293 BOVENZI, ANTHONY J. 32951023 PFC. EUROPEAN AREA (N.J.) (INF.) 45 jt

DUPLICATE

JAN 13 1949 LIST

CHECK TYPE REQUIRED
(See Instructions attached)

- ☐ UPRIGHT MARBLE HEADSTONE
- ☒ FLAT MARBLE MARKER
- ☐ FLAT GRANITE MARKER
- ☐ BRONZE MARKER (NOTE RESTRICTIONS)

WW II APPLICATION FOR HEADSTONE OR MARKER

(Please make out and return in duplicate)

FLAT MARBLE

ENLISTMENT DATE: 6/12/43

DISCHARGE DATE:

SERIAL No.: 32951023

PENSION No.:

EMBLEM (Check one)
- ☒ CHRISTIAN
- ☐ HEBREW
- ☐ NONE

NAME (Last, First, Middle Initial): BOVENZI, ANTHONY J.

STATE: New Jersey

RANK: PFC

COMPANY:

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION: Co. "B" 48th Armored Infantry 7th Armored Division

DATE OF BIRTH (Month, Day, Year): November 12, 1924

DATE OF DEATH (Month, Day, Year): April 6, 1945

NAME OF CEMETERY: St. Catherine Cemetery

LOCATION (City and State): Sea Girt, New Jersey

SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)

Michael J. Pazienza
(SIGNATURE OF CONSIGNEE)

NEAREST FREIGHT STATION (City and State): Spring Lake, New Jersey

POST OFFICE ADDRESS OF CONSIGNEE: Spring Lake, New Jersey

FILE 21 FEB 1949

FOR ORD FEB 10 1949

DO NOT WRITE HERE

FOR VERIFICATION: JAN 12 1949

ORDERED

B/L

SHIPPED

I certify this application is submitted for a stone for the unmarked grave of a veteran.

I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.

Mary Bovenzi
APPLICANT'S SIGNATURE

1/6/49
~~12/8/48~~
DATE OF APPLICATION

ADDRESS (Street, City, State): 813 Prospect Avenue, Spring Lake Hghts, New Jersey

OQMG FORM 623
REV 15 APR 47

IMPORTANT—Complete Reverse Side

16—11453-6 GPO

I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

Rt Rev Thomas W Reilly
(Signature of superintendent, sexton, or caretaker)

Date January 6, 1949

Pastor

16—11453-4

Return to: OFFICE OF THE QUARTERMASTER GENERAL,
MEMORIAL DIVISION,
WASHINGTON 25, D. C.

ORIGINAL ORDER

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

FLAT MARBLE MARKER

Below you will find a copy of the inscription taken from the ***OFFICIAL RECORDS*** as it will appear on the flat marble marker you ordered. ***CHECK IT CAREFULLY*** before the stone is manufactured. Check the ***INSCRIPTION, NAME AND LOCATION OF CEMETERY.*** Check with ***CEMETERY OFFICIALS and make sure a government flat marble marker will be allowed at grave.*** Check ***NAME AND ADDRESS OF THE PERSON*** to whom stone is to be shipped. After you have ***CORRECTED ANY ERRORS,*** sign and return promptly in the inclosed envelope which requires no postage.

UNTIL YOU RETURN THIS SLIP THE FLAT MARBLE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: ***LATIN CROSS*** ~~Ser. # 32951023~~

ANTHONY J BOVENZI / NEW JERSEY / PFC 48 ARMD INF BN
7 ARMD DIV / WORLD WAR II / NOV 12 1924 APRIL 6 1945

SHIP TO: MICHAEL J PAZIENZA
SPRING LAKE
NEW JERSEY

R. R. STATION: ~~SPRING LAKE, N.J.~~

FOR:

R. R. STATION:

JAN 25 1949

FILE

21 FEB 1949

APPLICANT: MARY BOVENZI
813 PROSPECT AVE
SPRING LAKE HGHTS
NEW JERSEY

CEMETERY: ST CATHERINE
SEA GIRT
NEW JERSEY

CC

OQMG FORM Rev. 1 NOV. 45 312a

APPROVAL AND ACCEPTANCE Mary Bovenzi
SIGNATURE

ORIGINAL ORDER

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

FLAT MARBLE MARKER

Below you will find a copy of the description taken from the OFFICIAL RECORDS as it will appear on the flat marble marker you ordered. CHECK IT CAREFULLY before the stone is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a cooperated flat marble marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom stone is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the envelope provided which requires no postage.

UNTIL YOU RETURN THIS SLIP THE FLAT MARBLE MARKER CANNOT BE ORDERED. DO NOT DELAY. SIGN AND RETURN TODAY.

INSCRIPTION: LATIN CROSS

ANTHONY J BOVENZI / NEW JERSEY / PFC 40 ARMD INF
7 ARMD DIV / WORLD WAR II / NOV 12 1918 NOV 11 1918

SHIP TO: MICHAEL J PAZIENZA
SPRING LAKE
NEW JERSEY

R. R. STATION:

FOR:

R. R. STATION:

APPLICANT: MARY BOVENZI
815 PROSPECT AVE
SPRING LAKE HGHTS
NEW JERSEY

CEMETERY: ST CATHERINE
SEA GIRT
NEW JERSEY

QMMC FORM Nov. 1 NOV. 45 3123

APPROVAL AND ACCEPTANCE

SIGNATURE

Mary Bovenzi

CC

RECEIVED NOV 28 1949 O.Q.M.G. M & R BR.

MEMORIAL BRANCH

1949 JAN 28 AM 11 17

FILE 21 FEB 1949

CORRESPONDENCE ACTION SLIP

NAME	SERIAL NUMBER	INITIALS	DATE
Bovenzi, Anthony J.	32951023	Ed	1/31/49

	NAME OF DECEDENT		ADDRESS		IDENTIFYING DATA
	BRONZE		NO UPRIGHT GRANITE		CONSIGNEE
	DISHONORABLE-DRAFT		NOT PERMANENTLY INTERRED		NOT RECOVERED
	CEMETERY REGULATIONS		AGO		MARINE
	NAVY		COAST GUARD		VETERANS ADMINISTRATION
	STATE PENSION		AUTHORIZED INSCRIPTION		ADDITIONAL INSPECTION
	APPLICATION FOR PROOF		NO AGENT		NO STATION
	DUE TO DISTANCE		UNCLAIMED		BROKEN
	DAMAGED		CERTIFICATE IN LIEU		LOST
	FOREIGN		TRUCK		RESHIPMENT

LETTER TO: Appl

Serial #'s banned.

RJO

FILE

R. Smith

21 FEB 1949

OQMG FORM 393
22 DEC 47

47 25086

QMGMH 293
Bovenzi, Anthony J.
SN 329 51 023

10 February 1949

Mrs. Mary Bovenzi
813 Prospect Avenue
Spring Lake Heights, New Jersey

Dear Mrs. Bovenzi:

Reference is made to the order form covering the authorized inscription to be cut on a Government flat marble marker for the grave of the late Anthony J. Bovenzi, whereon you have indicated you desire the veteran's serial number added to the inscription.

You are advised the serial number of a veteran does not form part of the authorized inscription to appear on a Government headstone or marker and cannot be shown thereon, even at private expense.

In view of the above, your application has been placed in line for ordering and the inscription will be shown as approved.

Sincerely yours,

NORMAN S. WIGGS
Lt Col, QMC
Memorial Division

ORIGINAL

RECEIPT OF REMAINS

HEADQUARTERS, NYPE - DISTRIBUTION CENTER #1, AGRS
DISTRIBUTION CENTER 58th ST. & 1st AVE., BROOKLYN, N.Y. ROUTINE

REMAINS CONSIGNED TO:

FLOYD T BROWN

39 SOUTH ST

MANASQUAN N J

REMAINS OF THE LATE PFC ANTHONY J BOVENZI ACCOMPANIED BY AN ESCORT ARE SCHEDULED TO LEAVE NEW YORK ON TRAIN NUMBER 709 PENNSYLVANIA RAILROAD AT NINE FORTY AM EST ON MONDAY 6 DECEMBER AND DUE TO ARRIVE AT MANASQUAN AT ELEVEN THIRTY FIVE AM EST ON SAME DATE

PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

ESCORT: SGT PETER P. NEDZWECKAS
ER 31 494 104
DET. #5, 1300 ASU

G. H, BARE
COLONEL, QMC

NAT FILE RECORDS ANNOTATED
DATE FEB 2 1949
NAME Cureton
R & R BR.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased this 6 (Day) day of December (Month), 1948

Peter P Medzweckas (Witness (Escort))
SGT 31494104 AGF.

Floyd T. Brown (Consignee)

QMC FORM REV 5 MAR 48 1193

U. S. GOVERNMENT PRINTING OFFICE 16—54737-1

JS

S

1

DISINTERMENT DIRECTIVE

89-119 M.K.

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
4650 02198	15 04 48

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
BOVENZI ANTHONY J	32951023	PFC	1	

CEMETERY		DISPOSITION OF REMAINS (CODE / DIST. PT.)
MARGRATEN - AACHEN	1	2200 01

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
WW	10	238	HOLLAND	2

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FLOYD T. BROWN
39 SOUTH STREET
MANASQUAN, NEW JERSEY
(F/B SEA GIRT, NEW JERSEY)

NAME AND ADDRESS OF NEXT OF KIN
MARY BOVENZI (MOTHER)
813 PROSPECT AVENUE
SPRING LAKE HEIGHTS, NEW JERSEY

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
ANTHONY J. BOVENZI	32951023	PFC		20 SEPTEMBER 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[X] REMAINS [X] MARKER	USAGF	C	HARVEY L. MEAD JR CAPT ORD

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNIFORM

CONDITION OF REMAINS: REMAINS COMPLETE - ADVANCED DECOMPOSITION.

OTHER MEANS OF IDENTIFICATION: NONE

MINOR DISCREPANCIES 1: NONE

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

DATE 21 SEPTEMBER 48 BY THOMAS H. JAMES EMBALMER

Thomas H. James

CASKET SEALED BY: RICHARD N. CONRAD, EMB. SUPV.

EMBALMER (~~Signature~~): RICHARD N. CONRAD, EMB. SUPV.

CASKET BOXED AND MARKED

DATE 22/10/48 BY CHARLES R. CARDER CLERK RECORDER

~~SHIPPING ADDRESS VERIFIED BY~~ ALL PLATES TAGS MARKINGS VERIFIED BY:

J. W. Patton

JOHN W. PATTON, CAPT., CML. C.

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

R N Letourneau

ROGER N. LETOURNEAU CAPT FA

SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 **1194** A.D.

JM

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO
USMC MARGRATEN, HOLLAND	ANTWERP PORT_PIER 140
KIND OF CONVEYANCE: RAIL	NAME OF CONVOYER: CPL EARL M KOLLE, RA 36237249
SIGNATURE OF SHIPPER: LLOYD L H MEYER 1/LT INF 0-1327166 — DATE: 19/10/48	SIGNATURE OF RECEIVER: L E Butler — DATE: 20 OCT 1948

2. SHIPPED

FROM	TO
AGRC ANTWERP BELGIUM	U.S.A.T. Carroll Victory
KIND OF CONVEYANCE: VC. 2	NAME OF CONVOYER: Capt. R.W. Whereatt, Transport Comdr
SIGNATURE OF SHIPPER: L E Butler Lt Col Inf — DATE: 29 OCT 1948	SIGNATURE OF RECEIVER: R W Whereatt — DATE: 29 OCT 1948

3. SHIPPED

FROM	TO
	MYSE
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER — DATE	SIGNATURE OF RECEIVER: for W. PREISCH, LIEUT. COLONEL, PORT TRANSPORTATION OFFICER — DATE: 16 NOV 1948

4. SHIPPED

FROM	TO
MYSE	Detroit
KIND OF CONVEYANCE: trailer	NAME OF CONVOYER
SIGNATURE OF SHIPPER: W. PREISCH, LIEUT. COLONEL, PORT TRANSPORTATION OFFICER — DATE: NOV 17 1948	SIGNATURE OF RECEIVER: H. O. Young, Captain, QMC — DATE: NOV 18 1948

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

SPACE NO. 652
BAY NO.

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION POINT)

✓ 290

NAME	RANK	SERIAL NUMBER
BOVENZI, ANTHONY J.	PFC	32951023

NEXT OF KIN	ADDRESS
MRAY BOVENZI	

SHIPPING CASE - General Appearance
(Check ONLY Discrepancies)

	FINISH *(Exterior)*
	FINISH *(Interior)*
	HANDLES
	HANDLE BOLTS
	STENCILING - NAMEPLATE

CONDITION OF SHIPPING CASE *(Check one)*
☐ SATISFACTORY ☐ UNSATISFACTORY

REMARKS ✓ OK

CASKET - General Appearance
(Check ONLY Discrepancies)

	FINISH *(Exterior)*
	HANDLES AND FASTENINGS
	STENCILING - NAMEPLATE
	CAM LOCKS *(Sealing)*
	ODOR OR MOISTURE

CONDITION OF CASKET *(Check one)*
☐ SATISFACTORY ☐ UNSATISFACTORY

REMARKS ✓ Respray casket
OK

ROUTED THROUGH

☐ MORTUARY OPERATING ROOM

CONDITION OF REMAINS
☐ SATISFACTORY ☐ UNSATISFACTORY

NECESSARY DISINFECTION *(Explain)*

☐ MORTUARY REPAIR SHOP

CASKET REPAIRED ☐

CASKET EXCHANGED ☐

SHIPPING CASE REPAIRED ☐

SHIPPING CASE EXCHANGED ☐

REMARKS Plastic & Sanding

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
				11/30/46	OFarrell

REMARKS

IF SHIPPING CASE DOES NOT REQUIRE REPLACEMENT, REMOVE STENCIL FROM INSIDE CASE AND DESTROY. IF CASE IS TO BE REPLACED, RE-STENCIL WITH STENCIL FOUND INSIDE CASE, THEN DESTROY STENCIL.

Inspected

Sanded 11/30 OW

C+G

QMC FORM 4 MAR 46 R-5024 *Local Reproduction Authorized*

WU417 30 COLLECT

TDAS SPRING LAKE HEIGHTS NJER NOV 12 104P

D C ONE

NYPOE

I WISH TO CONFIRM TELEGRAM BEING ADVISED THE REMAINS OF THE LATE PFC ANTHONY J BOBENZI ARE ENROUTE TO THE UNITED STATES AND EVERYTHING WILL GO ON AS PREARRANGED

MRS MARY BOBENZI

126P.

MESSAGEFORM

MESSAGE CENTER No. | TRANSMITTING MEANS | CRYPTOGRAPH OR CLEAR TEXT

CALLS: V | STA. SER. No.: NR | PRECEDENCE | TRANSMISSION INSTRUCTIONS: REVISED 6 AUG 48 | ORIGINATOR | DATE-TIME GROUP

RECEIVED

ACTION | INFORMATION | EXEMPT | OPERATING SIGNALS | GROUP COUNT: GR

1948 NOV 9 3 22

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

SECURITY CLASSIFICATION

ACTION TO:

WAR DEPARTMENT
TELEGRAPH OFFICE
BROOKLYN BASE NYPE

- MARY BOVENZI
- 813 PROSPECT AVENUE
- SPRING LAKE HEIGHTS, NEW JERSEY

PRECEDENCE FOR: ACTION | INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE: IDENTIFICATION | CLASSIFICATION

INFORMATION TO:

CARROLL VICTORY

LEASE BE ADVISED THE REMAINS OF THE LATE PFC ANTHONY J. BOVENZI ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO FLOYD T. BROWN 39 SOUTH STREET MANASQUAN, NEW JERSEY

E CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF FROM FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DELIVERY GIVING DATE AND TIME REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZATIO IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIO WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW INSTRUCTIONS. E REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN

SECURITY CLASSIFICATION: RELEASED TO W U

AUTHORIZATION: SIGNATURE

ORIGINATING AGENCY: SYMBOL | DATE-TIME GROUP: NOV 10 1948 | OFFICIAL TITLE | PAGE OF

WD AGO FORM 11-168, 15 JUN 1945. This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

48 11953

DOG TELEGRAM

92

"I certify that this message is on official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest."

JAMES McCARTHY
MAJOR
TC
Admin O, AGR Division

DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BARE, COL, QMC

"I certify that this message is on official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest."

James McCarthy

JAMES McCARTHY
MAJOR TC
Admin O, AGR Division

DOG

CERTIFICATE

(AR 30-1830)

WW III 35495

PAID

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.

PART A - CIVILIAN OR PRIVATE CEMETERY

A — REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
BOVENZI, ANTHONY J.	PFC	32951023	USAGF

I certify that the sum of $ ~~151.00~~ 179.00 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE
St. Catherine Cemetery	~~XXX~~ Sea Girt,	New Jersey

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: HEADQUARTERS
   NEW YORK PORT OF EMBARKATION
   D - C #1 AGR
   1st Avenue & 58th Street
   Brooklyn, N.Y.

SIGNATURE OF CLAIMANT: Mary Bovenzi
MARY BOVENZI

ADDRESS OF CLAIMANT (City, Street or RFD, and State): 813 Prospect Ave., Spring Lake Hghts, N.J.

RELATIONSHIP TO DECEDENT	DATE
Mother	12/8/48

PART B - NATIONAL OR POST CEMETERY

B — 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 $ _____ 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

J. C. Kovarik
Col. F. D.
Brooklyn, N.Y.
DEC 1948
Sym. 210-344
Sta. 625

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)

RELATIONSHIP TO DECEDENT	DATE

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 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.

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc Anthony J. Bovenzi, 32 951 023
Plot WW, Row 10, Grave 238,
United States Military Cemetery
Margraten, Holland

5 December 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, Mrs. Mary Bovenzi
(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

ST. CATHERINE CEMETERY, SEA GIRT, NEW JERSEY
(NAME AND LOCATION OF CEMETERY)

☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

☐ YES ☐ NO

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

NONE

D.D. Rec. 5-4-1948 - M.K.

Coded
23 Apr 48
M Baker

OQMG FORM 14 NOV 1946 345 MILITARY

16—50411-1

PAGE 1

12 APR 1948

PART I (*Continued*)

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

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

LAST NAME	FIRST NAME		MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		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			
FLOYD T. BROWN			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
39 SOUTH STREET	MANASQUAN, N.J. 01	MONMOUTH	NEW JERSEY
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
MANASQUAN, N.J.(N.Y.&L.B.RR.STA.)	MAIN STREET,MANASQUAN		MANASQUAN MA 7-0167-J

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
BOVENZI	JOSEPH	P.	BROTHER
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
813 PROSPECT AVENUE	SPRING LAKE HGHTS,	MONMOUTH	NEW JERSEY

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.

Mary Bovenzi
(SIGNATURE OF NEXT OF KIN)

MARY BOVENZI
(NAME PRINTED OR TYPED)

813 PROSPECT AVENUE
(STREET AND NUMBER)

SPRING LAKE HEIGHTS, NEW JERSEY
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 12th day of December, 1947, at city (or town) of Sea Girt, county of Monmouth, and State (or Territory or District) of New Jersey

Margaret D. Kilgour
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

NOTARY PUBLIC OF NEW JERSEY
(OFFICIAL TITLE)
My Commission Expires Jan. 22, 1952

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

16—50411-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(DATE)

(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

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

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

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

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

Pfc Anthony J. Bovenzi, 32 951 023
Plot WW, Row 10, Grave 238,
United States Military Cemetery
Margraten, Holland

5 December 1947

Mrs. Mary Bovenzi
813 Prospect Avenue
Spring Lake Heights, New Jersey

Dear Mrs. Bovenzi:

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,

Incls.
8 ea

THOMAS B. LARKIN
Major General
The Quartermaster General

sb

14 October 1946

Mrs. Mary Bovenzi
813 Prospect Avenue
Spring Lake Heights, New Jersey

Dear Mrs. Bovenzi:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Anthony J. Bovenzi, A.S.N. 32 951 023.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot WW, row 10, grave 238. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

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

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

igp

SPQYG 293
Bovenzi, Anthony J.
S.N. 32 951 023

24 November 1945

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

Mrs. Mary Bovenzi
813 Prospect Avenue
Spring Lake, New Jersey

Dear Mrs. Bovenzi:

Your letter requesting the return of the remains of your son, the late Private First Class Anthony J. Bovenzi, to the United States for final interment has been referred to this office for reply.

It is anticipated by the War Department that the return at Government expense of the remains of those who have died overseas in the service of their country to a final resting place as selected by the next of kin will be authorized in the near future. Upon receipt of such authority, the War Department, throught this office will furnish full information to the proper next of kin and solicit their desires. However, it should be realized that this mission as a whole is world-wide in scope and of necessity time-consuming, but you may rest assured that this office fully appreciates your desires and will do everything in its power to fulfill them at the earliest possible date.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JRB

JAMES L. PRENN
Major, QMC
Assistant

813 Prospect Ave.
Spring Lake, N.J.
October 22, 1945

Re: Pfc. Anthony J. Bovenzi, 32 951 023

Gentlemen:

On April 6, 1945, my devoted son, Anthony J. Bovenzi of Company "B", 48th Armored Infantry Battalion, died of wounds received while engaged in a hazardous undertaking in Germany.

Needless for me to say what great sorrow it caused.

I am at this time taking the privilege of asking you of a great favor which will be of great satisfaction to me if you can assist me.

One of my greatest desires at the present time is to have the body of my dear son sent here to the U.S.A. In that way, I know that when I have his body resting here in a nearby cemetery, I will be able to

visit his body frequently and it will be of a great relief to me knowing that he is closer to me.

I, as a mother, feels the agony in realizing that a beloved son has closed his eyes eternally without his mother near him.

I will greatly appreciate it, if you will give me full particulars at the earliest convenience.

You can never realize the happiness it will bring having my son nearby in the U.S.A., the country he loved and died for.

I am sure that he himself would rest peacefully and happily knowing that he is once again in the U.S.A.

I will deem it a great favor if you will look into this matter for me and inform me of good cheerful news.

Thanking you, I am,

Respectfully yours,

Mary Bovenzi

Restricted

22

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

29 August 1945
Date

193

Bovenzi — Last Name
Anthony — First
J. — Initial
Pfc — Rank
32951023 — Serial No.

Co B 48th Inf. — Unit
~~7th Armd Div.~~ 48 Armd Inf Bn — Organization

Almert, Ger. — Place of Death
Est. 6 Apr 1945 — Date of Death
GSW ABD — Cause of Death

1100 — Time and Date of Burial
2 SEP 1945
Margraten — Name of Cemetery
VK 645482 — Name or Coordinates of Location

238 — Grave Number
10 — Row Number
WW — Plot Number
Cross — Type of Marker

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

If No Identification Tags
How were remains identified?
Pay Book
ETO Card

REBURIAL

What means of identification were buried with the body? Provisional Ittenbach Cemetery

Plot F Row 10 Grave 193

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Zakrzewski	33844648	Unk	8th Div.	237
Deceased's Left:	Christiansen	37545598	Sgt.	814 TD	239

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

BOVENZI, ANTHONY J
32951023 T43 44 O
O C

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

Emergency Addressee — Name

Address

Religion C

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

Disinterring Officer: RICHARD A. CROSS, Capt., QMC, 608th QM Gr Reg Co.
Signature of Officer, Name, Rank, Organization

Restricted

Reinterring Officer: CLEON E. WELLS, 1st Lt., QMC, 603rd QM Gr Reg Co.
Signature of Officer, Name, Rank, Organization

FILE JAN 28 1946

187

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.

Left Hand: 4 3 2 1 Thumb

Right Hand: 4 3 2 1 Thumb

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

TOOTH CHART

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

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

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

Character istics:

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.

AG P BR HQ SOS 122560

405 RESTRICTED

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

10 Apr 45
Date

Last Name	First	Initial	Rank	Serial No.
BOVENZI	ANTHONY	J.	PFC	32951023

Unit	Organization
Co B	48th Inf. Regt Armd Inf 7th Arm'd Div.

Place of Death	Date of Death	Cause of Death
Almert, Germany	1, 7 Apr 45 ~~Est~~	GSW Hd.

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
1000 hrs, 10 Apr 45	Ittenbach #1	F 678-310

Grave Number	Row Number	Plot Number	Type of Marker
193	10	F	Perm

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

If No Identification Tags
How were remains identified?

Paybook
ETO Card

What means of identification were buried with the body?

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Christiansen, Myron J.	37545598			194
Deceased's Left:	Zakrzewski, Stanley S.	33844648			192

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

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

Emergency Addressee _____
Name

_____
Address

Religion _____

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

Signature of Officer or other person reporting burial
Nicholas Sloane
N. J. SLOANE
1st Lt, QMC
O-1591451
G.R.O.

Verified by G.R.S. Officer

RESTRICTED

72

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.

Left Hand: 4, 3, 2, 1, Thumb

Right Hand: 4, 3, 2, 1, Thumb

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

TOOTH CHART

Deceased's Right: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 — Deceased's Left

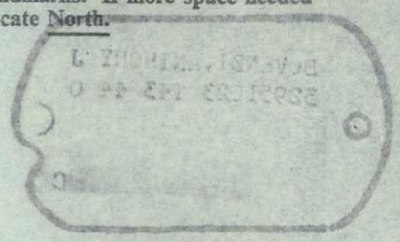
Upper — Lower

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

Characteristics: .....

Other Data: .....

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.



AG P BR HQ SOS /22560

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT

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

43

REPORT OF DEATH

DATE 25 Apr 1945

FULL NAME	ARMY SERIAL NUMBER	RANK
Bovenzi, Anthony J.	32 951 023	Pfc
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Spring Lake Heights, New Jersey	Infantry	12 Nov 1924

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Died of wounds rec'd in action	6 Apr 1945

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	29 May 1943			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Mary Bovenzi, Mother, 813 Prospect Ave., Spring Lake Heights, N. J.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mary Bovenzi, Mother, 813 Prospect Ave., Spring Lake Heights, N. J.
Joseph Bovenzi, Brother, same as above

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

[X] BATTLE [ ] NON-BATTLE

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

Evidence of death received in War Dept. 19 Apr 1945.

1 MAY 1945

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

BY ORDER OF THE SECRETARY OF WAR

James A. Ulmer

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

293 Bovenzi, Anthony J. Pfc.
Bat. 32951023

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Mary Bovenzi
813 Prospect Avenue
Spring Lake Heights, New Jersey

SHIP TO:
Pfc. Anthony J. Bovenzi

Effects of:
Name 32951023

ASN 484165 D

Case No.

Wt.

DATE 17 August 1945
RTB:MH:gk

A. O'Brien
FOR: Effects Quartermaster

REMARKS:

x Inclose Bureau Check
Acct. No. 143429
Amount $11.17 Cmo
____ Inclose "Valuables" item
____ Ship "Valuables" item(s)

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

122472 df

ROUTING:

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

143429

484165

August 21 45

Mary Bovenzi 11.17

Eleven and 17/100

REMARKS:

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

AUG 28 1945

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

L. E.

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

IN REPLY REFER TO 484165

RTB:RW:amt
August 17, 1945

Mrs. Mary Bovenzi
813 Prospect Avenue
Spring Lake Heights, New Jersey

Dear Mrs. Bovenzi:

The Army Effects Bureau has received from overseas some personal effects of your son, Private First Class Anthony J. Bovenzi.

I am inclosing a check for $11.17, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

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

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

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

Yours very truly,

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

1 Incl--
Check

68

JRM:MH:gk

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

Case No. 484165

Date 14 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Anthony J. Bovenzi (Name of deceased), 32951023 (Army Serial Number) late a

Private First Class (Grade), Infantry (Organization, Army or Service) who died

on the 6 day of April, 19 45, ~~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 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 9 August 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Mary Bovenzi 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. Mary Bovenzi (Name of person found entitled) of 813 Prospect Avenue (Number, Street or Avenue), Spring Lake Heights (City, Town or Village) State of New Jersey, is the mother (Relationship or Capacity) of the above-named decedent and appears to be entitled to receive his or her effects.

SCREENED
RM 3-31-48

(Signature of Summary Court Officer)

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

Eff. QM Form 75

PACKAGE DESCRIPTION

#I pkg

ARMY EFFECTS BUREAU INVENTORY

484,165

DECEASED X
MISSING
P.O.W.
ABANDONED
TALLY NO. 9900
INV. DATE 30 July 45
ORIG. NO. OF PKGS. 1
BOX NO. 93
SHEET 1
OF 1 SHEETS
ORGANIZATION Co B. 48th Inf 7th Armd Div

NAME Anthony J. Bovenzi
A.S.N. 32951683 RANK pfc

	Belt		MOTHS & INSECTICIDE		MISC
	BULK, MONEY (NO MONEY)		CLOTHING		BAGS, CLOTH OR LEATHER
	Cloth, Wash		BRACKLER IDENT.	1	BILLFOLD, (NO MONEY)
	Coats		Brushes		Case
	Footwear, Pr.		MIRRORS		Footlocker
	Gloves, Pr.		Glasses		KIT, SEW, FIX, OR WRITING
	Handkerchiefs		Knives	X	BOOKS
	Headwear		Lighters		Books, Address
	Jackets	X	MISC		Books, Pilot Log
	Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUR)
	Scarfs		Pencil, Mechanical		FILMS
	Shirts		Pipes		Letters
	Socks, Pr.	X	RELIGIOUS ARTICLES		Papers, Personal
	Ties		RIBBONS, DECORATION		Photos
	Towels		Rings		Shoe Shine Articles
	Trousers, Pr.		Tobacco		SHOW ENDORSER
	Trunks, Pr.		Toilet Articles		SOUVENIRS
	Underwear		WATCH	X	SOUVENIR MONEY
					Stationery
					TESTAMENTS
					U.S. MONEY (AMOUNT)

for mg

ATTACHMENTS | FORM K54 | | FORM W100

REMARKS Mother!
Mrs. MARY Bovenzi
813 Prospect Ave
Spring Lake Hts., N.J.

1- Form 26
1- Dr. label

WEIGHT

G.I. REMOVED
X SHORTAGE ON REVERSE
IDENT. TAGS REMOVED
DIARY REMOVED
LOCKED STORAGE
LAUNDRY REMOVED
FILM REMOVED

C.A.T. None L.E.

WAREHOUSE SPACE 1582 STORED BY

DATE SHIPPED AUG 28 1945

INVENTORIED BY White

PACKED BY Hendricks CHECKED BY

X NO OR ADDITIONAL

KH

Eff. OM Form 11 (24

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

211-703
Money - 445 Bldg
10 Marks
Form WDFD 38

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

White
INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

Serial No. 32951023 Name BOVENZI, ANTHONY J.
Grade Pfc Rank
Organization Co B 48th Inf.
Address 7th ARMD Div
Nearest Relative
Address
Killed in Action Died of Disease
Date Oct 7 Apr 45 Hospital
Battle Area Germany Information

Place of Burial Illenbach No 1
Point of Coordination
Description of Body

Members Missing

~~55-A~~ Signed

193-F

NAME BOVENZI, ANTH[illegible] J. PFC 1023

BAY	PALLET	BOX	TALLY
	15	93	9900

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

Eff. QM Form 43

Box No. Am 4

RESTRICTED Ittenbach # 1 F 193

INVENTORY FORM

10 Apr 45
DATE

SUBJECT: Inventory of Personal Effects of:

Bovenzi (LAST NAME) Anthony (FIRST NAME) J. (MI) Pfc (RANK) 32951023 (ASN)

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

The above named individual of Co. B, 48th Inf., 7th Arm'd Div. (UNIT) (ORGANIZATION)

was reported buried (STATUS (KIA, MIA, Hosp. etc.)) about 10 Apr 45 (DATE) 1944.

Designated Beneficiary if information readily accessible Unk

INVENTORY OF EFFECTS

1 Military missal
1 lighter
1 knife and holder
1 crucifix
1 leather folder and pictures
1 wallet
receipts
air mail stamps
souvenir bills and coins

445 Belg. 10
10 Marks 6

Money in the amount of above has been turned into E. F. Clark, Capt., FD (NAME OF FINANCE OFFICE AND

211-703 (SYMBOL NUMBER) Form WDFD 38 enclosed.

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 truck (RAIL, TRUCK, ETC.) on _____ 194__.

Name H. Shackelford
H. SHACKELFORD
Rank & ASN 1st Lt, QMC O-1596803
Organization G. R. O.

Any additional pertinent information:

AG ETO Form No. 26

RESTRICTED

BOVENZI, ANTHONY J. Pfc. 32951023. Deceased. C/231847

484165

BOVENZI, ANTHONY J. PFC 32951023 DEC
274--Box 4 1 Bag
Rec 16 Apr 45 Ship 21 Apr 45

ARMY EFFECTS BUREAU
INVENTORY

H.P.

484165

CASE NO.

TYPED BY bb

DATE 7/16-45

STATUS DEC

NAME Anthony J Bovenzi

A.S.N. 32951023

RANK pfc

ORGANIZATION -

AMOUNT 11.17

ACCOUNT NO. 143479 NY.

PAID-Check No. 12247 NY.

LIST NO. F 272

REMARKS

A C C O U N T I N G I N V E N T O R Y

Eff. QM Form 11a (10 Feb 45)