

293 ANDERSON JOE L. 34 254 291 T/5 INF. EUROPEAN AREA(N.C.) 45  
jb

Declassified in accordance with D.O. 13526



3701

# CERTIFICATE

*Be you*  
*207-R*

When the remains are delivered to you, you are responsible for the transportation of the remains to the cemetery. You are responsible for the transportation of the remains to the cemetery. You are responsible for the transportation of the remains to the cemetery.

1. **FILL IN EITHER PART A OR PART B, NOT BOTH.**

2. **USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.**

3. **USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.**

FREDERIC W. DENNIS, JR.  
Lt. Colonel, 187C  
DEC 17 1947

## PART A - CIVILIAN OR PRIVATE CEMETERY

### REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT <i>Anderson, Joe</i> ANDERSON, JOE L.	GRADE <i>WW II</i> TSG 5	SERIAL NUMBER 34 254 291	COMPONENT USA
--	--------------------------------	-----------------------------	------------------

I certify that the sum of \$ *75.00* was paid by me from **I, CASTERLINE** personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

DEC 1947  
LT. COL., F.D.  
NORTH CHARLESTON, S. C.  
SYMBOL 213-107  
STATION 765

INSERT NAME OF CEMETERY <i>UNION</i>	CITY OR COUNTY <i>COLDWELL</i>	STATE <i>N.C.</i>
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**INSTRUCTIONS TO PERSON SIGNING THIS FORM**

1. Fill in as required and sign four copies. **THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.**

2. Return four copies to:

SIGNATURE OF CLAIMANT  
*Mrs Lois M. Anderson*

ADDRESS OF CLAIMANT (City, Street or RFD, and State)

AMERICAN GRAVES REGISTRATION DIVISION TO CHARLOTTE QUARTERMASTER DEPOT 715 CHARLOTTE, N. C.	RELATIONSHIP TO DECEDENT <i>WIFE</i>	DATE <i>12-3-47</i>
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## PART B - NATIONAL OR POST CEMETERY

### REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
------------------	-------	---------------	-----------

I certify that the sum of \$ *75.00* was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:

INSERT CITY OR TOWN (OR ADDRESS, NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
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**INSTRUCTIONS TO PERSON SIGNING THIS FORM**

1. Fill in as required and sign four copies. **THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.**

2. Return four copies to:

SIGNATURE OF CLAIMANT

ADDRESS OF CLAIMANT (City, Street or RFD, and State)

*Check no. 544747*  
*Dated 23 DEC 1947*  
*For \$ 75.00*

RELATIONSHIP TO DECEDENT

DATE

**DO NOT USE**

QMC FORM 1236  
23 OCT 47

REPLACES WD AGO FORM R-5507, QMC FORM R-5048 AND QMC FORM R-5066, WHICH ARE OBSOLETE.



## EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

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 PART B - NATIONAL OR POST CEMETERY

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 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.

RECEIVED  
DEC 22 1947  
FINANCE OFFICE  
ARMY U. S. G.



*Law* BHR

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER: 1240 00285  
DATE: 02 07 47

NAME: ANDERSON JOE L  
SERIAL NUMBER: 34254291  
RANK: TEC5  
ARM: 1  
DATE OF DEATH: DAY MONTH YEAR  
CEMETERY: HENRI CHAPELLE  
DISPOSITION OF REMAINS: 1 4600 4  
PLOT ROW GRAVE COUNTRY: MMM 8 156 BELGIUM  
CAUSE OF DEATH: 1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: HICKORY FUNERAL HOME INC. 1110 13TH STREET HICKORY, NORTH CAROLINA  
NAME AND ADDRESS OF NEXT OF KIN: MRS. LOIS M. ANDERSON GRANITE FALLS, NORTH CAROLINA

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: ANDERSON, JOE L.  
SERIAL NUMBER: 34254291  
RANK: T/5  
DATE OF DEATH: 1 FEB 45  
DATE DISTINTERRED: 13 SEPT 47  
IDENTIFICATION TAG ON:  REMAINS,  MARKER  
ORGANIZATION: CO B 48TH ARMD INF BN 7TH ARMD DIV  
RELIGION: R  
IDENTIFICATION VERIFIED BY: WALTER POINSKI, 1/LT INF 562 QM SV CO

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNIFORM AND MATTRESS COVER  
CONDITION OF REMAINS: BODY COMPLETE  
OTHER MEANS OF IDENTIFICATION: 7th ARM'D PATCH AND T/5 CHEVRONS ON FIELD JACKET.  
MINOR DISCREPANCIES: NONE

REMAINS PREPARED AND PLACED IN CASKET  
DATE: 13 SEPT 47 BY: HARRIS D. NELSON, EMB SUPV  
CASKET SEALED BY: HARRIS D. NELSON, EMB SUPV  
EMBALMER (Signature): HARRIS D. NELSON, EMB SUPV  
FOS PROV  
CASKET BOXED AND MARKED  
DATE: 13 -9-47 BY: CHARLES E. HACKLER, CIK REC HARRIS D. NELSON, EMB SUPV

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
Signature: DAVID L. BENSHOFF, CAPT., INF  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report GMC Form 1194a for major discrepancies.  
CIER DEC 17 1947

FILE  
NAT  
EKATZ  
18 DEC 47



18 DEC 47  
R 415  
M 115  
E 115

### RECORD OF CUSTODIAL TRANSFER

#### 1. SHIPPED

FROM U.S. M.C. HENRI CHAPELLE, BELGIUM		TO LIEGE, BELGIUM (BARGE LOADING POINT)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER SGT. LUPE J. VALENZUELA R A 39570049	
SIGNATURE OF SHIPPER CAPT MERLE RAY 0290506	DATE 17-9-47	SIGNATURE OF RECEIVER CAPT CLYDE L. SCHOLL 01244587	DATE 17-9-47

#### 2. SHIPPED

FROM LIEGE, BELGIUM (BARGE LOADING POINT)		TO ANTWERP PORT PIER 140	
KIND OF CONVEYANCE BARGE GABY		NAME OF CONVOYER SGT. JAMES W. BLACKMON R A 34051352	
SIGNATURE OF SHIPPER CAPT PAUL MC GEE 0505337 M.I.S.	DATE 17-9-47	SIGNATURE OF RECEIVER	DATE 20 SEP 47

#### 3. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USA JCS V CONNOLLY	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER W m G Henderson Capt T C	
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE -4 OCT 1947	SIGNATURE OF RECEIVER W m G Henderson	DATE OCT 1947

#### 4. SHIPPED

FROM JOSEPH V. CONNOLLY		TO NY PE	
KIND OF CONVEYANCE JOSEPH V. CONNOLLY		NAME OF CONVOYER	
SIGNATURE OF SHIPPER L E Butler	DATE 25 1947	SIGNATURE OF RECEIVER L. MCKINNON COLONEL T. C.	DATE 11/2/47

#### 5. SHIPPED

FROM NY PE		TO PE #4 Charlotte NC.	
KIND OF CONVEYANCE Train		NAME OF CONVOYER Willie H. Jones PFC	
SIGNATURE OF SHIPPER L. MCKINNON COLONEL, T. C.	DATE 11/1/47	SIGNATURE OF RECEIVER FREDERIC W. DENNIS, JR.	DATE 11/2/47

#### 6. SHIPPED

FROM PORT TRANSPORTATION OFFICE		TO Lt. Colonel, OMC	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER CHABETTE	DATE	SIGNATURE OF RECEIVER	DATE

#### 7. SHIPPED

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



# RECEIPT OF REMAINS

DISTRIBUTION CENTER

CHARLOTTE QUARTERMASTER DEPOT, CHARLOTTE, N. C.

ROUTINE 18 NOVEMBER 1947

REMAINS CONSIGNED TO: HICKORY FUNERAL HOME INC.

1110 13TH STREET

HICKORY, NORTH CAROLINA

REMAINS OF LATE TECHNICIAN FIFTH GRADE JOE L ANDERSON SN 34 254 291 WILL BE DELIVERED TO YOU TWENTY ONE NOVEMBER BY GOVERNMENT MOTOR CAR ACCOMPANIED BY ESCORT STAFF SERGEANT DAVID H RHODES. REMAINS WILL DEPART FROM THIS DISTRIBUTION CENTER AT TEN A M AND WILL ARRIVE ON OR ABOUT TWELVE THIRTY P M REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS UPON DELIVERY.

FREDERIC W. DENNIS, JR.  
LT. COL., QMC

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 21 DAY OF NOVEMBER, 19 47

S/SGT. D.H. Rhodes

WITNESS (Escort)

Blates H. Drum

CONSIGNEE





OCT 25 1947

WUCB1 (19) COLLECT HICKORY NCAR OCT 25 510P  
THE CHARLOTTE QM DEPOT ATTN AMERICAN GRAVE  
REGISTRATION DIV

RETEL 24 OCT PLEASE FORWARD REMAINS OF T5 JOE L ANDXXX JOE L  
ANDERSON THE HICKORY FUNERAL HOME 1110 13 ST

MRS LOIS M ANDERSON

345PW



<b>MESSAGEFORM</b>		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR	

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)  
 CHARLOTTE QUARTERMASTER DEPOT, CHARLOTTE, N. C.

SECURITY CLASSIFICATION

ACTION TO:

- MRS. LOIS M. ANDERSON
- GRANITE FALLS,
- NORTH CAROLINA

DLR. AND REPORT  
 ANY CHARGES

PRECEDENCE FOR	
ACTION TELEGRAM	INFORMATION
<input type="checkbox"/> ORIGINAL MESSAGE	
REFERS TO ANOTHER MESSAGE IDENTIFICATION	CLASSIFICATION

INFORMATION TO:

~~DEPARTMENT OF THE ARMY~~  
 WAR DEPARTMENT WILL DELIVER REMAINS OF LATE **TECHNICIAN FIFTH GRADE JOB L. ANDERSON** IN NEAR FUTURE. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO **HICKORY FUNERAL HOME, INC., 1110 13th STREET, HICKORY, NORTH CAROLINA**. REQUEST IMMEDIATE CONFIRMATION BY TELEGRAM COLLECT TO CHARLOTTE QUARTERMASTER DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION CHARLOTTE NC. FUNERAL DIRECTOR WILL BE NOTIFIED WHEN REMAINS WILL BE DELIVERED TO HIM. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL PATRIOTIC OR VETERANS ORGANIZATION OF YOUR CHOICE TO MAKE ARRANGEMENTS. NECESSARY YOU INCLUDE NAME OF DECEASED IN REPLY TELEGRAM.

VAL R. SPENGER,  
 MAJOR, QMC

SECURITY CLASSIFICATION		AUTHORIZATION	
ORIGINATING AGENCY QMDVR CHIEF AGR DIVISION		SIGNATURE FREDERIC W. DENNIS, JR. Lt. Colonel, QMC	OFFICIAL TITLE FRANCIS H. ANNE CWO, USA, ADJUTANT
SYMBOL	DATE-TIME GROUP OCT 24 1947	PAGE 1 OF 1	

(ADVANCE TELEGRAM "E")



FOR 293 FILE

Resume of long distance telephone conversation between Hickory Funeral Home, Hickory, N. C. (calling) and Maj. Spencer Hour: 1:40 P.M.  
Date: 12 Nov 47

Hickory Funeral Home advised Maj. Spencer that families of two deceased had received advance telegrams about 3 weeks ago, and were getting very anxious and wanted some information, particularly since other families had received their sons, etc. The names were:

T/S Joe L. Anderson  
Pvt Wm. C. Wortman

After checking, Maj. Spencer advised that we could not give him a definite date, but he thought it would be about the middle or end of next week- or between the 19th and 21st of November.

Maj. Spencer was told that the families were getting worried since it had been so long since they received the advance telegrams, and wondered if he could come for the remains, and if that would make it any quicker. Maj. Spencer said it would be quicker. However, Maj. Spencer reminded him that it would be necessary for the next of kin to send us a telegram, changing disposition instructions.

The funeral home representative wanted to know when he could come for the remains, and Maj. Spencer said that Monday or Tuesday they would be ready. The funeral home representative said he would contact families and see that wires were sent us. Maj. Spencer asked that he co-operate with us, and explain just how hard pressed we were here, trying to meet schedules.

The funeral home representative asked if we would send the bodies out by ambulance, since they were in the 100-mile radius and Maj. Spencer said we did.

He said the American Legion Post there had uniforms to give the military funeral service and wondered if the flag would be sent. Maj. Spencer explained that the escort brought the flag with him. He asked about ammunition and Maj. Spencer explained that that was brought by the escort, too.

Maj. Spencer asked if they wanted escorts, if the remains were picked up and he was told that that depended on the families. Maj. Spencer asked that we be advised on this point, if a change in disposition instructions was made.

Schedule  
F.R. 21<sup>st</sup>

note



# REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

T/5 Joe L. Anderson, 34 254 291  
Plot MM, Row 8, Grave 156,  
United States Military Cemetery  
Henri-Chapelle, Belgium

14 March 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

## PART I

I, Lois M Anderson

(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.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Union Baptist Church Cemetery, Lenoir, N.C.

(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

*Lois M Anderson*  
*3 July 47*  
*Raw*



**PART T (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 <b>Hickory Funeral Home Inc.</b>			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<b>1110-13th Street</b>	<b>Hickory</b>	<b>Catawba</b>	<b>North Carolina</b>
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
<b>Hickory, N. C.</b>	<b>Hickory, N. C.</b>	<b>264</b>	

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
<b>ANDERSON,</b>	<b>Pink</b>		<b>Father</b>
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
	<b>Granite Falls,</b>	<b>Caldwell County</b>	<b>N. C.</b>

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.

Lois M. Anderson  
(SIGNATURE OF NEXT OF KIN)

Lois M Anderson  
(NAME PRINTED OR TYPED)

\_\_\_\_\_  
(STREET AND NUMBER)

Granite Falls, N.C.  
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 31 day of March, 1947, at city (or town) of Granite Falls, county of Caldwell, and State (or Territory or District) of North Carolina,

Howard  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public  
(OFFICIAL TITLE)

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



**PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

I, THE \_\_\_\_\_, 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)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

**PART III**

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

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

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

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







T/5 Joe L. Anderson, 34 254 291  
Plot 188, Row 8, Grave 156,  
United States Military Cemetery  
Henri-Chapelle, Belgium

14 March 1947

Mrs. Lois M. Anderson  
Granite Falls, North Carolina

Dear Mrs. Anderson:

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.

MAR 18 2 51 PM '47  
O. O. M. G.  
MAIL & RECORDS BRANCH

lhc

MN



293 Anderson, Jued.  
34,254,291

Granite Falls, N.C.  
February 11, 1947

War Department  
The Quartermaster General  
Memorial Division  
Washington 25 D. C.

Thank  
you  
for

Dear Sir -

Thank you for the letter of information and  
I will be looking forward to the time when  
my husband the late <sup>293</sup> Joe L. Anderson A.S.N. 34 254 291  
body will reach the States.

Thanking you so much,  
Mrs. Loid Anderson



MAN file  
2-17-47  
Jme



REGISTRATION AND  
RECORDS BRANCH  
FEB 13 10 20 AM '47  
MEMORIAL DIVISION

RECEIVED  
FEB 12 1947  
1111



QMGR 293  
Anderson, Joe L.  
SN 34 254 291

Address Reply To  
THE QUARTERMASTER GENERAL  
Attention: Memorial Division

7 February 1947

Mrs. Lois M. Anderson  
Granite Falls, North Carolina

Dear Mrs. Anderson:

Your letter concerning your husband, the late Technician Fifth Grade Joe L. Anderson, has been received in this office.

The War Department has now been authorized to remove the remains of our honored dead, at Government expense, to the final resting place which next of kin may designate.

When the necessary verification of records has been completed, a "Letter of Inquiry -- Return of World War II Dead" will be mailed to you. The response to this letter will constitute a formal expression of your detailed desires as next of kin. Until you receive this letter of inquiry, therefore, it will not be necessary for you to communicate with this office regarding this subject, unless you desire to report any change of address. The necessity for complete coordination of movement in many parts of the world makes it impossible, at this time, to estimate when the letter will be mailed. Every effort, however, will be made to shorten the time between now and the date of mailing and your desires will be acted upon with a minimum of delay.

Sincerely yours,

JAMES L. PRENN  
Major, QMC  
Memorial Division

REGISTRATION AND  
RECORDS BRANCH  
FEB 7 3 26 PM '47  
MEMORIAL DIVISION

JLP  
(H)

137 4 09 PM '47

Q.M.G.  
RECORDS BRANCH

*[Handwritten signature]*

la



Granite Falls, N.C.  
January 17, 1947

Office of the Quartermaster General  
7 B. A. Horkan  
Brigadier General, QMC

Dear Sir -

I am the widow of the late 75-Joe L. Anderson A.S.N. 34 254 291. I received a letter last week saying that all bodies are being removed from the Henri-Chapelle cemetery in Belgium either to a permanent American cemetery overseas or returned to the Homeland for final burial. Would like to have all the information needed in case I have Joe's body returned home, so I will know if I'm financially able to have this done.

Very Sincerely yours  
Mrs. Lois M. Anderson





REGISTRATION AND  
RECORDS BRANCH  
JAN 24 3 05 PM '47  
MEMORIAL DIVISION



QMGR 293  
Anderson, Joe L.  
A.S.N. 34 254 291

3 January 1947

Mrs. Lois M. Anderson  
Granite Falls, North Carolina

Dear Mrs. Anderson:

Inclosed herewith is a picture of the United States Military Cemetery Henri-Chapelle, Belgium, in which your husband, the late Technician Fifth Grade Joe L. Anderson, A.S.N. 34 254 291 is buried.

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

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

GEO. A. HORKAN  
Brigadier General, QMG  
Assistant

11a

JAN 0 12 09 1947  
O. O. H. G.  
MAIL & RECORDS BRANCH

JAN 0 12 09 1947  
O. O. H. G.  
MAIL & RECORDS BRANCH

RG



SPQYG 293

Anderson, Joe L.

5 August 1945

Mrs. Lois M. Anderson  
Granite Falls, North Carolina

Dear Mrs. Anderson:

The War Department is most desirous that you be furnished the burial location of your husband, the late Technician Fifth Grade Joe L. Anderson.

The records of this office disclose that he is interred in the U. S. Military Cemetery # 1, Henri Chapelle, Belgium, plot 1000, row 8, grave 156.

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

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

Sincerely yours,

E. B. GREGORY  
Lieutenant General  
The Quartermaster General

*rh*  
GRAVES REGISTRATION SECTION  
AUG 6 4 14 PM '45  
MEMORIAL DIVISION



SP4TG 293  
Anderson, Joe L.  
SN 34254291

*Am*

24 July 1945

Mrs. Kate S. Anderson  
Route 1, Box 196  
Granite Falls, North Carolina

Dear Mrs. Anderson:

Your letter to The Adjutant General has been referred to this office for reply regarding the return of the remains of your son, the late T/5 Joe L. Anderson.

A notation has been made on the official records that it is your desire to have the remains of your son returned to the United States, if possible, for final interment after the war. At the proper time, the legal next of kin will be contacted by this office in order to obtain their wishes regarding the final disposition of the remains.

The official report of interment shows that the remains of your son were interred in the United States Military Cemetery, Henri-Chapelle, Belgium, Plot MMM, Row 8, Grave 156. The cemetery is located seven miles southwest of Aachen, Germany, five miles northwest of Eupen, Belgium, and eight miles east of Liege, 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, QMG  
Assistant

*[Handwritten signature]*

gc

*sm*

JUL 24 2 53 PM '45  
O. O. M. G.  
MAIL & RECORDS BRANCH

MEMORIAL DIVISION  
JUL 24 1 45 PM '45

*ccp*  
CCP



293  
 AGRD-C 201 Anderson, Joe L.  
 (15 Mar 45)

16 April 1945

Mrs. Kate Anderson  
 Route 1, Box 196  
 Granite Falls, North Carolina

Dear Mrs. Anderson:

Reference is made to your letters addressed to the War Department, Washington, D. C., in which you request information concerning the military service, death, return of remains and Purple Heart of your son, Technician Fifth Grade Joe L. Anderson, Army serial number 34 254 291.

I fully understand your desire to learn as much as possible concerning your son's military service and death. Information on file shows that he was inducted into the military service on 9 March 1942 at Asheville, North Carolina. He left the United States on 7 June 1944, served in Scotland, France, Holland, Germany, and Belgium, and was reported missing in action on 24 December 1944. A report was received from the Commanding General of the European Theater of Operations stating that he had been killed in action in Belgium on 24 December, the date he was previously reported missing. Additional records now available show that when reported missing, he was serving with the Infantry near Manhay, Belgium. I regret that the records gave no further details concerning his death, but I feel sure you will understand how extremely difficult it is under actual battle conditions to record all facts concerning casualties. The official messages regarding your son's status were sent to Mrs. Lois Anderson, who was designated by your son as the person to be notified in case of emergency.

The Quartermaster General, Washington, D. C., has jurisdiction over matters pertaining to the return of remains. A copy of your letter has been forwarded to that officer for necessary action.

At a later date in another communication, you will be advised regarding the Purple Heart.

May I extend my heartfelt sympathy in the loss you have sustained.

Copy for:  
 The Quartermaster General  
 Washington 25, D. C.

Sincerely yours,

1 Incl.  
 Extract copies ltrs  
 15 & 20 Mar 45

E. C. GAULT  
 Colonel, AGD  
 Chief of Branch



EXTRACT COPIES

Granite Falls, N. C.  
Route 1, Box 196  
March 15, 1945

Dear Sir:

I lost my son in action in Belgium Dec. 24th 1944, in action. He was all I had and my heart is heavy and sad, I have never received one word about him being missing or killed and I think if any one deserves sympathy it is the mother.- his name was Cpl. Joe L. Anderson Co B. 48th Ermord. Inf. Ben. APO 257 c/o Postmaster New York, N. Y. I would like all information concerning my son that you could possible give me and it will indeed be appreciated.

\*\*\*\*\*

\*\*\*\*\*

Yours very truly

Mrs. Kate S. Anderson.

Granite Falls, N. C.  
Route 1, Box 196  
March 20, 1945

Dear Sir:

\*\*\*\*\*

\*\*\*\*\*

I would like all information concerning him and also I would like to know whether I could have his body brought back after the war as I would love to if I possibly could. I would like any information concerning him please about his army life after he entered service - I have never received one word about him since he was reported missing and killed and I deserve all the comfort that I can get as he was my son and all I had and my heart is heavy over my loss.

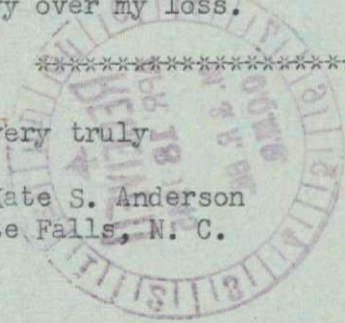
\*\*\*\*\*

\*\*\*\*\*

Yours very truly

Mrs. Kate S. Anderson  
Granite Falls, N. C.

NEW YORK  
APR 18 4 53 PM '45  
COMMUNICATIONS SECTION  
MEMORANDUM DIVISION  
APR 18 1 21 PM '45





APR 18 1 51 PM '45  
MEMORIAL DIVISION

GRAVES REGISTRATION SECTION  
APR 18 4 27 PM '45  
MEMORIAL DIVISION

CLAUDE W. J. ...  
MRS. KATE S. ...  
LONLA A. ...  
RECEIVED  
APR 18 1945  
M. & R. BELL  
COMM.

Dear Sir: I had and my heart is really over  
and killed and I desire all the comfort that I can get  
I have never rested one word about him since he was reported missing  
concerning his whereabouts about his only life after he entered service -  
I would like to if I possibly could. I would like any information  
to know whether I could have his body brought back after the war as  
I would like all information concerning him and also I would like

\*\*\*\*\*

Dear Sir:

March 30, 1945  
Box 108  
Claude W. J. ...

Mrs. Kate S. Anderson  
Lonla A. ...

\*\*\*\*\*

Dear Sir: I had and my heart is really over  
and killed and I desire all the comfort that I can get  
I have never rested one word about him since he was reported missing  
concerning his whereabouts about his only life after he entered service -  
I would like to if I possibly could. I would like any information  
to know whether I could have his body brought back after the war as  
I would like all information concerning him and also I would like

Dear Sir:

March 12, 1945  
Box 108  
Claude W. J. ...

EXHIBIT COPIES







Form No. 1  
Revised 1 Sept. 1945

**REPORT OF BURIAL  
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:

Date: 8 Feb 45

Serial No: 3454291

Height: 5' 8" Weight: 140 lbs

Laundry Marks: None Number of Rifle: 1

Color of Eyes: Blue Color of Hair: Brown

Wear Glasses? No Is Tooth Chart Attached? Yes

Race: [Blank]

(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.

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

Grave Number: 158

Time and Date of Burial: 1600 8 Feb 45

Place of Death: [Blank]

Unit: [Blank]

Last Name: Unknown

First Name: Jayr Lex St

Address: [Blank]

Signature of Name, Rank and Organization of person reporting burial: [Blank]

Signature of Name, Rank and Organization of person filling out this report: [Blank]

What means of identification were buried with the body? [Blank]

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

To determine Right or Left use Deceased's Right and Left: [Blank]

Who is buried on:  
Deceased's Right: Johnson, Bluford B. Rank: [Blank] Serial No: 38048215 Organization: [Blank] Grave No: 157  
Deceased's Left: Micker, Charles Rank: [Blank] Serial No: 33133917 Organization: [Blank] Grave No: 158

**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.

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

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

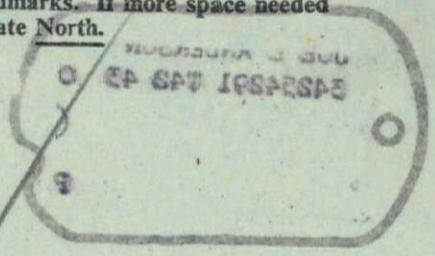
Emergency Address: [Blank]

Address: [Blank]

Religion: [Blank]

Characteristics: [Blank]

Other Data: [Blank]



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

AG P BR HQ SOS 122560

RESTRICTED



WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 28 Feb 45 tlc/2829

FULL NAME Anderson, Joe L.				ARMY SERIAL NUMBER 34 254 291		GRADE T/5							
HOME ADDRESS Lenoir, North Carolina				ARM OR SERVICE Infantry		DATE OF BIRTH 20 Dec 10							
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in action			DATE OF DEATH 24 Dec 44							
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 9 Mar 42		LENGTH OF SERVICE FOR PAY PURPOSES							
						YEARS	MONTHS						
						DAYS							
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Lois M. Anderson, wife, Granite Falls, North Carolina													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Lois M. Anderson, wife, Granite Falls, North Carolina Pink I. Anderson, father, Rt. 1, Granite Falls, North Carolina Kate S. Anderson, mother, same as father													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	*X

## ADDITIONAL DATA AND/OR STATEMENT

 BATTLE  NON-BATTLE

\*Expert Infantryman, source and date of order will be furnished when received.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 24 Dec 44 until such absence was terminated on 24 Feb 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General of the European Area.

## COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR

*James W. Burkhardt*  
ADJUTANT GENERAL

WD AGO FORM 52-1  
1 DECEMBER 1944THIS FORM SUPERSEDES WD AGO FORM 52-1, 29 MAY 1944, WHICH  
STOCKS ARE EXHAUSTED.

*Final*  
10 MAR 1945



7/5-

293 Anderson, Joe L.

MD

34, 254, 291



364,437

JRM:MH:pjj  
May 18, 1965

Mrs. Lois M. Anderson  
Granite Falls, North Carolina

Dear Mrs. Anderson:

The Army Effects Bureau has received from overseas some property of your husband, Technician Fifth Grade Joe L. Anderson.

This property, consisting of souvenir money and ring, is being sent you.

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

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

Yours very truly,

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

Handwritten marks: a checkmark and the number 67.



JRM:MH:dw

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

Case No. 364,437Date 14 May 1945

SUBJECT: Report of transaction in disposing of the effects of

Joe L. Anderson, 34254291 late a  
 (Name of deceased) (Army Serial Number)

Technician Fifth Grade, Infantry who died  
 (Grade) (Organization, Army or Service)

on the 24 day of Dec, 1944, at In 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 decedent's 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 11 May 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Lois M. Anderson for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Lois M. Anderson of Granite Falls State of North Carolina, is the widow 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



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Lois M. Anderson  
Granite Falls, North Carolina

SHIP TO:  
T/5 Joe L. Anderson

Effects of:  
Name 34254291  
ASN 364,437 D

Case No.

Wt.

DATE 14 May 1945  
JRM:MH:dw

*Virginia Schreber*  
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 End.*

REMARKS:

Franked **MAILED**  
**MAY 24 1945**  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

*W.K.*

Shipping Clerk



PACKAGE DESCRIPTION: *# I.E. inv.*

ARMY EFFECTS BUREAU INVENTORY: *364437*

DECEASED:  MISSING:  P.O.W.:  ABANDONED:

TALLY NO.: *7671*

INV. DATE: *2 May 45*

ORIG. NO. OF PKGS.: *1*

NAME: *Joe L Anderson*

A.S.N.: *34254291* RANK: *-*

BOX NO.: *2*

SHEET *1* OF *1* SHEETS

ORGANIZATION: *7 Armd Div.*

BELT	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
CLOTH, WASH	BRACELET IDENT.	BILLFOLD, (NO MONEY)
COATS	BRUSHES	CASE
FOOTWEAR, PR.	CAMERAS	FOOTLOCKER
GLOVES, PR.	GLASSES	KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS	KNIVES	BOOKS
HEADWEAR	LIGHTERS	BOOKS, ADDRESS
JACKETS	MISC. INSIGNIA	BOOKS, PILOT LOG
OVERCOATS	PEN, FOUNTAIN	DIARY (REMOVED FOR DUP)
SCARFS	PENCIL, MECHANICAL	FILMS
SHIRTS	PIPES	LETTERS
SOCKS, PR.	RELIGIOUS ARTICLES	PAPERS, PERSONAL
TIES	RIBBONS, DECORATION	PHOTOS
TOWELS	RINGS <i>* 1</i>	SHOE SHINE ARTICLES
TROUSERS, PR.	TOBACCO	SHORT SNORTER
TRUNKS, PR.	TOILET ARTICLES	SOUVENIRS
UNDERWEAR	WATCH	SOUVENIR MONEY <i>✓</i>
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

*Done*

DAMAGED

REMARKS: *no information rechecked*

ATTACHMENTS: *Inventory ✓*

FORM #54: *1 St Label ✓*

FORM #100

# Broken

C.A.T. *none*

WAREHOUSE SPACE: *134-6*

STORIED BY: *Curtis*

STORED BY: *[Signature]*

DATE SHIPPED: *MAY 24 1945*

CHECKED BY: *[Signature]*

#43 OR ADDITIONAL: *X*

W.G.T.

G.I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LAUNDRY REMOVED

FILM 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



NAME ANDERSON, JOE L. 4291

BAY	PALLET	BOX	TALLY
		2	7671

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		



Mailed direct to KC

RESTRICTED  
INVENTORY FORM

Henr Chapelle # 1 MM 156

Pouch No. 210

Reg. No. 133

8 Feb 45

Date

SUBJECT: Inventory of Personal Effects of:

Anderson Joe L. Unk 34254291  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of Unk 7th Arm'd Div.  
(Unit) (Organization)

was reported Unk about 8 Feb 45 1944.  
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Unk

INVENTORY OF EFFECTS

1 ring ✓  
souvenir money ✓

*dm*

Money in the amount of \_\_\_\_\_ has been turned into \_\_\_\_\_  
(Name of finance office and

\_\_\_\_\_ Form WDFD 38 enclosed.  
symbol number)

Unk

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 \_\_\_\_\_ on \_\_\_\_\_ 194\_\_\_\_\_.  
(Rail, Truck, etc.)

Name *F. Shackelford*  
**F. SHACKELFORD**  
Rank & ASN 1st Lt, OMC  
**O-159003**  
Organization G. R. O.

Any additional pertinent information:



Serial No. 34254291 Name AMERSON, JOE, L

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

Organization 7th ARMD DIV

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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

Date 4 FEB. 1945 Hospital \_\_\_\_\_

Battle Area ST. VITH, BELGIUM Information \_\_\_\_\_

Place of Burial HENRI-CHAPELLE, Noid

Point of Coordination \_\_\_\_\_

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

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

156 MAN

Signed \_\_\_\_\_



364,437

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

DATE 28 Feb 45 tlc/2829

## REPORT OF DEATH

FULL NAME Anderson, Joe L.				ARMY SERIAL NUMBER 34 254 291		GRADE T/5							
HOME ADDRESS Lenoir, North Carolina				ARM OR SERVICE Infantry		DATE OF BIRTH 20 Dec 10							
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in action			DATE OF DEATH 24 Dec 44							
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 9 Mar 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS							
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Lois M. Anderson, wife, Granite Falls, North Carolina													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Lois M. Anderson, wife, Granite Falls, North Carolina Pink I. Anderson, father, Rt. 1, Granite Falls, North Carolina Kate S. Anderson, mother, same as father													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	*X

## ADDITIONAL DATA AND/OR STATEMENT

 BATTLE  NON-BATTLE

\*Expert Infantryman, source and date of order will be furnished when received.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 24 Dec 44 until such absence was terminated on 24 Feb 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General of the European Area.

## COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR

*James W. Penharty*

ADJUTANT GENERAL



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

364437

5087

BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER	GRADE	ARMY OR SERVICE	REPORTING THEATRE
ANDERSON JOE L		34254291	TEC5	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY			PERIOD OF SERVICE	EQUIPMENT NUMBER
	DAY	MONTH	YEAR	TYPE OF CASUALTY	
BELGIUM9	24	DEC	44	U MIA	006

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE IS 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 DESIGNATION 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 NOTICED
MRS. LOIS M. ANDERSON	WIFE	16 JANUARY 1945
NO. AND NAME OF STREET-CITY-STATE		
GRANITE FALLS NORTH CAROLINA		

REMARKS  CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED  FORM 48  RECORDED

CASUALTY BRANCH FILE ATTACHED  OR CHARGED TO

PREVIOUSLY REPORTED  NO  YES (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	S. A. NUMBER

FORWARDED TO:  SPEC. DEL.  TELEGRAM  WOUNDED  LETTER  COPIES  S. R. S.  OTHER  M. S. S.

REPORT NOT VERIFIED  NO FORM 48  NO CAS. BR. FILE  CHECKED BY *[Signature]* REVIEWED BY *[Signature]*

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			MESSAGE NO.	CREW POS.	STATE	COUNTY	ZIP												
		DAY	MO.	YR.		DAY	MO.	YR.																	
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION "A"  28 COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)  
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

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