REV. 18D

WESTERN UNION

RECEIPT OF REMAINS

AGR DIV., CHICAGO QM DEPOT

DISTRIBUTION CENTER 1819 W. PERSHING RD., CHICAGO 9, ILL. ROUTINE

DELIVER AND REPORT ANY CHARGES

DAY LETTER

REMAINS CONSIGNED TO:

SUPERINTENDENT
JEFFERSON CITY NATIONAL CEMETERY
JEFFERSON CITY, MISSOURI

REMAINS OF THE LATE PFC. SAM C. JOHNSTON SN 37492523

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 5

MP RR

DUE TO ARRIVE JEFFERSON CITY, MO. 10:58 AM CST 10 JUNE 1949

REFER TO CONTROL NUMBER NC-24710

THOS. O. CALL
MAJOR, QMC

FILE
19 JUL 1949
REPATRIATION BRANCH

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased this 10 (Day) day of June (Month), 1949

Cpl. Marvin A. Haymes
(Witness (Escort))

Jefferson City National Cemetery
Walter M. Gardner Supt.
(Consignee)

QMC FORM REV 5 MAR 48 1193

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

DJH

7 JUNE 1949

GWA

1

DISINTERMENT DIRECTIVE

76-98

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY)	DATE (MONTH)	DATE (YEAR)
1225 01248	15	02	49

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
JOHNSTON SAM C	37492523	PFC	1	1	1

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	DISPOSITION OF REMAINS (DIST. CTR.)
FOY BELGIUM	F	10	236	7521	08

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
JEFFERSON CITY NATIONAL CEMETERY
JEFFERSON CITY, MISSOURI

NAME AND ADDRESS OF NEXT OF KIN
MR. R. B. JOHNSTON (BROTHER)
DIXON, MISSOURI

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

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

SEE ATTACHED SHEET

MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (*Signature*)

CASKET BOXED AND MARKED

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

QMC FORM REV 11 FEB 48 1194

521

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: USMC HENRI CHAPELLE BELGIUM		TO: ANTWERP PORT PIER 140	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER: SGT VINCENT C GUERRA RA 35244996	
SIGNATURE OF SHIPPER: GUSTAV HOFFMAN CAPT INF 0-233702	DATE: 8/3/49	SIGNATURE OF RECEIVER: R D Miller	DATE: 9 MAR 1949

2. SHIPPED

FROM: AGRC ANTWERP BELGIUM		TO: USAT FAITH VICTORY	
KIND OF CONVEYANCE: VC. 2		NAME OF CONVOYER: D. E. PRICE, MAJ. QMC.	
SIGNATURE OF SHIPPER: R. D. MILLER, Lt. COL. T.C.	DATE: 22 AVR 1949	SIGNATURE OF RECEIVER: D E Price	DATE: 22 AVR 1949

3. SHIPPED

FROM		TO: NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER: for M Roberts W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE: MAY 4 1949

4. SHIPPED

FROM: NYPE		TO: DC08	
KIND OF CONVEYANCE: TRAIN		NAME OF CONVOYER: Howard J. Hutter Jr.	
SIGNATURE OF SHIPPER: W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE: MAY 11 1949	SIGNATURE OF RECEIVER: L. A. BOCKSTAHLER 1st Lt., QMC Chief, Operations Br.	DATE: 5/16/49

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	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
JOHNSTON SAM C	37492523	PFC	1		

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS: CODE	DIST. CTR.
FOY BELGIUM	F	10	236		

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	GRADE	DATE OF DEATH	DATE DISTINTERRED
SAM C JOHNSTON	37492523	PFC		27 SEPTEMBER 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[x] REMAINS [x] MARKER		P	JOHN ORAZEN CAPT., QMC., (NAME AND TITLE)

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNIFORM

CONDITION OF REMAINS: FRACTURED R/FEMUR & TIBIA. L/ FEMUR AND FIBULA. REMAINS COMPLETE. ADVANCED DECOMPOSITION.

OTHER MEANS OF IDENTIFICATION: NONE

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 THOMAS T. HATCHER, EMBALMER

CASKET SEALED BY: MELVIN W. BLACKBURN, EMBALMER

EMBALMER (*Signature*): MELVIN W. BLACKBURN

Melvin W. Blackburn

CASKET BOXED AND MARKED

DATE 5 NOV. 1948 BY CHARLES V. MORGANT, CLERK RECORDER

~~SHIPPING ADDRESS VERIFIED BY~~ ALL TAGS, PLATES & MARKINGS VERIFIED BY: ROGER E. LEWIS, CAPT. QMC.

R E Lewis

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 typed names appearing above are the same as the original signatures on the No. 4 copy of F - 1194 concerned

Raymond J. Johnson
1st Lt Inf

QMC FORM 26 MAR. 48 1253

INDICATE RECORD OF CUSTODIAL TRANSFER ON REVERSE SIDE

MN

PLOT "F" ROW 10 GRAVE 236

INSPECTION CHECKLIST

NAME	RANK	SERIAL NO.	ARM OR SERVICE	DIRECTIVE DATE
JOHNSTON, SAM C.	PFC	37492523	USAGF	
	RACE	RELIGION	SEX	DIRECTIVE NO.
	WHITE	PROTESTANT	MALE	1225 01248

CONSIGNEE AND ADDRESS

JEFFERSON CITY NATIONAL CEMETERY
JEFFERSON CITY, MISSOURI

NEXT-OF-KIN ADDRESS

MR. R.B. JOHNSTON (B)
DIXON, MISSOURI

SHIPPING CASE - General Appearance
(Check ONLY Discrepancies)

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

CONDITION OF SHIPPING CASE *(Check One)*
[✓] SATISFACTORY [ ] UNSATISFACTORY

REMARKS:

INSPECTED BY:

CASKET - General Appearance
(Check ONLY Discrepancies)

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

CONDITION OF CASKET *(Check One)*
[✓] SATISFACTORY [ ] UNSATISFACTORY

REMARKS:

INSPECTED BY: F Galatka

ROUTED THROUGH

[ ] MORTUARY OPERATING ROOM

CONDITION OF REMAINS
[ ] SATISFACTORY [ ] UNSATISFACTORY

NECESSARY DISINFECTION *(Explain)*

TIME	DATE	SIGNATURE OF MORTICIAN

[ ] MORTUARY REPAIR SHOP

CASKET REPAIR [ ]

CASKET EXCHANGED [ ]

SHIPPING CASE REPAIRED [ ]

SHIPPING CASE EXCHANGED [ ]

REMARKS:

TIME	DATE	SIGNATURE OF INSPECTING OFFICER

STORAGE LOCATION

FLOOR	SECTION	BAY	STORAGE NUMBER
			1126

PASS. LIST NO. 028

CONTROL NUMBER

EC 24710

STAMP INCOMING OR OUTGOING

QMC FORM 13 Jul 48 R-5024 (Rev.) *(Reproduced by Chicago QM Depot)*

WU A005 50/49 GOVT COLLECT

JEFFERSON CITY MO MAY 30 545P

CHICAGO QUARTERMASTER DEPT

AMERICAN GRAVES REG DIV

FUNERAL SERVICES FOR PFC SAM C JOHNSTON 37492523 SCHEDULED FOR 11 AM 10 JUNE. REQUEST DELIVERY ON MISSOURI PACIFIC TRAIN NO 5 ARRIVING HERE 10:58 AM THAT DATE AND ADVICE OF EXPECTED TIME AND MEANS OF ARRIVAL. BUESCHER FUNERAL HOME JEFFERSON CITY DESIGNATED TO RECEIVE REMAINS PER CONTRACT

WALTER M GARDNER SUPT

610A MAY 31

File

37492523 11 AM 10 5 10:58 AM..

MESSAGEFORM

MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT

CALLS	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
V	NR				

ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT
				GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (*Originator*) AGR DIVISION, CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILL.

SECURITY CLASSIFICATION

PRECEDENCE FOR
ACTION | INFORMATION

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION | CLASSIFICATION

ACTION TO:

SUPERINTENDENT

JEFFERSON CITY NATIONAL CEMERERY

JEFFERSON CITY, MISSOURI

INFORMATION TO:

REFERENCE THIS DISTRIBUTION CENTER DATED THE

REMAINS OF THE LATE PFC. SAM C. JOHNSTON

ARE READY FOR DELIVERY TO YOUR NATIONAL CEMETERY REQUEST YOU ADVISE DESIRED DATE

AND HOUR OF DELIVERY IN REPLY REFER TO CONTROL NUMBER NC 24710 AND NAME OF

DECEASED

END

THOS O. CALL
MAJOR QMC

MAY 27 11 27 AM '49

17

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL

DATE-TIME GROUP 27 MAY 1949

OFFICIAL TITLE C. M. ODENWALDER
CAPT QMC

PAGE OF

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

16—45801-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

WUAJ690 32 GOVT COLLECT

DIXON MO 4 1014A

THOS O CALL MAJOR QMC CHIEF AGRD

THIS CONFIRM ORIGINAL INSTRUCTIONS RE INTERMENT OFPFC SAM C JOHNSTON JEFFERSON CITY MISSOURI NATIONAL CEMETERY JEFFERSON CITY MISSOURI YOUR SUGGESTED ARRANGEMENTS ARE SATISFACTORY THIS REFERS TO CONTROL NUMBER NC 24710

R B JOHNSTON

RECEIVED
SIGNAL CENTER
MAY 4 2 50 PM '49

File

24710.

1255P

492523

AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO 9, ILL.

WESTERN UNION
DAY LETTER

DELIVER AND REPORT ANY CHARGES

RECEIVED
SIGNAL CENTER
MAY 2 5 51 PM '49

MR. R.B. JOHNSTON
DIXON, MISSOURI

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE **PFC SAM C JOHNSTON**

ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS INTERRED IN **JEFFERSON CITY NATIONAL CEMETERY, JEFFERSON CITY, MISSOURI**

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. FINAL INTERMENT WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS TO NATIONAL CEMETERY FOR SEVERAL WEEKS. NATIONAL CEMETERY SUPERINTENDENT WILL NOTIFY YOU BY TELEGRAM OF DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. APPROPRIATE JOINT MILITARY AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS ORGANIZATIONS OR MILITARY OR NAVAL PERSONNEL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. INTERMENT EXPENSE ALLOWANCE OF $75.00 IS NOT AUTHORIZED IN ANY CASE WHERE BURIAL IS MADE IN A NATIONAL CEMETERY.
IN REPLY REFER TO CONTROL NO. **NC24710**

THOS. O. CALL
Major, QMC
Chief, A.G.R.D.

C. M. ODENWALDER
Captain, QMC
Chief Admin Br.

MAY 2 1949

4G-1 (Rev.)

INSCRIPTION DATA FOR HEADSTONE

(READ INSTRUCTIONS CAREFULLY)

TO	DATE
Mr. R. B. Johnston Dixon, Missouri	JUNE 13, 1949

As the next of kin of the decedent listed below, this form is sent to you for necessary information concerning the inscription to be shown on the headstone.

Please fill out Part 11 and return to the address indicated in Part 1 within fifteen (15) days from the date shown above. Otherwise the headstone will be ordered with data as to state, religious emblem, and date of birth inscribed as shown in the official records. NO CHANGE WILL BE MADE AT A LATER DATE AT GOVERNMENT EXPENSE.

The authorized inscription for a general type government headstone includes:

(1) Name, rank, and organization of decedent.
(2) The dates of birth and death.
(3) The state or U.S. possession or territory. This may be the state of birth, residence, or from which enlisted. Names of foreign countries are not permitted.
(4) Religious emblem.

THE ABOVE INSCRIPTION DOES NOT APPLY TO THOSE DECEDENTS WHO SERVED ONLY DURING THE CIVIL AND SPANISH AMERICAN WARS.

PART 1 - TO BE FILLED IN BY SUPERINTENDENT OR COMMANDING OFFICER

NAME OF DECEDENT *(Last, First, Middle Initial)*	RANK
292 Johnston, Sam C.	PFC

ORGANIZATION: USAGF

DATE OF DEATH *(Month, Day, Year)*	GRAVE OR LOT NUMBER	DATE INTERRED *(Month, Day, Year)*
Overseas Dec. 20, 1944	Section 12, Grave# 1106	June 10, 1949

RETURN THIS FORM TO:
Superintendent, Jefferson City, National Cemetery
1042 East, Mccarty St.
Jefferson City, Missouri

PART 11 - TO BE FILLED IN BY NEXT OF KIN

NAME OF STATE, U.S. POSSESSION OR TERRITORY, TO BE INSCRIBED *(Foreign countries not applicable)*	DATE OF DECEDENT'S BIRTH *(Month, Day, Year)*
Missouri	November 26, 1908

RELIGIOUS EMBLEM *(Check type desired)*

[X] LATIN CROSS FOR CHRISTIAN FAITH [ ] STAR OF DAVID FOR HEBREW FAITH [ ] NONE

ADDRESS OF NEXT OF KIN: R. B. Johnston, Dixon, Mo.

SIGNATURE	DATE
R B Johnston	June 20, 1949

REMARKS

His early home was near Iberia, Mo. Later Kansas City, Mo.

He died at the wheel of his jeep with his Lieutenant beside him while leading a reconnaissance into enemy territory.

FILED JUL 14 1949

M. Cert.

BUDGET BUREAU No. 49-R277.1.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 10/8/48 SC 11/1/48 M

Pfc. Sam C. Johnston, 37 492 523
Plot F, Row 10, Grave 236
United States Military Cemetery
Foy, Belgium

6 October 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, Robert Byron Johnston
(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

_____
(NAME AND LOCATION OF CEMETERY)

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

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT Jefferson City, Mo.
(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.)*

unrec None 11/1

N.D. Pur
2/9/49 m+w

Codet 2/11/49
Buchanan

OQMG FORM 14 NOV 1946 345 MILITARY

16—50411—2

12 JAN 1949

PAGE 1

Clarke
7 Jan 49

Xmint

PART I (*Continued*)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
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.**)

You will please provide a military escort and service and for all details connected with the burial. Also please notify me of any part that I may have in it and that I may be present.

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.

R B Johnston (SIGNATURE OF NEXT OF KIN) — (STREET AND NUMBER)

R. B. Johnston (NAME PRINTED OR TYPED) — Dixon, Mo. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 23 day of October, 1948, at city (or town) of Dixon, county of Pulaski, and State (or Territory or District) of Missouri

Eugene J. Elkins (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public (OFFICIAL TITLE)

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

My Commission expires 2/25/51

16—50411-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
Johnston	Robert	B.
RELATIONSHIP TO THE DECEASED: Oldest brother		
NUMBER AND STREET	CITY OR TOWN: Dixon	STATE OR COUNTRY: Mo.

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

October 23 1948
(DATE)

Lucy R. Johnston
(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

Lucy R. Johnston
(NAME PRINTED OR TYPED)

Dixon, Mo.
(CITY AND STATE)

PART III

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

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

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

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

16—50410-1 U. S. GOVERNMENT PRINTING OFFICE

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

37 492 523

293 Johnston, Sam C. DUE, HOUR AND DATE

1 No.	2 From	3 To	4 Date	5 Message
1	LOI Section R/R Br.	Record Section R/R Br.	4 Oct	1. As 333 card in this case could not be immediately located action has been taken with a view to resolving the case without the 333 card. 2. File is forwarded to your section for such correction in 333 card as may be indicated. 3. When your action has been completed please forward file to Mail and Records. CUNNINGHAM 71507 Snowden 6535 LOI sent mother 5 Oct 48 THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE
		C Ruth		

File
Information attached
16 Oct. 48
RTR

8 OCT 1948

Pfc. Sam C. Johnston, 37 492 523
Plot F, Row 10, Grave 236
United States Military Cemetery
Foy, Belgium

6 October 1948

Mrs. Amos Y. Johnston
924 East Main Street
Rural Free Delivery #3
Montpelier, Ohio

Dear Mrs. Johnston:

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, accompanied by documentary evidence of death of father, will avoid unnecessary delays.

Sincerely,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

igb

Nat'l Bank Bergman N.Y. Lanta 7 NRK

Roda

REQUEST FOR NEW LETTER OF INQUIRY

TO	FROM
LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH	

NAME OF DECEDENT (First, Middle, Last)	GRADE	SERIAL NUMBER
Sam C. Johnston	pfc	37492523

GRAVE LOCATION

CEMETERY	PLOT	ROW	GRAVE
U.S.M. Cem Foy Belgium	F	10	236

LETTER OF INQUIRY TO BE SENT TO:	RELATIONSHIP
~~MR.~~ ~~MISS~~ MRS. Amos Y. Johnston	Mother

ADDRESS

STREET	CITY AND STATE
924 E. Main St, R.F.D. #3	Montpelier, Ohio

AUTHORITY FOR LETTER OF INQUIRY AND REMARKS

Widow remarried. ~~Send Loi to Mother as R.O.B. Father deceased.~~

Request death Certificate of father

New L.O.I. SENT 6 OCT 1948 Mother-RK

Roda

File
LOI sent 10/6/48
igb

50 at

DATE	CLERK'S SIGNATURE
~~22 Sept '48~~	A Banfield

OQMG FORM 399
REV 12 MAY 48

THIS FORM IS TO BE FILED IN 293 FILE

48 9709

4

Office of the Quartermaster General
War Department
Washington 25, D. C.

RE: JOHNSTON, Sam. C. Pfc
SN 37 492 523
World War II decease Veteran

Gentlemen:

This is to advise that I am the remarried widow of the above named deceased serviceman.

The next-of-kin is Mrs. A. Y. Johnston(mother) residing at 924 East Main, RFD No. 3, Montpelier, Ohio (c/o Mrs. W. B. Stinson).

Very truly yours,

Mrs Irene Massey Whitehead

2427 Alexandria
South Gate, Kentucky

L.O.I. SENT 5 OCT 1948 to mother

file
NAT
5 Oct 48
C Rule

THE AMERICAN NATIONAL RED CROSS

EASTERN AREA

Form HS-343
March 1948

TO: Repatriation Records Branch
Disinterment Locator Section
Office of the Quartermaster General
Department of the Army
Washington 25, D. C.

DATE: October 1, 1948

FROM: Director, Home Service

SUBJECT: JOHNSTON, Sam C., Pfc.
37 492 523
Plot F, Row 10, Grave 236
~~United States Military Cemetery~~
Foy, Belgium

Your Reference: QMG MR 293

Next of kin: Mrs. Irene B. Johnston
Old Address: 1515 South Dedgion Street
Independence, Missouri
New Address: See Remarks

In compliance with your request of June 23, 1948 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

1. OQMG Form 345 ____ was submitted by _____ (Name), _____ (Relationship)

____ will be submitted.

on _____ (Date).

2. Mrs. Irene B. Johnston (Name)

____ has relinquished disposition authority.

X has remarried.

____ is deceased.

____ is incompetent.

3. ____ We have been unable to locate.

Name Zenton
Action NRD
Date 2/17/49
Acceptance Section
Notify Corres. Branch

REMARKS:

unres 10/21

345 Acc for B-4 12 Jan 49

Campbell County, Kentucky assisted the remarried widow, Mrs. Jack Whitehead of 2427 Alexandria Street, South Gate, Kentucky, to send you a statement of her remarriage. (The case had been referred to us by Midwestern Area). The mother Mrs. A. Y. Johnston (the new next of kin) may at present be reached c/o Mrs. W. B. Stimson, Montpelier, Ohio. Mrs. Stimson is her daughter. The mother has been ill. The daughter hopes to have the mother complete the form soon but the latter has been unable to reach a decision. The mother usually lives with the veteran's brother in Missouri and may postpone action pending her return there later this month. Should we secure her Missouri address, we shall let you know.

(Mrs.) PAULINE A. ROGERS
Director, Home Service
Eastern Area

Mrs Pauline A Rogers

12441
033048

THE AMERICAN NATIONAL RED CROSS

MIDWESTERN AREA

1709 WASHINGTON AVE., ST. LOUIS 3, MO.

July 20, 1948

RR Br QMGMR 293

Memorial Division
Department of the Army
Office of the Quartermaster General
Washington 25, D. C.

Re: JOHNSTON, Sam C., Pfc
ASN 37492523
Plot F, Row 10, Grave 236
US Military Cemetery
Foy, Belgium

Gentlemen:

This is an interim report in connection with your request of June 23, 1948, regarding disposition of the remains of Pfc. Sam C. Johnston.

Our chapter Home Service worker reports that the wife, whom you have listed as next of kin, is now remarried and is Mrs. Jack Whitehead, 2427 Alexandria, South Gate, Kentucky. The deceased serviceman's father died January 24, 1947. The mother is now next of kin and she is:

Mrs. A. Y. Johnston
c/o Mrs. W. B. Stinson
924 East Main Street, RFD No. 3
Montpelier, Ohio

We have referred this case to our Eastern Area, who will follow through on obtaining marriage verification from the remarried widow and to urge completion of the Form 345 by the next of kin, mother of the deceased serviceman. The Eastern Area Office will keep you informed of further developments.

Sincerely yours,

Janet Neel
EBG

(Miss) Janet Neel
Director, Home Service

Dictated 7/19

345- not rec'd.

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

In Reply Refer To RR Br: QMGMR 293 Johnston, Sam C., Pfc., 37 492 523
Plot F, Row 10, Grave 236
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 communication.

23 JUN 1948

PRIORITY

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 (relationship)
Mrs. Irene B. Johnston, (name) 1515 South Dedgion Street, Independence, Missouri (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,

2 Incls. 8,5,

JOHN O. HYATT
Colonel, QMC
Memorial Division

ehl

Pfc Sam C. Johnston, 37 492 323
Plot F, Row 10, Grave 236,
United States Military Cemetery
Foy, Belgium

5 January 1948

Mrs. Irene B. Johnston
1515 South Dodgion Street
Independence, Missouri

Dear Mrs. Johnston:

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,

3 Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

 to mother

how

HRC Sent 25 June 48 RL

RESTRICTED

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

48

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

1 Mar. 1945
Date

Last Name	First	Initial	Rank	Serial No.
JOHNSTON	Sam	C	~~Unk~~ PFC	37492523

Organization: Unk 814 TD. Bn Sp 20 Dec 44

Place of Death: Map GSGS 4042 Sheet 6 Sommerain Bel. P6375

Date of Death: ~~Unk(Estimated to be 1 Jan.45)~~

Cause of Death: GSW skull

Time and Date of Burial: 27 Feb.1945 1600

Name of Cemetery: US Mil.Cem.No.1 Foy Bel.

Name or Coordinates of Location

Grave Number	Row Number	Plot Number	Type of Marker
236	10	F	Cross

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

If No Identification Tags

How were remains identified? Identified by one I D tag, supported by clothing mark on wool drawers(2523). (Second Ident. tag received later)

Disinterred by S/Sgt Edwin C Wood of 3042 QMGR CO

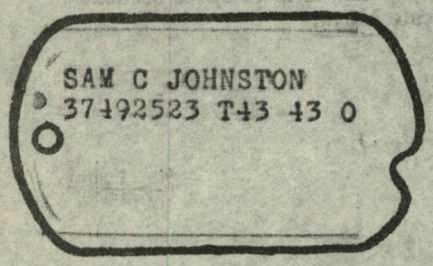
Per Ltr. dtd. 27 Aug. 45 (Con. to Report of Bu. 54 H.W.)

What means of identification were buried with the body?

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

	Name	Serial No.	Rank	Organization	Grave No.
Who is buried on: Deceased's Right:	RICE	34990411	Pvt	Unk	235
Deceased's Left:	McKAUGHAN	39000396	Unk	84 Div.	237

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



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

Emergency Addressee Unk
Name

Address

Religion P

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

REBURIAL

Previously buried in isolated grave located at Sommerain Bel.

Signature of Officer or other person reporting burial

W E Samson

WILLIAM E SAMSON
1st.Lt. QMC
3043QMGR CO

Verified by G.R.S. Officer

FILE JUL 23 1945

85

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 describ 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

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

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

AG P BR HQ SOS /22560

1243

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.

PART I
(Positive Identification)

27 Feb 1945
Date

293

1. Johnston, Sam C. Unk 37492523 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 Sht. 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 tag attached to 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, design 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

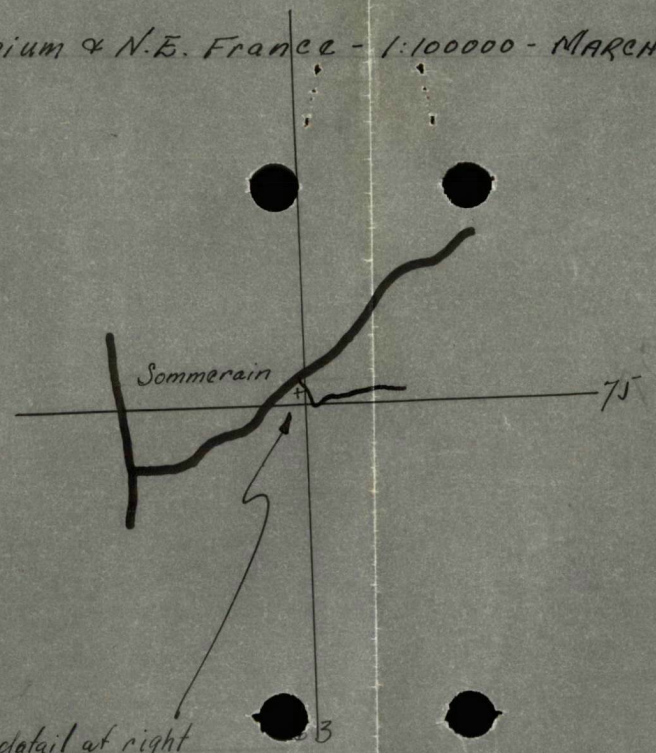
19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of these remains

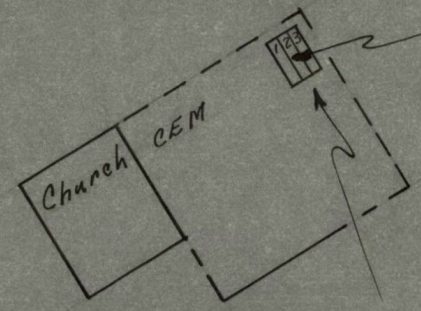
20. Other pertinent information which would aid in establishing identity

Wood, Edwin C. S/Sgt. 35383637 042 Qm Gr. Reg. Co.

(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

Belgium & N.E. France - 1:100000 - MARCHE - Sheet 13





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

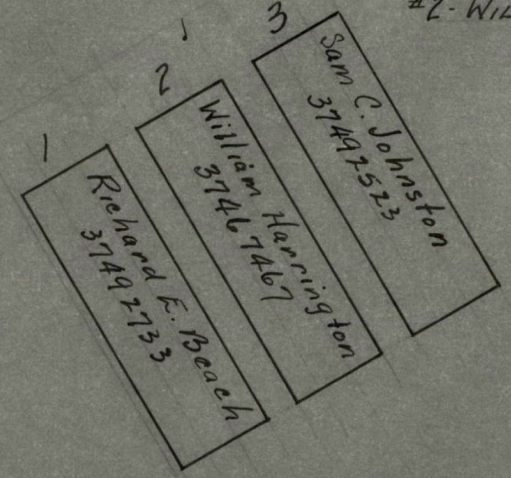
#3 SAM C. JOHNSTON, 37492523

~~RICHARD E. BEACH, 37492733~~

~~WILLIAM HARRINGTON, 37467467~~

#1-RICHARD E. BEACH, 37492733

#2-WILLIAM HARRINGTON, 37467467



RESTRICTED

304Y

RRE Form #39
13 Jul 48

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

JOHNSTON	SAM	C	PFC	37492523
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN

Repatriated to the United States: _____

26 APR. 1949

STATION FILE

Incl #

(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.

PART I
(Positive Identification)

27 Feb 1945
Date

1. Johnston, Sam C. Unk 37492523 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.

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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

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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

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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

Wood, Edwin C. S/Sgt 35363637 3042 Gm Gr. Reg. Co.

(Individual in Charge of Disinterment) (Rank) (ASN) (Organization)

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT

Corrected report of death
Original report 11 Apr 45

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

REPORT OF DEATH

DATE 26 April 1945 mh

FULL NAME	ARMY SERIAL NUMBER	GRADE
Johnston, Sam C.	37492523	Pfc
HOME ADDRESS: Kansas City, Mo.	ARM OR SERVICE: Field Artillery	DATE OF BIRTH: 26 Nov 08
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: 21 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES: YEARS / MONTHS / DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Irene B. Johnston ~~(wife)~~ Rem ~~1515~~ South Dedgion St., Independence, Missouri

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Bertha I. Johnston (wife) same as above also shown as, Irene B. Johnston
Mrs. Rosa Johnston (mother) Iberia, Missouri
Mr. Amos Y. Johnston ~~(father) same as above~~ deceased

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

[X] 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 6 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

~~*Correction of date of death previously reported to have been 1 Jan 45~~
*Cor. to show date of death. Original date 1 Jan 45.

CORRECTED REPORT

Final
1 MAY 1945
file

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

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

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT

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

REPORT OF DEATH

DATE 11 Apr 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Johnston, Sam C.	37 492 523	PFC

HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Kansas City, Mo.	Field Artillery	26 Nov 08

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	1 Jan 45

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	21 Dec 42			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Irene B. Johnston (Wife) 1515 South Dedgion St., Independence, Missouri

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Bertha I. Johnston (Wife) same as above (Name also shown as, Irene B. Johnston)
Mrs. Rosa Johnston (Mother) Iberia, Missouri
Mr. Amos Y. Johnston (Father) 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

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death 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 in action on 1 Jan 45, such absence was terminated on 6 Apr 45 on which date evidence of death was received by the Secretary of War from a Commander in the European Area.

APR 17 1945

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulsh

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

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

SENSITIVE SURFACE - HANDLE EDGES ONLY

Corrected report of death
Original report 11 Apr 45

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

377689

REPORT OF DEATH

DATE 26 April 1945 mh

FULL NAME	ARMY SERIAL NUMBER	GRADE
Johnston, Sam C.	37492523	Pfc
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Kansas City, Mo.	Field Artillery	26 Nov 08

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	*20 Dec 44

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	21 Dec 42			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

not here add

Mrs. Irene B. Johnston (wife) 1515 South Dedgion St., Independence, Missouri

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Bertha I. Johnston (wife) same as above also shown as, Irene B. Johnston
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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

[X] 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 6 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

~~*Correction of date of death previously reported to have been 1 Jan 45~~
*Cor. to show date of death. Original date 1 Jan 45.

CORRECTED REPORT

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

BY ORDER OF THE SECRETARY OF WAR:

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

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

SENSITIVE SURFACE - HANDLE EDGES ONLY

377689

WAR DEPARTMENT

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

REPORT OF DEATH DATE 11 Apr 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Johnston, Sam C.	37 492 523	PFC

HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Kansas City, Mo.	Field Artillery	26 Nov 08

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	1 Jan 45

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	21 Dec 42			

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Mrs. Irene B. Johnston (Wife) 1515 South Dedgion St., Independence, Missouri

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Mrs. Rosa Johnston (Mother) Iberia, Missouri
Mr. Amos Y. Johnston (Father) 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

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death 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 in action on 1 Jan 45, such absence was terminated on 6 Apr 45 on which date evidence of death was received by the Secretary of War from a Commander in the European Area.

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

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulsh

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

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

1279 377689

WAR DEPARTMENT

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

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
JOHNSTON SAM C	37492523	PFC	FA	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
BELGIUM9	20	DEC	44		MIA	006

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 IRENE B JOHNSTON	WIFE	15 JAN 45

NO. AND NAME OF STREET—CITY—STATE

3615 EAST 24TH STREET KANSAS CITY MISSOURI 1m

REMARKS:

☐ CORRECTED COPY

RECEIVED
JAN 14 4 36 PM '45
CASUALTY BRANCH, A.G.O.
A.G.O. & M.D. MAGE SECTION
RECEIVED
JAN 1945
BUREAU

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 48 ✓ AG 201 REQ. ____

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 48 ____ NO CAS. BR. FILE ✓ CHECKED BY [illegible] REVIEWED BY [illegible]

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

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

DISTRIBUTION "A" ☐ 28 COPIES
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

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.

W.D., A.G.O. FORM NO. 0665
10 JUNE 1944

MN

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

IN REPLY REFER TO 377689

RTB:KD:bjb
August 9, 1945

Mrs. Irene B. Johnston
1404 East 58th Street
Kansas City, Missouri

Dear Mrs. Johnston:

This refers to your recent visit at this Bureau, furnishing us your change of address.

The personal effects of your husband, Private First Class Sam C. Johnston, are being forwarded to you at the above address in one package.

If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

6 Extending every sympathy, I am

Sincerely yours,

HARRY NIEMIEC
2nd Lt., QMC
Chief, Correspondence Branch

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Irene B. Johnston
1404 E. 58th St.
Kansas City, Missouri

Effects of:
Name Pfc. Sam C. Johnston
ASN 37492523
Case No. 377689 D
Wt.

DATE 9 August 1945
RTB:KD:bjb

Lohon
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 FRANKED AUG 17 1945
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of package 1

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

PACKAGE DESCRIPTION

1 pkg.

ARMY EFFECTS BUREAU INVENTORY

377689

DECEASED	X
MISSING	
P.O.W.	
ABANDONED	
TALLY NO.	9900
INV. DATE	23 July 45
ORIG. NO. OF PKGS.	1
BOX NO.	27
SHEET	
OF	1 SHEETS
ORGANIZATION	UNK

NAME SAM C. JOHNSTON

A.S.N. 37692526 RANK UNK

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

7 do

REMARKS No Information Rechecked

ATTACHMENTS | | FORM #54 | | FORM #100

Gr Lab Inventory

WEIGHT	
G.I. REMOVED	
SHORTAGE OR REVERSE	
IDENT. TAGS REMOVED	
DIARY REMOVED	
DATE SHIPPED	AUG 17 1945
LOCKED STORAGE	
LAUNDRY REMOVED	
#43 OR ADDITIONAL	
FILM REMOVED	

C.A.T. None

WAREHOUSE SPACE 629

STORED BY

INVENTORIED BY Frances

PACKED BY Stockton

CHECKED BY

Eff. QM Form 11 (24 Feb 45)

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. 37492523 Name JOHNSTON SAM

Grade unk Rank

Organization unk

Address

Nearest Relative unk

Address

Killed in Action yes Died of Disease

Date Hospital

Battle Area Information

Place of Burial U.S. Mil. Cem. #1

Point of Coordination Hay Bel

Description of Body

Members Missing

Signed T/5 Joseph Gaier

1-tag.

1214 F-10-236

SAM C JOHNSTON
37492523 T43 43 0

10 F

RESTRICTED
INVENTORY OF PERSONAL EFFECTS

US Mil. Cem. #1 Foy, Bel
1 Mar 45
Date

SUBJECT: Inventory of Personal Effects of:

JOHNSTON (Last Name) Sam (First Name) C (MI) Unk (Rank) 37492523 (ASN)

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

The above named individual of Unk (Unit) Unk (Organization)

was reported deceased (Status-Killed, MIA, Hospitalized, etc.) about 1 Jan 1945 (Date)

Designated Beneficiary if information readily accessible

Unk

INVENTORY OF EFFECTS

3 Souv. coins
No currency

Money in the amount of none has been turned into _____, Form WD AGO 38 enclosed. (Name of Finnce 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 (Rail, Truck, etc.) on 15 Mar 45 (Date) will be.

Name W E Samson
WILLIAM E SAMSON
Rank & ASN 1st Lt QMC
3043 QMGR CO
Organization

Any additional pertinent information:

RESTRICTED

9 August 1945

MEMORANDUM TO FILE:

Mrs. Irene B. Johnston, wife of PFC Sam C. Johnston called this Bureau this date asking that we change her address.

Mrs. Johnston asked that the property be forwarded to her at 1404 East 58th St, Kansas City, Missouri rather than the Independence address.

Mrs. Johnston was advised that we would forward the property to her at 1404 E. 58th St.

lfh

File

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

JRM:AC:cl

Case No. 377689

Date 8 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Sam C. Johnston (Name of deceased), 37492523 (Army Serial Number) late a

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

on the 20 day of December, 19 44, 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 25 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Irene B. Johnston 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. Irene B. Johnston (Name of person found entitled) of 1515 South Dedgion Street (Number, Street or Avenue), Independence (City, Town or Village) State of Missouri, is the Widow (Relationship or Capacity) of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

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

Eff. QM Form 75

377689

RTB:AC:cl
August 6, 1945

Mrs. Irene B. Johnston
1515 South Dodgion Street
Independence, Missouri

Dear Mrs. Johnston:

The Army Effects Bureau has received from overseas some property of your husband, Private First Class Sam C. Johnston.

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

If, for some reason, the property 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,

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Irene B. Johnston
1515 South Dedgion Street
Independence, Missouri

SHIP TO:
PFC Sam C. Johnston

Effects of:
Name 37492523
ASN 377689 D
Case No.
Wt.

DATE 3 August 1945
RTB:AC:cl

H. Wienstock
FOR: Effects Quartermaster

REMARKS:

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

_____ Remove G.I.
_____ Note discrepancy in_____
_____ Films removed
_____ Diary removed
_____ Laundry removed

ROUTING:

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

1 pkg - inv - 7-16-45
1 pkg - inv - 7-18-45

REMARKS:

Franked FRANKED
Est. Exp. Chgs._____
Est. Frt. Chgs._____
No. of packages 2

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

AUG 1945

PACKAGE DESCRIPTION

1 flag

ARMY EFFECTS BUREAU INVENTORY

377689

DECEASED	✓
MISSING	
P.O.W.	
ABANDONED	
TALLY NO.	9781
INV. DATE	16-July-45
ORIG. NO. OF PKGS.	1
BOX NO.	22
SHEET	1
OF	1 SHEETS
ORGANIZATION	814 T.D Bn 7th Armd Div

NAME SAM C. JOHNSTON

A.S.N. 37492523 RANK Pfc

	Belt		TOWELS & WASHCLOTHS		RINGS
	BELT, MONEY (NO MONEY)		CLOTHING		BAGS, CLOTH OR TRAVEL
	Cloth, Wash		BRACELET IDENT.		BILLFOLD, (NO MONEY)
	Coats		Brushes		Case
	Footwear, Pr.		CAMERAS		Footlocker
	Gloves, Pr.		Glasses		KIT, SEW, TIE, OR WRITING
	Handkerchiefs		Knives		BOOKS
	Headwear		Lighters		Books, Address
	Jackets	✓	MISC.		Books, Pilot Log
	Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUP)
	Scarfs		Pencil, Mechanical		FILMS
	Shirts		Pipes		Letters
	Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal
	Ties		RIBBONS, DECORATION		Photos
	Towels		Rings		Shoe Shine Articles
	Trousers, Pr.		Tobacco		SHORT SNORTER
	Trunks, Pr.		Toilet Articles		SOUVENIRS
	Underwear		WATCH		SOUVENIR MONEY
					Stationery
					TESTAMENTS
					U.S. MONEY (AMOUNT)

Mail 7/25

REMARKS: no Information re-checked

ATTACHMENTS: FORM #54 | FORM #100

2-2nd entry
2 Grave label

WEIGHT	G.I. REMOVED
8 AUG 1945	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED	LOCKED STORAGE
	LAUNDRY REMOVED
~~#43 OR~~ ADDITIONAL	FILM REMOVED

C.A.T. none

WAREHOUSE SPACE 547

STORED BY RZ

INVENTORIED BY Hinote

PACKED BY Garwood

CHECKED BY F.P.

Eff. ON Form 11 (24 Feb 1951)

ADDITIONAL REMARKS

1 cloth bag, dirty of US
Value, removed, OK.

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

La Rue - Kansas City - 3-26-45—30M

NAME JOHNSTON, SAM C. PFC. 2523

BAY	PALLET	BOX	TALLY
66	24	22	9781

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
PKG.		

Eff. QM Form 43

RESTRICTED

INVENTORY FORM

13 JANUARY 1945
Date

SUBJECT: Inventory of Personal Effects of:

JOHNSTON SAM G PFC 37492523
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO ___ _____ US Army

The above named individual of 814 T D BN 7TH ARMORED DIVISION
(Unit) (Organization)

was reported KIA about 20 DECEMBER 1944
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible NOT KNOWN

_____.

- -

INVENTORY OF EFFECTS

1 FOUNTAIN PEN
1 BRUSH
1 CLOTH BAG

Money in the amount of NONE has been turned into _____
(Name of Finance Office

_____ Form WDFD 38 enclosed.
and symbol number)

NOT KNOWN
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 13 JANUARY 1945.
(Rail, Truck, etc.)

Name Sam B. Plyler
SAM B PLYLER

Rank & ASN CAPT QMC O-1016266

Organization HEADQUARTERS 7th A.D.

Any additional pertinent information:

TQ FORM NO. 26

RESTRICTED

RESTRICTED

INVENTORY FORM

3-1-45
Date

SUBJECT: Inventory of Personal Effects of:

JOHNSTON, SAM C. RFC 37492523
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO 339 US Army

The above named individual of RCN. Co. 814 T.D. Bn.
(Unit) (Organization)

was reported MIA about 23-12- 1944
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible _____

_____.

INVENTORY OF EFFECTS

1 FOLDER, PHOTOS ✓
2 - MEDALS, (MARKSMANSHIP) ✓

Money in the amount of _____ has been turned into _____
(Name of Finance Office

_____ Form WDFD 38 enclosed.
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 _____ on _____ 194___.
(Rail, Truck, etc.)

Name John P. Reed

Rank & ASN Capt 0-433581

Organization 814 TD Bn

Any additional pertinent information:

AG ETO FORM NO.26 RESTRICTED

PACKAGE DESCRIPTION

#I Pkg

ARMY EFFECTS BUREAU INVENTORY

377689

DECEASED X
MISSING
P.O.W.
ABANDONED

TALLY NO. 9781

INV. DATE 18 July 45

ORIG. NO. OF PKGS. 1

BOX NO. 25

SHEET 1 OF 1 SHEETS

ORGANIZATION Rem. Co. 814 TD Bn.

NAME SAM C. JOHNSON

A.S.N. 37492553 RANK P.F.C.

	Belt		TOWELS & WASHCLOTHS		WINGS
	BELT, MONEY (NO MONEY)		CLOTHING		BAGS, CLOTH OR TRAVEL
	Cloth, Wash		BRACELET IDENT.		BILLFOLD, (NO MONEY)
	Coats		Brushes		Case
	Footwear, Pr.		CAMERAS		Footlocker
	Gloves, Pr.		Glasses		KIT, SEW, FIT, OR WRITING
	Handkerchiefs		Knives		BOOKS
	Headwear		Lighters		Books, Address
	Jackets	X	MISC.		Books, Pilot Log
	Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUR)
	Scarfs		Pencil, Mechanical		FILMS
	Shirts		Pipes		Letters
	Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal
	Ties		RIBBONS, DECORATION		Photos
	Towels		Rings		Shoe Shine Articles
	Trousers, Pr.		Tobacco		SPORT SHORTS
	Trunks, Pr.		Toilet Articles		SOUVENIRS
	Underwear		WATCH		SOUVENIR MONEY
					Stationery
					TRUSSES
					U.S. MONEY (AMOUNT)

Aug 7/25

REMARKS (wife)
Beulah I. Johnson
3615 E. 24th. st.
Kansas City, Mo.

ATTACHMENTS | FORM #54 | FORM #100
1- Inventory
1- S.B. label

C.A.T. none.

WEIGHT

G.I. REMOVED
SHORTAGE ON REVERSE
IDENT. TAGS REMOVED
DIARY REMOVED

WAREHOUSE SPACE 1049

STORED BY MLO

DATE SHIPPED AUG 1945

LOCKED STORAGE

INVENTORIED BY Bain

LAUNDRY REMOVED

PACKED BY F Hendricks

CHECKED BY

NO. 3 OR ADDITIONAL

FILM REMOVED

Eff. QM Form 11 (24 Feb 45)

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. 37492523 Name Sam C. Johnston
Grade Pfc. Rank Pfc.
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. Q.M.C.

NAME UNIDENTIFIED # 24

BAY	PALLET	BOX	TALLY
66	26	25	9781

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
~~cbxx~~ ctn		

ISF. QM Form 43

RESTRICTED

INVENTORY FORM

4 Feb 45
Date

SUBJECT: Inventory of Personal Effects of:

Johnston Sam C Pfc 37 492 523
(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 Bertha I Johnston (wife)
3615 E 24th St., Kansas City, Mo.

- -

INVENTORY OF EFFECTS

1 Finger Ring ✓
1 Cigarette Lighter (Ronson) ✓

Money in the amount of none has been turned into ---
(Name of Finance Office
--- Form WDFD 38 enclosed.
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 5 Feb 1945.
(Rail, Truck, etc.)

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

Any additional pertinent information:

AG ETO FORM NO.26

RESTRICTED

Serial No. 37492523 Name Sam C. Johnston

Grade Pfc. Rank Pfc.

Organization 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

Signed Sam B. Plyler
Capt. QMC

Serial No. 37492523 Name Sam C. Johnston

Grade Pfc. Rank Pfc.

Organization 814th T.D. Bn.

Address

Nearest Relative

Address

Killed in Action MIA Died of Disease

Date Dec. 23-1944 Hospital

Battle Area Information

Place of Burial

Point of Coordination

Description of Body

Members Missing

Signed Sam B. Plyler
Capt. Q.M.C.