

CHECK LIST FOR DISINTERMENTS

(To accompany Report of Reburial)

Only PART I should be completed, if identification tags are available.  
BOTH PART I & II should be completed if identification tags are not available.  
If information is unavailable, so indicate.

293

PART I  
(Positive Identification)

27 Feb 1945  
Date

1. Harrington, William (NMI) Unk 37467467 Unknown  
(Full name of deceased) (Rank) (ASN) (Organization)

2. State if identification tags were attached to remains, how many, and where attached  
One tag on marker

3. Give exact location from which disinterred, furnishing coordinates and map series used  
Bodies were buried in Civil Cemetery at Sommerain, Bel.

Coord. P 629752 Map Series Bel. & NE France 1:100000 Marche Sheet 13

NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.

4. Full name of cemetery (if buried in an organized cemetery) Civil Cemetery at Sommerain, Belgium

5. Approximate or established date of death (state which & give basis for date selected)  
Unknown

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

7. Manner in which grave was marked and all information contained on the marker  
One identification tag on marker

8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned  
None

9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information).  
None

PART II

(Doubtful or Undetermined Identification)

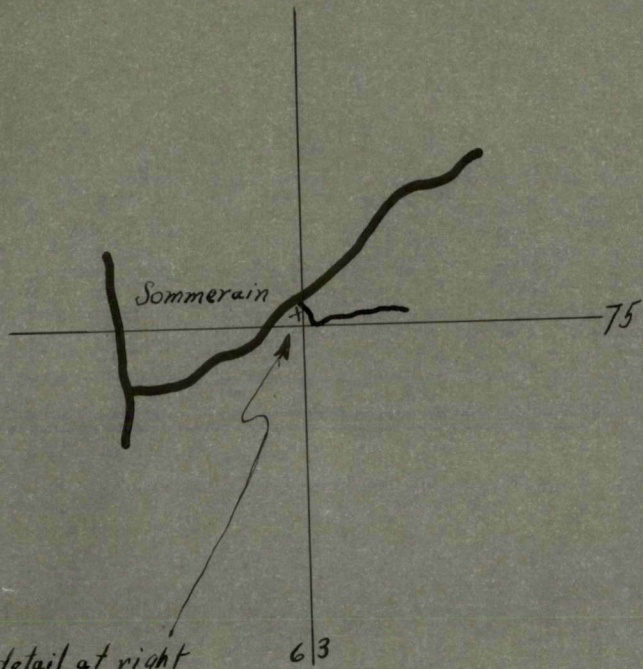
10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)

11. (Est Height) (Est Weight) (Color of Hair) (Color of Eyes)

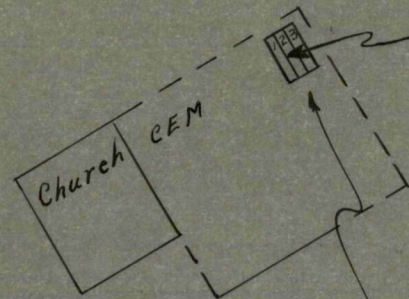
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc.

RESTRICTED

Handwritten red markings and scribbles at the bottom right corner.

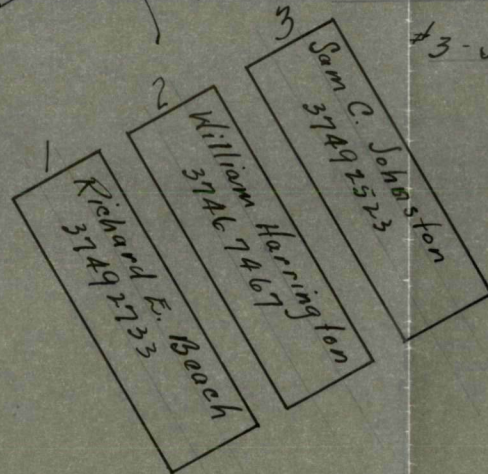


See detail at right



Three bodies disinterred in Civil Cemetery, Sommerain, Belgium. Coor: P629752:

- #2 WILLIAM HARRINGTON, 37467467
- #1 - RICHARD E. BEACH, 37492733
- #3 - SAM C. JOHNSTON, 37492523



RESTRICTED

RRE Form #43  
20 Sep 48

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

HARRINGTON                      WILLIAM                      H                      PVT                      37467467  
(Last Name)                      (First Name)                      (Initial)                      (Rank)                      (ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery HENRI - CHAPELLE

STATION FILE

Incl #

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## PART I

(Positive Identification)

27 Feb 1945

Date

1. Harrington, William (NMI) Unk 37467467 Unknown  
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached One tag on marker
3. Give exact location from which disinterred, furnishing coordinates and map series used Bodies were buried in Civil Cemetery at Sommerain, Bel.  
Goord. P 629752 Map Series Bel. & NE France 1:100000 Marche Sheet 13
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) Civil Cemetery  
at Sommerain, Belgium
5. Approximate or established date of death (state which & give basis for date selected) Unknown
6. Approximate or established date of burial (give basis for date established)  
Unknown
7. Manner in which grave was marked and all information contained on the marker  
One identification tag on marker
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned  
None
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any others possessing important information).  
None

## PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)
11. (Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tatoos, length of hair, presence of mustache or beard, etc.

RESTRICTED

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, designs markings, pockets, colors, patches, etc. Also list with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

(Type) (WD Serial No.) (Organization) (Serial No. &

Type of each gun)

17. Give exact location of remains in vehicle before removal

\_\_\_\_\_  
\_\_\_\_\_

18. If buried in a coffin, give description and markings

\_\_\_\_\_  
\_\_\_\_\_

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of these remains

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Other pertinent information which would aid in establishing identity

\_\_\_\_\_  
\_\_\_\_\_

Weed, Edwin C.

(Individual in Charge of Disinterment) (Rank) 8/Sgt 25282637 (Organization) Eng. Co.

P. D. Jackson

2ed DMS

1 ✓

USMC: HENRI-CHAPELLE  
PLOT H: ROW 13: GRAVE 6.  
DATE OF BURIAL: 7 DEC. 48.  
VERIFIED BY: *J. Hoffman*  
GRS OFFICER.

BURIED ON:  
RIGHT: HENRY ART, 32782660.  
LEFT: ANDREW D. BAHL, 37524858.

DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
1225 01053

DATE  
15 10 48  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
HARRINGTON WILLIAM H	37467467	PVT	1	1	1

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
FOY BELGIUM	F	10	239	1201 80 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN FLAG SENT: 10 DEC 1948

NAME AND ADDRESS OF CONSIGNEE  
HENRI-CHAPELLE, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN  
MRS. ORA I. GLEBE (MOTHER)  
RED CLOUD, NEBRASKA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	USAGF		

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)

DATE	BY	SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

**FILE**  
**RECORDS ANNOTATED**  
**DATE** MAR 20 1949  
**NAME** *[Signature]*  
**E & E INC.**

15 FEB 1943

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

1

DISINTERMENT OPERATIONS RECORD

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME HARRINGTON WILLIAM H SERIAL NUMBER 37467467 GRADE PVT ARM 1

CEMETERY FOY BELGIUM PLOT F ROW 10 GRAVE 239 DISPOSITION OF REMAINS CODE DIST. CTR.

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 WILLIAM H HARRINGTON SERIAL NUMBER 37467467 GRADE PVT DATE OF DEATH 27 SEPTEMBER 1948

IDENTIFICATION TAG ON REMAINS ORGANIZATION RELIGION P IDENTIFICATION VERIFIED BY JOHN ORAZEN, CAPT., QMC., NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM CONDITION OF REMAINS ADVANCED DECOMPOSITION. FRACTURED R/HUMERUS.

OTHER MEANS OF IDENTIFICATION IDENTIFICATION TAG WITH REMAINS,

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) NONE

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX DATE 30 SEPTEMBER 1948 BY RODERICK J. MURRAY, EMBALMER

CASKET SEALED BY CHARLES W. FREDRICKS, EMBALMER EMBALMER (Signature) CHARLES W. FREDRICKS

CASKET BOXED AND MARKED 1948 CHARLES V. MORGANT VERIFIED BY: ROGER E. LEWIS, CAPT. CAV. DATE 5 NOV. BY CLERK RECORDER

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

VERNON N. HOYT, 1ST. LT. INF., SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

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

Raymond J. Johnson 1st Lt. Inf.



17 February 1949

Mrs. Ora I. Glebe  
Red Cloud, Nebraska

*293* Pvt. William H. Harrington, ASN 37 467 467  
Plot H, Row 13, Grave 6  
Headstone: Cross  
Henri-Chapelle, U. S. Military Cemetery

Dear Mrs. Glebe:

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,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

chb

FEB 18 4 26 PM '49

U. S. ARMY  
MAIL & RECORDS BRANCH

# REQUEST FOR DISPOSITION OF REMAINS

2714148

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

DATE:

Pvt William H. Harrington, 37 467 467 **MRC**  
Plot F, Row 10, Grave 239  
United States Military Cemetery  
Foy, Belgium

**24 JUN 1948**

A		C	
B		D	

**DO NOT WRITE ABOVE THIS LINE**

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

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

### PART I

I, Mrs. Ora I Glebe

(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

*Henri-Chapelle, Belgium*

(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,*

*18 Oct 48  
Mather*

*AW Proc*

**OCT 28 1948**

*Brown 8/31/48*

**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	TELEGRAPH ADDRESS	TELEPHONE No.
EXPRESS OFFICE ( <i>Nearest railroad passenger station</i> )		

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.

X Mrs Ora I Glebe  
 (SIGNATURE OF NEXT OF KIN)  
 \_\_\_\_\_  
 (NAME PRINTED OR TYPED)

Red Cloud  
 (STREET AND NUMBER)  
Red Cloud Neb  
 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 3rd day of July, 1948, at city (or town) of Red Cloud, county of Webster, and State (or Territory or District) of Nebraska

Jane Tobler  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public  
 (OFFICIAL TITLE)

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

**PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

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

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

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

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

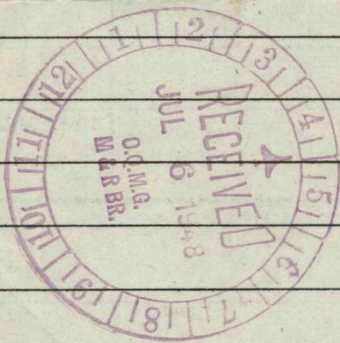
THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



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

In Reply Refer To RR Br: QMGM 293 Harrington, William H., Pvt., 37 467 467  
Plot F, Row 10, Grave 239  
United States Military Cemetery  
Foy, Belgium

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

P R I O R I T Y

24 JUN 1948

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 mother  
(relationship)  
Mrs. Ora H. Glebe Red Cloud, Nebraska  
(name) (address)

has failed to return a Form 345 indicating disposition instructions for the  
remains. The form was dispatched 5 January 1948.

It is respectfully requested that the attached OQMG 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. HYATT  
Colonel, QMG  
Memorial Division

2 Incls. *msh*

msh

JUN 24 2 51 PM '48  
O.C.M.G.  
MAIL & RECORDS SECTION

*J.G.M.*  
24 JUN 1948

Pvt William H. Harrington, 37 457 467  
Plot F, Row 10, Grave 239,  
United States Military Cemetery  
Foy, Belgium

5 January 1948

Mrs. Ora I. Glebe

Red Cloud, Nebraska

Dear Mrs. Glebe:

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

8 Incls.  
P-792

how

JAN 5 1948  
MAIL ROOM  
A.R.C. sent 24 Jan 48

RESTRICTED

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

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

1 Mar 45

Date

39

HARRINGTON

William

H. NMI

Pvt

37467467

Last Name

First

Initial

Rank

Serial No.

Unk

P6375 Map GSGS Unit 4042 Sheet 6

814 TD Bn Sp.

20 Dec 44

Sommerain Bel

Unk (Estimated to be 1 Jan 45) GSW chest

Place of Death

Date of Death

Cause of Death

27 Feb 45 1600

U S Mil Cem #1 Foy Bel

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

239

10

F

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 Ident by one ID tag around neck, supported by  
How were remains identified? paybook. There were no clothing marks.  
(Second Ident. tag received later)

Disinterred by S/Sgt Wood 3042 QMGR CO *Rev. Fr. Jtd. 27 Aug 45*  
*Corr. to Reporter of Sp.*  
*314-6 E 100 H.W.*  
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:

BEACH

37492733

Pvt

Unk

238

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

KOLY

35230981

Unk

Unk

240

Name

Serial No.

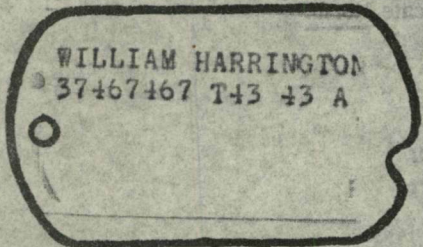
Rank

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 Ora I Glebby

Name

Red Cloud Nebr

Address

Religion P

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

# REBURIAL

Previously buried in isolated grave

*W E Samson* located at Sommerain Bel.

WILLIAM E SAMSON Signature of Officer or other person reporting burial

1st Lt QMC  
3043 QMGR CO

Verified by G.R.S. Officer



# 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: \_\_\_\_\_
- Weight: \_\_\_\_\_
- Color of Eyes: \_\_\_\_\_
- Color of Hair: \_\_\_\_\_
- Race: \_\_\_\_\_
- Laundry Marks: \_\_\_\_\_
- Number of Rifle: \_\_\_\_\_
- Wear Glasses?
- Is Tooth Chart Attached?

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

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

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

### TOOTH CHART

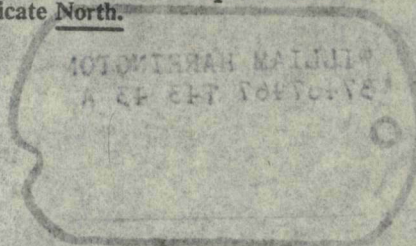
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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 C linking anchor teeth; replacements by artificial teeth X

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_



# SENSITIVE SURFACE - HANDLE EDGES ONLY

## WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

\*Corrected rpt orig fwd 18 Apr 45 WASHINGTON 25. D. C.

DATE 30 Apr 45

### REPORT OF DEATH

FULL NAME Harrington, William H.		ARMY SERIAL NUMBER 37 467 467	GRADE <sup>IIIW</sup> Pvt.
HOME ADDRESS Red Cloud, Nebraska		ARM OR SERVICE Field Artillery	DATE OF BIRTH 16 Mar 24
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH * 20 Dec 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs Ora I Glebe (Mother) Red Cloud Neb.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Ora Irene Glebe (Mother) same as above Clare Evelyn Harrington (Sister) same as above			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		

ADDITIONAL DATA AND/OR STATEMENT

BATTLE     NON-BATTLE

\* The individual named in this report of death is held by the War Department to have been in a missing in action status from 20 Dec 44 until such absence was terminated on 4 Apr 45 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

\*Corrected rpt showing change in date of death. Previously shown as 1 Jan 45. Also Missing Statement.

Corrected Report

FILE

MAY 8 - 1945

BY ORDER OF THE SECRETARY OF WAR

J. Paul

ADJUTANT GENERAL

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

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATH

DATE 18 April 1945 mh

FULL NAME Harrington, William H.		ARMY SERIAL NUMBER 37467467	GRADE Pvt										
HOME ADDRESS Red Cloud, Nebraska		ARM OR SERVICE Field Artillery	DATE OF BIRTH 16 Mar 24										
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in Action	DATE OF DEATH 1 Jan 45										
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Ora I. Glebe (mother) Red Cloud, Nebraska													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Ora Irene Glebe (mother) same as above Clare Evelyn Harrington (sister) 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

ADDITIONAL DATA AND/OR STATEMENT

BATTLE  NON-BATTLE

The individual named in this report is shown by the records of the War Department to have been absent in a missing in action status on 20 Dec 44 and subsequently reported killed on 1 Jan 45, such absence was terminated on 4 Apr 45 on which date evidence of death was received by the Secretary of War from a Commander in the European Area.

COPIES FURNISHED:		
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S. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 301 FILE

BY ORDER OF THE SECRETARY OF WAR

*J. P. Carl*

APR 23 1945

ADJUTANT GENERAL

# SENSITIVE SURFACE - HANDLE EDGES ONLY

## WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

\*Corrected rpt orig fwd 18 Apr 45 WASHINGTON 25. D. C.

DATE 30 Apr 45

**REPORT OF DEATH**

FULL NAME <u>Harrington, William H.</u>		ARMY SERIAL NUMBER 37 467 467	GRADE Pvt.
HOME ADDRESS Red Cloud, Nebraska		ARM OR SERVICE Field Artillery	DATE OF BIRTH 16 Mar 24
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH * 20 Dec 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  Mrs Ora I Glebe (Mother) Red Cloud Neb.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)  Ora Irene Glebe (Mother) same as above Clare Evelyn Harrington (Sister) same as above			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

BATTLE  NON-BATTLE

\* The individual named in this report of death is held by the War Department to have been in a missing in action status from 20 Dec 44 until such absence was terminated on 4 Apr 45 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

\*Corrected rpt showing change in date of death. Previously shown as 1 Jan 45. Also Missing Statement.

Corrected Report

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

J. Paul

ADJUTANT GENERAL

SENSITIVE SURFACE - HANDLE CAREFULLY

368,250

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

REPORT OF DEATH

DATE 18 April 1945 mh

FULL NAME Harrington, William H.		ARMY SERIAL NUMBER 37467467		GRADE Pvt									
HOME ADDRESS Red Cloud, Nebraska		ARM OR SERVICE Field Artillery		DATE OF BIRTH 16 Mar 24									
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in Action		DATE OF DEATH 1 Jan 45									
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 17 Dec 42		LENGTH OF SERVICE FOR PAY PURPOSES									
				YEARS	MONTHS	DAYS							
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Ora I. Glebe (mother) Red Cloud, Nebraska													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Ora Irene Glebe (mother) same as above Clare Evelyn Harrington (sister) 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		

ADDITIONAL DATA AND/OR STATEMENT

BATTLE  NON-BATTLE

The individual named in this report is shown by the records of the War Department to have been absent in a missing in action status on 20 Dec 44 and subsequently reported killed on 1 Jan 45, such absence was terminated on 4 Apr 45 on which date evidence of death was received by the Secretary of War from a Commander in the European Area.

COPIES FURNISHED:		
G. G. O.	F. B. I.	F. O., U. S. A.
S. O. G. 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

*J. P. Carl*

ADJUTANT GENERAL

# SPECIAL

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

1945 APR 04 09 13

368250

## BATTLE CASUALTY REPORT

AG 201	NAME HARRINGTON, WILLIAM H ASN 37 467 467	GRADE PVT SON	DATE CAS. REPORT RECEIVED 4 APR 45
NAME AND AD. DRESS OF E. A.	MRS ORA I GLEBE RED CLOUD NEBRASKA		DATE TELEGRAM SENT 4 APRIL 1945

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON, THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

RELATIONSHIP  
SON

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
PVT	HARRINGTON, WILLIAM H. WAS	37467467	F.A.	ETO		02510 4-30
TYPE OF CASUALTY		PLACE OF CASUALTY	DATE OF CASUALTY			CASUALTY CODE
Killed in action		IN	DAY	MONTH	YEAR	
			*1	Jan	45	

*See Special Telegram*

REMARKS: AG 704 (2 Apr 45)  CORRECTED COPY

MEA

Paris, E 27890/ Burial rpt received. Unit concerned instructed comply WD circular 2 para 13. \*Estimated date death 1 Jan 45. GRAVY rptd 20 Dec 44. Appropriate cas card forwarded on receipt here.

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED  FORM 43 AG 201 REQ. \_\_\_\_\_ DATE \_\_\_\_\_

CASUALTY BRANCH FILE ATTACHED  OR CHARGED TO \_\_\_\_\_

PREVIOUSLY REPORTED NO. \_\_\_\_\_ YES  (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
006		MIA	20 Dec 44 Eto	16 g

FORWARDED TO  SPEC. IDEN.  TELEGRAM  WOUNDED  LETTER  CORRES.  S. R. & D.  CERTIF.  M. & M.  NON-DEL.

REPORT NOT VERIFIED \_\_\_\_\_ NO FORM 43 \_\_\_\_\_ NO CAS. BR. FILE \_\_\_\_\_ CHECKED BY *Crawford* REVIEWED BY *Delbert*

DISTRIBUTION "A"  4 April 45 COPIES  
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)  
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B"  \_\_\_\_\_ COPIES  
(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)  
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

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

368250

**-BATTLE CASUALTY REPORT**

NAME			SERIAL NUMBER			GRADE	ARM OR SERVICE	REPORTING THEATRE
HARRINGTON WILLIAM H			37467467			PVT	FA	ETO
PLACE OF CASUALTY		DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER	
BELGIUM9		DAY	MONTH	YEAR		MIA	006	
		20	DEC	44				

**NAME AND ADDRESS OF EMERGENCY ADDRESSEE**

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS-FIRST NAME-MIDDLE INITIAL-LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS ORA I GLEBE	MOTHER	16 JANUARY 1945
NO. AND NAME OF STREET-CITY-STATE		
RED CLOUD NEBRASKA		MLH

REMARKS:

CORRECTED COPY



MAIL & MESSAGE SECTION CASUALTY BRANCH, A.G.O.

JAN 14 3 48 PM '45

RECEIVED

**ACTION BY PROCESSING AND VERIFICATION SECTION:** REPORT VERIFIED  FORM 43  AG 201 REG. \_\_\_\_\_

CASUALTY BRANCH FILE ATTACHED  OR CHARGED TO \_\_\_\_\_ DATE \_\_\_\_\_

PREVIOUSLY REPORTED NO  YES \_\_\_\_\_ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO:  SPEC. IDEN.  TELEGRAM  WOUNDED  LETTER  CORRES.  S. R. & D.  CERTIF.  M. & M.  NON-DEL.

REPORT NOT VERIFIED \_\_\_\_\_ NO FORM 43 \_\_\_\_\_ NO CAS. BR. FILE \_\_\_\_\_ CHECKED BY W. H. [unclear] 16 Jan 45 REVIEWED BY [unclear]

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

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

DISTRIBUTION "A"  23 COPIES

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

DISTRIBUTION "B"  COPIES 71

(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.) COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

04

368250

RTB:TS:bm  
August 30, 1945

Mrs. Ora I. Glebe  
Red Cloud, Nebraska

Dear Mrs. Glebe:

The Army Effects Bureau has received some additional property of your son, Private William H. Harrington.

This property, consisting of a ring, is being forwarded to you in one envelope. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the soldier's legal residence.

Sincerely yours,

P. L. KOOB  
1st Lt., CMC  
Officer-in-Charge  
SJ Branch

*KW*



ARMY SERVICES FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Ora I. Glebe

Red Cloud, Nebraska

Effects of:

Name

Pvt. William H. Harrington

ASN

37467467

Case No.

368250 D

Wt.

DATE 30 August 1945

RTB:TS:bm

*Waterstradt*

FOR: Effects Quartermaster

REMARKS:

         Inclose <sup>D</sup>ureau Check  
         Acct. No.           
         Amount           
         Inclose "Valuables" item  
         Ship "Valuables" item(s)

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

ROUTING:

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

REMARKS:

Franked   
Est. Exp. Chgs. SEP 4 1945  
Est. Frt. Chgs.           
No. of packages         

*mm*

Shipping Clerk

368250  
124

ATTACHMENTS		<b>EFFECTS INVENTORY</b> <b>ARMY EFFECTS BUREAU</b>	STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY		DECEASED	
<input checked="" type="checkbox"/>	G. R. OR SUB GR LABEL		MISSING	<input checked="" type="checkbox"/>
<input type="checkbox"/>	WILL OR POWER OF ATTY.		P. O. W.	
<input checked="" type="checkbox"/>	TALLY IN FORM 43		ABANDONED	
		UNKNOWN		

<input type="checkbox"/>	BAGS, CLOTH OR TRAVEL	<input type="checkbox"/>	BELT	<input type="checkbox"/>	OVERCOATS
<input type="checkbox"/>	BELT, MONEY (NO MONEY)	<input type="checkbox"/>	BOOKS, ADDRESS	<input type="checkbox"/>	PAPERS, PERSONAL
<input type="checkbox"/>	BILLFOLD (NO MONEY)	<input type="checkbox"/>	BOOKS, PILOT LOG	<input type="checkbox"/>	PENCIL, MECHANICAL
<input type="checkbox"/>	BOOKS	<input type="checkbox"/>	BRUSHES	<input type="checkbox"/>	PEN, FOUNTAIN
<input type="checkbox"/>	BRACELET, IDENT.	<input type="checkbox"/>	CASE	<input type="checkbox"/>	PHOTOS
<input type="checkbox"/>	CAMERAS	<input type="checkbox"/>	CLOTH, WASH	<input type="checkbox"/>	PIPES
<input type="checkbox"/>	CLOTHING	<input type="checkbox"/>	COATS	<input type="checkbox"/>	RINGS
<input checked="" type="checkbox"/>	MISC. ARTICLES	<input type="checkbox"/>	FOOTLOCKER	<input type="checkbox"/>	SCARFS
<input type="checkbox"/>	RELIGIOUS ARTICLES	<input type="checkbox"/>	FOOTWEAR, PR.	<input type="checkbox"/>	SHIRTS
<input type="checkbox"/>	RIBBONS, DECORATION	<input type="checkbox"/>	GLASSES	<input type="checkbox"/>	SOCKS, PR.
<input type="checkbox"/>	SHORT SNORTER	<input type="checkbox"/>	GLOVES, PR.	<input type="checkbox"/>	STATIONERY
<input type="checkbox"/>	SOUVENIR MONEY	<input type="checkbox"/>	HANDKERCHIEFS	<input type="checkbox"/>	TIES
<input type="checkbox"/>	SOUVENIRS	<input type="checkbox"/>	HEADWEAR	<input type="checkbox"/>	TOBACCO
<input type="checkbox"/>	TESTAMENTS	<input type="checkbox"/>	JACKETS	<input type="checkbox"/>	TOILET ARTICLES
<input type="checkbox"/>	TOWELS & WASHCLOTHS	<input type="checkbox"/>	KITS	<input type="checkbox"/>	TOWELS
<input type="checkbox"/>	U. S. MONEY (AMOUNT)	<input type="checkbox"/>	KNIVES	<input type="checkbox"/>	TROUSERS, PR.
<input type="checkbox"/>	WATCH	<input type="checkbox"/>	LETTERS	<input type="checkbox"/>	TRUNKS, PR.
<input type="checkbox"/>	WINGS	<input type="checkbox"/>	LIGHTERS	<input type="checkbox"/>	UNDERWEAR

CONTAINERS ADDRESSED TO  <i>none</i>	INFORMATION  <i>Ora L. Hobbey Red Cloud Nebw (mother)</i>
NAME AND STATUS VARIATIONS	CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
		SYMBOL	TRANSMIT ORIGINAL
		AMOUNT	ORIG. REG. MAIL
		DATE	TO G. A. O.
		BANK OR PLACE OF ISSUE	MUTILATED
PAYEE	TO ISSUING AGENCY		
REMITTER OR DRAWER			

TALLY NO. <i>287</i>	ORIG. NO. OF PKGS. <i>1</i>	EXAMINING DATE <i>22 Aug 45</i>	BOX NO. <i>58</i>	SHEET <i>1</i> OF <i>1</i> SHEETS
NAME <i>WILLIAM H HARRINGTON</i>		A. S. N. <i>37467467</i>		
ORGANIZATION <i>RENCO 81422 BN</i>		RANK <i>OUT</i>	CASE NO.	
WAREHOUSE SPACE <i>2173</i>	EXAMINED BY <i>J Brewer</i>	DIARY REMOVED		
PACKAGE DESCRIPTION <i>H/Gew</i>	PACKED BY <i>[Signature]</i>	PHOTO FILM REMOVED		
	INSPECTED BY <i>[Signature]</i>	MOTION PICTURE FILM REMOVED		
	STORED BY <i>PC</i>	DATE <i>SEP 4 1945</i>	SHIPPED BY WHOM <i>[Signature]</i>	

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

NAME

HARRINGTON, WILLIAM PVT 7467

BAY

PALLET

BOX

TALLY

8

58

387

TYPE OF PKG.

WHSE. SPACE

INVENTORIED

CTN

RESTRICTED  
INVENTORY FORM

4 Feb 45

Date

SUBJECT: Inventory of Personal Effects of:

Harrington                      William      H                      Pvt                      37 467 467  
(Last Name)                      (First Name)                      (MI)                      (Rank)                      (ASN)

TO: Effects Quartermaster, Communication Zone, APO 513 \_\_\_\_\_ US Army

The above named individual of Rcn Co                      814 TD Bn  
(Unit)                      (Organization)  
was reported MIA                      about 20 Dec                      1944  
Status (KIA, MIA, Hosp. etc.)                      (Date)

Designated Beneficiary if information readily accessible Ora L Glebby (mother)  
Red Cloud, Nebr.

INVENTORY OF EFFECTS

1 Finger Ring (silver) ?

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 truck on 5 Feb 1945.  
(Rail, Truck, etc.)

Name AL ORFILA  
Rank & ASN CWO- W2 120 887  
Organization 814th TD Bn

Any additional pertinent information:

Serial No. 3746746 Name William H. Harrington

Grade Pvt. Rank Pvt.

Organization Rcn Co., 814th T.D. Bn.

Address

Nearest Relative

Address

Killed in Action MIA Died of Disease

Date 20 Dec. 1944 Hospital

Battle Area Information

Place of Burial

Point of Coordination

Description of Body

Members Missing

F132  
Signed

Sam B. Plyler  
Capt. J. G. C.



ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

368250

RTB:WA:jg  
August 11, 1945

IN REPLY REFER TO \_\_\_\_\_

Mrs. Ora I. Glebe  
Red Cloud, Nebraska

Dear Mrs. Glebe:

The Army Effects Bureau has received from overseas some personal effects of your son, Private William H. Harrington.

These effects are being forwarded to you in one envelope.

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 soldiers legal residence.

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

Yours very truly,

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

*PLK*

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Ora I. Glebe  
Red Cloud, Nebraska

Effects of: Name Pvt. William H. Harrington

ASN 37467467

Case No. 368250 D

Wt.

DATE 11 August 1945  
RTB:WA:jg

Waterstuddt  
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

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

FRANKED  
          
Shipping Clerk  
AUG 17 1945



PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASED

MISSING

P.O.W.

ABANDONED

TALLY NO.

NO. 9900

INV. DATE

21-July-45

ORIG. NO. OF PKGS.

1

BOX NO.

34

SHEET

1

OF SHEETS ORGANIZATION

NAME

WILLIAM HARRINGTON

A.S.N.

37467467

RANK

PT.

368.250

MH

Belt  
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

TOWELS & WASHCLOTHS  
CLOTHING  
BRACELET IDENT.  
 Brushes  
CAMERAS  
 Glasses  
 Knives  
 Lighters  
 X MISC.  
 Pen, Fountain  
 Pencil, Mechanical  
 Pipes  
RELIGIOUS ARTICLES  
RIBBONS, DECORATION  
 Rings  
 Tobacco  
 Toilet Articles  
WATCH

WINGS  
BAGS, CLOTH OR TRAVEL  
BILFOLD, (NO MONEY)  
 Case  
 Footlocker  
HIT, SEW, TLT, OR WRITING  
BOOKS  
 Books, Address  
 Books, Pilot Log  
DIARY (REMOVED FOR DUR)  
FILMS  
 Letters  
 Papers, Personal  
 Photos  
 Shoe Shine Articles  
SHORT SHORTER  
SOUVENIRS  
 X SOUVENIR MONEY  
 Stationery  
TESTAMENTS  
U.S. MONEY (AMOUNT)

REMARKS

Ora J. Glibby -  
Red Cloud, Nebr.

ATTACHMENTS

FORM #54

FORM #100

1 Inventory -  
192 label

WAREHOUSE SPACE

S

STORED BY

Hm

INVENTORIED BY

Danley

PACKED BY

Jackman

CHECKED BY

B

WEIGHT

G.I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

DATE SHIPPED

JUL 17 1945

LOCKED STORAGE

LAUNDRY REMOVED

#43 OR ADDITIONAL

FILM REMOVED

24

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

196

Serial No. 37467467 Name HARRINGTON WILLIAM  
Grade priv Rank A  
Organization usmc  
Address \_\_\_\_\_  
Nearest Relative Oran J. Glatby Mother  
Address Red Cloud Neb.  
Killed in Action yes Died of Disease \_\_\_\_\_  
Date \_\_\_\_\_ Hospital \_\_\_\_\_  
Battle Area \_\_\_\_\_ Information \_\_\_\_\_  
Place of Burial U.S. Mil. Cem #1  
Point of Coordination Foy cell  
Description of Body \_\_\_\_\_  
Members Missing \_\_\_\_\_

151039  
F-10-239  
Signed 1/5 Joseph Gaiser

WILLIAM HARRINGTON  
37467467 T43 43 A

RESTRICTED  
INVENTORY OF PERSONAL EFFECTS

US Mil. Cem. #1 Foy, Bel

1 Mar 45  
Date

SUBJECT: Inventory of Personal Effects of;

<u>HARRINGTON</u>	<u>William</u>	<u>NMI</u>	<u>Pvt</u>	<u>37467467</u>
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)
TO: Effects Quartermaster, Communications Zone, APO		<u>887</u>	US Army	
The above named individual of		<u>Unk</u>	<u>Unk</u>	
	(Unit)	(Organization)		
was reported	<u>deceased</u>	about	<u>1 Jan</u>	<u>1945</u>
	(Status-Killed, MIA, Hospitalized, etc.)	(Date)		
Designated Beneficiary if information readily accessible				
<u>Ora I Glebby Red Cloud Nebr.</u>				

INVENTORY OF EFFECTS

5 Souv. coins ✓  
4 Photos ✓  
No currency ✓

Money in the amount of none has been turned into \_\_\_\_\_  
Form WD-38 enclosed. (Name of Finance Officer  
and symbol number)

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 15 Mar 45 will be \_\_\_\_\_  
(Rail, Truck, etc.) (Date)

Name W E Samson  
WILLIAM E SAMSON  
Rank & ASN 1st Lt OMC  
3043 OMGR CO  
Organization \_\_\_\_\_

Any additional pertinent information:

DUG 17-1945

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

Case No. JRM:WA:jg  
368250  
Date 11 August 1945

SUBJECT: Report of transaction in disposing of the effects of

William H. Harrington late a  
(Name of deceased) 37467467 (Army Serial Number)  
Pvt. who died  
(Grade) Field Artillery (Organization, Army or Service)  
on the 20 day of December, 1945, at European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

- a. No legal representative or widow of decedent being present at decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.
- b. Local debtors owed decedent's estate \$ None, of which the sum of \$ None was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. \_\_\_\_\_.)
- c. Decedent owed undisputed local creditors the sum of \$ None which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt \_\_\_\_\_, Incl. \_\_\_\_\_)
- d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 3 August 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of \_\_\_\_\_

Mrs. Ora I. Glebe 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;

Wheroupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs Ora I. Glebe of \_\_\_\_\_ (Name of person found entitled) \_\_\_\_\_ (Number, Street or Avenue) \_\_\_\_\_ (City, Town or Village) \_\_\_\_\_ State of \_\_\_\_\_ is the Mother 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, QMC  
(Name, Rank, Organization)  
SUMMARY COURT MARTIAL