

293 REMCUS, JACK T. 18,032,133. PVT. INF.

45 njc

USMC: MARGRATEN		I CERTIFY that the typed names appearing above are the GRU as the original signatures on the No. 4 copy of F-1194 concerned			
1	PLOT: I ROW: 13 VE: 19		DATE OF BURIAL: 8 FEB 49		VERIFIED BY GRS OFFICER: DISINTERMENT DIRECTIVE
	WILLARD B OWEN, CAPT, INF.		<i>Raymond T. Rodriguez</i> RAYMOND T RODRIGUEZ CWO USA W 2107098		
SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 4650 13201		DATE 15 10 48	
NAME REMCUS JACK T		SERIAL NUMBER 18032133	GRADE PVT	ARM 1	RACE 1
CEMETERY MARGRATEN HOLLAND		PLOT YY	ROW 2	GRAVE 38	DISPOSITION OF REMAINS 4601 80 CODE DIST. CTR.
SECTION B — CONSIGNEE AND NEXT OF KIN FLAG SENT 8 FEB 49					
NAME AND ADDRESS OF CONSIGNEE MARGRATEN, HOLLAND		NAME AND ADDRESS OF NEXT OF KIN MRS. BOBBIE MAY REMCUS (WIFE) ROUTE #2 TALCO, TEXAS			
SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAGF	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL		CONDITION OF REMAINS			
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)					
REMAINS PREPARED AND PLACED IN CASKET					
DATE		BY	EMBALMER (Signature)		
CASKET SEALED BY		SHIPPING ADDRESS VERIFIED BY			
DATE		BY	SIGNATURE OF AGRS INSPECTOR		
REMARKS AND SPECIAL INSTRUCTIONS					

QMC FORM
REV 11 FEB 48 1194

FINAL LETTER SENT 7 APR 1949

4509

WAT TELLER 2M 1 168 1848

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

RECEIVED
IN 65 JUL 10 1965
BY 1172
MTC

TO: BOBBIE MVA KENCOS (MIE)

13501 12 10 48

DISINTERMENT DIRECTIVE

1		SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER	DATE
					DAY MONTH YEAR
NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
REMCUS JACK T		18032133	PVT	1	DAY MONTH YEAR
CEMETERY					DISPOSITION OF REMAINS
					CODE DIST. PT.
DT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
YY	2	38	MARGRATEN HOLLAND		
SECTION B — CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE			NAME AND ADDRESS OF NEXT OF KIN		
SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
JACK T. REMCUS		18032133	PVT		27 SEPT. 48
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS			P	CLYDE B. SPINKS CAPT FA	
<input checked="" type="checkbox"/> MARKER				NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT					
MANNER OF BURIAL		CONDITION OF REMAINS		ADVANCED DECOMPOSITION -	
UNIFORM				REMAINS COMPLETE	
OTHER MEANS OF IDENTIFICATION		NONE			
OTHER DISCREPANCIES		NONE			
REMAINS PREPARED AND PLACED IN CASKET					
DATE		BY	WILFRED D. HARRIS EMBALMER		
CASKET SEALED BY		EMBALMER (Signature)			
WILFRED D. HARRIS		WILFRED D. HARRIS			
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY: ALL PLATES TAGS MARKINGS			
STANLEY E. GAJEWSKI		VERIFIED BY:			
CLERK RECORDER		ROGER N. LETOURNEAU CAPT FA			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
ROGER N. LETOURNEAU CAPT FA					
SIGNATURE OF GRS INSPECTOR					
Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					
I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 1 copy of Form 1194 concerned.					
Raymond O Johnson 1st Lt, Inf					
C FORM 1194		A.D.			

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

7 April 1949

Pvt. Jack T. Remcus, ASN 18 032 133
Plot I, Row 13, Grave 19
Headstone: Cross
Margraten (Holland) U. S. Military Cemetery

Mrs. Bobbie May Remcus
Route #2
Talco, Texas

Dear Mrs. Remcus:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN
Major General
The Quartermaster General

gh

Apr 12 10 49 AM '49
P.O.M.C.
MAIL & RECORDS BRANCH

QUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt. Jack T. Remcus, 18 032 133
 Plot YY, Row 2, Grave 38,
 United States Military Cemetery
 Margraten, Holland

4 June 1948

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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. Jack T. Remcus

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

(NAME AND LOCATION OF CEMETERY)

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

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

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

☐ YES ☐ NO

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

None

10 Nov 1948
 11/15/48
 Coded 11/3/48
 Gallagher

DDMG FORM 345 MILITARY
 14 NOV 1946

16-50411-1

PAGE 1

SEP 13 1948

10 Sept 48
 Kenham

PART I (Continued)

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

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

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

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

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

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

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

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

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

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

Bobbie May Remcus (SIGNATURE OF NEXT OF KIN) Route 2 (STREET AND NUMBER)
Bobbie May Remcus (NAME PRINTED OR TYPED) Talco, Texas (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 21 day of August,
1948, at city (or town) of Mt. Pleasant, county of Titus, and State (or Territory or District) of Texas

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

PAGE 2

Mrs. Leta Mankins (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public, Titus Co. Texas (OFFICIAL TITLE)

16-50411-1

If you are the next of kin and you desire

I, THE _____ NAMED IN PART I OF THIS FORM, DO HEREBY NAME THE NEXT EXISTING PERSON IN THE C

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE THE

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

If you are NOT the next of kin authorized

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN NAMED ON PAGE 1 OF THIS FORM. THE REMAINS SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE)

(NAME PRINTED OR TYPED)

16-50410-1

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 _____, 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.

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

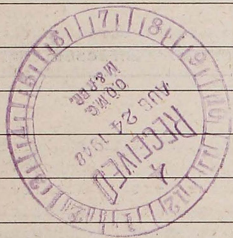
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



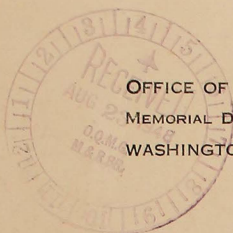
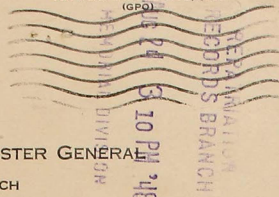
DDMG FORM 381 11 MAR 47		NOTICE OF CHANGE IN ADDRESS	
NAME OF DECEASED	RANK	SERIAL NUMBER	
Pvt. Jack T. Remcus	Pvt.	18 032 133	
NAME OF NEXT OF KIN	RELATIONSHIP		
Mrs. Bobbie May Remcus	Wife		
OLD ADDRESS			
Poteau, Okla. Box 231			
Mrs. Bobbie May Remcus			
NEW ADDRESS			
Route 2, Talco, Texas.			
REMARKS			

*7-10-47
10-1-47
10-1-47
2-1-47
H. R. R.*

U. S. GOVERNMENT PRINTING OFFICE 16-51032-1

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

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



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

Jan 9

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

In Reply Refer To RR Br: QMGR 293 Remcus, Jack T., Pvt., 18 032 133

IMPORTANT
Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the
official who signed the com-
munication.

Plott YY, Row 2, Grave 38
United States Military Cemetery
Mawgraten, Holland

21 JUL 1948

P R I O R I T Y

Miss Janet Neel, Home Service Director
Midwestern Area, American Red Cross
1709 Washington Avenue
Saint Louis 3, Missouri

Dear Miss Neel:

The Next of Kin of the above captioned deceased wife

Mrs. Bobby Mae Remcus Post Office Box #231 Poteau, Oklahoma
(name) (address)

has failed to return a Form 345 indicating disposition instructions for the
remains. The form was dispatched 4 June 1948.

It is respectfully requested that the attached QMG Form 345 be properly
accomplished by the Next of Kin and legal documents obtained through assistance
of your representative if appropriate, be furnished this office. In the event
you are unable to secure disposition instructions from the Next of Kin, it is
further requested that a statement of the action taken by your representative
be furnished this office for use as a basis for final disposition of remains of
the decedent.

It is recommended that in contact with the Next of Kin mentioned above,
they first be queried as to whether or not they have submitted the appropriate
form, as it may have been mailed to this office since receipt by you of this
request.

Sincerely yours,

JOHN O. HEATY
Colonel, QMG
Memorial Division

2 Incls.

osb

21 JUL 1948

Pvt. Jack T. Remcus, 18 032 133
 Pilot IV, Row 2, Grave 36,
 United States Military Cemetery
 Margraten, Holland

4 June 1946

Mrs. Bobby Mae Remcus
 Post Office Box #231
 Poteau, Oklahoma

Dear Mrs. Remcus:

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

ag
 Includes
 JUN 8 11 31 AM '46
 O. O. M. G.
 MAIL & RECORDS BRANCH

APC 22 JUN 1946

26

28 May 1948

Mrs. Bobby Mae Remcus
P.O. Box 231
Poteau, Oklahoma

Dear Mrs. Remcus:

The Department of the Army is most desirous that you be furnished information regarding the burial location of your husband, the late Private Jack T. Remcus, A.S.N. 18 032 133.

The records of this office disclose that his remains are interred in United States Military Cemetery Margraten, Holland, plot YY, row 2, grave 38. 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 Department of the Army 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 all legal next of kin with full information and solicit their detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

G. A. HORKAN
Major General, GMC
Chief, Memorial Division

amt
3 10 PM '48
O. G. H. & RECORDS DIVISION

CL

GRAVES REGISTRATION
FORM No. 1
(Revised 1 Sept. 1943)**Restricted**
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

31 Aug 1945

Date

18032133

Serial No.

Remcus, Jack T.

Last Name
48 Inf

First

Initial

Rank

48 Armd Div

Organization

Schmallenberg, Ger.

Unit

Est 8 Apr 1945

SFW head

Place of Death

1900

Date of Death

Margraten

Cause of Death

VK 645 482

Time and Date of Burial

38

Name of Cemetery

YY

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

1 ETO Card

What means of identification were buried with the body?

Previously buried in Ittenbach Cemetery

Plot H Row 2 Grave 33

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

Who is buried on:

LaButzke

36817988

unk

99th Div

37

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Serrabella

01319666

1 Lt.

104th Div

39

Deceased's Left:

Name

Serial No.

Rank

Organization

Grave No.

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:

JACK T REMCUS

18032133 T42-44 0

Emergency Addressee

Name

Address

Religion

P

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

Disinterring Officer: RICHARD A. CROSS, Capt, OMC, 608th QM GR CO

Reinterring Officer: CLEON E. WELLS, 1st Lt., OMC, 603rd QM GR CO

Restricted

Signature of Officer or other person reporting burial

Oliver E. Wells

Verified by G.R.S. Officer

33

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

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

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

Left Hand

1

Thumb

Deceased's Left

Deceased's Right

Upper

Lower

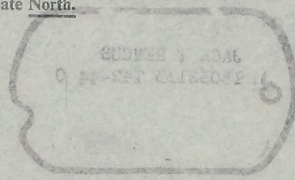
Deceased's Left	Deceased's Right
8	8
7	7
6	6
5	5
4	4
3	3
2	2
1	1
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ▢; missing 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.



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

Reinterment Officer: RICHARD A. CROSS, CDR, USN

AG P BR HQ SOS 722560

15 SEP 1945

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

295

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

12 Apr 45

Date

REMCUS

Last Name
Unknown

First

Initial

Rank

Serial No.

18032133

Schmallenberg, Germany

Unit

48th Inf. Regt.

Organization

SFW head

1100 hrs, 12 Apr 45

Place of Death

Littenbach #1

Date of Death

Cause of Death

Time and Date of Burial

33

Name of Cemetery

Name or Coordinates of Location

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

1 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:

Deceased's Right:

Serrabell, Armand J. 01319666

34

Name Serial No. Rank

Organization

Grave No.

Deceased's Left:

LaButzke, Ruben A. 36817988

32

Name Serial No. Rank

Organization

Grave No.

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

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

JACK T REMCUS
18032133 T42-44 0

Emergency Addressee

Name

Address

Religion

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

Signature of Officer or other person reporting burial

J. SLOANE

1st Lt. QMC

Verified by G.R.S. Officer

RESTRICTED

RESTRICTED

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:

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

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

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

Left Hand

1

Thumb

Deceased's Left

Deceased's Right

Upper

Lower

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○; link 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

722560

RESTRICTED

GRAVE IDENTIFICATION
Form No. 1
(Revised 1 Sept 1953)

1. Last Name

2. First Name

3. Middle Name

4. Date of Birth

5. Place of Birth

6. Time and Date of Death

7. Cause of Death

8. Position of Identification Tag

9. How were remains identified?

10. What means of identification were found with the body?

11. Determine Right or Left use Deceased's Right and Left

12. Who is buried on:

13. Deceased's Right

14. Deceased's Left

15. Thumb

16. Right Hand

17. Left Hand

18. Thumb

19. Right Hand

20. Left Hand

21. Thumb

22. Right Hand

23. Left Hand

24. Thumb

25. Right Hand

26. Left Hand

27. Thumb

28. Right Hand

29. Left Hand

30. Thumb

31. Right Hand

32. Left Hand

33. Thumb

34. Right Hand

35. Left Hand

36. Thumb

37. Right Hand

38. Left Hand

39. Thumb

40. Right Hand

41. Left Hand

42. Thumb

43. Right Hand

44. Left Hand

45. Thumb

46. Right Hand

47. Left Hand

48. Thumb

49. Right Hand

50. Left Hand

51. Thumb

52. Right Hand

53. Left Hand

54. Thumb

55. Right Hand

56. Left Hand

57. Thumb

58. Right Hand

59. Left Hand

60. Thumb

61. Right Hand

62. Left Hand

63. Thumb

64. Right Hand

65. Left Hand

66. Thumb

67. Right Hand

68. Left Hand

69. Thumb

70. Right Hand

71. Left Hand

72. Thumb

73. Right Hand

74. Left Hand

75. Thumb

76. Right Hand

77. Left Hand

78. Thumb

79. Right Hand

80. Left Hand

81. Thumb

82. Right Hand

83. Left Hand

84. Thumb

85. Right Hand

86. Left Hand

87. Thumb

88. Right Hand

89. Left Hand

90. Thumb

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT

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

REPORT OF DEATH

DATE 2 May 1945 FLW

FULL NAME REMCUS, JACK T. Remcus, Jack T.		ARMY SERIAL NUMBER 18 032 133	GRADE Pvt
HOME ADDRESS Poteau, Okla.		ARM OR SERVICE Infantry	DATE OF BIRTH 18 Mar 1922
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 8 Apr 1945
STATION OF DECLARED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 16 Oct 1940	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS Over 3 Years
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Helen L. Krebs (Mother) Box 231, Poteau, Okla.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Bobby Mae Remcus (Wife) P.O. Box 231, Poteau, Okla. Mrs. Helen L. Krebs (Mother) Box 231, Poteau, Okla. Mr. Dick Krebs (Step-Father) Box 231, Poteau, Okla.			
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO		YES NO	YES NO

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE ☐ NON-BATTLE

Evidence of Death rec'd in the W. D. 25 April 1945.

COPIES FURNISHED:

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

L.H. SENT

4 JUN 1946

BY ORDER OF THE SECRETARY OF WAR:

FILE IN DEMOMIALIZED PERSONNEL REC. BR.
4 May 46
BSC

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT

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

REPORT OF DEATH

*Remcus Jack S.*DATE *2 May 1945* *FLW*

FULL NAME <i>Remcus, Jack T.</i>		ARMY SERIAL NUMBER <i>18 032 123</i>	GRADE <i>Pvt</i>	
HOME ADDRESS <i>Poteau, Okla.</i>		ARM OR SERVICE <i>Infantry</i>	DATE OF BIRTH <i>18 Mar 1922</i>	
PLACE OF DEATH <i>European Area</i>	CAUSE OF DEATH <i>Killed in action</i>		DATE OF DEATH <i>8 Apr 1945</i>	
STATION OF DECEASED <i>European Area</i>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <i>16 Oct 1940</i>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <i>Over 3 years</i>	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <i>Mrs. Helen L. Krebs (Mother) Box 231, Poteau, Okla.</i>				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <i>Mrs. Bobby Mae Remcus (Wife) P.O. Box 231, Poteau, Okla.</i> <i>Mrs. Helen L. Krebs (Mother) Box 231, Poteau, Okla.</i> <i>Mrs. Dick Krebs (Step-Father) Box 231, Poteau, Okla.</i>				
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE
YES NO	YES NO	YES NO	YES NO	YES NO
				<i>X</i>

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE ☐ NON-BATTLE

Evidence of Death received in the W. D. 23 April 1945.

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

W. J. F. [Signature]

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.FILE
MAY 9-1945

8

SENSITIVE SURFACE - HANDLE EDGES ONLY

499144

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

REPORT OF DEATH

DATE 2 May 1945 FLW

FULL NAME Rencous, Jack T.		ARMY SERIAL NUMBER 18 032 123		GRADE Pvt	
HOME ADDRESS Poteau, Okla.		ARM OR SERVICE Infantry		DATE OF BIRTH 18 Mar 1922	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 8 Apr 1945	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 16 Oct 1940		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS Over 3 Years	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Helen L. Krebs (Mother) Box 231, Poteau, Okla.					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Bobby Mae Rencous (Wife) P.O. Box 231, Poteau, Okla. Mrs. Helen L. Krebs (Mother) Box 231, Poteau, Okla. Mrs. Dick Krebs (Step-Father) Box 231, Poteau, Okla.					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
				OTHER PAY STATUS (SPECIFY BELOW)	
				YES NO	

ADDITIONAL DATA AND/OR STATEMENT

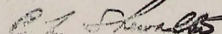
☒ BATTLE ☐ NON-BATTLE

Evidence of Death rec'd in the W. D. 23 April 1945.

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:



ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

499144

REB:VK:bw
August 7, 1945

Mrs. Bobby Mae Remcus
P. O. Box 281
Poteau, Oklahoma

Dear Mrs. Remcus:

The Army Effects Bureau has received from overseas some property of your husband, Private Jack T. Remcus.

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

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

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

Yours very truly,

m

R. T. BROWN
1st Lt., QMC
Chief, Adm. Division

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

WEH:VK:bw

Case No. 490144Date 7 August 1945

SUBJECT: Report of transactions in disposing of the effects of

Jack T. Remcus, 18032133 late a
(Name of deceased) (Army Serial Number)
Private, Infantry who died
(Grade) (Organization, Army or Service)

on the 6 day of April, 1945, at European Area

TO : The Adjutant General, War Department 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 6 August 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of

Mrs. Bobby Mae Remcus 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. Bobby Mae Remcus of
(Name of person found entitled)

P. O. Box 221, Poteau State of
(Number, Street or Avenue) (City, Town or Village)
Oklahoma, is the Widow of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

W. F. HEHMAN, Major, QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Bobby Mae Rencus

P.O. Box 231

Poteau, Oklahoma

Effects of:
Name Pvt. Jack T. RencusASN 18032133Case No. 499144 D

Wt.

DATE RTB:VK:vr August 7, 1945Marsell
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
xxx Warehouse Division
xxx Files Branch, Adm. Div.

1100 x 1, 1

FRANKED

REMARKS

Franked
 Est. Exp. Chgs.
 Est. Fret. Chgs.
 No. of package

AUG 13 1945

B2

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

PACKAGE DESCRIPTION		ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/> MISSING <input type="checkbox"/> P.O.W. <input type="checkbox"/> ABANDONED <input type="checkbox"/> TALLY NO. <u>9904</u> INV. DATE <u>28-3-45</u> CONT. NO. OF PKGS. <u>1</u> BOX NO. <u>55</u> SHEET OF <u>1</u> SHEETS ORGANIZATION <u>43rd Inf 7th Arm Div</u>	
<i>#1 pkg</i> NAME <u>JACK T. BENNETT</u> A.C.R. <u>18032133</u> RANK <u>1st Lt</u>		<u>499,144</u> <u>md</u>			
Hat BELT, MONEY (NO MONEY) Cloth, wash Coats Footwear, Pr. Gloves, Pr. Handkerchiefs Headwear Jackets Overcoats Scarfs Shirts Socks, Pr. Ties Towels Trousers, Pr. Trunks, Pr. Underwear	TOILET & PERSONAL CLOTHING CLOTHES DEPT. Brushes Combs Glasses Knives Lighters Pen, Fountain Pencil, Mechanical Rings TOILET ARTICLES TOILET, TOILET Rings Toilets Toilet articles TOILET	RINGS RINGS, CLOTH DEPT. SILVER, (NO MONEY) <u>W</u> Cash Footlocker HIP, SHIRT, EYE, OR WRITING BOOKS Books, Address Books, Pilot Log DIARY (REMOVED FOR BUD) FILMS Letters Papers, Personal Photos Shoe shine articles SPOON, SPOON SPOON SPOON Stationery STATIONERY U.S. MONEY (AMOUNT)			
REMARKS <u>Home Address</u> <u>Bax 231, Pateau Obala</u> <u>Inventory of effects</u> <u>G.R. tags</u>					
C.A.T. <u>none</u> WAREHOUSE SPACE <u>1544</u> INVENTORIED BY <u>Can</u> PACKED BY <u>Jackson</u> EFF. ON FORM 51 (24 FEB 45)		ATTACHMENTS STAMPED BY <u>BF</u> CHECKED BY <u>JP</u>		WEIGHT G.I. REMOVED SHORTAGE ON REVERSE IDENT. TAGS REMOVED DIARY REMOVED LOCKED STORAGE LAUNDRY REMOVED FILM REMOVED	
		DATE SHIPPED <u>AUG 13 1945</u>			

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

Serial No. 18032135 me REMICUS JACK, IT
Grade _____ Rank _____
Organization 48 INF 74 MED DIV
Address _____
Nearest Relative _____
Address _____
Killed in Action _____ Died of Disease _____
Date EST 8 APRIL 1945 Hospital _____
Battle Area SCHMALLENBURG GERMANY
Place of Burial TIENBACH No. 1
Point of Coordination _____
Description of Body _____
Members Missing _____

Signed _____

33-A

Box No. Am 9

RESTRICTED Ittenbach # 1 H 33
INVENTORY FORM 12 APR 45
DATE

SUBJECT: Inventory of Personal Effects of:

Remous Jack T. Unk 18032133
(LAST NAME) (FIRST NAME) (MI) (RANK) (ASN)

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

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

was reported buried about 12 APR 45 1944.
STATUS (MIA, MIA, Hosp. etc.) (DATE)

Designated Beneficiary if information readily accessible

UnkINVENTORY OF EFFECTS

1 lighter
1 cigt. case
1 billfold
pictures
papers

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

Name

Nicholas J. Sloane

Rank & ASN

N. J. SLOANE

Organization

1st Lt. GMC
O-1591451
G. R. O.

Any additional pertinent information:

NAME REMCUS, JACK T. 133 --

BAY	PALLET	BOX	TALLY
13	11	55	9900
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Ent. QM Form 43