

USMC MARGRATEN

I CERTIFY that the names appearing above are the same as the original signatures on the copy of Form 1194 concerned

Plot L, Row 11, Grave 14
Date of Burial: 23 Feb 49
Verified by GRS officer
Willard B Owen, Capt. Inf.

DISINTERMENT DIRECTIVE

Raymond J. Rodriguez, CW0 USA

1 ✓

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
4650 00918

DATE
15 06 48
DAY MONTH YEAR

NAME
ALLEN ARTHUR R

SERIAL NUMBER
35576862

RANK
PVT

ARM
1

CEMETERY
MARGRATEN - AACHEN

DATE OF DEATH
DISPOSITION OF REMAINS
1 4601 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
I 10 242 HOLLAND

CAUSE OF DEATH
1

SECTION B — CONSIGNEE AND NEXT OF KIN Flag sent: 25 Feb 49

NAME AND ADDRESS OF CONSIGNEE
MARGRATEN, HOLLAND

NAME AND ADDRESS OF NEXT OF KIN
HELEN C. ALLEN (WIFE)
1307 J STREET
LA PORTE, INDIANA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED

IDENTIFICATION TAG ON
 REMAINS
 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 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

SIGNATURE OF GRS INSPECTOR

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

FILE RECORDED ANNOTATED
DATE MAY 4 1949
NAME STEPHEN R & B BR.

005

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

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

ALLEN ARTHUR R

35576862 PVT

1

DAY | MONTH | YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE | DIST. PT.

PLOT | ROW | GRAVE | COUNTRY

CAUSE OF DEATH

I 10 242 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 DISTINTERRED

ARTHUR R ALLEN

35576862

PVT

28 JUN 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

P

CLYDE B SPINKS CAPT FA
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

MATTRESS COVER

FRACTURED L/TIBIA. BODY COMPLETE. ADVANCED DECOMPOSITION.

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 30 JUN 48

BY

FERRARS D STEWART EMBALMER

CASKET SEALED BY

EMBALMER (Signature)

FERRARS D STEWART

FERRARS D STEWART

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 30 JUN 48

BY

WILLIAM H JONES
CLERK RECORDER

ALL MARKINGS TAGS & PLATES VERIFIED BY
WALTER B MORROW MAJ INF

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

WALTER B MORROW MAJ. INF.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

18 April 1949

143
Pvt. Arthur R. Allen, ASN 35 576 862
Plot L, Row 11, Grave 14
Headstone: Cross
Margraten (Holland) U. S. Military Cemetery

Mrs. Helen C. Allen
1307 "J" Street
La Porte, Indiana

Dear Mrs. Allen:

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

csb

APR 10 2 45 PM '49
O. O. M. G.
MAIL & RECORDS BRANCH

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

IN REPLY REFER TO BURIAL OF
Pvt. Arthur R. Allen, 35 576 862
Plot I, Row 10, Grave 242
United States Military Cemetery
Margraten, Holland

9 April 1948

Mrs. Helen C. Allen
1307 J Street
La Porte, Indiana

Dear Mrs. Allen:

The inclosed Request for Disposition of Remains form, which you accomplished, is returned for completion or correction as checked below. Please make changes or additions on the form and return both the form and this letter in the self-addressed envelope inclosed. No postage is required.

1. () Indicate your relationship to the deceased. (Part 1, page 1, in blocks)
2. () Indicate option desired. (Part 1, page 1, items 1, 2, 3, or 4)
3. () Indicate National or Private Cemetery in which interment is desired. (Part 1, page 1, item 2 or 4)
4. () Indicate country (Homeland) of deceased. (Part 1, page 1, item 3)
5. () Advise name and address of consignee. (Part 1, page 2)
6. **XX** () If you are Next of Kin, affix your signature in the presence of a Notary Public. (Part 1, page 2)
7. () Have form notarized. (Bottom of page 2)
8. () The National Cemetery you selected is closed. Please select another from attached list. (Change form Part 1, page 1, item 4)
9. () Furnish certified copy of Remarriage Certificate of Widow, or statement from widow that she has in fact remarried.
10. () Furnish copy of Death Certificate of _____.
11. () Special instructions, not covered by the above: _____.

Upon receipt of the corrected Reply Form, and this letter, action will be taken to process this case.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

2 Incls.

1. Request for Disposition form
2. Return Envelope



FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

Allen, Arthur R. Pvt. 35 576 862 wife
Name Rank SN 345 Executed by Option Selected

Margaret, Holland I 10 242
Cemetery Plot Row Grave Consignee

Address

Write NOK Mrs. Kelvin G. Allen
Mr. Name Relationship
Miss

1307 J. St. (Address)

La Porte, Ind. (City and State)

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. () Indicate OPTION desired
3. () Indicate CEMETERY in which interment desired
4. () Indicate Country (HOMELAND) of deceased or NOK
5. () Indicate CONSIGNEE - Name and/or Address
6. (✓) Obtain SIGNATURE of NOK
7. () Obtain NOTARIZATION
8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made.

B. Action to Case Resolution Unit, FCA

9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
10. () Reply to REMARKS on IRF
11. () SPECIAL INSTRUCTIONS: _____

12. () Inform Party Listed Below of Action Taken by This Office

Name _____ RELATIONSHIP _____

Address _____

City _____ State _____

Orig-With 345
Dup-M&R for 293 File

Hipwell
Acceptance Clerk's Name Date 4-3-48

FILE
APR 6 1948

M. C. [unclear]
Fam. Corr. Br.

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED

ARTHUR R. ALLEN

RANK

Pvt.

SERIAL NUMBER

35 576 862

NAME OF NEXT OF KIN

Helen C. Allen

RELATIONSHIP

Widow

OLD ADDRESS

1531 Sallwasser Drive

LaPorte, MI, Ind.

NEW ADDRESS

1307 J. St.

LaPorte, Ma, Ind.

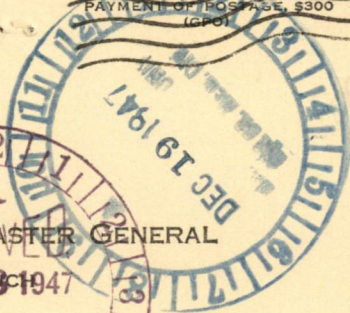
REMARKS

✓
Mat. 12/22/47
J. Allen

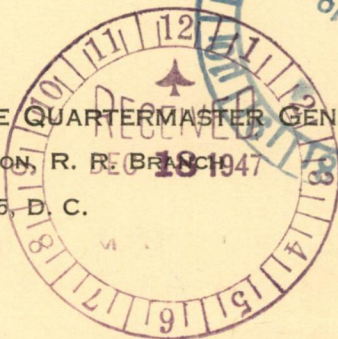
WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.
OFFICIAL BUSINESS



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.



243

QUEST FOR DISPOSITION OF REM

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

W. H. 748
DATE: *3-11-48*
333-1
Page

Pvt Arthur R. Allen, 35 576 862
Plot I, Row 10, Grave 242,
United States Military Cemetery
Margraten, Holland

26 November 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, Helen C. Allen

(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

(FOREIGN COUNTRY)

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

11/12/48

D.D. PROC-2
2-15-48

Added A.S. Jones
6-21-48

13 JUN 1948

218
Incl #1

Kragus

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 (<i>Nearest railroad passenger station</i>)	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 (<i>Nearest railroad passenger station</i>)	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.

Helen C. Allen
(SIGNATURE OF NEXT OF KIN)

Helen C. Allen
(NAME PRINTED OR TYPED)

1307 J Street
(STREET AND NUMBER)

LaPorte, Indiana
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 26th day of May,

1948, at city (or town) of LaPorte, county of LaPorte, and State (or Territory or

District) of Indiana

Claire H. Bennett

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Claire H. Bennett
Notary Public

(OFFICIAL TITLE)

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

Com. Expires 6-28-51.

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.

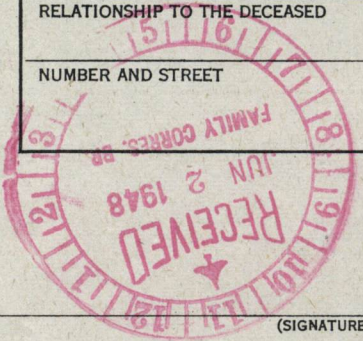
_____	_____
<small>(SIGNATURE OF NEXT OF KIN)</small>	<small>(DATE)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(STREET AND NUMBER)</small>
_____	_____
	<small>(CITY AND STATE)</small>

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.

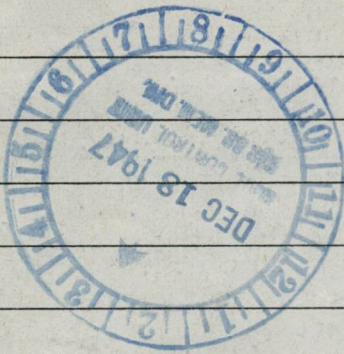
LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY



_____	_____
<small>(SIGNATURE)</small>	<small>(DATE)</small>
_____	_____
<small>(NAME PRINTED OR TYPED)</small>	<small>(STREET AND NUMBER)</small>
	<small>(CITY AND STATE)</small>

ADDITIONAL REMARKS AND INSTRUCTION

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



llh
ef
Pvt Arthur R. Allen, 35 576 862
Plot I, Row 10, Grave 242,
United States Military Cemetery
Margraten, Holland

26 November 1947

Mrs. Helen C. Allen
1531 Salvasser Avenue
LaPorte, Indiana

Dear Mrs. Allen:

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

eh1
Incls. *sub*

NOV 26 10 53 AM '47
O. C. M. S. S.
MAIL & RECORD

eh1

20 September 1946

Mrs. Helen C. Allen
1531 Salwasser Avenue
LaPorte, Indiana

Dear Mrs. Allen:

293
The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Arthur R. Allen, A.S.N. 35 576 862.

The records of this office disclose that his remains are interred in the United States Military Cemetery Margraten, Holland, plot I, row 10, grave 242. 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. M.W.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

SEP 19 3 40 PM '46

O.C.M.G.
MAIL & RECORDS BRANCH

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

58138
5 Dec. 1944

Date

293 Allen Arthur R. Pvt. 35576862

Last Name

First

Initial

Rank

Serial No.

Merzenhausen, Germany

5 Dec. 1944

KIA

Place of Death

Date of Death

Cause of Death

1430 5 Dec. 1944 U. S. Mil. Cem. Margraten, Holland - VK 645482

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

242

10

I

Wooden 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?

What means of identification were buried with the body?

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

Who is buried on: Gordon P. Mattison 42115018 Pvt. Unknown 241

Deceased's Right: Name Serial No. Rank Co. Organization Grave No.

Issac K. Caughey 39864371 Pvt. 41st Armd. Inf. Regt. 243

Deceased's Left: Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee Mrs. Helen C. Allen (Wife)
Name

1531 Sallwasser Ave., La Porte, Ind.
Address

Religion

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

RESTRICTED

MAILED
11/18 1945
WJ

Edwin J. Donovan
Signature of Officer or other person reporting burial
EDWIN J. DONOVAN
1st Lt. QMC, GRS Officer
611th QM Gr. Reg. Co.

Inc #2

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.:

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.

Left Hand

2

1

Thumb

Right Hand

2

1

Thumb

TOOTH CHART

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

Characteristics: _____

Other Data: _____

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

REPORT OF DEATH

DATE 22 Dec 1944

293

FULL NAME Allen, Arthur R.		ARMY SERIAL NUMBER 35 576 862	GRADE Pvt.				
HOME ADDRESS LaPorte, Indiana		ARM OR SERVICE Fld. Artillery	DATE OF BIRTH 24 July 20				
PLACE OF DEATH European Area	CAUSE OF DEATH Died of wounds rec'd in action.		DATE OF DEATH 5 Dec 44				
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS				
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Helen C. Allen, wife, 1531 Salwasser Ave., LaPorte, Ind.							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Helen C. Allen, wife, 1531 Salwasser Ave., LaPorte, Ind. Miss Nancy J. Allen, daughter, same as wife's Miss Linda A. Allen, daughter, same as wife's. Mrs. Maude Allen, mother, 1531 Salwasser Ave., LaPorte, Ind.*							
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
						X	X

ADDITIONAL DATA AND/OR STATEMENT

Evidence of death rec'd in WD, 16 Dec 44.

*Declined to designate any other beneficiaries.

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

BATTLE
 NON-BATTLE

File 110

BY ORDER OF THE SECRETARY OF WAR
James W. Rinkart
 DEC 29 1944
 ADJUTANT GENERAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Helen C. Allen

Pvt. Arthur R. Allen

1531 Salvasser Avenue

Effects of:

Name

35576862

LaPorte, Indiana

ASN

328047 D

Case No.

Wt.

DATE 14 July 1945

RTB:JFH:cc

B. Manulle

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.

Effects of:

Name

ASN

Case No.

1 pkg

REMARKS:

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

REMARKS:

 Inclose Bureau Check
 Acct. No.
 Amount
 Inclose "Valuables" item

 Remove G.I.
 Note discrepancy in
 Films removed
 Diary removed
 Laundry removed
 Shipping Clerk *N.K.*

Eff. QM Form 14 (26 Dec 44)

JUL 18 1945

193 km

Allen, Arthur R 355768 I Pat.

OK

JUL 10 1945

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASED

MISSING

P.O.W.

ABANDONED

TALLY NO. 8895

INV. DATE 2-July-45

ORIG. NO. OF PKGS. 1

BOX NO. 40

SHEET 1 OF 1 SHEETS

ORGANIZATION 489 FA

328,047

NAME Arthur R ALLEN

A.S.N. 35576862 RANK PVT

Belt	TOWELS & WASHCLOTHES	KINGS
<u>BELT MONEY (NO MONEY)</u>	CLOTHING	BAGS, CLOTH OR TRAVEL
Cloth, wash	BRACELET IDENT.	BILLFOLD, (NO MONEY)
Coats	Brushes	Case
Footwear, Pr.	<u>CAMERAS</u>	Footlocker
Gloves, Pr.	Glasses	<u>KIT, Sew, TLT, OR WRITING</u>
Handkerchiefs	Knives	<u>BOOKS</u>
Headwear	Lighters	Books, Address
Jackets	<u>MISC.</u>	Books, Pilot Log
Overcoats	Pen, Fountain	<u>DIARY (REMOVED FOR DUR)</u>
Scarfs	Pencil, Mechanical	<u>FILES</u>
Shirts	Pipes	Letters
Socks, Pr.	<u>RELIGIOUS ARTICLES</u>	Papers, Personal
Ties	<u>RIBBONS, DECORATION</u>	Photos
Towels	Rings	Shoe shine articles
Trousers, Pr.	Tobacco	<u>SHORT SHORTER</u>
Trunks, Pr.	Toilet Articles	<u>SOUVENIRS</u>
Underwear	<u>HATCH</u>	<u>SOUVENIR MONEY</u>
		Stationery
		<u>TESTIMONIES</u>
		<u>U.S. MONEY (AMOUNT)</u>

REMARKS ^(wife) Mrs Helen C Allen
1531 Sallwasser ave
Laporte Indiana

ATTACHMENTS

FORM #54

FORM #100

Inventory

C.A.T. None

WAREHOUSE SPACE 273

STORED BY J.K. L.M.

INVENTORIED BY Williams

PACKED BY Williams

CHECKED BY J.K. L.M.

WEIGHT	G.I. REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED JUL 18 1945	LOCKED STORAGE
	LAUNDRY REMOVED
<input checked="" type="checkbox"/> #42 OR ADDITIONAL	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 ALLEN, ARTHUR R [REDACTED] 6862

BAY	PALLET	BOX	TALLY
	18	40	8895

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

ARTHUR R ALLEN
35576862 T43

R E S T R I C T E D
I N V E N T O R Y F O R M

5 Dec. 1944
Date

SUBJECT: Inventory of Personal Effects of:

Allen, Arthur R. 1st 35576862
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of 489 F.A.
(Unit) (Organization)

was reported KIA about 5 Dec. 1944.
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Mrs. Helen C. Allen (X Wife)
1531 Sallwasser, Ave., La Porte, Indiana.

I N V E N T O R Y O F E F F E C T S

- 32 Souvenir Coins
- 1 Knife ✓
- 2 Religious Medals ✓
- 1 Pen, Fountain (Schiffer) ✓
- 1 Crucifix. ✓

[Handwritten signature]

Money in the amount of none has been turned into _____
(Name of finance office and symbol number)
Form WDFD 38 enclosed.

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 Edwin J. Donovan
EDWIN J. DONOVAN
Rank & ASN 1st Lt. OMC 0-1595473
Organization 611 OM Gr. Reg. Co.

Any additional pertinent information:

Serial No. 35576862

Name Arthur R. Allen

Grade _____

Rank Priv.

Organization _____

419 F. D.

Address _____

Nearest Relative _____

Address _____

Killed in Action

Date Dec 5 - 44

Died of Disease _____

Battle Area _____

Hospital _____

Information _____

Place of Burial U.S.M. Cem. MARROTON

Point of Coordination _____

Description of Body _____

Members Missing 2

910-242 Signed _____

328047

RTB:RW:dje
July 14, 1945

Mrs. Helen C. Allen
1531 Salvasser Avenue
LaPorte, Indiana

Dear Mrs. Allen:

The Army Effects Bureau has received from overseas some property of your husband, Private Arthur R. Allen.

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,

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

67

SEARCHED
RM 3-18-48

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

JRM:JFH:30

Case No. 328047

Date 13 July 1945

SUBJECT: Report of transaction in disposing of the effects of

Arthur R. Allen 35576262 late
(Name of deceased) (Army Serial Number)

Private Field Artillery who died
(Grade) (Organization, Army or Service)

on the 5 day of Dec, 1944, at European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCCM 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 July 1945, pursuant to Special Orders 228, Headquarters KCCM Depot, dated 25 September 1943, the application or affidavit of Mrs. Helen C. Allen 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. Helen C. Allen of 1531 Salvasser Avenue LaPorte State of Indiana 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, GMC

(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ALLEN, Arthur R.

35576862

Pvt

Deceased

TIR.320 TIR.39

P.E.B.

N.I.DATE 26-2-45

T/O # FD 629

+

328047

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

328047

REPORT OF DEATH

DATE 22 Dec 1944

rm4627

FULL NAME <p style="text-align: center;">Allen, Arthur R.</p>		ARMY SERIAL NUMBER <p style="text-align: center;">35 576 862</p>		GRADE <p style="text-align: center;">Pvt.</p>									
HOME ADDRESS <p style="text-align: center;">LaPorte, Indiana</p>		ARM OR SERVICE <p style="text-align: center;">Fld. Artillery</p>		DATE OF BIRTH <p style="text-align: center;">24 July 20</p>									
PLACE OF DEATH <p style="text-align: center;">European Area</p>		CAUSE OF DEATH <p style="text-align: center;">Died of wounds rec'd in action.</p>		DATE OF DEATH <p style="text-align: center;">5 Dec 44</p>									
STATION OF DECEASED <p style="text-align: center;">European Area</p>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <p style="text-align: center;">29 Dec 42</p>		LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">YEARS</td> <td style="text-align: center;">MONTHS</td> <td style="text-align: center;">DAYS</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>		YEARS	MONTHS	DAYS					
YEARS	MONTHS	DAYS											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <p style="text-align: center;">Mrs. Helen C. Allen, wife, 1531 Salwasser Ave., LaPorte, Ind.</p>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Helen C. Allen, wife, 1531 Salwasser Ave., LaPorte, Ind. Miss Nancy J. Allen, daughter, same as wife's; Miss Linda A. Allen, daughter, same as wife's. Mrs. Maude Allen, mother, 1531 Salwasser Ave., LaPorte, Ind.*													
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

Evidence of death rec'd in WD, 16 Dec 44.

*Declined to designate any other beneficiaries.

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G. A. O.	VET. ADMIN.	A. G. 201 FILE

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:
James W. Reinhardt
ADJUTANT GENERAL