

293 BOWEN, CLARENCE M. 33169912 SGT. EUROPEAN AREA (PA.) (CAV)  
45jt



BHR *CM18*

1

USMC - Margraten  
 Plot B. Row 12. Grave 11  
 Date of Burial: 14 Dec. 48  
 Verified by *Maj G. B. Bradley*

Right: George F. Duncan Jr. 39210123  
 Left: Ernest C. Fuxa 18194853

DISINTERMENT DIRECTIVE

GRS OFFICER

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
 4650 02206

DATE  
 15 04 48  
 DAY MONTH YEAR

NAME  
 BOWEN CLARENCE M

SERIAL NUMBER  
 33169912

RANK  
 SGT

ARM  
 1

CEMETERY  
 MARGRATEN - AACHEN

DATE OF DEATH  
 DAY MONTH YEAR  
 1 4601 80

PLOT ROW GRAVE COUNTRY  
 00 8 193 HOLLAND

DISPOSITION OF REMAINS  
 CODE DIST. PT.  
 1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
 MARGRATEN, HOLLAND

NAME AND ADDRESS OF NEXT OF KIN  
 CLARENCE W. BOWEN (FATHER)  
 50 NORTH MAIN STREET  
 MANCHESTER, PENNSYLVANIA

*LETTER SENT 23 DEC 1948*

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
 CLARENCE M. BOWEN

SERIAL NUMBER  
 33169912

RANK  
 SGT

DATE OF DEATH

DATE DISTINTERRED  
 7 SEPTEMBER 48

IDENTIFICATION TAG ON  
 REMAINS ID  
 MARKER GRS

ORGANIZATION  
 USAGF

RELIGION  
 P

IDENTIFICATION VERIFIED BY  
 ERNEST J. OGLESBY JR 1/LT CAV  
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
 UNIFORM

CONDITION OF REMAINS  
 SEE ATTACHED SHEET

OTHER MEANS OF IDENTIFICATION  
 I.D. TAG FOUND WITH REMAINS AT TIME OF PROCESSING

MINOR DISCREPANCIES  
 NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 7 SEPTEMBER 48  
 CASKET SEALED BY *Floyd C. Teske*  
 FLOYD C. TESKE

*Floyd C. Teske*  
 FLOYD C. TESKE EMBALMER  
 EMBALMER (Signature) *Floyd C. Teske*  
 FLOYD C. TESKE

CASKET BOXED AND MARKED  
 JAMES C. IGOE  
 DATE 7/9/48 BY CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY ALL PLATES TAGS MARKINGS  
 VERIFIED BY:  
 ERNEST J. OGLESBY JR 1/LT CAV

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

*Ernest J. Oglesby Jr*  
 ERNEST J. OGLESBY JR 1/LT CAV  
 SIGNATURE OF GRS INSPECTOR

NAT FILE  
 RECORDS ANNOTATED

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

FINAL LETTER SENT

DATE MAR 15 1949  
 NAME R & R BR.



### RECORD OF CUSTODIAL TRANSFER

#### 1. SHIPPED

FROM	TO	RECORDS INVOLVED	
KIND OF CONVEYANCE	NAME OF CONVOYER	EITEVA	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

#### 2. SHIPPED

FROM	TO	RECORDS INVOLVED	
KIND OF CONVEYANCE	NAME OF CONVOYER	EITEVA	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

#### 3. SHIPPED

FROM	TO	RECORDS INVOLVED	
KIND OF CONVEYANCE	NAME OF CONVOYER	EITEVA	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

#### 4. SHIPPED

FROM	TO	RECORDS INVOLVED	
KIND OF CONVEYANCE	NAME OF CONVOYER	EITEVA	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

#### 5. SHIPPED

FROM	TO	RECORDS INVOLVED	
KIND OF CONVEYANCE	NAME OF CONVOYER	MANCHESTER, PENNSYLVANIA	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		CLARENCE M. BOMEN (FATHER)	

#### 6. SHIPPED

FROM	TO	RECORDS INVOLVED	
KIND OF CONVEYANCE	NAME OF CONVOYER	[REDACTED]	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

#### 7. SHIPPED

FROM	TO	RECORDS INVOLVED	
KIND OF CONVEYANCE	NAME OF CONVOYER	[REDACTED]	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

BH6



MARGRATEN OO 8 193

CONDITION OF REMAINS

ADVANCED DECOMPOSITION - FRACTURED L/R SCAPULA, CRUSHED SKULL -  
MISSING : DISTAL 1/3 L/R HUMERUS, DISTAL 1/3 L/ULNA, PROXIMAL L/ULNA,  
PROXIMAL L/RADIUS, FRACTURED R/ULNA, MISSING PROXIMAL & DISTAL END R/RADIUS  
DISTAL L/TIBIA & FIBULA - SPINDUS PROCESS OF R/TIBIA.

666

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*MS*

1 March 1949

Mr. Clarence W. Bowen  
50 North Main Street  
Manchester, Pennsylvania

*MS*

Sgt Clarence M. Bowen, ASN 33 169 912  
~~Plot B, Row 12, Grave 11~~  
Headstone: Cross  
Margraten U. S. Military Cemetery

Dear Mr. Bowen:

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

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

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

Sincerely yours,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

lbc

MAR 1 1949  
MAIL RECORDS



# QUEST FOR DISPOSITION OF REMAINS

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

DATE: 3-22-48  
A333-1  
Ryle

293 Sgt Clarence M. Bowen, 33 169 912  
Plot 00, Row 8, Grave 193,  
United States Military Cemetery  
Margraten, Holland

5 December 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

## PART I

I, C. CLARENCE W. BOWEN  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) \_\_\_\_\_

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. Margraten, Holland
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO \_\_\_\_\_ (FOREIGN COUNTRY), THE HOMETLAND 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 \_\_\_\_\_ (LOCATION OF NATIONAL CEMETERY SELECTED)
- (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
- YES
  - NO

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

None



Cocted 4/20/48 mt  
Hallagher

29 MAR

Moham



## PART I (Continued)

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

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

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

OR

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

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

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

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

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

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

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

Clarence W. Bowen (SIGNATURE OF NEXT OF KIN)      50 N. MAIN St (STREET AND NUMBER)  
Clarence W. Bowen (NAME PRINTED OR TYPED)      Manchester, Pa. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 27th day of Dec.,  
 1947, at city (or town) of Manchester, county of York, and State (or Territory or  
~~District~~ of Penna.

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

Allen A. Busch  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 My Commission Expires Notary Public  
March 9, 1951 (OFFICIAL TITLE)



**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.

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

Option 1 informs us that permanent internment will be made in Margraten Holland. This is our request.

Clarence W. Bowen





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

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

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



DDMG FORM 381  
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED <b>CLARENCE M. BOWEN</b>	RANK <b>Sgt</b>	SERIAL NUMBER <b>33 769 912</b>
--	--------------------	------------------------------------

NAME OF NEXT OF KIN <b>CLARENCE W. BOWEN</b>	RELATIONSHIP <b>Father</b>
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OLD ADDRESS  
**New Cumberland Pa.**  
**R. F. D. #1.**

NEW ADDRESS  
**CLARENCE W. BOWEN**  
**50 N. Main St. Manchester Pa.**

REMARKS

*File  
NA 12 out  
249-48*



293. Bowen, Clarence M.

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Post Office Department  
OFFICIAL BUSINESS

PERMIT NO. 100  
CUMBERLAND  
PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300  
10  
5 PM  
1947  
U.S.A.

POSTAGE DUE 2 CENTS

War Dept  
Office of L. M. General  
Washington DC

16-21556-1



Form 8547  
 Rev. 9-46  
 NOTICE TO SENDER OF FORWARDING ADDRESS  
 NEW CUMBERLAND, PA  
 United States Post Office

Bureau, Lawrence M. 33169912  
 897

In accordance with your request you are notified that the matter mailed by  
 you to  
 Lawrence M. 33169912  
 (Office) (State)  
 is incorrectly addressed because the addressee has removed to  
 50 N. Main St  
 Manchester, Pa

Forwarding postage required \_\_\_\_\_ cents.  
 Matter bearing a pledge to pay forwarding or return postage is forwarded or returned, rated with  
 the postage due. Matter not bearing such pledge is treated as prescribed by the Postal Laws and  
 Regulations.  
 Respectfully,  
 POSTMASTER

POSTMASTER—Fill in amount of forwarding postage ONLY when requested by sender.  
 10-21556-3 U. S. GOVERNMENT PRINTING OFFICE  
 8 193

897  
 33169912  
 Lawrence M.



P-7

MB

293

MB



Sgt Clarence M. Bowen, 33 169 912  
 Plot 00, Row 8, Grave 193,  
 United States Military Cemetery  
 Margraten, Holland

5 December 1947

Mr. Clarence M. Bowen  
 Rural Free Delivery #1  
 New Cumberland, Pennsylvania

Dear Mr. Bowen:

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

Incls.

DEC 8 2 55 PM '47  
 O.D.M.C.  
 MAIL & RECORDS BRANCH

bk



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

In Reply Refer To

QMGYG 314.6

European Theater Area

KA

J.R.S.  
U.S. Miss.

13 November 1946

SUBJECT: Burial Records, *Cor.*

TO:

Commanding Officer  
American Graves Registration Command  
European Theater Area  
APO 167, c/o Postmaster  
New York, New York

1. Request the burial reports and grave markers for the following decedents be changed to read as underscored:

Cemetery: United States Military Cemetery Wageningen, Holland

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	ORGAN.	PLOT	ROW	GRAVE
<u>Hoddy,</u> <u>Arthur G.</u>	<u>Pvt</u>	<u>37 395 603</u>	<u>27 Oct 44</u>	-	<u>J</u>	<u>2</u>	<u>19</u>
<u>293</u> <u>Bowen,</u> <u>Clarence H.</u>	<u>Sgt</u>	<u>33 169 922</u>	<u>14 Apr 45</u>	-	<u>00</u>	<u>8</u>	<u>193</u>

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:

QVM

MARTIN G. RILEY  
Major, QMC  
Assistant

VD



REPatriation RECORDS B RANCH

4 NOV 1946  
DATE

NAME BOWEN CLARENCE 'M

SERIAL NO 33169912 - SGT

CEMETERY MARGRATEN, HOLLAND

PLOT 00

ROW 8

GRAVE 193

LETTER \_\_\_\_\_  
Correct Records to Read

RANK

D.O.D. 14 APRIL 1945

Teresa B. Parrish  
SPECIAL CHECKER

*file*  
13 - Nov 46  
V. Langley  
NAT.



1390

30 October 1946

Mr. Clarence W. Bowen  
Route #1  
New Cumberland, Pennsylvania

Dear Mr. Bowen:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Sergeant Clarence M. Bowen, A.S.N. 33 169 912.

*J.P.*

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot 00, row 8, grave 193. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

*LS*

Oct 30 3 31 PM '46  
MAIL & RECORDS BRANCH



SPQIG 293  
Bowen, Clarence M.  
SN 33 169 912

Address Reply To  
THE QUARTERMASTER GENERAL  
Attention: Memorial Division

28 November 1945

Mrs. Mary E. Bowen  
Route #1  
New Cumberland, Pennsylvania

Dear Mrs. Bowen:

Your letter has been referred to this office for reply to you concerning your son, the late Sergeant Clarence M. Bowen.

The official report of interment received in this office reveals that the remains of your son were interred in a temporary cemetery established during combat in the vicinity in which he met his death. The remains buried in these small temporary cemeteries are now being removed to larger well established military cemeteries. When information has been received of the reburial in the more centrally located cemetery you will be advised and given full information in regard to the exact location by cemetery, plot, and grave number.

Please accept my sincere sympathy in the loss of your son.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN  
Major, QMG  
Assistant

rms

*[Handwritten signature]*  
NOV 29 1945  
O O M C  
MAIL & RECORDS SECTION

NOV 28 10 01 AM '45  
MEMORIAL DIVISION  
GRAVES REGISTRATION SECTION

Nov 28 4 52 PM '45  
MEMORIAL DIVISION

JRB  
PLK

*scd*



A1-FR <sup>New Cumberland PA</sup>  
~~Don~~ Nov. 7 45 PC

The Adjutant General's office in  
 one week from today will be  
 7 mo that our son Clarence M  
Bowen <sup>293</sup> (33169912) was killed  
 in action in Germany; up to now  
 we have never been informed as  
 to where his grave is, the Pamphlet  
 that was sent me by the War  
 Dept states that they get a  
 report 2 to 3 months after the  
 date of the burial. We have been  
 wondering & waiting for such  
 information & have been told  
 that it is likely he has been



laid in Germany as he ~~lost~~ his  
life in the battle of the Ruhr,  
if that be true it means bitter  
agony for me, as the name  
will always carry sad and  
bitter memories for me, and  
I feel that our Precious ones  
should not be left on German  
soil any longer than is really  
necessary. They are worthy of  
a better resting place and should  
not be dishonored as they would  
be if left here. May I receive  
the information I would like to have  
soon Sincerely Mrs. Mary E. Brown  
New Cumberland

R. h. l.

P u



Althea

I feel that our Precious  
 Althea was the light of  
 our lives and we will  
 miss her very much  
 but we will always  
 have her in our hearts  
 and she will always  
 be with us.



NOV 20 2 22 PM  
 MEMORIAL DIVISION



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

RESTRICTED

# REPORT OF BURIAL

JUL 27 1945

**Bowen** **Clarence** **M.** **87th Recon.** **Vic Blintrop, Ger**  
 Last Name First Initial Unit  
 Date: **14 Apr 45** Organization: **3rd Degree Burns**  
 Serial No.: **33169912**  
 Place of Death: **U. S. Mil Cem # 1 Margraten, Holland** Cause of Death: **3rd Degree Burns**  
 Time and Date of Burial: **27 JUL 1945** Name of Cemetery: **U. S. Mil Cem # 1 Margraten, Holland** Name or Coordinates of Location: **Vk 645 482**  
 Grave Number: **193** Row Number: **8** Plot Number: **00** Type of Marker: **Wooden Cross**

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

If No Identification Tags  
How were remains identified?

## REBURIAL

What means of identification were buried with the body? **Previously buried in Breuna # 1 Cemetery**

**Plot E Row 8 Grave 143**

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

Who is buried on:

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	<b>Caporali, Camillo R.</b>	<b>35174104</b>			<b>192</b>
Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.
	<b>Leatherwood, Hilliard C. Jr</b>	<b>34671378</b>			<b>194</b>

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

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

**BOWEN, CLARENCE M.**  
**33169912 T42 43 A**  
**MARY BOWEN**  
**R.D. 1**  
**NEWCASTLE, PA.**

Emergency Addressee \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Religion \_\_\_\_\_

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

None

**H. Shackelford**  
**H. SHACKELFORD**  
 1st Lt, QMC  
 O-1596803  
 G. R. O.

Disinterring Officer:

Reinterring Officer:

**Edwin H. Miller**  
**EDWIN H. MILLER**  
 1st Lt  
 O-1596803

RESTRICTED

603rd



# RESTRICTED REPORT OF BURIAL OF DECEASED UNIDENTIFIED

GRAVES REGISTRATION  
FORM NO. 1  
(Revised 1 Sept. 1945)

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

4	Date JUL 27 1945	Last Name Bowen
	Serial No. 3319917	Unit 57th Recon
	Height 5 FT 8 IN	Place of Birth Vlc Blintrop, Ger
	Weight 145 LBS	Place of Death S. 2 MIL 1945
	Color of Eyes Blue	Wear Glasses? No
	Color of Hair Brown	Is Tooth Chart Attached? No
	Race Caucasian	Time and Date of Burial 1945
	Name of Cemetery Wooden Cross	Grave Number 193
	Type of Marker None	Disposition of Identification Tags: Buried with body Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attached to Marker Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2	Left Hand	How were remaining tags identified? None
1	Right Hand	How were remaining tags identified? None

What means of identification were buried with the body?  
None

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

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

Deceased's Right:	Name Leatherwood, Hilliard C. Jr	Rank Private	Serial No. 362178	Organization Army	Grave No. 193
Deceased's Left:	Name Caporali, Camillo R.	Rank Private	Serial No. 321710	Organization Army	Grave No. 193

### TOOTH CHART

If this is an isolated burial, make a sketch of the location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

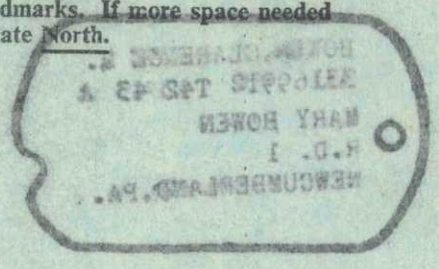
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ∩; linking anchor teeth; replacements by artificial teeth X

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

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Region: \_\_\_\_\_  
Emergency Address: \_\_\_\_\_

Signature of Officer or other person recording burial: \_\_\_\_\_  
Number of Officer or other person recording burial: \_\_\_\_\_



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

None

Reinterment Officer: \_\_\_\_\_  
Dairntering Officer: \_\_\_\_\_

AG P BR HO 905

8 AUG 1945

H. SHACKLEFORD  
1st Lt. OMC  
O-159803

JUL 27 1945



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

RESTRICTED

REPORT OF BURIAL

691 18 Apr. 45.

BOWEN CLARENCE M.

33169912

Unknown 87 Cav Reg sqm 87 Rec. Unknown

Vic. Blintrop, Germany

14 Apr. 45

3rd Deg Burns.

1900-hrs, 18 Apr. 45.

Creuna # 1

L52rc 010143

143

8

Perm.

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

If No Identification Tags  
How were remains identified?

What means of identification were buried with the body? Note below any identifying class probable organization of deceased, etc.

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

Who is buried on:

Caporali, Camillo R 35174104 144

Deceased's Right:

Leatherwood, Hilliard C Jr. 34671378 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

BOWEN, CLARENCE M.  
33169912 T42243 A  
MARY BOWEN  
R.D. 1  
NEWCUMBERLAND, PA. P

Emergency Addressee

Name

Address

Religion

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

None.

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

SHACKELFORD  
G. R. O.

#18



# REPORT OF BURIAL IF DECEASED UNIDENTIFIED

GRAVE REGISTRATION  
Form No. 1  
(Revised 1 Sept. 1948)

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take These 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.

Left Hand

4	3	2	1	Thumb

Right Hand

4	3	2	1	Thumb

Disposition of Identification Tags: Buried with body  Yes  No  Attached to Marker Yes  No    
 If No Identification Tags How were remains identified? \_\_\_\_\_

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

To determine Right or Left use Deceased's Right and Left. Who is buried on: \_\_\_\_\_  
 Deceased's Right: \_\_\_\_\_  
 Deceased's Left: \_\_\_\_\_

### TOOTH CHART

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

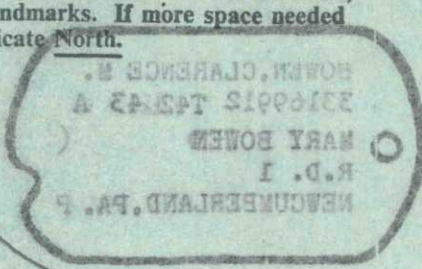
Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper																
Lower																

Indicate: missing natural teeth by X; crowns by C; fillings by F; Bridges by B; linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Emergency Address: \_\_\_\_\_



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

None.

AG P BR HQ SOS

122560

#12



## SENSITIVE SURFACE - HANDLE WITH CARE ONLY

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

REPORT OF DEATH *Bowen, Clarence M.*

DATE 1 May 1945

FULL NAME <b>Bowen, Clarence M.</b>		ARMY SERIAL NUMBER <b>33 169 912</b>	INCORPORATION <b>1921</b>	GRADE <b>Sgt</b>									
HOME ADDRESS <b>New Cumberland, Pennsylvania</b>		ARM OR SERVICE <b>Cavalry</b>	DATE OF BIRTH <b>30 Jun 1920</b>										
PLACE OF DEATH <b>European Area</b>		CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>14 Apr 1945</b>									
STATION OF SERVICE <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>24 Feb 1942</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <b>over 3 years</b>										
EMERGENCY NEXT OF KIN (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Mary S. Bowen, Mother, RFD #1, New Cumberland, Pa.</b>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mary Bowen, Mother, RFD #1, New Cumberland, Pa. Clarence W. Bowen, Father, same as above</b>													
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DISEASED 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	I

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE  NON-BATTLE

Evidence of death received in War Dept. 26 Apr. 1945.

FILE

MAY 8 - 1945

COPIES FURNISHED:		
G. O. O.	F. B. I.	F. O. U. S. A.
S. O. C. S. C.	G. F. O.	ARMY EFFECTS BUREAU
S. A. O.	VEY. ADMIN.	CASUALTY BRANCH FILE
		A. G. S. O. FILE

BY ORDER OF THE SECRETARY OF WAR:

*James Runkhart*  
ADJUTANT GENERAL

WD AGO FORM 53-1  
1 FEBRUARY 1945THIS FORM SUPERSEDES WD AGO FORM 53-1, 1 DECEMBER 1944,  
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.