buried on:

Deceased's Right:

Yaksh

0-710360

1st Lt.

USAAF

167

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Jeffers

34720839

Pvt

Sig Cps

169

Name

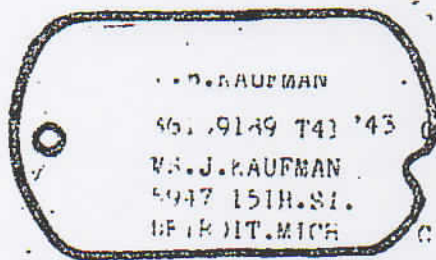
Serial No.

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

Ms. J. Kaufman

Name

5947 15th St.

Detroit, Mich

Address

Religion

Catholic

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

No personal effects

Body disinterred by Det. "A"

3049th QM Gr. Rtg. Co, which organization submitted "Disinterment check list" directly.

Belgium 822

Stanley H. Robinson

Signature of Officer or other person reporting burial

NO. 204. 22/9/43. 3803/8/15219

Verified by G.R.S. Officer

STANLEY H. ROBINSON, 1st Lt., QMC
Det. "C" 3045th QM Gr. Rtg. Co.

RESTRICTED

51

file in 823-45

IF DECEASED UNIDENTIFIED

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

- Height:
- 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.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

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

Left Hand

4	3	2	1	Thumb
---	---	---	---	-------

Right Hand

4	3	2	1	Thumb
---	---	---	---	-------

TOOTH CHART

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

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

Characteristics:

Other Data:

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

CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

Only Part I should be completed, if identification tags are available.
 Both Part I & Part II should be completely filled out if identification tags are not available.

If information is unavailable, so indicate.

HEADQUARTERS

DET "A" 8th PLATOON

3049 QM GRAVES REGISTRATION CO.

APO 228 US ARMY

Remains taken to US Mil Cem.,
 Esuville-en-Condroz, Belgium.
 Date 28 April 1945.

PART I

(Positive Identification)

3713
md

KAUFMAN, Lawrence Pfc. 36109189 440 Armd. WA Bn.

(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached One (1) ident. tag found around neck.

3. Give exact location from which disinterred, furnishing coordinates and map series used Schafften, Belgium Military Cemetery, Sheet #3 2nd Ed 1,250,000, Plot K, Row E American Section 5

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) _____

Schafften Military Cemetery

5. Approximate or established date of death (state which & give basis for date selected) 4 October 1944 taken from GCGM Orders Reg. No. 822

6. Approximate or established date of burial (give basis for date established) Unavailable.

7. Manner in which grave was marked and all information contained on the marker Plain wooden cross with following inscription: R/P 36109189 Pfc Kaufman, L. USA Army Hel-- D.O.W. 4.10.44

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned Unavailable.

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 other possessing important information) Burghmaster of Schafften gave the following information: All deceased in the cemetery were patients of a British Hospital at Diest. (Name of hospital unknown) Deceased were turned over to the Red Cross by the Hosp. for burial. No other information is available. Information on Ident. Tag: L.D. Kaufman 36109189; T-41-43; Blood Type "O"; Religion "C"; Emergency Address: Mrs J. Kaufman 5947-15th St. Detroit, Mich. Auth. for disinterment: GCGM Orders Register No. 822

PART II

(Doubtful or Undetermined Identification)

Robert T. Huff
 ROBERT T. HUFF 2nd Lt. QMC
 O-1896057 Det "A" 3049 QM
 Gr Reg Co. 28 April 1945

10. Fill in any information available regarding name, rank, ASN, and 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, tattoos, length of hair, presence of mustache or beard, etc. _____

11/6/45
11/31/45
AMB

X Kaufman L. B - 36109189

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

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

15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gun, 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. & 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 & place of death of each that may assist in identification of those remains

20. Other pertinent information which would aid in establishing identity

(Individual in Charge of Disinterment) (Rank) (ASK) (Organization)

(Date)

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D.C.

REPORT OF DEATH

DATE 2 January 1945 p.j.

FULL NAME Kaufman, Lawrence B.		ARMY SERIAL NUMBER 36 109 189	GRADE Pfc
HOME ADDRESS <i>ps</i> Detroit, Michigan		ARM OR SERVICE Field Artillery	DATE OF BIRTH 15 Aug 1914
PLACE OF DEATH European Area	CAUSE OF DEATH wounds received in action		DATE OF DEATH 4 October 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 7 April 1941	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 6 years
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) Mrs. Rose Kaufman 5947 15th St., Detroit, Michigan. (mother)			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Rose Kaufman, (mother) 5947 15th St., Detroit, Michigan. Joseph Kaufman (father) 5947 15th St., Detroit, Michigan.			
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
			X
			OTHER PAY STATUS (SPECIFY BELOW) YES NO

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

Evidence of Death rec'd in WD 9 Dec 44.

Handwritten initials and date:
JAN 17 1945
Adj. Gen.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
2. 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:
Ed. L. Fowler
ADJUTANT GENERAL

356,822

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

REPORT OF DEATH


DATE 2 January 1945 *pl*

FULL NAME Kaufman, Lawrence B.		ARMY SERIAL NUMBER 36 109 189	GRADE Pfc
HOME ADDRESS Detroit, Michigan		ARM OR SERVICE Field Artillery	DATE OF BIRTH 15 Aug 1914
PLACE OF DEATH European Area	CAUSE OF DEATH wounds received in action		DATE OF DEATH 4 October 1944
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 7 April 1941	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 6 years
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Rose Kaufman 5947 15th St., Detroit, Michigan. (mother)			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Rose Kaufman, (mother) 5947 15th St., Detroit, Michigan. Joseph Kaufman (father) 5947 15th St., Detroit, Michigan.			
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)		X	

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

Evidence of Death rec'd in WD 9 Dec 44.



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

BY ORDER OF THE SECRETARY OF WAR.

Ed. L. Towles

ADJUTANT GENERAL

356822 ✓

RTB:JS:drr
July 14, 1945 ✓

Mr. Joseph Kaufman ✓
5947 15th Street ✓
Detroit, Michigan ✓

Dear Mr. Kaufman: ✓

The Army Effects Bureau has received additional property of your son, Private First Class Lawrence B. Kaufman, consisting of funds in the amount of \$15.97. A check for this sum is inclosed. ✓

The transmittal of funds by this Bureau does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of decedent's legal residence. ✓

Sincerely, ✓

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

1 Incl-- ✓
Check

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mr. Joseph Kaufman
5947 15th Street

Effects of: Detroit, Michigan
Name Pfc. Lawrence B. Kaufman

ASN 36109189

Case No. 356822 D

Wt.

DATE 14 July 1945 JS:dr

William M. ...
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check
Acct. No. 121565
Amount \$15.97 *me*
 Inclose "valuables" item
 Skip "valuables" item (s)

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

99689 bt

ROUTING:

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

121565

356822

July 20

45

Joseph Kaufman

15.97

Fifteen and 97/100

REMARKS

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

Shipping Clerk

ARMY SUPPLIES BUREAU
INVENTORY

JUL 9 1945

BH

356,822

CASE NO.

TYPED BY

lc

DATE

6-23-45

STATUS

dec.

NAME

L.B. Kaufman

A.S.N.

36109189 ✓

RANK

Pfc.

ORGANIZATION

unk.

AMOUNT

15.97

121525 RCP
ACCOUNT NO.

PAID-Check No. 99689-ff

LIST NO.

F-218

REMARKS

ACCOUNTING INVENTORY

356822

GHG:mas:na
June 15, 1945

Miss Hilda Kaufman
4947 15th Street
Detroit 8, Michigan

Dear Miss Kaufman:

I have your recent inquiry regarding the personal effects of your brother, Private First Class Lawrence B. Kaufman.

It is regretted that the items about which you inquire were not received here. All of his property received at this Bureau has been sent you.

So that you may better understand the difficulties encountered in the recovery of personal effects, I am inclosing an information circular on the subject.

I wish to assure you that in the event additional property is received at a later date, it will be forwarded promptly.

Yours very truly,

F. L. KOUB
2nd Lt. G.M.C.
Officer-in-Charge
SJ Unit

1 Incl—
Form 51

44

ARMY SERVICE RECORDS
KANSAS CITY QUARTERMASTER DETRO
ARMY EFFECTS BUREAU
601 Hardesty Avenue
Kansas City 1, Missouri

In Reply Refer To: _____

Subject: _____

Personal property which was lost or abandoned by the above named during a change of station, and which was recently received at this Bureau, is being forwarded to you for safekeeping pending the return of the owner.

When delivery has been made, please acknowledge receipt by signing one copy of this letter in the space provided below, returning that copy to this Bureau. For your convenience, there is inclosed an addressed envelope which requires no postage.

Please be assured that this letter is in no way a casualty message. Its sole purpose is to place the property in your custody for safekeeping.

Your cooperation in signing this letter and returning it promptly will be appreciated.

Incl--
Envelope

I agree to safely keep and store the above-mentioned personal property and to deliver it to the owner or to the Army Effects Bureau, Kansas City, Missouri, upon request.

(Signature of Bailee)

(Date)

May 30, 1945

JUN 6 1945

Dear Sir;

I am writing in ^{gb} regard to the personal belongings of my brother who lost his life in the service of his country in Holland on Oct. 4, 1944. To date we have only received his wallet containing no money. We have reason to believe that he had in his possession a cameo ring, a good fountain pen, a white pipe and a portfolio containing snapshots. If you have any of these or any other belongings belonging to Pfc. Lawrence B. Kaufman

36109189

Case No. 356, 822 D - I would appreciate your sending them on to us
Hilda Kaufman.

A. Kaufmann
52947 152nd St.
Detroit 8, Mich.



War Department,
Army & Air Corps Bureau,
Kansas City Quartermaster Depot,
601 Broadway, Kansas,
Kansas City, Missouri.



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

JRM:JBS:vv
March 21, 1945

IN REPLY REFER TO 356822

Dear Mr. Kaufman:

The Army Effects Bureau has received from overseas some property of your son, Private First Class Lawrence B. Kaufman.

This property, consisting of a billfold, is being sent to 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 son.

Yours very truly,

HARRY NIEMIEC
2nd Lt. Q.M.C.
Chief, Correspondence Branch

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: **Mr. Joseph Kaufman**
5947 - 15th Street
Detroit, Michigan

Effects of:

Name **Pfc. Lawrence B. Kaufman**

ASN **36109189**

Case No. **356,822 D**

Wt.

file ghr

JRM:SP:sac
DATE 16 March 1945

J. Schramm
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

1 pkg

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

✓
MAR 25 1945

AJ
Shipping Clerk

MAR 25 1945

PACKAGE DESCRIPTION <i>#1401</i>	ARMY EFFECTS BUREAU INVENTORY	DECEASED <input checked="" type="checkbox"/> MISSING <input type="checkbox"/> P.O.W. <input type="checkbox"/> ABANDONED <input type="checkbox"/>
	356822	TALLY NO. <i>6817</i>
NAME <i>LAWRENCE B. KAUFMAN</i>		INV. DATE <i>7 Mar 1945</i>
A.S.N. <i>36109189</i>	RANK <i>P.F.C.</i>	ORIG. NO OF PKGS. <i>1</i>
		BOX NO. <i>666</i>
		SHEET OF <i>1</i> SHEETS <i>9</i>
		ORGANIZATION <i>77 Med Bty</i>

BELT	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
CLOTH, WASH	BRACELET, IDENT.	DILLFOLD, (NO MONEY)
COATS	BRUSHES	CASE
FOOTWEAR, PR	CANERAS	FOOTLOCKER
GLOVES, PR	GLASSES	KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS	KNIVES	BOOKS
HEADWEAR	LIGHTERS	BOOKS, ADDRESS
JACKETS	MISC. INSIGNIA	BOOKS, ILOT LOG
OVERCOATS	PEN, FOUNTAIN	DIARY (REMOVED FOR DUR)
SCARFS	PENCIL, MECHANICAL	FILMS
SHIRTS	PIPES	LETTERS
SOCKS, PR	RELIGIOUS ARTICLES	PAPERS, PERSONAL
TIES	RINGS, DECORATION	PHOTOS
TOWELS	RINGS	SHOE SHINE ARTICLES
TROUSERS, PR.	TOBACCO	SHORT SNORTER
TRUNKS, PR.	TOILET ARTICLES	SOUVENIRS
UNDERWEAR	WATCH	SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

REMARKS *Mother Mrs Rose Kaufman 5947 15th St Detroit Michigan*

ATTACHMENTS FORM #54 *2 - Personal Effects Certificate*
FORM #100 *1 - form 28*

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>1682</i>	STORAGE BY <i>JW</i>	SHORTAGE ON REVERSE
INVENTORIED BY <i>Palmer</i>	DATE SHIPPED	IDENT. TAGS REMOVED
PACKED BY <i>[Signature]</i>	CHECKED BY <i>[Signature]</i>	DIARY REMOVED
		LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

NAME
KAUFMAN - PVT

BAY	PALLET	BOX	TALLY
68	69	666	6817
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PKG			

REL. QM System 43

Personal Effects Certificate

In Lieu of Army Form W. 3190.

This portion for use AT THE BASE ONLY.

Personal or Army No. 36109189
 Rank, Name & Initials Pte. J. G. Thompson
 Regiment or Corps 14 Med Bty 440 Regt U.S.A
 Nature of Casualty Accident to Spine
 Date of Casualty Dec. 4/10/44

I certify that I have examined all the personal belongings of the a/m, and that, to the best of my belief, he had no other personal effects.

WHILE SERVING UNDER MY COMMAND
 WHEN ADMITTED HERE
 WERE FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an Officer, are all that were recovered.

Signature T. S. Dean
 Rank C. F. 4th Class
 Unit 26 Gen Hospital
 Date 10/10/44



Inventory No.

Registered Post Particulars:

[Handwritten signature]

SPECIAL INSTRUCTIONS.

Personal effects of:-
 (i) Deceased or Missing Officers and other ranks will always be despatched by Reg: Post to O.i/c G.H.Q. 2nd Echelon.
 (ii) Sick or Wounded Officers and other ranks will always be despatched by Reg: Post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q. 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

Personal Effects Certificate

In Lieu of Army Form W. 3190.

This portion for use AT THE BASE ONLY.

Personal or Army No. 36109189
 Rank, Name & Initials Pte. J. Kaufmann
 Regiment or Corps 14 Med Bty 440 Regt U.S.A
 Nature of Casualty Spung. to Spine
 Date of Casualty Dec. 4/10/44

I certify that I have examined all the personal belongings of the a/m, and that, to the best of my belief, he had no other personal effects.

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 WHEN ADMITTED HERE
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Two copies of this Army Form will be enclosed in the parcel.

SPCOK 201

JHM:VJ:ek
31 March 1945

SUBJECT: Disposal of Pay Records

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

Transmitted herewith for disposal by personnel officers concerned, in accordance with par. 4ld (2), AR 346-125 C19, W.D., A.G.O. Forms No. 28, (Soldier's Individual Pay Record) of:

Herst, John J.	33500342	PFC	Unknown
Innis, Earle R.	31232619	Pvt.	Infantry
Johnson, John A.	35110815	Cpl.	Fld. Art.
Kaufman, Lawrence B.	36109189	Pvt.	Fld. Art.
Keithley, Hans W.	35807404	Pvt.	Unknown
Keyes, Daniel J.	13029125	S/Sgt.	Air Corps
Riggins, Charles E.	37475866	PFC	Infantry
Robbins, Clifford L.	36324570		Air Corps
Rogers, John J.	13049493		Air Corps
Saint, Wheeler Lee	34399952	Pvt.	Unknown

For the Effects Quartermaster:

P. L. KDOB
2nd. Lt. Q.M.C.
Officer-in-Charge
SJ Unit

10 Incls—W.D., A.G.O. Forms No. 28

SPCOK 201

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Riggins, Charles E.	37475866	PFC	Infantry
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For the Effects Quartermaster:

P. L. KDOB
2nd. Lt. Q.M.C.
Officer-in-Charge
SJ Unit

10 Incls—W.D., A.G.O. Forms No. 28

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

JRM:VE:mt
Case No. 356922 ✓
Date 28 March 1945

SUBJECT: Report of transactions in disposing of the effects of

Lawrence B. Kaufman, 36109189 late a
(Name of deceased) (Army Serial Number)
Private First Class, Field Artillery who died
(Grade) (Organization, Army or Service)
on the 4 day of October, 1944, at European Area.

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo, pursuant to S.O., 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 16 March 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Joseph Kaufman 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, Joseph Kaufman of 5947 15th Street, Detroit State of Michigan, is the Father of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

FEB 14 2 12 PM '45
MEMORIAL DIVISION



GRAVES REGISTRATION SECTION
FEB 14 2 51 PM '45
MEMORIAL DIVISION