

293 RAFUSE, BENJAMIN W. 31 064 383 SGT. CAV. EUROPEAN AREA (MASS.) 44

RECEIPT OF REMAINS

DISTRIBUTION CENTER

ROUTINE

REMAINS CONSIGNED TO:

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
DISTRIBUTION CENTER #1, AGRS
1st AVENUE & 50th STREET
BROOKLYN, NEW YORK

SUPERINTENDENT

LONG ISLAND NATIONAL CEMETERY

g

HEREWITH THE REMAINS OF THE LATE:

SGT BENJAMIN W. RAFUSE, 31064383, USAGF

FOR INTERMENT IN YOUR CEMETERY.

ESCORT: SGT ANTHONY E. DETRI
ER 31 289 265
DET. #5, 1300 ASU

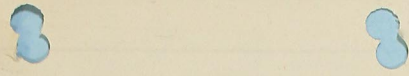
NAT
FILE
RECORDS ANNOTATED
DATE JAN 31 1949
NAME *Dickson*
R & R BR.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased

this 7 day of Dec., 1948
(Day) (Month)

Anthony E. Detri
(Witness (Escort))
Sgt ER 31289265

John C. Dyetler Supt
(Consignor)
W. Johnson



[Faint, illegible text, possibly bleed-through from the reverse side of the page]

REPAIRS
RECORDS BRANCH
DEC 27 3 38 PM '48
GENERAL DIVISION

CRJ

DISINTERMENT DIRECTIVE **89-7**

1
3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3504 02514	DATE 15 07 48	
NAME RAFUSE BENJAMIN W		SERIAL NUMBER 31064383	RANK SGT	ARM 1
CEMETERY ANDILLY - LAY ST REMY		DISPOSITION OF REMAINS 1 2321 01		DATE OF DEATH DAY MONTH YEAR
PLOT B	ROW 7	GRAVE 157	COUNTRY FRANCE	CAUSE OF DEATH 1

SECTION B - CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE LONG ISLAND NATIONAL CEMETERY FARMINGDALE, NEW YORK	NAME AND ADDRESS OF NEXT OF KIN MRS. SALLY RAFUSE (WIFE) 7 BLACKWOOD STREET BOSTON, MASSACHUSETTS

SECTION C - DISINTERMENT AND IDENTIFICATION				
NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
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 ADDS	CONDITION OF REMAINS ADDS

OTHER MEANS OF IDENTIFICATION
SEE ATCHD WORK SHI

MINOR DISCREPANCIES *z*

REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC ANDILLY, FRANCE			TO CO, CASHEING POINT, ANTWERP BELGIUM
KIND OF CONVEYANCE RAIL			NAME OF CONVOYER Pvt. Thomas B. Abbott
SIGNATURE OF SHIPPER <i>ER King</i> ELMER R KING, 1st Lt Inf	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 20 SEP 1948
2. SHIPPED			
FROM AGRC ANTWERP BELGIUM			TO U.S.A.T. Carroll Victory
KIND OF CONVEYANCE VC 2			NAME OF CONVOYER Captain R.W. Whereatt Transport Comdr
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE 29 OCT 1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 29 OCT 1948
3. SHIPPED			
FROM			TO NY PE
KIND OF CONVEYANCE			NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE NOV 16 1948
4. SHIPPED			
FROM NY PE			TO DGH 1
KIND OF CONVEYANCE TRAILER			NAME OF CONVOYER
SIGNATURE OF SHIPPER LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE NOV 17 1948	SIGNATURE OF RECEIVER <i>[Signature]</i> H. O. YOUNG Captain, OMC	DATE NOV 18 1948
5. SHIPPED			
FROM			TO
KIND OF CONVEYANCE			NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM			TO
KIND OF CONVEYANCE			NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM			TO
KIND OF CONVEYANCE			NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE		
NAME				SERIAL NUMBER		RANK		ARM
RAFUSE BENJAMIN W				31064383		SGT		1
CEMETERY				DISPOSITION OF REMAINS		DATE OF DEATH		
PLOT ROW GRAVE COUNTRY				CODE		DIST. PT.		
B 7 157 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 DISTINTERRED	
RAFUSE, Benjamin W.		31064383		Sgt				28 June 1948	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY			
<input checked="" type="checkbox"/> REMAINS				P		WR BAILEY, Embalmer			
<input checked="" type="checkbox"/> MARKER						NAME AND TITLE			

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL		CONDITION OF REMAINS	
MILITARY CLOTHING		SKELETAL STATE. COMPLETE.	
OTHER MEANS OF IDENTIFICATION			
SGT STRIPES FOUND WITH REMAINS.			
MINOR DISCREPANCIES			
NO IDENTIFICATION TAG FOUND WITH REMAINS.			

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

DATE 29 June 1948 BY W. R. BAILEY, EMBALMER

CASKET SEALED BY JOHN A. BRICKLEY, EMB. SUPV. EMBALMER (Signature) JOHN A. BRICKLEY, EMB. SUPV.

CASKET BOXED AND MARKED ORVILLE W. BILLINGS, CLERK RECORDER. SHIPPING ADDRESS VERIFIED BY: all markings, tags and plates verified by: [Signature] QMC.

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

[Signature] JESSE C. HARRELL, 1ST LT. CAC., DET. A. AGRC. SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

INSPECTION CHECK LIST				SPACE NO.	
CASE NO.				1268	
NAME OF DECEASED (Last, First, Middle Initial)		BRANCH OF SERVICE	RACE	RELIGION	SEX
RAFUSE, BENJAMIN W 55		USAGF	W		M
RANK OR GRADE	SERIAL NUMBER	CONSIGNEE			
SGT	31064383	LONG ISLAND NATIONAL CEM. FARMINGDALE, 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)			OK		
HANDLES					
HANDLE BOLTS					
STENCILING—NAME PLATE					
HEALTH PERMIT MARKER					
HEALTH PERMIT NUMBER					
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One)		
			<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		
FINISH (Exterior)			REMARKS		
HANDLES AND FASTENINGS			Respray casket		
STENCILING—NAME PLATE			OK		
CAM LOCKS (Sealing)					
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 type="checkbox"/> YES <input type="checkbox"/> NO		
			SHIPPING CASE EXCHANGED		
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
			REMARKS		
			sanded Plaster		
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
				12/11/48	Harrell
REMARKS					
Painted c.p. inspected 12/11/48 C.A.H.					

Added

WU544 20 COLLECT

BOSTON MASS NOV 12 603P

COLONEL G H BARE

QM CORP DISTRIBUTION CENTER 1 PORT OF NXXX OF EMBARKATION
PROCEED WXXX PROCEED WITH ~~ARRANGXXX~~ WITH ARRANGEMENT FOR THE BURIAL
OF SGT BENJAMIN W RAFUSE AT ~~ONXXX~~ AT LONG ISLAND CEMTERY IN FARMINGDALE
NEW YORK

MRS SALLY RAFUSE

741P

RECEIVED

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

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.

MRS. SALLY RAFUSE

7 BLACKWOOD STREET

BOSTON, MASS.

JAMES MCCARTHY
 Major, TC
 Admin O, AGR Div.

PLEASE BE ADVISED REMAINS OF THE LATE SGT BENJAMIN W. RAFUSE
 ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS BURIED IN
 LONG ISLAND NATIONAL CEMETERY,
 FARMINGDALE, NEW YORK.

WE CANNOT GIVE A DEFINITE DELIVERY DATE, BUT SUPERINTENDENT OF NATIONAL CEMETERY WILL NOTIFY YOU BY TELEGRAM GIVING DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. IT IS EXPECTED THAT AN INTERVAL OF FROM FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE FUNERAL CAN TAKE PLACE. MILITARY ESCORT WILL ACCOMPANY REMAINS TO NATIONAL CEMETERY. PAYMENT OF SEVENTY FIVE DOLLARS INTERMENT EXPENSE ALLOWANCE IS NOT REPEAT NOT AUTHORIZED IN CASES WHERE BURIAL IS IN A NATIONAL CEMETERY. APPROPRIATE JOINT MILITARY HONORS AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS' ORGANIZATION OR BY MILITARY OR NAVAL PERSONNEL. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE OR SUBMIT NEW DELIVERY INSTRUCTIONS BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS. INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

ITEM

RELEASED TO WU NOV 10 1948
 G. H. BARE, COL, QMC

16813

Date 7 Dec. 1948

TO: Sally Rafuse
7 Blackwood St.,
Boston, Mass.

The authorized inscription for a Government headstone of the general type (furnished for all decedents except those who served only during the Civil and Spanish-American Wars) includes: (1) The State from which the veteran came; (2) religious emblem in a small circle above the inscription on the face of the headstone; and (3) the dates of birth and death.

In order that the appropriate information, as desired by the next of kin, may be shown on the headstone for the decedent whose name is listed below, it is requested that you fill in the proper spaces indicated below the data called for, and RETURN THIS FORM PROMPTLY TO THE

LONG ISLAND NATIONAL CEMETERY

NEW YORK
Superintendent of Cemetery or Commanding Officer of Post

If this form is not returned to the Superintendent within fifteen (15) days from date of mailing, the headstone will be ordered with the data as to religious emblem, State and date of birth inscribed thereon as shown in the official records, and NO CHANGE WILL BE MADE AT A LATER DATE AT GOVERNMENT EXPENSE.

To be filled in by Superintendent or Commanding Officer

Name of Veteran ²⁹³ Benjamin W. Rafuse
Rank, etc. Sgt. 7th Armd. Div. TR-E-87th Cav. RCN Sq. Mecz
Grave or lot No. Gr.No. 16105 Sec. J
Date of death Sept 13 - 1944
Date buried 7 Dec. 1948

To be filled in by Next of Kin

State desired Massachusetts
Religious emblem desired Latin Cross for Christian Faith
(Latin Cross for Christian Faith, Star of David for Hebrew Faith)
Date of birth May 27 - 1926
Address of kin 7 Blackwood St - Boston Mass
Signature Sally Rafuse Date 12/14/48

CGMG FORM 315
(20 March 1945)

JAN 10 1949

16-54488-1 U. S. GOVERNMENT PRINTING OFFICE

*File
to Home
2/10/49*

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Sgt. Benjamin W. Rafuse, 31 064 383
Plot B, Row 7, Grave 157,
United States Military Cemetery
Andilly, France

7 April 1948

W. 074
IRF 14 May
Dec 17 June

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, MRS-SALLY RAFUSE (Please indicate relationship to the deceased by placing an "X" in the proper box.)
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- 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 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 Fort Devens Mass (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

5th Prec 158 July 48

gml Coded 7-14-48

J. Williams

16-50411-1

QOMG FORM 345 MILITARY
14 NOV 1946

28 JUL 1948

PAGE 1

L. Smith 1 July

PART I (Continued)

If on Page 1 of this form you have selected on 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.)

X

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.

Mrs Sally Refuse - 7 Blackwood St Boston
 (SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER) (CITY AND STATE)
 MRS - SALLY REFUSE - 7 BLACKWOOD ST BOSTON MASS
 (NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 14 day of April, 1948, at city (or town) of Boston, county of Suffolk, and State (or Territory or District) of Mass

George Romanos
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
 n.p.
 (OFFICIAL TITLE)

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

If you are the next of kin and you desire

I, THE NAMED IN PART I OF THIS FORM, DO HEREBY DECLARE THAT I AM THE NEXT EXISTING PERSON IN THE ORDER OF KINSHIP

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO RECEIVE THE REMAINS

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

If you are NOT the next of kin authorized to receive the remains

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN NAMED ON PAGE 1 OF THIS FORM. THE REMAINS SHOULD BE DIRECTED TO THE NEXT OF KIN

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE)

(NAME PRINTED OR TYPED)

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)

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ass
or Mass*

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territory or

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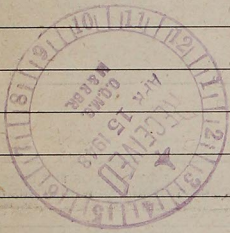
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a location

ADDITIONAL REMARKS AND INSTRUCTIONS

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

* U. S. Senate just approved bill to establish National Cemetery at Fort Devens Mass.



MEMORIAL DIVISION
FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

Ben
2
Benjamin W. Rafuse Sgt 31 064 383 W-2
NAME RANK ASN 345 signed by the Option Selected

Andilly Fr. B - 7-157
Cemetery PLOT ROW GRAVE Consignee

Address

Write NOK Mr. Sally Rafuse W
Mrs. relationship
Miss 7 Blackwood St (Address)
Boston Mass. (city and state)

A. Action to Family Letters Section

- 1. () Indicate RELATIONSHIP
- 2. () Indicate OPTION desired.
- 3. () Indicate CEMETERY in which interment desired.
- 4. () Indicate Country (HOMELAND) of deceased or NOK.
- 5. () Indicate CONSIGNEE Name and/or address.
- 6. () Obtain SIGNATURE of NOK.
- 7. () Obtain NOTARIZATION

8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and has not been established request that another choice be made. nearest Nat Cem. - Farmingdale, LI, N.Y.

B. Action to Case Resolution Unit, FCA:

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

12. () Inform Party listed Below of Action taken by this Office

Name _____ Relationship _____
_____ (address)
_____ (city and state)

Orig-With 345
Dup-RRP for 273 file

Suzie 5-13-48
Acceptance Clerks Name Date

FILE
Name McNeal
Action Notation
Acceptance Section
Family Corres. Branch

QMGMP 293
 Rafuse, Benjamin W., SN 31 064 383
 Plot B, Row 7, Grave 157
 USMC Andilly, France

24 May 1948

Mrs. Sally Rafuse
 7 Blackwood Street
 Boston, Massachusetts

Dear Mrs. Rafuse:

The inclosed form, "Request for Disposition of Remains," pertaining to the final burial of the remains of your husband, the late Sergeant Benjamin W. Rafuse, and signed by yourself, is returned for correction and completion of those parts checked in red pencil. You will understand that this vital information is necessary to enable us to properly comply with the desires of the next of kin.

I regret to inform you the legislation for the establishment of new and additional national cemeteries which was presented before the last Congress failed to pass. There is, therefore, no authority at present for any new national cemeteries.

The nearest national cemetery in which grave space is still available is the Long Island National Cemetery located at Farmingdale, New York.

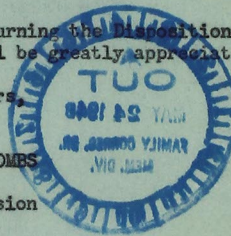
May I suggest that you carefully consider the cemeteries listed on the inclosed roster of national cemeteries and designate your desires to us at your earliest convenience.

In making the necessary correction, please do not erase any of the entries already made. Instead, draw a line through the incorrect entries; then enter the correct information immediately above or in the correct place as indicated.

Your prompt cooperation in completing and returning the Disposition form to us will avoid further unnecessary delay and will be greatly appreciated.

Sincerely yours,

RICHARD B. COOMBS
 Major, QMC
 Memorial Division



- 3 Incls
 1. Req for Disp Fm
 2. Nat'l Cem List
 3. Envelope

cc: Mr. Arrowsmith

leh

Ans w/o 293 file

RBC

ARMY 293
Raines, Benjamin W., SN 31 004 383
Plot B, Row 7, Grave 157
USMC Annapolis, France

24 May 1948

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7 Blackwood Street
Boston, Massachusetts

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The enclosed form, "Request for Disposition of Remains," pertaining to the final burial of the remains of your husband, the late Sergeant Benjamin W. Raines, and signed by yourself, is returned for completion of those parts checked in red pencil. You will understand that this vital information is necessary to enable us to properly comply with the desires of the next of kin.

I regret to inform you the legislation for the establishment of new and additional national cemeteries which was presented before the last Congress failed to pass. There is, therefore, no authority at present for any new national cemeteries.

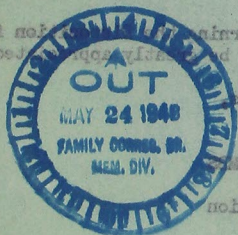
The nearest national cemetery in which grave space is still available is the Long Island National Cemetery located at Farmlandale, New York.

May I suggest that you carefully consider the cemeteries listed on the enclosed roster of national cemeteries and designate your desires to us at your earliest convenience.

In making the necessary correction, please do not erase any of the entries already made. Instead, draw a line through the incorrect entries; then enter the correct information immediately above or in the correct place as indicated.

Your prompt cooperation in completing and returning this form to us will avoid further unnecessary delay and will be appreciated.

Sincerely yours,



RICHARD B. COOPER
Major, GMC
Memorial Division

- 3 Incls
- 1. Req for Disp Em
- 2. Mat'l Cem List
- 3. Envelope

cc: Mr. Armstrong

154

CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle)		GRADE	SERIAL NUMBER	
Rafuse Benjamin W.		Sgt	31064383	
PREVIOUS BURIAL LOCATION (Cemetery and Country)		PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country)		PLOT	ROW	GRAVE
USMC Ardilly, France		B	7	157
ADDRESSEE		ADDRESS (Street, City, State)		
MR. MISS MRS. Sally Rafuse		7 Blackwood Street		
RELATIONSHIP A Widow		Boston, Massachusetts		
PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS			
85-A	husband			
62-A	I regret to inform you the legislation etc			
67-B	¶ 2, 1 st sentence only — Long Island — Farmingdale, New York. Add: ¶ 3 —			
85-B				
85-AA				
	2 Enclosures Form 345 envelope			
ANALYST INITIALS AND DATE		TYPYST INITIALS		REVIEWER INITIALS AND DATE
h5 19 May				

DEPARTMENT OF THE ARMY
////////////////////

AMGNF 293
Rafuse, Benjamin W.
SN 31 064 383

7 April 1948

Mrs. Sally Rafuse
7 Blackwood Street
Boston 15, Massachusetts

Dear Mrs. Rafuse:

Your recent letter indicating your desire for the final disposition of the remains of your husband, the late Sergeant Benjamin W. Rafuse, has been brought to my attention. Unfortunately, your decision cannot be officially recorded for action in its present letter form.

The Department of the Army will make every effort to comply with all wishes of the next of kin, if at all possible. However, it is very necessary that you properly complete and return a "Request for Disposition of Remains" form. All information requested on this form is vitally essential to enable us to legally comply with your desires.

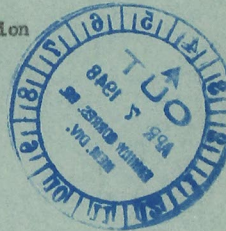
We are inclosing a blank Disposition Form for your convenience. Your prompt cooperation in completing and returning the form to us will avoid further unnecessary delay and will be greatly appreciated.

Sincerely yours,

RICHARD B. COOMBS
Major, QMG
Memorial Division

- 24 2 Incls
- 1. Req for Disp Pa
- 2. Envelope

CC: 7
APR 7 3 51
O. O. H.
RECORDS
MILITARY DIVISION



DEPARTMENT OF THE ARMY
WASHINGTON, D. C.

OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

7 APR 1948

Dear Mr. [Name]:

Your recent letter requesting your desire for the final disposition of the remains of your husband, the late Sergeant Benjamin W. [Name], has been brought to my attention. Unfortunately, your decision cannot be officially recorded for action in the present letter form.

The Department of the Army will make every effort to comply with all wishes of the next of kin, if at all possible. However, it is very necessary that you properly complete and return a "Request for Disposition of Remains" form. All information requested on this form is vitally essential to enable us to legally comply with your desires.

We are enclosing a blank disposition form for your convenience. Your prompt cooperation in completing and returning the form to us will avoid further unnecessary delay and will be greatly appreciated.

Sincerely yours,

RICHARD B. [Name]
Adjutant General
Adjutant Division



1. [Name]
2. [Name]
3. [Name]
4. [Name]
5. [Name]
6. [Name]
7. [Name]
8. [Name]
9. [Name]
10. [Name]

CORRESPONDENCE ACTION SHEET

~~xxxx~~
~~xxxx~~
 Addressee: Mrs. Sally Rafuse, Widow
Relationship
 State 7 Blackwood Street,
 City, State Boston 15, Mass. '47
Date letter

Cemetery
 Temporary: _____
 Permanent: _____
 Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

86 par 1 only husband

The Department of the Army will make every effort to comply with all feasible wishes of the next of kin. However, it is very necessary that you properly complete and return a "Request for Disposition of Remains" form. All information requested on this form is vitally ~~xxxxxx~~ essential to enable us to legally comply with your ~~xxx~~ desires.

We are inclosing a blank Disposition Form for your convenience. Your prompt cooperation in completing and returning the form to us will avoid further unnecessary delay and will be greatly appreciated.

Incl: Blank Disposition Form
Framked envelope

Handwritten signature and initials, possibly 'J. Rafuse' and '48'.

Analyst Typist Reviewer _____ Modifications _____ OKed _____

Decedent: Rafuse Benjamin W. Sgt 31 064 383 ASN
 Last First Initial Rank

FROM: Family Letter Section

13 Mar 48
(Date)

TO: Reply Form Acceptance Section

<u>Rafuse</u>	<u>Benjamin</u>	<u>W.</u>	<u>31 064 383</u>
(Last Name)	(First Name)	(Initial)	(ASN)

<u>USMC Andilly France</u>	<u>B</u>	<u>7</u>	<u>157</u>
(Cemetery)	(Plot)	(Row)	(Grave)

The attached correspondence pertains to the disposition of the remains of the subject decedent. It is requested that the following information be supplied this Section in order to reply to correspondent:

1. Has 345 been dispatched? *NO record according to Roster*
2. Has 345 been received and accepted?
- 3.a. What option was selected?
b. What cemetery and location?
4. 345 was executed by whom?
5. Did M.O.V. relinquish disposition authority?
6. Did widow indicate remarriage?
7. Did documents accompany reply form?
(If so, what documents?)
8. Have necessary records been amended to reflect this change in NOK?
9. Has L.O.I. been dispatched to new M.O.K.?
10. Attach reply form and return to this section.
11. Forwarded for your information and any action deemed necessary.
12. Change of decision.

J. T. Creamer
1522 B

COPIES
8072

*Beltracy
19 March 48*

Sgt Benjamin Rapese 31064383
P. O. B, Road 7, Graves 157
U. S. Military Cemetery
Andover, Mass

Dear Sir:

Received your letter
in regards to the permanent
burial of my husband, Sgt
Benjamin Rapese (31064383)

293 It has been over three
years that I wrote and
requested that his body be
returned to the United States

Thinking there may be
an National Cemetery opened
in Massachusetts was constantly
in my mind, but since there



isnt, I request ² that his
remains be interred in the
nearest Cemetery, which I
think would be Long Island
N. Y.

Mrs Sally Rapuse
7 Blackwood St
Boston 15, Mass.



Sgt Benjamin W. Refuse, 31 064 383
 Plot B, Row 7, Grave 157,
 United States Military Cemetery
 Andilly, France

9 January 1948

Mrs. Sally Refuse
 7 Blackwood Street
 Boston, Massachusetts

Dear Mrs. Refuse:

Since the recent dispatch of the Letter of Inquiry "Request for Disposition of Remains", it has been necessary to designate the United States Military Cemetery St. Avoird, France, as the permanent resting place for those deceased now interred in the United States Military Cemetery Andilly, France.

In the event that you expressed a desire for permanent overseas burial, the remains of your loved one will be interred in the United States Military Cemetery St. Avoird, located twenty-three miles east of Metz, France, inasmuch as grave space is no longer available in the United States Military Cemetery Epinal, France. When final interment has been accomplished, you will be advised of the exact grave location.

In order that your concurrence in this matter may be of official record, it is requested that you complete the form below and return it to this office. The inclosed envelope, which requires no postage, may be used for its return.

Sincerely yours,

THOMAS E. LARKIN
 Major General
 The Quartermaster General

1 Incl
 Franked envelope

Jan 9 8 51 AM
 P. O. M. C.
 MAIL RECORDS DIVISION

EC

_____ next of kin of the late _____
 Name Name of decedent
 _____ have no objection to his remains being permanently
 Serial number
 interred in the United States Military Cemetery St. Avoird, France.

 Signature

lmh

Sgt. Benjamin W. Rafuse, 31 064 383
 Plot B, Row 7, Grave 157,
 United States Military Cemetery
 Andilly, France

28 July 1947

Mrs. Sally Rafuse
 7 Blackwood Street
 Boston, Massachusetts

Dear Mrs. Rafuse:

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.

chl

OO
 *
 RECORDS

JUL 31 10 16 AM '47

SPQYO 293
Rafuse, Benjamin W.
SN 31 064 383

13 June 1946

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

Mrs. Sally Rafuse
7 Blackwood Street
Boston, Massachusetts

Dear Mrs. Rafuse:

Your letter to The Adjutant General concerning your husband, the late Sergeant Benjamin W. Rafuse, has been referred to this office.

The War Department has now been authorized to remove the remains of your husband, at Government expense, to the final resting place which you designate.

When the necessary preliminaries have been completed, a letter with an information pamphlet and a "Request for Disposition" form attached will be mailed to you. The "Request for Disposition" form, when properly filled out, will constitute the formal expression of your detailed desires. Until you receive these forms, therefore, it will not be necessary for you to communicate with this office regarding this subject.

The necessity for complete coordination of movement in many parts of the world, and the uncertainty regarding the supply of steel for caskets, makes it impossible, at this time, to estimate when these forms will be mailed. Please be assured, however, that your feelings in this matter are fully appreciated, and that your response, when received, will be acted upon with a minimum of delay.

All communications issuing from this office have been addressed to you at 7 Blackwood Street, Boston, Massachusetts.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WM. B. CHRISTENSEN
1st Lieut., QMC
Assistant

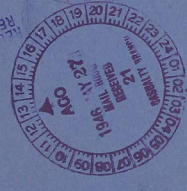
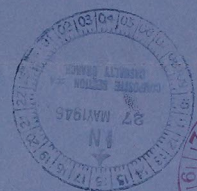
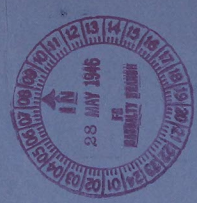
MEMORIAL DIVISION
JUN 14 9 48 AM '46
RECORDS BRANCH

[Handwritten signature]
1rl

[Handwritten initials]
WBC

61-78.

PC 77
File Reference
B 08B-33-22
215 Rafuse, Benjamin W.
XC-3,709,250



Dear Sir
I am writing this letter for a little information in regards to the return of the above named veteran's body to the United States.
About two months ago a letter was received at 23 Belvidere St, asking if they wanted him brought back. As yet I have not even received a form to fill out.
Being his wife and next of kin, that letter

²
should have been mailed
to me at 7 Blackwood St.
Would you please make a
note of that and address
all future letters to the
above address; also send
me a form to fill out
and any information you
may have in regards to
this matter.

Mrs Sally Rafuse
7 Blackwood St
Boston Mass.

SPQYG 293
Rafuse, Benjamin W.
S.N. 31 064 383

23
26 March 1945

Mrs. Sally Rafuse
7 Blackwood Street
Boston, Massachusetts

Dear Mrs. Rafuse:

Reference is made to a letter from this office, dated 8 December 1944, stating that you would be advised as soon as information was received, relative to the burial of your husband, the late Sergeant Benjamin W. Rafuse.

The official records of this office show that the remains of your husband were interred in the United States Military Cemetery #1, Andilly, France, Plot B, Row 7, Grave 157.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

MAYO A. DARLING
Lt Colonel, QMC
Assistant

CCP

ep
MAR 24 10 09 AM '45
O. O. M. G.
MAIL & RECORDS BRANCH

MAR 23 5 15 PM '45
MEMORIAL DIVISION

SPQYG 293
Rafuse, Benjamin W. - Sgt.
ASN 31 064 383

Address Reply to The
Quartermaster General.

8 December 1944.

Mrs. Sally Rafuse,
7 Blackwood Street,
Boston, Massachusetts.

Dear Mrs. Rafuse:

Your letter of recent date has been forwarded to this office by The Adjutant General for necessary action in connection with the burial and return of the remains of your husband, the late Sergeant Benjamin W. Rafuse.

It is with deep regret that I must advise you that, up to the present time information pertaining to the burial of the remains of your husband has not yet been received. However, it is possible that months may elapse before information of this nature is received, and I feel certain you will understand this delay when you consider the existing conditions under which it must be obtained. You may be assured, however, that upon receipt of such information in this office you will be notified.

You may be assured, that a notation has been made on the official records of this office that it is your desire to have the remains of your husband returned to the United States for final interment, if possible after the war. All expenses incident to the preparation and shipment of the remains to the place thus designated by the legal next of kin will be borne by the Government.

Please accept my sincere sympathy and condolence in the loss of your husband.

For The Quartermaster General:

Sincerely yours,

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

Dec 8 10 58 AM '44
MEMORIAL DIVISION

CCP

Dec 8 12 25 PM '44
MAIL & RECORDS BRANCH

cbj

DJL/rie

WAR DEPARTMENT
ARMY SERVICE FORCES

TRANSMITTAL SHEET

28 October 1944.

TO	Dir., Memorial Division, OCMG, Room 1007, Tempo C., Washington, D. C.	
	(Service, division, or organization)	(Location)
DESCRIPTION OF ATTACHED COMMUNICATION	(Branch or unit)	(Attention)
	Refuse	The Adjutant General
	(Originator)	(Addressee)
FROM	Burial and return of remains.	
	Casualty Branch, A. G. O., Investigation and Correspondence Section, Family Relations Sub-Section, Room 3711, Munitions Building, 77826	10 October 1944
	(Service, division, or organization)	(Location) (Telephone)

1. For necessary action.
- 293 2. Sergeant Benjamin W. Rafuse, 31064383, Cavalry, was killed in action in France on 13 September 1944.
3. Writer has ~~not~~ been advised of this reference.

For the Chief, Casualty Branch:

[Handwritten signature]

2 Incl
Copy ltr dtd 10 Oct 44.
Copy reply dtd 28 Oct 44.

NOV 1 3 29 PM '44
MEMORIAL DIVISION

Samuel J. Cole,
Major, A. G. O.



*710 P. H. ...
12-4-44 C.B.
R.R.
3-16-45 J.S.*

TRANSMITTAL SHEET

ARMY SERVICE FORCES

TO: Mr. [Name], [Address], [City], [State], [Zip]	TO
FROM: [Name], [Address], [City], [State], [Zip]	FROM

1. For necessary action...

2. [Name] was killed in action on [Date] at [Location].

3. [Name] was number [Number] of this [Unit].

4. For the Chief, Casualty Branch...

404 1 3 58 PM '51

RECEIVED



DJL/rie

AGFC-G 201 Rafuse, Benjamin W.
(10 Oct 44) 31064383

28 October 1944.

Mrs. Sally Rafuse,
7 Blackwood Street,
Boston, Massachusetts.

Dear Mrs. Rafuse:

Reference is made to your recent letter in which you request information concerning your husband, the late Sergeant Benjamin W. Rafuse.

Your desire for details concerning the death of your husband is fully understood and it is regretted that no additional information has been received in this office since my letter of 30 September 1944. You may be assured that in the event any additional information concerning him is received, you will be notified promptly.

I regret that I cannot advise you as to whose territory your husband was fighting on at the time of his death.

Matters pertaining to burial and return of remains come under the jurisdiction of The Quartermaster General, Washington 25, D. C., and a copy of your letter has been furnished that official for direct reply.

Permit me to again extend my deepest sympathy in the loss you have sustained.

Sincerely yours,

ROBERT H. DUNLOP
Brigadier General,
Acting The Adjutant General.

October 10, 1944.

Dear Mr. Ulio:

Recently I received a telegram from the War Department, informing me of the death of my husband, Sgt. Benjamin W. Rafuse, (31064383) killed in action Sept 13th. They also stated a letter would follow the telegram, yes, I received the letter confirming the telegram, but in it there wasn't one bit of information as to how it happened. Surely by this time you must have received some information that you could tell me.

Perhaps you could at least answer this question. Do they bury these boys just the same way they find them on the battle fields, and why aren't they brought back to the United States where they started from and where they rightfully belong, they certainly don't belong over there. I realize there are hundreds of boys killed and lack of transportation has a great deal to do with it, still time and time again we read in the papers about servicemen who have married since they have gone across, and have brought their wives, children and whole families over here. That certainly takes up space, why not bring our own American wounded boys home who are waiting for transportation, and let these wives, children and families wait until the war is over, just the same as we American wives and mothers have to do.

One other thing you might tell me, if at the time of my husband's death (Sept 13th) was the place where they were fighting in German or American hands. That question might seem strange to ask, but if it were in German hands, I still have hopes of him being captured and alive.

Anxiously awaiting a reply.

Mrs. Sally Rafuse.

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

RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

44982
1 Oct. 1944
604 Date

Rafuse Benjamin **W** **Unk** **31064383**
Last Name First Initial Rank Serial No.
Unk **87 CAU GEN**
Unit Organization
Metz France **App. 25 Sept. 1944** **KIA**
Place of Death Date of Death Cause of Death
30 Sept. 1944 1300 U.S. Mil. Cem. # 1 Andilly, France
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
157 7 B Cross
Grave Number Row Number Plot Number Type of Marker

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

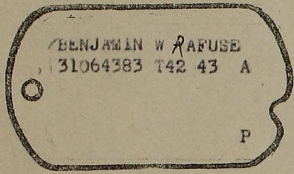
If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:
Deceased's Right: **Glenn G. Bellamy 0-1285533 Capt. 156**
Name Serial No. Rank Organization Grave No.
Deceased's Left: **Kenneth H. Burns 34851471 Pvt. 158**
Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee **Unk** Name
Address
Religion **Protestant**

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

File
2 MAY 1945
CB

Boris Miller
Signature of Officer or other person reporting burial
BORIS MILLER
1st Lt. QMC
3043 QM. GR. CO.
Verified by G.R.S. Officer

H.Q. SOS. 6/5/44 500M/87.
inc #11

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

		Deceased's Left								Deceased's Right							
		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 O; fillings by □; Bridges by ⊕; 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.

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

REPORT OF DEATH

DATE 24 Oct 44
eg/4632

FULL NAME <u>Rafuse, Benjamin W.</u>		ARMY SERIAL NUMBER <u>31 064 383</u>		GRADE <u>Sgt</u>									
HOME ADDRESS <u>Boston, Mass.</u>		ARM OR SERVICE <u>Cavalry</u>		DATE OF BIRTH <u>27 May 20</u>									
PLACE OF DEATH <u>European Area</u>		CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>13 Sep 44</u>									
STATION OF DECEASED <u>European area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>12 Feb 42</u>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Sally Rafuse, wife, 7 Blackwood St., Boston, Mass.</u>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Bertha Rafuse, mother, 23 Belvidere St., Boston, Mass.</u> <u>Mr. Kenneth Rafuse, father, same as above.</u> <u>Mrs. Sally Rafuse, wife, 7 Blackwood St., Boston, Mass. (Not designated)</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

FILE
A-119 1944
DHB

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
Z. O. O. 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 S. Hopkins
ADJUTANT GENERAL



The main body of the document is a large, blank, light-colored rectangular area, possibly representing a redacted page or a page with extremely faint text that is illegible.

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

JHM:TS:mhm
Case No. 102340
Date 1 September 1945

SUBJECT: Report of transaction in disposing of the effects of

Benjamin W. Refuse late a
(Name of decedent) 3106383 (Army Serial Number)

Unknown who died
(Grade) Cavalry (Organization, Army or Service)

on the day of Unknown, 19 , at Unknown

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., HQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

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

c. Decedent owed undisputed local creditors the sum of \$ None which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt , Incl. .)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 27 August 1945, pursuant to Special Orders 228, Headquarters HQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Sally Refuse 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. Sally Refuse of 7 Blackwood Street, Boston State of Massachusetts is the widow of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, OMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ARMY SERVICE FORCES
 KANSAS CITY QUARTERMASTER DEPOT
 ARMY EFFECTS BUREAU
 601 Hardesty Avenue
 Kansas City 1, Missouri

SHIPMENT CLERK
 Case # 402840
 RTB:AF:sc
 (S 9 Oct 45)
 9 July 1945

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

Please complete and return to the Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, Kansas City 1, Missouri.

SECOND REQUEST

1. Last Name ** <i>RAFUSE</i> Pfuse	2. First Name Benjamin	3. Middle Initial W.	4. Serial Number * 31064383	5. Grade
6. Casualty Status <input checked="" type="checkbox"/> Deceased <input type="checkbox"/> Missing <input type="checkbox"/> Unknown: Please furnish: <i>NIA 13 Sept 44</i>		7. Organization and APO Address <i>Tr. B. 87^B Cav. Ren. G. May</i>		
8. Name of Beneficiary <i>Mr. Bertha Refuse</i>	9. Relationship <i>mother</i>	10. Address <i>23 Belvidere St. Boston, Mass</i>		
11. Alternate Beneficiary <i>Mr. Kenneth Refuse</i>	12. Relationship <i>father</i>	13. Address <i>same address</i>		
14. Emergency Address <i>Ms. Sally Refuse</i>	15. Relationship <i>wife</i>	16. Address <i>1 Blackwood St. Boston, Mass</i>		
17. Bailee <i>Same as EH</i>	18. Relationship	19. Address		

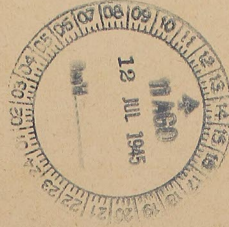
*If the above ASN is not assigned to the soldier named, it is requested that the AEB be advised the name, rank and present mailing address of the soldier to whom this ASN is assigned, together with the information requested in 8-19 above.

**In the event the above ASN is not assigned to this soldier, it is further requested that this Bureau be furnished available information regarding this soldier of record in your office.

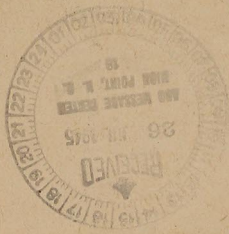
Edward F. Witsell
 Major General
 Acting the Adjutant General
 By: *[Signature]*

death file

RD-P 2 August 1945



ATLANTA CITY, GA.
AUG - 7 1945



57-PAV

ARMY SERVICE FORCES
 KANSAS CITY QUARTERMASTER DEPOT
 ARMY EFFECTS BUREAU
 601 Hardesty Avenue,
 Kansas City 1, Missouri

JUN 28 1945

Case No. 402840
 S-12 September 45
 GHG:AP:bb
 12 June 45

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

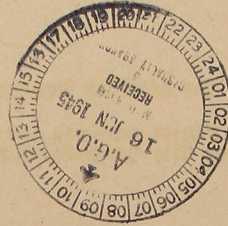
Please complete and return to the Effects Quartermaster, Army Effects Bureau,
 Kansas City Quartermaster Depot, Kansas City 1, Missouri.

1. Last Name ** PFUSE	2. First Name BENJAMIN	3. Middle Initial W.	4. Serial Number 31064383	5. Grade ---
6. Casualty Status <input checked="" type="checkbox"/> Deceased <input type="checkbox"/> Missing <input type="checkbox"/> Unknown: Please furnish: () Prisoner of War () Internee		7. Organization and APO Address		
8. Name of beneficiary		9. Relationship	10. Address	
11. Alternate beneficiary		12. Relationship	13. Address	
14. Emergency Addressee		15. Relationship	15. Address	
17. Bailee		18. Relationship	19. Address	

*If the above ASN is not assigned to the soldier named, it is requested that the AEB be advised the name, rank and present mailing address of the soldier to whom this ASN is assigned, together with the information requested in 8-19 above

**In the event the above ASN is not assigned to this soldier, it is further requested that this Bureau be furnished available information regarding this soldier of record in your office.

*Cannot identify
 16 Jun 45
 CMT*



KANSAS CITY, MO.

JUN 26 1945



402810

RFB:TS:mlm
September 3, 1945

Mrs. Sally Rafuse
7 Blackwood Street
Boston, Massachusetts

Dear Mrs. Rafuse:

I am inclosing a check for \$26.53, representing funds of your husband, Benjamin W. Rafuse.

No other property belonging to him has been received at the Army Effects Bureau to date.

Our action in transmitting funds does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of decedent's legal residence.

Money ordinarily is sent from overseas by mail in advance of other effects; therefore, it is probable that additional belongings of decedent will reach this Bureau at a later date. As it is intended to forward any such property to you promptly upon receipt here, I ask that you please notify this Bureau if there is a change in your address within the next few months.

I wish to express my sympathy in the loss of your husband.

Sincerely,

C. B. QUINN
2nd Lt., QMC
Chief, Files Branch

1 Incl--
Check

76

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Sally Rafuse

Effects of:
Name Benjamin W. Rafuse 7 Blackwood Street
ASN 31064383 Boston, Massachusetts
Case No. 402840 D
Wt.

DATE 3 September 1945
RTB:TS:mhm

Schreiner
FOR: Effects Quartermaster

REMARKS:

<input checked="" type="checkbox"/> Inclose Bureau Check	<input checked="" type="checkbox"/> Remove C. I.
Acct. No. 75819	Note discrepancy in <i>Last none</i>
Amount \$26.53 <i>7m 90</i>	Films removed
Inclose "valuables" item	Diary removed
Ship "valuables" item(s)	Laundry removed

137789 VH

ROUTING:

1 Accounting Branch	75819
Warehouse Division <i>2w</i>	
2 Files Branch, Adm. Div.	402840

September 6, 45

Sally Rafuse 26.53

Twenty-Six and 53/100

REMARKS:

Fracked _____
Est. Exp. Chgs. _____
Est. Int. Chgs. _____
No. of packages _____

Shipping Clerk

Summary Court-Martial
ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT Case No. 277082 ✓
601 Hardesty Avenue
Kansas City 1, Missouri Date 14 March 1945 ✓

JRM:IB:vd

SUBJECT: Report of transactions in disposing of the effects of

Benjamin W. Rafuse ✓, 31004283 ✓ late a
(Name of deceased) (Army Serial Number)
Sergeant ✓, Cavalry ✓ who died
(Grade) (Organization, Army or Service)
on the 13 day of September 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 5 March 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Sally Rafuse ✓ 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. Sally Rafuse ✓ of (Name of person found entitled)
7 Blackwood Street ✓, Boston ✓ State of (Number, Street or Avenue) (City, Town or Village)
Massachusetts ✓, 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 Officer)

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

24

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

277082

REPORT OF DEATH

DATE 24 Oct 44
EG/4632

FULL NAME Rafuse, Benjamin W.		ARMY SERIAL NUMBER 31 064 383	GRADE Sgt			
HOME ADDRESS Boston, Mass.		ARM OR SERVICE Cavalry	DATE OF BIRTH 27 May 20			
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 13 Sep 44			
STATION OF DECEASED European area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 12 Feb 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Sally Rafuse, wife, 7 Blackwood St., Boston, Mass.						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Bertha Rafuse, mother, 23 Belvidere St., Boston, Mass. Mr. Kenneth Rafuse, father, same as above. Mrs. Sally Rafuse, wife, 7 Blackwood St., Boston, Mass. (Not designated)						
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

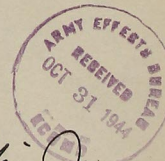
ADDITIONAL DATA AND/OR STATEMENT

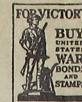
COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O. U. S. A.
2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BATTLE
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John S. Hopkins
ADJUTANT GENERAL





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

JRM:WA:an
May 8, 1945

IN REPLY REFER TO ~~277082~~

Mrs. Sally Rafuse
7 Blackwood Street
Boston, Massachusetts

Dear Mrs. Rafuse:

The Army Effects Bureau has received from overseas some more property of your husband, Sergeant Benjamin W. Rafuse.

This property, contained in one package, is being sent you for distribution. If, for some reason, it has not been received within the next thirty days, this Bureau should be informed so that tracer may be instituted.

Yours very truly,

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

8 L#5

ms

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Sally Rafuse
7 Blackwood Street
Boston, Massachusetts

SHIP TO:
Sgt. Benjamin W. Rafuse

Effects of:
Name 31064383
ASN 277082 D

Case No.

Wt.

DATE 8 May 1945
JRM:WA:an

[Signature]
FOR: Effects Quartermaster

REMARKS:

_____ Inclose Bureau Check	_____ Remove G.I.
_____ Acct. No. _____	_____ Note discrepancy in _____
_____ Amount	_____ Films removed
_____ Inclose "Valuables" item	_____ Diary removed
_____ Ship "Valuables" item(s)	_____ Laundry removed

ROUTING:

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

REMARKS:

[Handwritten signature]

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

MAY 12 1945

[Signature]
Shipping Clerk

SHEET 1 OF 4 SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER 11		ORIGINAL NUMBER OF PACKAGES 1		MISSING <input type="checkbox"/>
TALLY NUMBER 7227		INVENTORY DATE 12 April 1945	CASE NUMBER 277082 PS	POW <input type="checkbox"/>
EFFECTS OF Benjamin W. Rafuse			RANK	ABANDONED <input type="checkbox"/>
A.S.N. 31064383		ORGANIZATION		

PACKAGE DESCRIPTION # 1 Pkg.

CLOTHING	PERSONAL ITEMS	CONTAINERS
BELT	BRACELET, IDENTIFICATION	BAGS, CLOTH
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL
CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY)
COATS	GLASSES	CASE
FOOTWEAR, PR.	KNIVES	FOOTLOCKER
GLOVES, PR.	LIGHTERS	KIT, SEWING
HANDKERCHIEFS	MISC. INSIGNIA	KIT, TOILET
HEADWEAR	MISC. ITEMS	KIT, WALKING
JACKETS	PEN, FOUNTAIN	PAPERS AND MISC.
OVERCOATS	PENCIL, MECHANICAL	BOOKS
SCARFS	PENCILS	BOOKS, ADDRESS
SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE
SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG
TIES	RINGS	DIARY (REMOVED FOR DURATION)
TOWELS	TOBACCO	FILMS
TROUSERS, PR.	TOILET ARTICLES	LETTERS
TRUNKS, PR.	WATCH	PAPERS, PERSONAL
UNDERWEAR	WINGS	PHOTOS
		SHOE SHINE ARTICLES
		SHORT SHORTER
		SOUVENIRS
		SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT) .46

REMARKS: no information Rechecked

ATTACHMENTS: FORM #54 1 inventory, 1 G.P. Label

C.A.T. Sally Rafuse (wife) Boston mass MC		WEIGHT	GI REMOVED
WAREHOUSE SPACE 1942	STORED BY SW		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
INVENTORIED BY Gunn		DATE SHIPPED MAY 12 1945	IDENT. TAGS REMOVED
PACKED BY Yutsky	CHECKED BY E		DIARY REMOVED
		<input checked="" type="checkbox"/> #43 OR ADDITIONAL	LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

75 frames
5 pounds 19 Shells
\$1.00

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

Gunn

INVENTORY CLERK

Smart

SUPERVISOR

G. I. REMOVED

NAME **RAFUSE, BENJAMIN W** 31064383

BAY	PALLET	BOX	TALLY
		11	7227
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Eff. QM Form 48

BENJAMIN W. AFUSE
31064383 142 43 A

RESTRICTED

P INVENTORY OF PERSONAL EFFECTS

US Mil. Cem. #1 Andilly, France
1 Oct. 1944

SUBJECT: Inventory of Personal Effects of:

Rafuse Benjamin W. Unk 31064383
(Last Name) (First Name) (MI) (Rank) (ASN)

Effects Quartermaster, Communication Zone, APC
US Army

The above named individual of **Unk** (Organization)
was reported **KIA** (Status- killed, P4A, hospitalized, etc.) about **25 Sept. 1944** (Date)

Designated beneficiary if information readily accessible

INVENTORY OF EFFECTS

Class 1		Class 2
3 Photos ✓	✓ Knife ✓	30xCoins ✓ 75 Francs 0
6 Postal MO rec. \$150.00 ✓	Ring ✓	5 Pounds 19 Shillings 0
Marriage Cert. ✓	3 Holy medals ✓	\$1.00 0
Cig. lighter ✓	Ger. note ✓	

Money in the amount of **above** has been turned into **B. P. GUERIN, Lt. Col.**
(Name of Finance Officer)

11th Fin. Office Form BFD 38 enclosed.
(and symbol number)

Name 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
Quart by (mail, truck, etc.) (Date)

Name *B. Miller*
BORIS MILLER

Rank & Ass **1st Lt.**

Organization **3043 QM GR CO.**

any additional pertinent information:

Serial No. 31024383 Name RAFUSE BENJAMIN W.
 Grade med Rank med
 Organization med
 Address med
 Nearest Relative SALLY RAFUSE - WIFE
 Address BOSTON MASS.
 Killed in Action YES Died of Disease _____
 Date _____ Hospital _____
 Battle Area ? Information _____

Place of Burial med. cem. #1 - WILLY - FOR
 Point of Coordination _____
 Description of Body _____

Members Missing 1-203

Signed Pfc AdKyzub

R-7-157

277082

JRM:IB:prh
April 17, 1945

Mrs. Sally Rafuse
7 Blackwood Street
Boston, Massachusetts

Dear Mrs. Rafuse:

The Army Effects Bureau has received some additional property of your husband, Sergeant Benjamin W. Rafuse.

These effects, contained in one carton, 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

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Sally Rafuse
7 Blackwood Street
Boston, Massachusetts

Effects of: Sgt. Benjamin W. Rafuse

Name 31064383

ASN 277082-D

Case No.

Wt.

DATE 17 April 1945 V. Russell
JRM:IB:prh FOR: Effects Quartermaster

REMARKS:

<input type="checkbox"/> Inclose Bureau Check	<input type="checkbox"/> Remove G.I.
<input type="checkbox"/> Acct. No. _____	<input type="checkbox"/> Note discrepancy in _____
<input type="checkbox"/> Amount _____	<input type="checkbox"/> Films removed
<input type="checkbox"/> Inclose "Valuables" item	<input type="checkbox"/> Diary removed
<input type="checkbox"/> Ship "Valuables" item(s)	<input type="checkbox"/> Laundry removed

ROUTING:

<input type="checkbox"/> Accounting Branch
<input checked="" type="checkbox"/> 1 Warehouse Division
<input checked="" type="checkbox"/> 2 Files Branch, Adm. Div.

1ctu

REMARKS:

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages <u>1</u>

mc
Shipping Clerk

APR 20 1945

PACKAGE DESCRIPTION <i>H' Boston</i>		ARMY EFFECTS BUREAU INVENTORY <i>277,082</i>		DECEASED <input checked="" type="checkbox"/>
				MISSING <input type="checkbox"/>
				P.O.W. <input type="checkbox"/>
				ABANDONED <input type="checkbox"/>
				TALLY NO. <i>6975</i>
				INV. DATE <i>13 Mar 1945</i>
NAME <i>BENJAMIN W. RA FUSE</i>		ORIG. NO OF PKGS. <i>1</i>		BOX NO.
A.S.N. <i>31064883</i> RANK <i>Sgt</i>		SHEET OF <i>1</i> SHEETS <i>1</i>		ORGANIZATION <i>87 Cav. Regt. 58 7 armd Div</i>
BELT	<input checked="" type="checkbox"/>	TOWELS & WASHCLOTHS	<input checked="" type="checkbox"/>	WINGS
BELT, MONEY (NO MONEY)	<input checked="" type="checkbox"/>	CLOTHING	<input checked="" type="checkbox"/>	BAGS, CLOTH OR TRAVEL
CLOTH, WASH		TRACLET, IDENT.		BILLFOLD, (NO MONEY)
COATS		BRUSHES		CASE
FOOTWEAR, PR		CAMERAS		FOOTLOCKER
GLOVES, PR		GLASSES		KIT, GEN. TLT. OR WRITING
HANDKERCHIEFS		KNIVES		<input checked="" type="checkbox"/> BOOKS
HEADWEAR		LIGHTERS		BOOKS, ADDRESS
JACKETS	<input checked="" type="checkbox"/>	MISC. INSIGNIA	<input checked="" type="checkbox"/>	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, DECORAT		PHOTOS
TOWELS		RINGS		SHOE SHINE ARTICLES
TROUSERS, PR		TOBACCO		<input checked="" type="checkbox"/> SHORT SHORTER
TRUNKS, PR		TOILET ARTICLES		SOUVENIRS
UNDERWEAR		WATCH <i>Senator</i>	<input checked="" type="checkbox"/>	SOUVENIR MONEY
				STATIONERY
				<input checked="" type="checkbox"/> TESTAMENTS
				U.S. MONEY (AMOUNT)
REMARKS		ATTACHMENTS	FORM #54	FORM #100
<i>Sally K. Sherlock</i>			<i>inventory</i>	
<i>7 Blackwood St.</i>			<i>tag</i>	
<i>Boston Mass.</i>				
C.A.T.	<i>none</i>	<i>MC</i>		
WAREHOUSE SPACE	<i>2199</i>	STORED BY	<i>LC</i>	DATE SHIPPED
INVENTORIED BY	<i>Parrish</i>			<i>APR 20 1945</i>
PACKED BY	<i>Rose</i>	CHECKED BY	<i>E</i>	#43 OR ADDITIONAL
				FILM REMOVED

ARMY EFFECTS BUREAU
KANSAS CITY QUARTERMASTER DEPT.
ARMY EFFECTS BUREAU

NAME RAFUSE, BENJAMIN W SGT			
BAY	PALLET	BOX	TALLY
	25		6975
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN			

Eff. QM Form 43

WAR DEPARTMENT
EFFECTS QUAR. MASTER CZ
APO 887, US ARMY

Penalty for private use to avoid payment of postage \$300

Official Business

TO: Army Effects Bureau
Kansas City QM Depot
Kansas City, Mo.
U.S.A. KIA.

Inv. no. 9-11-44
PERSONAL EFFECTS OF: *RAFUSE BENJAMIN W,
SGT 31004383*



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

23456

IN REPLY REFER TO _____

JRM:ALS:jd
9 February 1945

Mr. John Doe
125 Main Street
Hamilton, Missouri

Dear Mr. Doe:

Since our previous correspondence with you, the Army Effects Bureau has received additional property of your son, Private Frank T. Doe, consisting of a flight record.

This record is transmitted herewith.

Yours very truly,

P. L. EDGE
2nd Lt. Q.M.C.
Chief, Correspondence Branch

1 Incl--Flight Record

--

SL Form 2 - Transmittal of flight record as additional property.

R E S T R I C T E D

24 September 1944

Date

SUBJECT: Inventory of Personal Effects of:

RAVUJE BENJAMIN 21 044 202
 (Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of 87th Cav. Recon. Co., 7th. Arm. Div.
 (Unit)

Troop B was reported Killed in Action
 (Organization) (Status-Killed, MIA,

_____ about 13 September 1944
 Hospitalized, etc.) (Date)

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

1 pr. shoes, civil	1 pr. Shoe laces
1 ea. Cap garrison	1 ea. Tooth brush
2 ea. Belt	1 ea. Razor
1 ea. Cap garrison	1 ea. New Testament
1 ea. Button, pc	1 ea. Kit sewing
3 ea. Handkerchiefs	1 ea. Pencil
1 ea. Ribbon Cord	1 ea. Pipe w/west
1 ea. Ribbon	1 ea. Watch band
1 ea. News paper	1 ea. Ribbon E.W.
1 ea. News paper	2 ea. Badge Expert
1 ea. News paper	1 ea. Badge Marksman
1 ea. News paper	1 ea. Bar sub-machine gun
1 ea. News paper	1 ea. Comb
1 ea. News paper	1 ea. Shaving brush
1 ea. News paper	1 ea. Nail brush
1 ea. News paper	1 ea. Dictionary

R E S T R I C T E D

R E S T R I C T E D

Money in the amount of _____ has been turned into

(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 for-
warded to the Effects Depot by _____ on
(Rail, Truck, etc.)

194_.

R. J. Frasier
Name R. J. FRASIER
Rank & ASN W.C.J.G., W2 105 437
Organization Hq. 87th. Cav. Con. Sq.
New York, N.Y.

Any additional pertinent information:

R E S T R I C T E D

Tally in No. 1001

TALLY IN INVENTORY RECORD

NAME REFUSE BENJAMIN RANK Sgt ASN 31064383

SHOWN ON CONSIGNEES T.O. AS _____

ORGANIZATION 87 Cav Reg Sg 4592

DATE 9-11-44 CASE _____ REC'D Box STATUS KIA

ITEMS	DESCRIPTION	REMARKS
	<u>Cap Ansel</u>	<u>✓</u>
	<u>Knife</u>	<u>✓</u>
	<u>Watch</u>	<u>✓</u>
	<u>Civ. Shoes</u>	<u>✓</u>
	<u>Swim Trunks</u>	<u>✓</u>
	<u>Swimming Hat</u>	<u>✓</u>
	<u>Rob. & Buttons Bag</u>	<u>✓</u>
	<u>Toilet articles</u>	<u>✓</u>
	<u>Handkerchiefs</u>	<u>✓</u>
	<u>Shoes Cotton</u>	<u>✓</u>
	<u>Cap Khaki</u>	<u>✓</u>
	<u>Tratament</u>	<u>✓</u>
	<u>Beets</u>	<u>✓</u>
	<u>Ribbons of Medal</u>	
	<u>Watch Band</u>	<u>✓</u>
	<u>Powder Mesh</u>	<u>✓</u>
	<u>Shaver</u>	<u>✓</u>
	<u>Dental Mirror</u>	<u>✓</u>
	<u>Shoe Laces</u>	<u>✓</u>

INVENTORIED [Signature] WISE SPACE
 TYPE OFFICER [Signature]



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

mm

JRM:VM:cly
March 10, 1945

IN REPLY REFER TO 277,082

Dear Mrs. Rafuse:

The Army Effects Bureau has received from overseas some personal effects of your husband, Sergeant Benjamin W. Rafuse.

These effects are 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,

F. A. ECKHARDT
Captain Q.M.C.
Assistant

ARMY SERVICE RECORDS
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: **Mrs. Sally Rafuse**
7 Blackwood Street
Boston, Massachusetts

Effects of:
 Name **Sgt. Benjamin W. Rafuse**
 ASN **31 064 333**
 Case No. **277,082 D**

DATE 6 March 1945

JRM:VM:vmh

C. Barber
FOR: Effects Quartermaster

REMARKS:

<input type="checkbox"/> Inclose Bureau Check	<input type="checkbox"/> Remove G.I.
<input type="checkbox"/> Acct. No. _____	<input type="checkbox"/> Note discrepancy in _____
<input type="checkbox"/> Amount _____	<input type="checkbox"/> Films removed
<input type="checkbox"/> Inclose "Valuables" item	<input type="checkbox"/> Diary removed
<input type="checkbox"/> Ship "Valuables" item(s)	<input type="checkbox"/> Laundry removed

ROUTING:

Accounting Branch
 Warehouse Division
 Files Branch, Adm. Div.

REMARKS:

1 p/sq
[Handwritten signature]

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

MAR 8 1945

MAR 10 1945

Shipping Clerk *mtc*

SHEET <i>1</i> OF <i>001</i> SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED																																																																															
BOX NUMBER		ORIGINAL NUMBER OF PACKAGES		MISSING																																																																															
TALLY NUMBER		INVENTORY DATE		CASE NUMBER																																																																															
EFFECTS OF		RANK		P.O.W.																																																																															
A.S.N.		ORGANIZATION		ABANDONED																																																																															
PACKAGE DESCRIPTION																																																																																			
6805		20 Feb 1945		277,082																																																																															
Benjamin W. P. <i>✓</i>		Sgt		<i>PHS</i>																																																																															
31064383 <i>✓</i>		87th Cav Regt Sg <i>✓</i>		<i>#4745</i>																																																																															
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<i>1 Wood Chest ✓</i>																																																																																			
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ATTACHMENTS: <i>Inventory</i>																																																																																			
FORM #54																																																																																			
FORM #100																																																																																			
MAR 2 1945																																																																																			
<i>Films removed for development</i>																																																																																			
C.A.T. <i>None</i>																																																																																			
WAREHOUSE SPACE <i>1033</i>		STORED BY <i>JW</i>		DATE SHIPPED <i>MAR 8 1945</i>																																																																															
INVENTORIED BY <i>Pischer</i>		CHECKED BY <i>B</i>		#43 OR ADDITIONAL <i>✓</i>																																																																															
PAKED BY <i>✓</i>				GI REMOVED																																																																															
				SHORTAGE ON REVERSE																																																																															
				IDENT. TAGS REMOVED																																																																															
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				LAUNDRY REMOVED																																																																															
				FILM REMOVED <i>✓</i>																																																																															

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

ME

RAFUSE, BENJAMIN W.

SGT.

BAY	PALLET	BOX	TALLY
	14	12	6908
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
CTN.			

Eff. QM Form 48

R E S T R I C T E D21 September 1944

Date

SUBJECT: Inventory of Personal Effects of:

<u>RAFUSE</u>	<u>BENJAMIN</u>	<u>W.</u>	<u>Sgt.</u>	<u>31 064 383</u>
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

TO: Effects Quartermaster, Communication Zone, APO

US ArmyThe above named individual of 87th. Cav. Ren. Sq. Mecc., 7th. Armd. Div.
(Unit)

<u>Troop B</u>	was reported	<u>Killed in Action</u>
(Organization)		(Status-Killed, MIA,

Hospitalized, etc.)	about	<u>13 September</u>	1944
		(Date)	

Designated Beneficiary if information readily accessible _____

INVENTORY OF EFFECTS

1 ea. Chest ✓
 1 ea. Bracelet, Identification ✓
 1 ea. Camera, "Baby Browning" ✓
 5 Reels Films V127 ✓
 1 ea. Ash tray ✓
 1 ea. Souvenir Bird ✓
 1 ea. Knife ✓
 1 ea. Knife w/scabbard ✓
 1 ea. New Testament ✓
 1 ea. Cake knife ✓

*filed*R E S T R I C T E D

RESTRICTED

Money in the amount of XXXXXXXXXXXXXXXXXXXXXXX has been turned into

(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 for-
warded to the Effects Depot by TRUCK on _____
(Rail, Truck, etc.)

21 September 194.

Name *R. J. Frasier*
R. J. FRASIER

Rank & ASN W.O.J.O., W2 106 437

Organization Hq. 87th Cav. Reg. Sq.
A.P.O. #257, Postmaster
New York, N.Y.

Any additional pertinent information:

RESTRICTED