



BEST COPY POSSIBLE
POOR QUALITY ORIGINAL

***INDIVIDUAL DECEASED
PERSONNEL FILE***

WMS

ORIGINAL

RECEIPT OF REMAINS

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

REMAINS CONSIGNED TO:

I. J. MORRIS
CHURCH AVENUE & ROCKAWAY PARKWAY
BROOKLYN, NEW YORK

REMAINS OF THE LATE SGT NATHAN KRINSKY ACCOMPANIED BY
AN ESCORT WILL BE DELIVERED TO YOU BY MOTOR VEHICLE DURING THE MORNING
ON TUESDAY, 2 NOVEMBER. PLEASE MAKE ARRANGEMENTS TO ACCEPT
REMAINS UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME
OF ARRIVAL.

ESCORT: CPL ELMER ARTHUR
ER-15062291, DET #5, 1300 ASU

G. H. BARE
COLONEL, QMC

BAT
FILE
RECORDS ANNOTATED
DATE 17 Nov 48
NAME M. [unclear]
B & B

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased
this 2 day of Nov, 1948
(Day) (Month)

Cpl Elmer Arthur
(Witness (Escort))
15062291 - A.F.F.

G. H. Bare
(Consignee)

A.S.G.

85-35
LH

DISINTERMENT DIRECTIVE

1	SECTION A — NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 3504 01687	DATE 15 06 48 <small>DAY MONTH YEAR</small>
	NAME KRINSKY NATHAN NMI			SERIAL NUMBER 32707985	RANK SGT
CEMETERY ANDILLY - LAY ST REMY			DATE OF DEATH 23 00 01 <small>DAY MONTH YEAR</small>		
DISPOSITION OF REMAINS 3			CAUSE OF DEATH 3		
PLOT E	ROW 6	GRAVE 141	COUNTRY FRANCE		

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE I. J. MORRIS CHURCH AVENUE & ROCKAWAY PARKWAY BROOKLYN, NEW YORK	NAME AND ADDRESS OF NEXT OF KIN MOLLIE KRINSKY (WIDOW) 456 HEGEMAN AVENUE BROOKLYN, NEW YORK
--	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAGF	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

SEE ATCHD WORK SH 7

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE CASKET SEALED BY	BY	EMBALMER (Signature)
DATE CASKET BOXED AND MARKED	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 GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC, ANDILLY, France		TO O.C., CASKEING POINT ANTWERP, France	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER <i>R. E. Meisenheimer</i>	
SIGNATURE OF SHIPPER ELMO R. KING, CAPT. USMC <i>E. R. King</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE -7 SEP 1948

2. SHIPPED

FROM AGRC ANTWERP BELGIC		TO USMC CARROLL VICTORY	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER K. W. WHEREOTT CAPT. T.C.	
SIGNATURE OF SHIPPER L. E. Butler Lt Col Inf	DATE 16 SEPT 1948	SIGNATURE OF RECEIVER <i>K. W. Whereott</i>	DATE 16 SEPT 1948

3. SHIPPED

FROM		TO <i>my PE</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> JAMES L. MCKINNON 1ST LT COL, P. C.	DATE 6 OCT 1948

4. SHIPPED

FROM <i>my PE tractor</i>		TO DC# 01	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER JAMES L. MCKINNON 1ST LT COL, P. C. PORT TRANSPORTATION OFFICER	DATE OCT 11 1948	SIGNATURE OF RECEIVER <i>[Signature]</i> M. MATISOFF Lt. Col. QMG	DATE OCT 11 1948

5. SHIPPED

FROM		TO Operations Officer DC# 1	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE			
NAME				SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
KRINSKY NATHAN NMI				32707985		SGT	1	DAY MONTH YEAR	
CEMETERY								DISPOSITION OF REMAINS	
								CODE DIST. PT.	
LOT				ROW		GRAVE		COUNTRY	
E				6		141		ANDILLY FRANCE	
								CAUSE OF DEATH	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE		NAME AND ADDRESS OF NEXT OF KIN	

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME		SERIAL NUMBER		RANK	DATE OF DEATH		DATE DISINTERRED	
KRINSKY NATHAN NMI		32707985		Sgt			17 June 1948	
IDENTIFICATION TAG ON		ORGANIZATION			RELIGION		IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS					H		JOHN D REGAN, EMBALMER	
<input checked="" type="checkbox"/> MARKER							NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL		CONDITION OF REMAINS	
HOSPITAL PAJAMS		CRUSHED SKULL, . INTACT.	

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ transfer box

DATE 18 June 1948 BY John D Regan
JOHN D REGAN, EMBALMER

CASKET SEALED BY RICHARD N CONRAD, EMB. SUPV.
EMBALMER (Signature)
RICHARD N CONRAD, EMB. SUPV.

CASKET BOXED AND MARKED 13/9/48 BY CHARLES R CARDER
CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY All markings, plates & tags verified by: [Signature]

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

MP* James B Johns
JAMES B JOHNS 1st Lt Inf 337 4th SV BN
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
NO. OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM		TO	
NO. OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
NO. OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
NO. OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
NO. OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
NO. OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
NO. OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

CASE NO.		INSPECTION CHECK LIST				SPACE NO.
NAME OF DECEASED (Last, First, Middle Initial)		BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE
KRINSKY, NATHAN		GF	W		M	1430
RANK OR GRADE	SERIAL NUMBER	CONSIGNEE				
SGT	32707985	I. J. MORRIS CHURCH AVE. & ROCKAWAY PKWY BKLYN, NEW YORK				
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)			CONDITION OF SHIPPING CASE (Check One)			
			<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior)			REMARKS			
FINISH (Interior)						
HANDLES						
HANDLE BOLTS						
<input checked="" type="checkbox"/> STENCILING—NAME PLATE <i>Clean</i>						
HEALTH PERMIT MARKER						
HEALTH PERMIT NUMBER <i>NY 017 R K</i>						
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One)			
			<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior) <i>Clean & polished</i>			REMARKS			
HANDLES AND FASTENINGS						
STENCILING—NAME PLATE						
<input checked="" type="checkbox"/> CAM LOCKS (Sealing) <i>Strong</i>						
ODOR OR MOISTURE						
ROUTED THROUGH						
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input type="checkbox"/> REPAIR SHOP			
CONDITION OF REMAINS			CASKET REPAIRED			
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			<input type="checkbox"/> YES <input type="checkbox"/> NO			
NECESSARY DISINFECTION (Explain)			CASKET EXCHANGED			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			SHIPPING CASE REPAIRED			
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
			SHIPPING CASE EXCHANGED			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			REMARKS			
			<i>Sanded Plater Good</i>			
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR	
					<i>[Signature]</i>	
REMARKS						
<i>B</i>						

RECEIVED
GREENWICH MEAN TIME (Z)

OCT 1 03 46 1948

SIGNAL CENTER
HQ. NY PE, BKLYN. N. Y.

WUB100 18 COLLECT 5 EXTRA. BROOKLYN NY 30 939P

COL D H BARE

PORT OF EMBARKATION 58 ST AND 1 AVE BROOKLYN NY

MY ORIGINAL INSTRUCTIONS ARE NOT TO BE CHANGED REGARDING SGT

NATHAN KRINSKY

MOLLY KRINSKY WIFE 456 HEGEMAN AVE BROOKLYN NY.

456

DISTRIBUTION CENTER #1
NEW YORK PORT OF EMBARKATION
BROOKLYN, NEW YORK

RECEIVED

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

MOLLIE KRINSKY
456 HEGEMAN AVE.
BKLYN, NY

JAMES MCCARTHY
Major, TC
Admin O, AGR Div.

CARROLL VICTORY

PLEASE BE ADVISED REMAINS OF THE LATE

SGT NATHAN KRINSKY

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO

I. J. MORRIS CHURCH AVENUE &

ROCKAWAY PARKWAY BROOKLYN, NEW YORK

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF FROM FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DATE REMAINS WILL BE DELIVERED TO HIM. HE WILL BE REQUESTED TO INFORM YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE INSTRUCTIONS BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION WITHIN FORTY EIGHT HOURS OR SUBMIT NEW DELIVERY INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BARE, COL, QMC

RELEASED TO W U

FOX

SEP 30 1946

544

2795

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

DATE 11/2/48

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT (Last, First, Middle Initial) KRINSKY, NATHAN		BRANCH OF SERVICE GF	TO BE FILLED IN BY CLAIMANT PAID
RANK OR GRADE SGT	SERIAL NO. 32707985	<input checked="" type="checkbox"/> A. INTERMENT EXPENSES <i>(Civilian or Private Cemetery)</i>	
		<input type="checkbox"/> B. TRANSPORTATION EXPENSES <i>(National or Post Cemetery)</i>	

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ 200.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: Montefiore Cemetery
 CITY OR COUNTY: Springfield Blvd
 STATE: Long Island, N.Y.

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

TO: (Name and Location of National or Post Cemetery)

RETURN FOUR COPIES TO

SIGNATURE OF CLAIMANT
Mollie Krinsky
 ADDRESS (Street number or RFD, City and State)
456 Hegenan Ave
 RELATIONSHIP TO DECEDENT
Wife

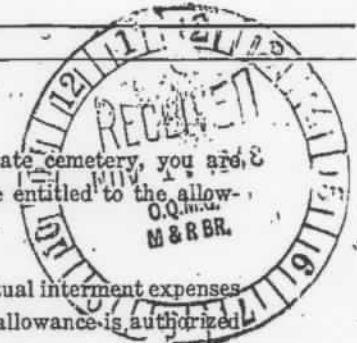
REMARKS

J. C. Kovarik
Col., F. D.
Brooklyn, N. Y.

NOV 1948

Sym. 210-344
 Sta. 625

PART A



1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the Government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

PART B

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. **WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.**

3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

100

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PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.
 I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

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

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

FULL NAME OF FUNERAL DIRECTOR I. J. MORRIS			
NUMBER AND STREET Church Ave. Rockaway Pkwy.	CITY OR TOWN BROOKLYN.	COUNTY OR PROVINCE KINGS	STATE OR TERRITORY OF U. S. A., OR COUNTRY NEW YORK
EXPRESS OFFICE (Nearest railroad passenger station) L. I. R. R. Atlantic Ave.	TELEGRAPH ADDRESS Church Ave. Rockaway Pkwy.		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 ANNIE KRINSKY	FIRST NAME ANNIE	MIDDLE INITIAL	RELATIONSHIP TO DECEASED Mother
NUMBER AND STREET 456 Hegeman Ave.	CITY OR TOWN BROOKLYN.	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY NEW YORK

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.

<u>Mollie Krinsky</u> (SIGNATURE OF NEXT OF KIN)	<u>456 Hegeman Ave.</u> (STREET AND NUMBER)
MOLLIE KRINSKY (NAME PRINTED OR TYPED)	BROOKLYN N. Y. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 30 day of April

1947 at city (or town) of Bklyn, county of Kings, and State (or Territory or District) of NY

William B. Chertow
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

WILLIAM B. CHERTOW
NOTARY PUBLIC, Kings County
Kings Co. Clk's No. 9, Reg. No. 253-C-8
Commission Expires March 30, 1948

*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.

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

PART III

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

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

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

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

Sgt. Nathan Krinsky, 32 707 985
Plot E, Row 6, Grave 141,
United States Military Cemetery
Andilly, France

30 July 1947

Mrs. Mollie Krinsky
456 Hegeman Avenue
Brooklyn, New York

Dear Mrs. Krinsky:

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.

kag
R

MAIL RECORDS SECTION
JUL 30 11 11 AM '47

AIR MAIL

QMGAN 314.6
Graves Registration
(European, U. S. Misc.)

24 JUL 1947

SUBJECT: Burial Records

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

1. Request the burial reports and grave markers for the following decedents, interred in the United States Military Cemetery, Andilly, France, be changed to read as underscored:

<u>NAME</u>	<u>RANK</u> <u>GRADE</u>	<u>SERIAL NO.</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
243 <u>Krinsky, Nathan</u>	<u>Sgt</u>	32 707 985	E	6	141
<u>McGrew, Charles E.</u>	Sgt	15 012 941	I	9	305

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

pap

POOLE ROGERS
Captain, MC
Memorial Division

KK
EK
Zm,

AIR MAIL

RESTRICTED

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

REPORT OF BURIAL

21568
20 Sept. 1944

293

TM 10-630 AND AR 30-1015

427

Krinsky

Nathan

NMI

Pvt. SGT

32707985

Last Name

First Name

Initial

Rank

Serial No.

Co B

814 T.D.

Unit

Organization

Metz France

18 Sept. 1944

KIA

Place of Death

Date of Death

Cause of Death

19 Sept. 1944 1645

US Mil. Cem. No. 1 Andilly France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

141

6

E

Star of David

Grave Number

Row Number

Plot Number

Type of Marker

Disposition of Identification Tags: Buried

Yes No

Attached to Marker Yes No

If no Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Nichola Petropoulos Sgt. 31262495

Ukn.

140

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Robert Smith 32847754

Pvt.

Ukn.

142

Deceased's Left:

Name

Serial No.

Rank

Organization

Grave No.

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

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



Emergency Addressee Mrs Mollie Krinsky

Name

456 Egeman Ave. Brooklyn, N.Y.

Address

Religion Hebrew

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

*File
2/21/45
Wm*

W. Nugent

Signature of Officer or other person reporting burial

WILLIAM C NUGENT Verified by G.R.S. Officer
1st.Lt. OMC.

File #54

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

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

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

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

Left Hand

4
3
2
1
Thumb

Right Hand

4
3
2
1
Thumb

TOOTH CHART

		Decceased's Left										Decceased's Right																					
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Upper	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.

SPQYG 293
Krinsky, Nathan
S.N. 32 707 985

15 February 1945.

Mrs. E. Finkelstein,
456 Hageman Avenue,
Brooklyn, New York.

Dear Mrs. Finkelstein:

Your letter of recent date has been received in this office requesting information concerning the interment of your brother, the late Private Nathan Krinsky.

The official records of this office indicate that your brother was interred in the United States Military Cemetery #1, Andilly, France, Grave 141, Row 6, Plot E.

Please accept my sincere sympathy in your great bereavement.

For The Quartermaster General:

Sincerely yours,

MAYO A. DARLING,
Lt. Colonel, Q. M. C.,
Assistant

CCP
CCP

if:

13 15 9 45 AM '45
O. Q. M. G.
MAIL & RECORDS BRANCH

MEMO FEB 15

15:00 11:30

WAR DEPARTMENT
ARMY SERVICE FORCES

JSH/leb
TRANSMITTAL SHEET

9 December 1944.

TO	Dir., Memorial Division, OQMG, Room 1007, Tempo C., Washington D. C.		
	(Service, division, or organization)		(Location)
DESCRIPTION OF ATTACHED COMMUNICATION	(Branch or unit)		(Attention)
	Mrs. E. Finkelstein	TAG	2 December 1944.
	(Originator)	(Addressee)	(Date)
	Remains	AGPC-G 201	Krinsky, Nathan
FROM	(Subject)		
	Casualty Branch, Family Relations Sub-Sec. 3707 Munitions 79040		
(Service, division, or organization)		(Location)	(Telephone)

1. For necessary action.
2. Sergeant Nathan Krinsky, 32,707,985, Field Artillery, died on 19 September 1944 in France as a result of wounds received in action on 14 September 1944.
3. Writer has not been informed of this reference.

For the Chief, Casualty Branch:

Incl:
Ltr dtd 2 Dec 44.

JSH
John S. Hopkins, Jr.
Capt., A. G. O.



DEC 11 12 34 PM '44
MEMORIAL DIVISION



456 Kippenhan Ave
Brooklyn, N.Y.
Dec. 2, 1944

Dear Sir: buried ^{bro}

We were informed about 1 and one half months ago that my brother died of wounds received in action in France. buried

We were never informed as to where he is buried & that is the information I am seeking. His

name was ² Sgt. Nathan
Krensky, ~~32707985~~
32707985. Co. B,
814th Tank Destroyer Bn
A.P.C. 403. 70 FH, 74c.

Would you please
let us know what
you can. It would
comfort us just a
little.

Thank you very
much.

Security
Mrs. E. F. Felstein





6. DEC 1944
RECEIVED
MAILS & CARRIES
SECTION



*Office of the Adjutant
General
Wheeler
Washington, D. C.*

Mrs. E. Finkler
45 E. Fegenau Ave
St. John, N.Y.

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

REPORT OF DEATH

DATE 20 Oct 1944
Wells

FULL NAME <u>Krinsky, Nathan</u>				ARMY SERIAL NUMBER <u>32707985</u>		GRADE <u>Sgt</u>							
HOME ADDRESS <u>Brooklyn, N. Y.</u>				ARM OR SERVICE <u>Field Artillery</u>		DATE OF BIRTH <u>9 Mar 1921</u>							
PLACE OF DEATH <u>European Area</u>			CAUSE OF DEATH <u>Wounds received in action</u>			DATE OF DEATH <u>19 Sept 1944</u>							
STATION OF DECEASED <u>European Area</u>				DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>6 Jan 1943</u>		LENGTH OF SERVICE FOR PAY PURPOSES							
						YEARS	MONTHS	DAYS					
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Mollie Krinsky (Wife) 456 Hegenan Ave., New York, N. Y.</u>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Mollie Krinsky (Wife) Address same as above.</u> <u>Isadore Krinsky (Child) Address same as wife's.</u>													
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

*Mrs. Annie Krinsky (Mother) 456 Hegenan Ave., Brooklyn, N. Y.
Mr. Sam Krinsky (Father) Address same as mother's.

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:
John T. Winn
John T. Winn
 ADJUTANT GENERAL

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

PS
266635

DATE 20 Oct 1944
Wells

FULL NAME <u>Krinsky, Nathan</u>		ARMY SERIAL NUMBER <u>32707985</u>	GRADE <u>Sgt</u>
HOME ADDRESS <u>Brooklyn, N. Y.</u>		ARM OR SERVICE <u>Field Artillery</u>	DATE OF BIRTH <u>9 Mar 1921</u>
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Wounds received in action</u>		DATE OF DEATH <u>19 Sept 1944</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>6 Jan 1943</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Mollie Krinsky (Wife) 456 Hegeman Ave., New York, N. Y.</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Mollie Krinsky (Wife) Address same as above.</u> <u>Isadore Krinsky (Child) Address same as wife's.</u>			
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)		I	

ARMY EFFECTS BUREAU
RECEIVED
OCT 26 1944
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ADDITIONAL DATA AND/OR STATEMENT

*Mrs. Annie Krinsky (Mother) 456 Hegeman Ave., Brooklyn, N. Y.
Mr. Sam Krinsky (Father) Address same as mother's.

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

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR
John T. Wiaz
John T. Wiaz
ADJUTANT GENERAL



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

GHG:VB:na
June 6, 1945

266635

IN REPLY REFER TO _____

Mrs. Mollie Krinsky
456 Hegeman Avenue
New York, New York

Dear Mrs. Krinsky:

The Army Effects Bureau has received some additional property of your husband, Sergeant Nathan Krinsky.

These effects, contained in one package, are being forwarded to you. 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.

Extending every sympathy, I am

Sincerely yours,

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

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ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Mollie Krinsky

456 Hegeman Avenue

New York, New York

SHIP TO:
Sgt. Nathan Krinsky

Effects of:
Name

32707985

ASN

266635 D

Case No.

Wt.

DATE 6 June 1945

J. L. Smith
FCR: Effects Quartermaster

REMARKS: GHG:VB:nm

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
 Warehouse Division
 2 Files Branch, Adm. Div.

REMARKS:

1. p/k/g

Franked **FRANKED**
Est. Exp. Chgs. JUN-1-1945
Est. Frt. Chgs. _____
No. of packages _____

Al
Shipping Clerk

PACKAGE DESCRIPTION	ARMY EFFECTS BUREAU INVENTORY	DECEASED <input type="checkbox"/>
	# 1/ky	MISSING <input type="checkbox"/>
NAME NATHAN KRINSKY		266, 635 MB.
	A.S.N. 32707985 RANK SGT	
		INV. DATE 25 MAY 45
		ORIG. NO. OF PKGS. 1
		BOX NO. 36 ✓
		SHEET 1 ✓
		OF 1 SHEETS
		ORGANIZATION 814TD BN

BELT	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	1 BAGS, CLOTH OR TRAVEL
CLOTH, WASH	SPACELET 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. INSIGNIA	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.	TGBACCO	SHORT SNORTER
TRUNKS, PR.	TOILET ARTICLES	SOUVENIRS
UNDERWEAR	WATCH	SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMCKNT)

*File
136*

REMARKS <i>no information requested</i>	ATTACHMENTS	FORM #54	FORM #100
		<i>Inventory of Effects</i>	

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>589</i>	STORIED BY <i>[Signature]</i>	SHORTAGE OR REVERSE
INVENTORIED BY <i>J. Newman</i>	DATE SHIPPED <i>JUN 11 1945</i>	IDENT. TAGS REMOVED
PACKED BY <i>Martinez</i>	CHECKED BY <i>[Signature]</i>	DIARY REMOVED
Eff. QM Form 11 (24 Feb 45)	X #3 OR ADDITIONAL	LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

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

NAME KRISHNY, NATHAN

SGT. 7985

BAY	PALLET	BOX	TALLY
	18	36	7629
TYPE OF PKG. CTN			
WHSE. SPACE		INVENTORIED	

ED. QM Form 48

RESTRICTED

Sept. 18, 44.
Date

SUBJECT: Inventory of Personal Effects of:

KRINSKY NATHAN None Sgt. 32107985
(Last Name) (First Name) (MI) (Rank) (ASN)

TD: Effects Quartermaster, Communication Zone, APO H03
US Army

The above named individual of

Co. B.
(Unit)

814, TD. Bn.
(Organization)

was reported

(Status-Killed, MIA,

Hosp.
Hospitalized, etc.)

about

Sept. 10
(Date)

1944

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

Toilet Articles. ✓

RESTRICTED

R E S T R I C T E D

Money in the amount of _____ has been turned into

MR. ORTIZ W.O. SR
(Name of finance officer 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
(Rail, Truck, etc.)

_____ 194__.

Name

Rank & ASN

Organization

John W. Goodnow

1st Lt (O-1871853)

814th J.D. Bn.

Any additional pertinent information:

R E S T R I C T E D

266,635

JRM:VB:dn
April 28, 1945

Mrs. Mollie Krinsky
456 Hegeman Avenue
New York, New York

Dear Mrs. Krinsky:

The Army Effects Bureau has received from overseas some personal effects of your husband, Sergeant Nathan Krinsky.

I am inclosing a check for \$18.18, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

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

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

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

Yours very truly,

A. G. SCHUMACHER
1st Lt., Q.M.C.
Asst. Chief, Admin. Division

1 Incl--
Check

Am
68

266,635

JRM:VB:dn
April 28, 1945

Mrs. Mollie Krinsky
456 Hegeman Avenue
New York, New York

Dear Mrs. Krinsky:

The Army Effects Bureau has received from overseas some personal effects of your husband, Sergeant Nathan Krinsky.

I am inclosing a check for \$18.16, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

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

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

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

Yours very truly,

A. G. SCHUMACHER
1st Lt., Q.M.C.
Asst. Chief, Admin. Division

1 Incl--
Check

100

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Mollie Krinsky

636 E. 17th St

New York, New York

SHIP TO:

Sgt. Mollie Krinsky

Effects of:

Name

327 17th St

ASN

266635

Case No.

Wt.

DATE 26 April 1945

Mildred Blauer
FCR: Effects Quartermaster

REMARKS: JRM:VB:me
 Inclose Bureau Check
Acct. No. 78880-14
Amount \$18.16
 Inclose "Valuables" item
 Ship "Valuables" item(s)

Remove C.I.
 Note discrepancy in _____
 Films removed
 Diary removed
 Laundry removed

ROUTING:

- 1 Accounting Branch
- 2 Warehouse Division
- 3 File Branch, Adm. Div.

67922 mam

79380

266635

May 4,

45

Mollie Krinsky

18.16

Lighten and 16/100

hpk

REMARKS:

FRANKED
Fracked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages _____

File Blauer

PA
Shipping Clerk

MAY 12 1945

PACKAGE DESCRIPTION #1 packages		ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>	
		266,635 718		MISSING <input type="checkbox"/>	
				P.O.W. <input type="checkbox"/>	
				ABANDONED <input type="checkbox"/>	
				TALLY NO. 7104	
				INV. DATE: 6-11-45	
				ORIG. NO. OF PKGS. 1	
NAME NATHAN KRINSKY		RANK PVT		BOX NO.	
A.S.N. 32707985				SHEET OF 4 SHEETS	
				ORGANIZATION Co 18 814 PAB	
BELT	TOWELS & WASHCLOTHS	WINGS			
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL			
CLOTH, WASH	PIECELET, IDENT.	BILLFOLD, (NO MONEY)			
COATS	BRUSHES	CARE			
FOOTWEAR, PR	CAMERAS	FOOTLOCKER			
GLOVES, PR	GLASSES	KIT, BEN, TLT, OR WRITING			
HANDKERCHIEFS	KNIVES	BOOKS			
HEADWEAR	LIGHTERS	BOOKS, ADDRESS			
JACKETS	MISC. INSIGNIA	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	TOSACCO	SHORT SHORTER			
TRUNKS, PR	TOILET ARTICLES	SOUVENIRS			
UNDERWEAR	WATCH <i>Wrist</i>	SOUVENIR MONEY			
		STATIONERY			
		TESTAMENTS			
		U.S. MONEY (AMOUNT)			
file					
Rechecked					
REMARKS No information		ATTACHMENTS		FORM #54 <input checked="" type="checkbox"/> FORM #100	
C.A.T. <i>Wife Nellie Krinsky 456 Egan Ave Portlyn Pa</i>		WEIGHT		G.I. REMOVED	
WAREHOUSE SPACE 1973		STORED BY <i>He</i>		DATE SHIPPED MAY 12 1945	
INVENTORIED BY <i>He</i>		CHECKED BY <i>E</i>		SHORTAGE ON REVERSE <input checked="" type="checkbox"/>	
PACKED BY <i>Bradley</i>		ADDITIONAL		IDENT. TAGS REMOVED <input checked="" type="checkbox"/>	
				DIARY REMOVED	
				LOCKED STORAGE	
				LAUNDRY REMOVED	
				FILM REMOVED	

ADDITIONAL REMARKS

Empty lined area for additional remarks.

SHORTAGES

U. S. GOVT. CHECK SHORT

900 Frances

NUMBER

DATE

SYMBOL

AMOUNT

Empty lined area for shortages.

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

[Signature]
INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

Empty lined area at the bottom of the form.

NAME
KRINSKY, NATHAN SGT

BAY	PALLET	BOX	TALLY
		1	1104
TYPE OF PKG.		WHSE. SPACE	INVENTORIED
GRB			

EN. OM Form 48

Serial No. 32707985 Name TRINSKY, NATHAN
 Grade Sgt. Rank 11
 Organization C.B. PIV T.D.
 Address _____
 Nearest Relative MOLLIE TRINSKY - WIFE
 Address 426 EGBERHAI AVE - BROOKLYN - N.Y.
 Killed in Action YES Died of Disease _____
 Date _____ Hospital _____
 Battle Area _____ Information _____
 Place of Burial H.S. 14. (C.R.) #1 ANDIAKY - FR
 Point of Coordination _____
 Description of Body _____
 Members Missing _____

Signed

[Handwritten Signature]

7104

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

Case No. VB:ms
266635
Date 26 April 1945

SUBJECT: Report of transaction in disposing of the effects of

Nathan Krinsky late a
(Name of deceased) (Army Number)

Sergeant who died
(Grade) (Organization, Branch or Service)

on the 19 day of September, 1944, at European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., 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 decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate None, of which the sum of None was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. _____.)

c. Decedent owed unliquidated 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 24 April 1945, pursuant to Special Orders 221, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Mollie Krinsky 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. Mollie Krinsky of

456 Hazeman Avenue State of
(Number, Street or Avenue) New York (City, Town or Village)

New York is the widow of the
(Relationship or Capacity)

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

(Signature of Summary Court-Martial Member)

JOHN R. MURPHY, Colonel, U.S.A.
(Name, Rank, Organization)
SUMMARY COURT-MARTIAL