

**IDENTIFICATION SECTION
MEMORIAL DIVISION**

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL <i>Williams John T</i>			ARMY SERIAL NUMBER <i>3970 9572</i>		GRADE <i>Pvt. 1st Lt</i>
HEIGHT <i>6 ft. 0 in.</i>	WEIGHT <i>140 lbs.</i>	COLOR EYES <i>blue</i>	COLOR HAIR <i>brown</i>	SHOE SIZE <i>9-C</i>	DATE OF DEATH <i>26-1-45</i>

LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation)
Tr. D. 87th Cav. Recon. Sq. Meigs

PLACE OF DEATH OR PLACE LAST SEEN IF MIA
Died in a Germany Pop. St. Camp of heart failure (Stalag 12A) 26-1-45

LIST ALL CAMPS IN WHICH STATIONED IN U.S. PRIOR TO SERVICE OVERSEAS, WITH INCLUSIVE DATES AT EACH

STATION	DATES
<i>Inf. Repl. Eng. Co. Roberts, Calif.</i>	<i>11-Oct-43</i>
<i>Enl. Hqs. Ft. Benning, Ga.</i>	<i>21-Feb-44</i>
<i>AGF Repl. Depot #1, Ft. Geo. G. Meade, Md.</i>	<i>11-July-44</i>

FROM: WD, AGO CLINICAL RECORDS BRANCH
NO RECORDS ON FILE

FRACTURES AND/OR BREAKS	TATTOOS AND/OR BIRTH MARKS
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DENTAL CHART *11-Sept-43*

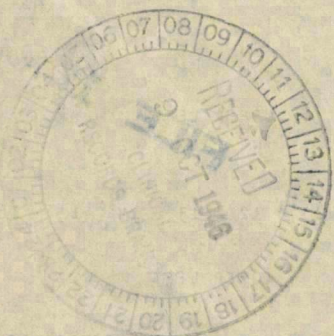
8	⑦	6	5	4	3	X	1	1	2	3	④	X	6	7	8	
UPPER RIGHT								UPPER LEFT								
16	15	14	X	12	11	10	9	9	10	11	12	13	X	14	15	X
LOWER RIGHT								LOWER LEFT								

X - EXTRACTED 0 - CARIOUS / - CARIOUS NON-RESTORABLE

FILE 17 AUG 1949
Paulson

IDENTIFICATION SECTION
MEMORANDUM DIVISION

IDENTIFICATION DATA



20 Sep 48

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

WILLIAMS John T PVT 39709572
(Last Name) (First Name) (Initial) (Rank) (ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery ST AVOLD

Incl #

STATION FILE

REPORT OF INVESTIGATION AREA SEARCH

AGRC Form 10 (Revised)

23 September 1946

1 January 1946

Date

NAME WILLIAMS JOHN T. RANK Unknown ASN 39709572
 ORGANIZATION Unknown (Prisoner of War)
 MEANS OF IDENTIFICATION Two (2) Identification Tags found on body

(All statements above this line will be completed, upon final) processing, by the clerical staff at the unit processing point.)

SECTION A — GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? Yes If so, state the following information:
 - a. NAME _____ RANK _____ ASN _____
 - b. ORGANIZATION _____
2. Was partial identification established? Yes If so, state the facts as to whom you believe the deceased to be:
 - a. NAME Williams, John T. RANK Unk ASN 39709572
 - b. ORGANIZATION Unknown
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Wolfe, Roger
 (Use reverse side for listing of crew members from MARC)
 - a. Date of above burials Est February 1945 Common Graves? Yes
5. Name and Type of Cemetery Waldfriedhof
 (Military or Civilian)
6. Map Coordinates of the Cemetery (WM-1090)
 - a. Town Diez, Country Germany
7. Give exact location in cemetery of the remains.
 - a. Section _____ Row 4 Grave 11
 - b. Is Sketch attached? Yes
8. If remains are not located in a cemetery, give exact location.
 - a. Town _____ Coordinates _____
 - b. Is Sketch attached? _____
 - c. Is area mined? No
9. How is the grave marked? Wooden Cross
10. If grave is marked with cross, give exact markings thereon No Markings
 - a. From what source was this information obtained? Dr. Schmidt Swartzenburg, Stalag XII A
 (Identification tags, personal effects)
 1. By whom _____
11. Where are the cemetery records? Town Hall Using.
 (Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? Date of Death and Cause of Death
- b. Where was the information obtained? Dr. Schmidt Swartzenburg, Stalag XII A.
- c. By whom? Dr. Schmidt Swartzenburg Stalag XII A.
12. What is the date of death? Est: February 1945
- a. Give basis Dr. Schmidt Swartzenburg Stalag XII A
13. What is the cause of death? Wounds of diphtheria (See attached Statements)
- b. Give basis Dr. Schmidt Swartzenburg, Stalag XII A
14. What is the date of burial? Est: February 1945
- a. Give basis Dr. Schmidt Swartzenburg, Stalag XII A.
15. What was the place of death? Stalag XII A, PW. Camp, Diez, Ger. Coords (WM-1090)
- b. Give basis Dr. Schmidt Swartzenburg, Stalag XII A, Diez, Ger.
16. Where were the remains found? Stalag XII A, PW. Camp, Diez, Ger. Coords (WM-1090)
- a. By whom? German Civilians
- b. Is sketch attached? Yes
17. Was a casket used? No Who furnished the casket? _____
- Type of casket _____ How marked? _____
18. Who made the burial German Military Personnel.
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? John Kline, Limberg, Obere Fleisch Gasse # 7
Dr. Schmidt Swartzenburg, Staffel/Lahn by Limberg.

SECTION B — AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? FOES NOTT APPLY.
- a. Give location in plane from which the bodies were removed _____
- (Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? _____
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
- a. Type of Plane _____
- b. Markings and/or name on plane _____
- c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____
21. How did crash occur? _____ Anti-aircraft _____
- Enemy Planes? _____ Collision? _____
22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? _____ On ground? _____
24. What was the direction of the flight? _____
25. What was the civilian opinion regarding destination of plane? _____

- 26. Had bombs been released prior to the crash?
- 27. Does specific time and date of crash correspond with date of death of above named deceased?
- 28. Number of planes in formation prior to crash
- 29. State precise time and date of plane crash
 (Night?) (Day?)
- 30. Were parachutists seen? How many? Escaped?
 Prisoners?

SECTION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

- 31. Were remains found in wreckage of a tank? **DOES NOT APPLY.**
 - a. Give specific position in tank from which deceased was removed
 (Radio man, driver, assistant driver or . . . front, side, or back)
 - b. Near wreckage?
- 32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
 - a. Type of tank
 - b. Markings and/or name of tank
 - c. Numbers on motors, machine guns, ammunition, instruments, etc
- 33. What was the type of enemy action that resulted in the tank's disablement?
- 34. Did tank explode? Burn?
- 35. Number of tanks in immediate vicinity at time of disablement
- 36. Does specific time and date of disablement correspond with date of death of above named deceased?
- 37. Precise time and date of destruction of tank
 (Night?) (Day?)
- 38. Did any of the crew members escape? Prisoners?

SECTION D — OTHER BRANCH (To be filled out if B & C are not applicable).

- 39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) **No**
 If so, give complete and thorough results of the interrogation.
 - a. Are all certificates and statements of people who possessed knowledge of the case attached? **Yes**
- 40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **John Kline, Limberg, Obere Fleisch Gasse # 7
 Dr. Schmidt Swartzenburg, Staffel/Lehn by Limberg.**

SECTION E — GENERAL (To be completed by investigation in all cases)

- 41. Were personal effects recovered by the investigating team? **No**
 If not, state reason
 - a. Were identification tags found at the time of death? **No**
 Where? By whom?
 - Present disposition
- If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? **Yes**

Where? **On Remains** By whom? **American PW. Doctors.**

Present disposition **Unknown**

c. Was deceased identified by living members of the crew at the time of death?

d. Did Cemetery Register or cross indicate the immunization shot? **No**

42. Was Deceased given first aid? **Yes** If so, where? **Stalag XII A.**

By whom? **American PW. Doctors** Are statements from the medical people attached? **Yes**

43. Was deceased evacuated to a German civilian hospital? **No**

Where? _____ Names of people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **No**

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? **No**

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? **no**

a. If so, give basis for positive assumption _____

b. If so, has higher headquarters been notified? _____

47. Was case previously investigated? _____ By whom? _____

When? _____

48. Give full names, addresses, and information obtained from each person interviewed

**John Kline. Limberg. Obere Fleisch Gasse # 7
Dr. Schmidt Swartzenburg, Staffel/Lahn by Limberg**

49. Are all positive statements regarding identification and particulars surrounding death attached? **Yes**

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? **No**

51. Was investigation preceded by advanced publicity? **Yes**

(If special investigation, give case number) _____

52. Give Brief Narrative **All information pertaining to deceased is attached to this form.**

No further information is available.

(Use attached, sheets if necessary)

Signature of Interpreter

Rank

ASN

Organization

Signature of Investigator

IVOR J. FOSMO

2nd Lt.

Rank

Inf.

0-2020412

ASN

610 QM GR Co. TRITTEINHEIM/MOSEL DET.

Organization

Map: Germany 1/50 000

Sheet S-2

Coordinates: (WM-1090)

Location: Diez Germany

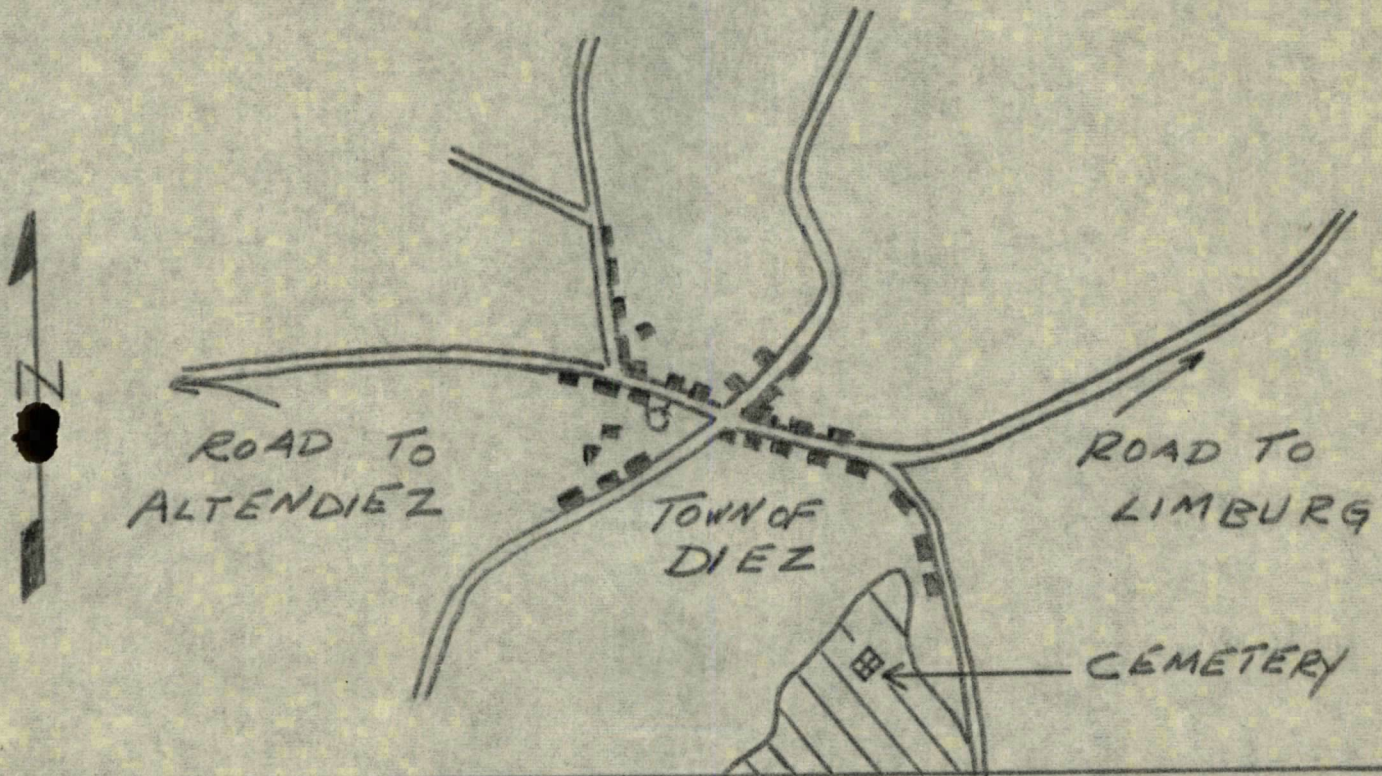
Sketch: By T/5 Hall

610 QM GR CO

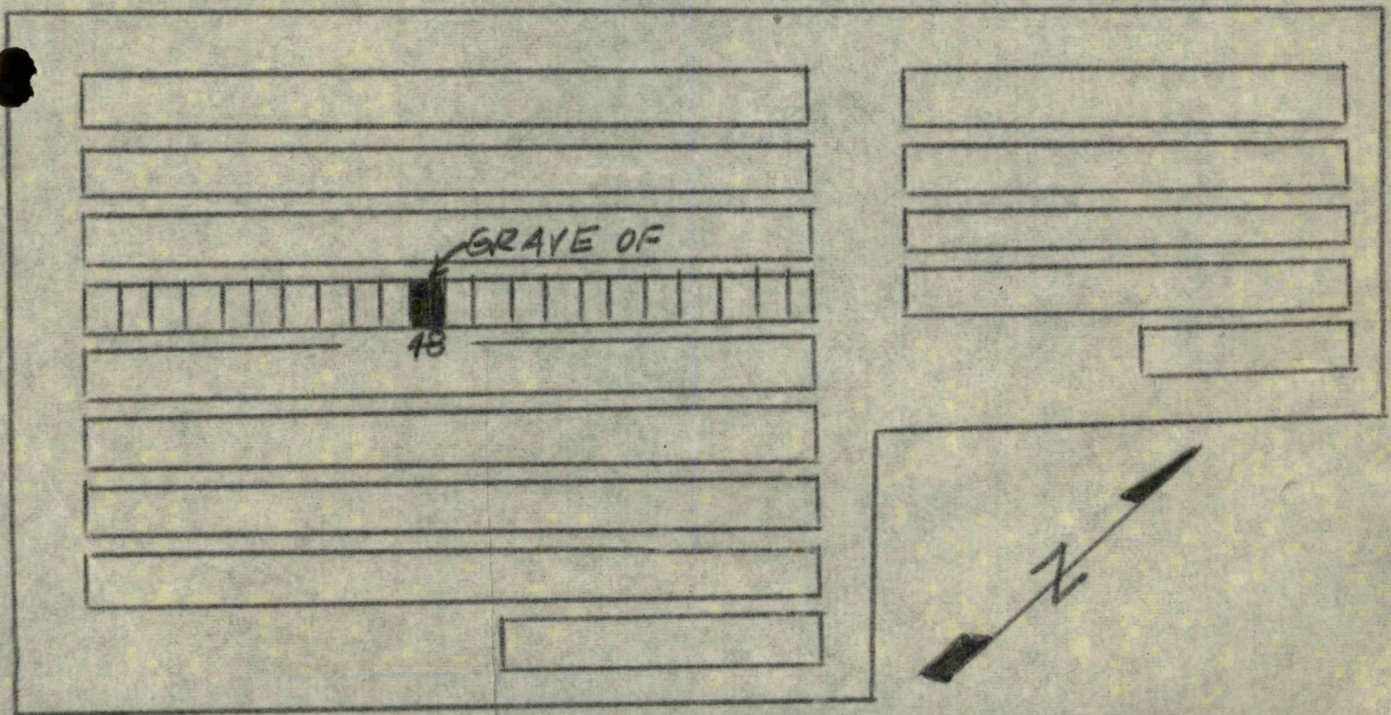
Date: 2, September 1946

Not to scale

1F-1087



WALDFRIEDHOFES CEMETERY



STATEMENT

As Camp Doctor of the Prisoner of War Camp XII A, STALAG, I can remember that about 70 American Officers were killed during an air-raid on the 23 December 1944. Between 8 and 10 American soldiers died during the months of January and February 1945. They had come from the front with a bad attack of Diptheria and although they were treated with Serum injections, but there was no help for them.

Dr. Schmitt-Swartsenberg
Staffel/Lahn
Landweg 8

A TRUE TRANSLATION

Irving J. Fosno
IRVING J. FOSNO
2nd Lt. INF.
G. R. Officer

NARRATIVE.

The remains of WILLIAMS, JOHN T., 39709512, was disinterred on 4 September 1946 and one (1) identification tag was found around the deceased's neck. No further information is available.

Ivor J. Fosmo

IVOR J. FOSMO
2nd Lt. Inf
G. R. Officer

NOTICE OF DISINTERMENT
(AUSGRABUNGSURKUNDE)

GRS-GZ Form No. 8

DATE 4 September 1946
(DATUM)

Die unten aufgefuehrten amerikanischen Toten sind am heutigen Tage von dem heir angegebenen Ort ausgegraben und nach einem amerikahischen Militaerfriedhof zur Bestattung ueberfuehrt worden.

The below listed US deceased personnel have this date been disinterred from the location as shown and have been evacuated to a US Military Cemetery.

U.S. MILITARY CEMETERY (Q.260584) St-Avold FRANCE

_____ for reburial

(NAME)	(RANK)	(ASN)	(PLACE OF DISINTERMENT)
(NAME)	(DIENSTGRAD)	(ERKENNUNGS- MARKENNO)	(AUSGRABUNGSORT)
William, John T.	Unk.	39709572	Diez, Germany (WM-1090)

Falls Gemeindefriedhof,
Grabplatz, Reihe und Grabnummer
angeben soweit moeglich.

If communal cemetery, show
Plot, Row and Grave No., if
available.

W. J. Fosmo

Officer or NCO in charge of disinterment

IVOR J. FOSMO 2nd Lt. Inf 0-2020412

610 QM GR Co. TRITTENHEIM/MOSEL DET.

ORGANIZATION

AGRC
FORM NO. 11
Revised 5 January 1946

CHECK LIST OF UNKNOWN

(to be completely filled out and attached to each
copy of Report of Interment WD QMC Form 1042)

WILLIAMS, JOHN T.
39709572
Protestant

Unknown X
Cemetery
Plot Row Grave

1. Arrived at cemetery
(Hour) (date)

2. Place of death Stalag XII A, PW Camp, Diez, Germany
(Name of closest town) (coordinates and letter Prefex, maps)

(W M - 1090)
Sheet, scale and serials used.

3. Remains recovered or disinterred by 610th QM.GR.
(name and organization)

4. Evacuated to Cemetery by Central Identification Point
(name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Color	wear,	Indicate unusual markings tear, repairs, etc.
------	-------------------	-------	-------	-------	---

*Headgear none
(type)

Raincoat none

Overcoat none

Jacket, Field none Jacket, Combat none

Mackinaw none

Sweater one

Jacket, HBT none

*Shirt, Wool, OD one size 14 $\frac{1}{2}$ -33 markings "W - 9572"

Undershirt, Wool one

Undershirt, Cotton none

Trousers HBT none

*Trousers, Wool OD one markings "572"

Belt, Web None

Drawers, Wool One

Drawers, Cotton None

Leggings, Wool None (Note unusual lacing) None

Socks, Cotton one pair

*Shoes (type) None

Overshoes None

Web Equipment (type) None

(Other item) Remnants of cotton handkerchief

(Other item) None

*If body is nude, sizes of these items should be computed by measuring the remains.

6. Chevrons or Insignia None
(type & location; shirt, jacket, coat, helmet)

Shoulder Patch None

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces Utd.

8. Description of Remains:

Age Utd. Height Est. 5'10" Weight Est. 170 lbs Description of wounds Utd.

Bandages or dressings Utd. Scars Utd.
(Length, width, location)

Tattoos Utd.
(Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks Utd.
(yes-no; description, location)

Sunburn or tan, other than hands & face Utd.

Complexion Utd.
(light, med, dark, clear, pimples, pocks freckles)

Build Utd.
(large, fat, thin, muscular)

Hair Darkbrown 3" long.
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair Utd.
(baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Utd. (color, setting, shape) Mustache Utd. (color, size, shape) Beard or Goatee Utd. (length, heavy, light, color, extent)

Eyes Utd. (color, setting, shape) Eyebrows Utd. (color, bushiness, extent across nose)

Nose Utd. (size, shape, straight) Ears Utd. (size, set close to or far from head)

Mouth Utd. (large, medium, small) Lips Utd. (small, large, full)

Teeth See Tooth Chart (white, size, unevenness, spacing, poticeable crowns, fillings, extract)

Chin Utd. (prominent, receding, pointed, dimple, double)

Jaw Utd. (large, small, normal) Circumference of head in inches Utd. (hat band)

Neck Utd. (size, length, short, normal, wrinkled) Larynx Utd. (prominent, normal)

Shoulders Utd. (broad, straight, small, rounded) Arms Utd. (length, muscular, color)

Utd. (extent and quantity of hair)

Hands Utd.

Fingers Utd. (sort, thick, long, slender, size of knuckles, missing fingers or joints)

Utd. (unusual characteristics of fingernails)

Chest Utd. (size of nipples, color, quantity & extent of hair, large, small, normal)

Back Utd. (quantity & extent of hair) Waist Utd. (size of navel, appendectomy, amount)

Circumcision Utd. (yes-no) Pubic hair Darkbrown (color)

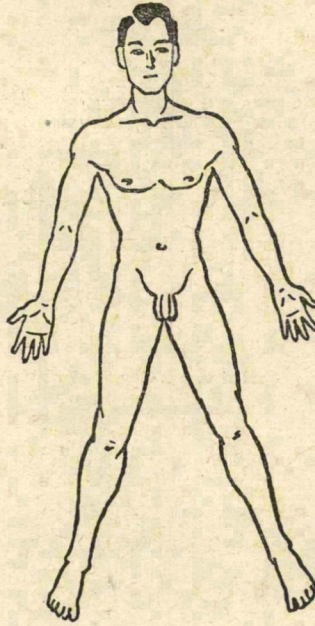
Hernioplasty Utd. (yes-no; location)

Legs Utd. (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet Utd. (Size, corns, callouses, flat) Toes Utd. (slender, straight, crooked, overlap)

Evidence of healed fractures Utd. (nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery:



10. Have fingerprints been placed on Report of Internet NO
Yes-no

If not, explain Decomposed

11. Has tooth chart been prepared yes If not, explain
Yes-no

12. Remarks: Entire remains recovered in last stage of decomposition.
Two (2) Identifications Tags found on body.
Estimated weight of remains recovered 35 lbs.

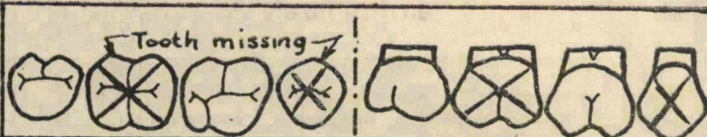
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

R. G. JOHNSON
Officers Name

2nd Lt. Inf. lab. Off.
Rank Service

Central Identification Point
Organization

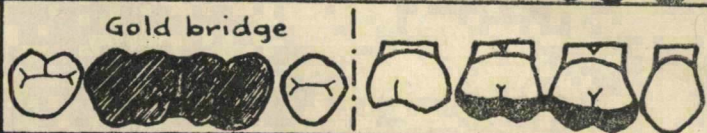
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



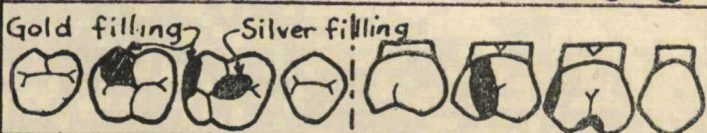
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



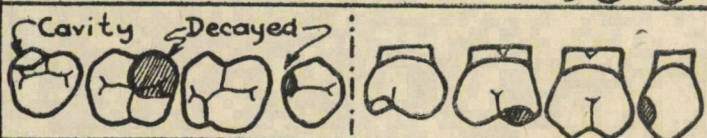
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

Definite spacing of 2 mm. between L & R 9-10.
Also definite deposits of tartar stain on these teeth.

Upper teeth

R 2 - a fixed bridge R 2 being extracted and replaced by a porcelain pontic with a gold base lingually abutted R 3 by gold lingually. R 2 overlaps R 1 facially.

L 2 - is overlapping L 1 at the crown.

L 6 - is rotated slightly (very) distally - being out of line - forced slightly lingual.

Normal size - irregular alignment of teeth.

MK

1

USMC ST. AVOLD, FRANCE
Plot E, Row 31, Grave 31
Date reburied: 11 Mar 49

DISINTERMENT DIRECTIVE

M.R. Swart
M.R. SWART
CAPT., QMC

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3574 13021

DATE

15 05 48
DAY MONTH YEAR

NAME

WILLIAMS JOHN T

SERIAL NUMBER

397 09572

RANK

PVT

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

ST AVOLD - METZ

1

DISPOSITION OF REMAINS

3503 80
CODE DIST. PT.

PLOT

4L

ROW

6

GRAVE

150

COUNTRY

FRANCE

CAUSE OF DEATH

1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

ST. AVOLD, FRANCE

NAME AND ADDRESS OF NEXT OF KIN

MAR 16 1949
BERTHA B. WILLIAMS (WIFE)
2833 1/2 SOUTH MENLO AVENUE
LOS ANGELES, CALIFORNIA (Flag sent)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

USAGF

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATCHD WORK SH T

MINOR DISCREPANCIES I

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

Richard F. Peterson, Embalmer

EMBALMER (Signature)

Richard F. Peterson
Richard F. Peterson

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

All markings, tags &

DATE 16 Sept 48 BY Richard F. Peterson, Embalmer

plates verified by:
Kanemitsu Ito, 1st Lt

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

Kanemitsu Ito, 1st Lt
Kanemitsu Ito, 1st Lt Inf 7857 AGRC Zone 3 Hq.

SIGNATURE OF GRS INSPECTOR

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

BASE 99A & 1 THIS BATTERY UNIT

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER	DATE DAY MONTH YEAR
NAME WILLIAMS JOHN T		SERIAL NUMBER 39709572	RANK PVT	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY				DISPOSITION OF REMAINS CODE DIST. PT.	
PLOT 4L	ROW 6	GRAVE 150	COUNTRY ST AVOLD 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 WILLIAMS JOHN T	SERIAL NUMBER 39709572	RANK Pvt	DATE OF DEATH 26 Jan 45	DATE DISINTERRED 27 May 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION P	IDENTIFICATION VERIFIED BY CHARLES W FREDRICKS, EMBALMER NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM	CONDITION OF REMAINS COMPLETE. IN SKELETON FORM. NO FRACTURES.
------------------------------------	--

OTHER MEANS OF IDENTIFICATION
**IDENTIFICATION TAG FOUND WITH REMAINS. FORM #52b MEDICAL DEPARTMENT FOUND WITH
REMAINS WITH NAME AND SERIAL NUMBER.**

MINOR DISCREPANCIES *1*
NONE

REMAINS PREPARED AND PLACED IN CASKET
DATE **8 June 48** BY **CHARLES W FREDRICKS, EMBALMER**

CASKET SEALED BY CHARLES W FREDRICKS, EMBALMER	EMBALMER (Signature) <i>Charles W Fredricks</i> CHARLES W FREDRICKS
--	--

CASKET BOXED AND MARKED DATE 8 June 48 BY CHARLES W FREDRICKS, EMBALMER	SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by: H. MEAD, CAPT, CWS <i>H Mead</i>
--	--

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

H Mead
H. MEAD, CAPT, CWS, 397 QM Bn
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

19 April 1949

W
Pvt John T. Williams, ASN 39 709 572
Plot E, Row 31, Grave 31
Headstone: Cross
St. Avold (France) U. S. Military Cemetery

Mrs. Bertha B. Williams
2833 $\frac{1}{2}$ South Menlo Avenue
Los Angeles, California

Dear Mrs. Williams:

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.

[Handwritten signature]
Sincerely yours,

H. FELDMAN
Major General
The Quartermaster General

fed

APR 21 1 07 PM '49

U. S. ARMY
MAIL & RECORDS BRANCH

Armed Forces' Original
D. S. S. Form 221
January 30, 1942

10-2-a

170237

Local Board No. 184 91
Los Angeles County 1037
JUL 6 1943 184
136 So. Maryland
Glendale, California

(LOCAL BOARD DATE STAMP WITH CODE)

REPORT OF PHYSICAL EXAMINATION AND INDUCTION

First examination Second examination Third examination Fourth examination
(To be filled in by local board clerk. Check number of examination made by local board)

SECTION I.—GENERAL (To be filled in by the local board clerk from the Selective Service Questionnaire, D. S. S. Form 40. Write "none" opposite the questions where no information is given. Do not leave any question blank.)

- Name (page 1) John Taylor Williams
(First) (Middle) (Last)
- Address (page 1) 2833 1/2 S. Menlo, Los Angeles, Los Angeles, California
(Street or rural route) (Town or city) (County) (State)
- Social Security No. (Series I, line 5) 549-01-8674 4. Registrant's order number (page 1) 2431
- Physical or mental defects or diseases (Series II, line 1) None
- Treatment at an institution, sanitarium, or asylum (Series II, line 2) No
(Yes or no)
- Education (completed) (Series III): Elementary school 8 High school 4 Vocational school, college, or university None
- Occupation: (a) Title of present job (Series IV, line 2 (a), or Series V, line 1) Die Cast Operator
(b) Duties (Series IV, line 2 (b)) Operation of Harvill Die Cast Machine.
(c) Title of last job, if unemployed (Series IV, line 3)
- Years experience in this work (Series IV, line 2 (c), or Series V, line 2) 3
- Income (Series IV, line 2 (d)): Average weekly earnings \$ 52.00
(Weekly, monthly, annual)
- Employment class (Series IV, line 2 (e)): Permanent employee ; Temporary employee ; Apprentice ; Independent worker ; Unpaid family worker ; Employer ; Student (Series IV, line 4 (a))
- Business of present employer (Series IV, line 2 (g)) Electrical cable connectors for military aircraft
- Marital status (Series VII, line 1): Single ; Widower ; Divorced ; Married, not separated ; Married, separated
- Number of dependents (Series VII, line 3 (a) fifth column except N. C.'s plus line 4 (a) fifth column) 1
- Birthplace (Series IX, line 1) Cincinnati, Ohio, U.S.A.
(Town or city) (State) (Country)
- Birth date (Series IX, line 2) February 5, 1911
(Month) (Day) (Year)
- Race (Series IX, line 3): White ; Negro ; Other (specify)
- Citizenship: United States citizen (Series IX, line 4) Yes; Declarant alien (Series IX, line 7) No
(Yes or no) (Yes or no)
- Previous U. S. military service (Series XII): None ; Army ; Guard ; Navy ; Marine Corps ; Coast Guard
- Type of discharge (Series XII): Specify
- Date of registrant's affidavit (top of page 8) 25 July 1941
(Day) (Month) (Year)

(To be filled in by Armed Forces)
39709572
(Armed Forces Serial No.)

Do Not Enter Anything in This Column

RESIDENCE

State

County

Place inducted

DATE INDUCTED

Day

Month

Year

Source

Nativity

Year of birth

Race/citizenship

Education

Occupation

Marital

1263

INSTRUCTIONS

- An original and three copies of this form will be prepared for each registrant called up for physical examination. The original is designated as the Armed Forces' Original; the first carbon copy, the National Headquarters Copy; the second carbon copy, the Surgeon General's (Army)—Bureau of Medicine and Surgery (Navy)—Commandant Marine Corps (M. C.) Copy; and the third carbon copy, the Local Board's Copy. Instructions are contained on each copy.
- Forms of men rejected by the armed forces will be marked "Rejected by the Armed Forces" in large letters at the top of page 1.
- If the registrant is not sent to the induction station of the armed forces, or is rejected by the induction station of the armed forces, this original will be filed, along with "Local Board's Copy" (3d copy), in the registrant's Cover Sheet (Form 53).
- For registrants accepted by the induction station of the armed forces: If inducted by the ARMY, this original accompanied by F. B. I. Military Fingerprint Card will be forwarded from induction station to The Adjutant General, Washington, D. C.; if inducted by the NAVY or COAST GUARD, this original will be forwarded through the Main Recruiting Station to the Bureau of Navigation, Washington, D. C.; if inducted by the MARINE CORPS, this original will be sent to the Commandant, Headquarters, U. S. Marine Corps, Washington, D. C.
- Fingerprints are required only on this original and only for registrants who are inducted. If inducted by ARMY, prepare F. B. I. Military Fingerprint Card.

ORIGINAL COPY

SECTION IV.—PHYSICAL EXAMINATION RESULTS—Continued.

78. I CERTIFY that the above-named registrant was carefully examined, that the results of the examination have been correctly recorded on this form and that to the best of my knowledge and belief—

- (a) John Taylor Williams is physically and mentally qualified for general military service.
(Enter name of registrant if this subsection is applicable)
- (b) _____ is physically and mentally qualified for general military service after the satisfactory correction of the following remediable defects: _____
(Enter name of registrant if this subsection is applicable)

This registrant would have been accepted for general military service had the remediable defects herein specified been remedied at the time of this examination.

- (c) _____ is physically qualified for limited military service only by reason of _____
(Enter name of registrant if this subsection is applicable)
- (d) _____ is physically qualified for limited military service after the satisfactory correction of the following remediable defects: _____
(Enter name of registrant if this subsection is applicable)

This registrant would have been acceptable for limited military service had the remediable defects herein specified been remedied at the time of this examination.

- (e) _____ is physically and/or mentally disqualified for military service by reason of _____
(Enter name of registrant if this subsection is applicable)
- (f) _____ is disqualified for military service because of _____
(Enter name of registrant if this subsection is applicable)

(g) Signature R. J. Perlmutter (h) Title 1st. Lt. Med. Corps.
Medical Examiner

(i) Name typed or stamped JOHN TAYLOR WILLIAMS R. J. PERLMUTTER

79. (a) _____ was this date inducted for (general; ~~XXXXXX~~ strike out inapplicable word) military service into the (fill in appropriate Service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States and sent to FT. MACARTHUR, CALIFORNIA

(b) _____ was this date rejected for service in the (fill in appropriate service, such as Army, Navy, Marine Corps, or Coast Guard) _____ of the United States.
(Enter name of registrant if this subsection is applicable)

(c) Place LOS ANGELES, CALIFORNIA (d) Signature W. Evans

7 (e) Date SEPT. 11, 1943 (f) Name typed or stamped W. EVANS, 2ND LT. AUS.
(Grade and organization)

SECTION V.—LOCAL BOARD CHANGE IN CLASSIFICATION AFTER EXAMINATION BY THE INDUCTION STATION OF THE ARMED FORCES.

80. (a) Based on the entries in (a), (c), (d), (e), or (f) of Item 78, above, the Local Board has changed the above-named registrant's classification to Class _____
- (b) Based on the entries in (b) of Item 78, above, the Local Board has retained the above-named registrant in Class _____
- (c) Place _____ (d) Date _____
- (e) Signature of member of local board _____

FINGERPRINTS—RIGHT HAND

1. THUMB

2. INDEX

3. MIDDLE

4. RING

5. LITTLE

ORIGINAL COPY

(PAGE 4)

16-20941-1

U. S. GOVERNMENT PRINTING OFFICE : 1942

SECTION IV.—PHYSICAL EXAMINATION RESULTS: (All Items Must Be Filled In. Indicate Normal or None Where Applicable. To Be Filled Out by the Medical Board at the Induction Station of the Army Forces.)

Do Not Write
in This
Column

39. Eye abnormalities none

40. Ear, nose, throat abnormalities none

41. Mouth and gum abnormalities none

42. Teeth: (a) Indicate restorable carious teeth by circling; nonrestorable carious teeth by /; missing natural teeth by X.

	Right										EXAMINEE'S										Left																	
	8	9	6	5	4	3	2	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		

(b) Remarks, including other defects none

(c) Prosthetic dental appliances Fixed bridge, serviceable,
R-2

(d) Remediable dental defects none

43. Skin normal

44. Varicose veins none

45. Hernia none

46. Hemorrhoids none

47. Genito-urinary (non-venereal) normal

48. Venereal diseases none

49. Feet normal

50. Musculoskeletal defects none

51. Abdominal viscera normal

52. Cardiovascular system normal

53. Lungs normal

54. Chest X-ray negative

55. Mental normal

56. Nervous system normal

57. Endocrine system normal

58. Other defects and/or diseases or other remarks

60. Vision, without correction:

(a) Right eye 20/20

(b) Left eye 20/20

61. Vision, with correction:

(a) Right eye

(b) Left eye

62. Color perception *

63. Hearing:

(a) Right ear 15/15

(b) Left ear 15/15

64. Height 72 inches.

65. Weight 129 pounds.

66. (a) Girth, at nipples; inspiration 35 inches.

(b) Girth, at nipples; expiration 33 inches.

(c) Girth, at umbilicus 27 inches.

67. Posture: Good Fair Poor

68. Frame: Heavy Med. Light

69. Color of hair brown

70. Color of eyes blue

71. Complexion light

72. Pulse, sitting 82

73. Pulse, after exercise*

74. Pulse, 2 minutes after exercise* 84

75. Blood pressure:

(a) Systolic 150

(b) Diastolic 80

76. Urinalysis:

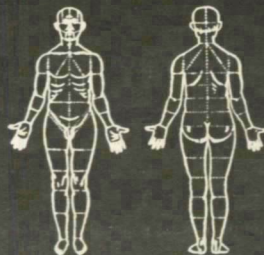
(a) Specific gravity 1.018

(b) Albumin none

(c) Sugar none

(d) Microscopic*

77. Other data:



SECTION II.—REPORT OF LOCAL BOARD EXAMINING PHYSICIAN AND LOCAL BOARD CLASSIFICATION.

22. If registrant's answer to Item 6 above is "yes," when and for what ailment(s) _____

23. Is registrant now or previously an enrollee in the Civilian Conservation Corps: No ; Yes

24. Serological test (syphilis): Date 7-10-43 Result Negative
 Second serological test (syphilis): Date _____ Result _____

25. Examining physician's remarks _____

26. (a) Do you find that the above-named registrant has any of the defects set forth in Part I of the List of Defects (Form 220)?
 (If in doubt, answer "no," and give details.) no If answer is "yes," describe the defects, in order of significance
 (Answer yes or no)

(b) Do you find that the above-named registrant has any of the defects set forth in Part II of the List of Defects (Form 220)?
 (If in doubt, answer "no," and give details.) no If answer is "yes," describe the defects, in order of significance
 (Answer yes or no)

(c) I have examined the above-named registrant in accordance with Selective Service Regulations.
 (d) Signature of examining physician H. P. Smith, M.D.
 (e) Place GLENDALE LOS ANGELES CALIFORNIA (f) Date 7-6-43
 (Town or city) (County) (State)
 27. (a) This Local Board has classified the above-named registrant in Class 1-A
 (b) Signature of Member of Local Board J. E. Swift, Chairman
 (c) Place GLENDALE LOS ANGELES CALIFORNIA (d) Date 7-16-43
 (Town or city) (County) (State)

SECTION III.—NEAREST RELATIVE, PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, AND DESIGNATION OF BENEFICIARY (To be filled out at the induction station of the armed forces for only those registrants accepted for military service).

A. Nearest relative and person to be notified in case of emergency:
 28. Nearest relative John Taylor Williams
 (Other than wife or minor child. Name in full)

29. Relationship Father 30. Address Sun Valley, Idaho
 (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

31. Person to be notified in case of emergency Bertha Baram Williams
 (Name in full)

32. Relationship Wife 33. Address 2833 1/2 South Menlo Ave. Los Angeles, California
 (If friend, so state) (Number and street or rural route; if none, so state) (City, town, or post office) (State or country)

B. Designation of beneficiary:
 34. The persons eligible to be my beneficiary are designated below:
 (1) Bertha Baram Williams (wife) 2833 1/2 South Menlo Ave. Los Angeles, California
 (Full name of wife; if no wife, or if she is deceased or divorced, so state) (Wife's full address)

(2) None
 (Full name and address of each minor child and each dependent child over 21 years of age. If there are no children, so state. If the address is the same as the

wife's, so state. Do not repeat address)

35. In the event of my leaving no widow or child, or their decease before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(3) John Taylor Williams (father) Sun Valley, Idaho
 (If designation of beneficiary is declined, man must state in own handwriting: "I decline to designate any person as my beneficiary")

36. In the event of the death or disqualification of the last-named dependent relative before payment is made, I then designate as my beneficiary the dependent relative whose name, relationship, and address are shown below:

(4) Robert Lee Williams (brother) 1210 South Mariposa, Glendale, California
 (If beneficiary is named in line 35 but naming of alternate is declined, man must state in own handwriting: "I decline to designate an alternate beneficiary")

37. Signature of registrant John Taylor Williams
 (First name) (Middle name) (Last name)

38. Witnessed at Los Angeles, California on Sept. 11, 1943, 19____
William D. Curtis (Signature) (Name of witness typed)
WILLIAM D. CURTIS (Name of witness typed) OPL-DEML (RS) (Grade and organization)

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt John T. Williams, 39 709 572
 Plot LIII, Row 6, Grave 150,
 United States Military Cemetery
 St Amand, France

20 October 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, MRS. BERTHA B. WILLIAMS
(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. St. Amand, France
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 _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
- (FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____
- (LOCATION OF NATIONAL CEMETERY SELECTED)
- (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
- YES NO

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

NONE

Mrs Bertha B Williams
28 33 1/2 S. Main Ave
Los Angeles Calif.

D. D. PROC. 6-2-1948-M.K.

Coded, Jones 5/14/48

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

PAGE 1

FEB 19

JK

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.

Mrs. Bertha B. Williams
(SIGNATURE OF NEXT OF KIN)
BERTHA B. WILLIAMS.
(NAME PRINTED OR TYPED)

2833 1/2 S. Menlo Ave
(STREET AND NUMBER)
LOS ANGELES 7, CALIF.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 27th day of Nov., 19 , at city (or town) of Los Angeles, county of Los Angeles, and State (or Territory or District) of California

Raymond D. Nutt
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)

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

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____	_____ (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 INSTRUCTION

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

16
Would like to establish a memorial
placque (at Forest Lawn - Glendale ^{Calif.}) (Have not
inquired there as yet) and would like
to know if there is any information
you can give me in regard to this
matter. I feel this would honor
his memory to my now 3 1/2 year old
daughter as well as to myself.

Would there be financial
assistance in this case?

Most sincerely,
Bertha J. Williams



QCMF 293
Williams, John T.
S. N. 39 709 572

13 January 1948

Mrs. Bertha B. Williams
2833 $\frac{1}{2}$ South Menlo Avenue
Los Angeles, California

Dear Mrs. Williams:

We have received and accepted the "Request for Disposition of Remains" form, in regard to the final interment of the remains of your husband, the late Private John T. Williams.

There is no provision whereby the Department of the Army may pay a monetary allowance in lieu of the Government supplied headstone or marker. Headstones or markers cannot be traded in for a private monument. No funds are available for fences or any other purpose.

Please be assured of my continued sympathy in your great loss.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

efr
cc: Arrowson th

RBC

QMGF 293
Williams, John T.
S. N. 39 709 572

MB

13 January 1948

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2833 1/2 South Menlo Avenue
Los Angeles, California

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Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

MEMORIAL DIVISION

JAN 14 9 13 AM '48

RECORDS BRANCH

B
NBC

Jan 14 10 59 AM '48
MAIL ROOM
RECORDS BRANCH
Arrowsmith

CORRESPONDENCE ACTION SHEET

Mr. Miss. Mrs. Addressee: Bertha B. Williams Widon Relationship
State 2833 1/2 So. Menlo Avenue
City, State Los Angeles, California '47 Date letter

Cemetery Temporary: _____

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

PARAGRAPHS (sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

165-A received and accepted

162

166-M

c c to: Mrs. Arrowsmith w/345
Room 2418B

Decedent:

Williams

John

D.

Pvt.

99709579

ASN

EH

1/31/48
1/31/48
1/31/48

Analyst Typist Reviewer

Modifications

OKed

293
Pvt John T. Williams, 39 709 572
Plot LIII, Row 6, Grave 150,
United States Military Cemetery
St Avold, France

20 October 1947

Mrs. Bertha B. Williams
2833 $\frac{1}{2}$ South Menlo Avenue
Los Angeles, California

Dear Mrs. Williams:

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.
2135

CT 27 11 41 AM '47

O. O. M. G.
MAIL & RECORDS BRANCH

7 January 1947

Mrs. Bertha B. Williams
2833 $\frac{1}{2}$ South Menlo Avenue
Los Angeles, California

Dear Mrs. Williams:

39 3 The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private John T. Williams, A.S.N. 39 709 572.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery St. Avold, plot LIII, row 6, grave 150. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located twenty-three miles east of Metz, France, 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 all legal next of kin with full information and solicit their detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

gh

28

Deutschland Familien- u. Vorname: Williams, John
WILLIAMS, John T.

Amerika
A 0201 Williams, John T 39409572

geboren am 5.2.1911 in: Californien Kreis:

Truppenteil:
U. S. Army

Dienstgrad:
Soldat

Erkennungsmarke:
3940 9572
File 27. aug 46
HAK
Smith
Germany

Tag des Todes	Ort des Todes	Beerdigt am
26.1.1945 died -	at Limburg, Lahn	29.1.1945

Lage und Nr. des Grabes: buried - PW. Cem. East Litz -
now 4 - grave 9 -
M. Fran. Litz Str., 4. Reihe, Grab 4. 9

Gemeldet durch: B.L. Ref. I. W.G.O. Wast. - Trupp. -
San. - File in Est. Br.
DNB 26 Jan 45 Kalag III at Limburg, Lahn
CmK 23 Mar 46
aus 28 Mar 46

211
214

293 Williams, John J. (29,709,572)

Personalkarte I: Personelle Angaben

Beschriftung der Erkennungsmarke

Nr. 098726

Lager: XII A

Kriegsgefangenen-Stammlager: XII A. Limburg



Des Kriegsgefangenen	Name: <u>WILLIAMS</u>	Staatsangehörigkeit: <u>Amerikan.</u>
	Vorname: <u>JOHN. T.</u>	Dienstgrad: <u>Pvt.</u>
	Geburtstag und -ort: <u>Feb 5. 1911. Calif.</u>	Truppenteil: <u>U.S. Army.</u> Komp. usw.
	Religion: <u>Pro. Protestant</u>	Zivilberuf: <u>Clerk.</u> Berufs-Gr.
	Vorname des Vaters: <u>J Taylor.</u>	Matrifel Nr.: (Stammrolle des Heimatstaates) <u>39709572</u>
	Familiennamen der Mutter: <u>Scotfield.</u>	Gefangennahme (Ort und Datum): <u>Belgium, 23 Decemb.</u>
		Ob gesund, krank, verwundet eingeliefert: <u>Fit</u>

Des Kriegsgefangenen	Lichtbild	Nähere Personalbeschreibung		
	DNB 26 Jan 45	Größe	Haarfarbe	Besondere Kennzeichen:
		<u>6'</u>	<u>brun.</u>	
		Fingerabdruck des rechten Zeigefingers	Name und Anschrift der zu benachrichtigenden Person in der Heimat des Kriegsgefangenen	
	<u>Mr. Bert Williams -</u> <u>2833 1/2 S. Menlo Ave.</u> <u>Los Angeles</u> <u>Calif.</u>			

Bemerkungen:

Beschriftung der Erkennungsmarke Nr. 098726 Lager: XII A Name: WILLIAMS

Beschriftung der Erkennungsmarke Nr. _____	Charaktereigenschaften u. a.	Befond. Fähigkeiten	Sprachkenntnisse	Führung
Lager: _____				

Strafen im Kr.-Gef.-Lager	Datum	Grund der Bestrafung	Estrafmaß	Verbüßt, Datum

Schutzimpfungen während der Gefangenschaft gegen			Erkrankungen		
Bocken	Sonstige Impfungen (Ty.-Parath., Ruhr, Cholera usw.)		Krankheit	von Revier bis	Lazarett-Krankenhaus von bis
am Erfolg	am gegen	am gegen	Ginerton, 26.1.45 died 26 Jan 45	Hirschlaas Kant Attack	
am Erfolg	am gegen	am gegen			
am Erfolg	am gegen	am gegen			
	am gegen	am gegen			

Verfegungen	Datum	Grund der Verfezung	Neues Kr.-Gef.-Lager	Verfegungen	Datum	Grund der Verfezung	Neues Kr.-Gef.-Lager
	24.1.45		M. Jomborgi 70.1				

Commandos

Datum	Art des Commandos	Rückkehrdatum
26.1.45	Ginerton	
29.1.45	beerdigt auf dem Kgl. Friedhof Diez Ost 4 Ruhe - Grab n. 9 Wart Liste 1991	
26 Jan 45	died -	
29 Jan 45	Buried - P.M. Camp East Hing - 4 th row grab 9 - near - (Limburg)	

#

293 Williams, John T. (39,709,572)

12

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

In Reply Refer to QMGYG 293

Williams, John T.
39 709 572

25 June 1946

BURIAL INFORMATION

NAME: Williams, John T.

GRADE: Private

A.S.N: 39 709 572

DATE OF DEATH: 26 January 1945

The following information has been received in this office, and is forwarded for aid in recovering this deceased.

PLACE OF DEATH: Stalag XIIA at Limburg, Germany.

PLACE OF BURIAL: Prisoner of War Cemetery, 4th Row, Grave Number 9,
at East Diez, Germany.

Above information has been obtained from: Captured German Records.

Transmittal Ltr No.

314.6
11/E

, dtd

1/0 European
25 June 1946

Incl 47

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	EFFECTS QUARTERMASTER	ARMY EFFECTS BUREAU		DATE
2	KANSAS CITY 1, MISSOURI			
3	293 Williams, John J.			

FD

(39709572)

For necessary action.

PIERCE

2 Incl.
cy ltr e/d
cy ltr 15 May 45

Orig. fwd. to K. C. by this office, etc

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
			1f:	14 Aug 45
	MEMORIAL DIVISION, PLANNING & REGISTRATION BRANCH, TEMPO "C" WASHINGTON 25, D. C.			TELEPHONE

SPQYG 293
Williams, John T.
S.N. 39 709 572

14 August 1945

Mrs. Bertha B. Williams
2833 1/2 South Menlo Avenue
Los Angeles 7, California

Dear Mrs. Williams:

Acknowledgment is made of your letter requesting information concerning the personal effects and interment of your husband, the late Private John T. Williams, which has been forwarded to this office for reply.

A copy of your letter has been forwarded to the Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardisty Avenue, Kansas City 1, Missouri, for reply to you. That office has jurisdiction over the disposal of the personal effects of our deceased military personnel outside the United States.

The official report of interment received in this office through the American Legation, Bern, Switzerland, from the German Government shows that the remains of your husband were interred at Diets, Lahn, Germany. This burial information has not yet been verified by our Armed Forces, however, you will be notified when such verification is made and these remains can be concentrated in an established American Cemetery.

This office sincerely regrets the delay in answering your letter and extends its deepest sympathy in the loss of your husband.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN
Colonel, QMC
Assistant

if:

Aug 14 11 30 AM
O. O. M. G.
MAIL & RECORDS BRANCH

MEMORIAL DIVISION

Aug 14 12 59 PM '45

CCP:

Williams

AGRD-C 201 Williams, John T.
(15 May 45)

5 June 1945

Mrs. Bertha B. Williams
2833 $\frac{1}{2}$ South Menlo Avenue
Los Angeles 7, California

Dear Mrs. Williams:

I have received your letter addressed to The Adjutant General, Washington, D. C., in which you request further information concerning the death of your husband, Private John T. Williams, Army serial number 39 709 572.

Information now available shows that on 23 December 1944, your husband's platoon was on ammission to hold a road block near Regne, Belgium. During an attack in that area, superior German forces overrun their position and your husband was reported missing in action at Mormont, Belgium. Subsequently a report was received from the German government through the International Red Cross stating only that your husband died in a prisoner of war camp, Stalag 12A, on 26 January 1945, as the result of heart failure. I regret that no further details have been received since this report.

I am unable to furnish you with the names of any of your husband's associates who may have been with him at the time of his death, as the reports received in this office contained no information of this nature. If you have not received a letter from overseas, you may forward your request to Commanding Officer or Chaplain, 87th Cavalry Reconnaissance Squadron Mechanized, APO 257, c/o Postmaster, New York, New York.

The Quartermaster General of the Army, Washington 25, D. C., has jurisdiction over matters pertaining to the burial of our soldiers who die overseas. A copy of your letter has been referred to that officer for necessary action. He will also advise you regarding your husband's personal effects.

Identification tags are not returned to the families as they are a part of the soldier's uniform. Upon death and at time of burial, one tag is interred with the remains and the other fastened to the marker on the grave to insure future identity.

Please accept my sympathy in the loss you have sustained.

Sincerely yours,

COPY FOR:

file att. 8/6/45

The Quartermaster General

Washington 25, D. C.

1 Incl:

Copy ltr 15 May 45

E. C. GAULT
Colonel, AGD
Chief of Branch

F. V. Spayman

EXTRACT COPY

May 15, 1945

2833½ S. Menlo Ave.
Los Angeles 7, Calif.

J. A. Ulio, Major General,

Dear Major General Ulio.

In reference to AG 201 Williams, John T. I would greatly appreciate it if you could give me the names and addresses of the Commanding officer and the Chaplain of the division to which Pvt. Williams belonged.

Since no personal effects, or a dog tag had been returned to me, and since no further details have been sent, you must know my ceaseless anxiety and worry, which is constantly increasing, instead of decreasing. I know I shall never be at peace, (which is certainly no help, mentally, to my baby) unless I know where Williams (which camp and where buried, etc) had been.

I would appreciate it greatly, if you could help me a little during this troubled time, and am terribly sorry that I must bother you so.

Ever grateful and sincerely,

Mrs. Bertha B. Williams

*PE
forward*

RECORDS DIVISION

MAY 15 1945

LOS ANGELES REGISTRATION SECTION

BURIAL INFORMATION

293

NAME Williams, John T. ASN 39709572

RANK Pvt. ORGANIZATION Stalag XII A

EMERGENCY ADDRESSEE

DATE OF DEATH 24/1/45 PLACE Stalag XII A

PLACE OF BURIAL PQW Cemetery Diets, Lahn, Germany.

DATE OF BURIAL 27/1/45 DATE OF REBURIAL

PERSONAL EFFECTS Personal effects turned over to German Authorities of
Stalag XII A

REMARKS Source of information--

From Death Certificate received from the American Legation at Bern,
Despatch No. 11228 dated March 23, 1943
M--Stamlager XII A Limburg, Lahn Germany 31 Jan. 1945

Cause of Death-- Anemán Dysentery

Name & Address of next of kin-- Bertha B. Williams 2833 1/2 S. Medglow,
Los Angeles, Calif.

File
5-1-45

GEPRÜFT

STALAG XIIA

■ 35a ■

DEATH CERTIFICATE

STALAG XIIA
31 Jan 1945

2

- 1) Full Name - WILLIAMS JOHN T.
- 2) Rank - PVT.
- 3) SER No 39709572
- 4) Dow No -

293 WILLIAMS, JOHN T. (39 709 572)
Pvt.
- 5) STALAG XIIA
- 6) DATE & Place OF BURIAL - POW Cemetery, Dietz, LAHN 27/1/45
- 7) DATE & Place OF DEATH - STALAG XIIA 24/1/45
- 8) Name & ADDRESS OF NEXT OF KIN - BERTHA B Williams - 2833 1/2 S - MEADOWLOW, Los Angeles, CALIF.
- 9) CAUSE OF DEATH - Anemia Dysentery
- 10) ADDITIONAL NOTES - Personal EFFECTS TURNED OVER TO GERMAN AUTHORITIES OF STALAG XIIA

John Bunch
1ST SGT 87336
Man OF CONFIDENCE

Signed
Henry S. Huber
Major M.C.
A.U.S.

CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS TAKEN FROM AG CAS CARD :

CEMETERY ST AVOLD PLOT LLLL ROW 6 GRAVE 150

NAME *293* : WILLIAMS JOHN T

RANK : 39709572

ASN : PVTORGANIZATION : 87 CAV. RCN SQ MDATE OF DEATH : 26 Jan. 45

PLACE OF DEATH : —

CAUSE OF DEATH : —

TCYR 10/10/46

(Signature)

MEMORIAL DIVISION
RECORDS BRANCH
OCT 21 12 33 PM '46

WD QMC Form 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
25 September 1946

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

WILLIAMS, JOHN T.

SERIAL No.

39709572

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown
(Prisoner of War)

RACE

Unknown

RELIGION

Protestant

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Stalag XII A
PW.Camp, Diez, Germany

CAUSE OF DEATH

Wounds or Diphtheria
(see statement)

DATE OF DEATH

Est.
Febr. 1945

EMERGENCY ADDRESSEE (Name, relationship, and address)

Bertha B. Williams, 2833 1/2 S, Menlo Ave. - Los Angeles, Cal.

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

TWO (2)

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

none

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

none

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

U.S. MILITARY CEMETERY (Q. 260584) St-Avoid FRANCE

DATE OF BURIAL

25 September 1946

HOUR

1500

BURIED IN (Shroud, blanket, or name of other)

casket

TYPE OF GRAVE
MARKER

Temp.
Wood Cross

PLOT No.

L111

ROW No.

6

GRAVE No.

150

WAS THIS A REBURIAL?
(Yes or no)

yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

Waldfriedhof, Diez, Germany
(W M - 1090)

PLOT No.

ROW No.

GRAVE No.

4

11

TYPE OF RELIGIOUS
CEREMONY

Protestant

PERSON CONDUCTING BURIAL RITES

CH. Ch.R. Williams, 1st Lt.

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

Dunn, Robert F.

RANK

Unk

SERIAL No.

0-670043

ORGANIZATION

A.A.F.

GRAVE No.

149

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

END OF ROW

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

Ellsworth T. MacIntyre
Captain Q.M.C. C.I.P.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Verne C. Edmunds
2nd Lt. Inf. C.I.P.

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

870 0-150

FILE
31 OCT 1946
Amphibious
Party

WILLIAMS, JOHN T
39709572 T44 O
BERTHA B WILLIAMS
2833 1/2 S. MENLO AV
LOS ANGELES, CAL

61A

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.


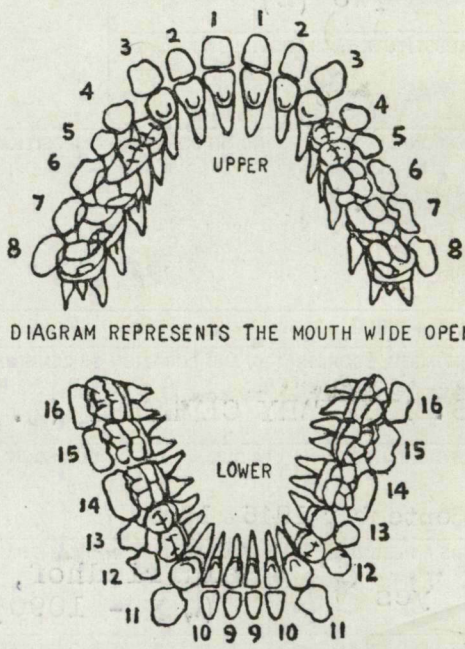

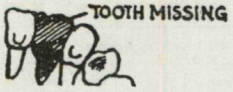


(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

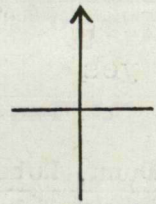
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	yes	

OTHER IDENTIFICATION CLUES

one shirt marked: "W - 9572"
one trousers marked: "572"

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Form 11 Check List and Form 1A Tooth Chart accomplished.
Too badly decomposed for fingerprints.
Est. weight of remains recovered 35 lbs.
Two (2) Identification Tags found on body.

20 OCT 1946

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

REPORT OF DEATH

DATE 20 Mar 1945
tps. 3829

FULL NAME Williams, John T.		ARMY SERIAL NUMBER 39709572	GRADE Pvt
HOME ADDRESS Los Angeles, California		ARM OR SERVICE Cavalry	DATE OF BIRTH 5 Feb 1911
PLACE OF DEATH European Area	CAUSE OF DEATH German prisoner Heart Failure while a /		DATE OF DEATH 26 Jan 45
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 11 Sept 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Bertha B. Williams, wife, 2833 1/2 South Menlo Ave., Los Angeles, Calif			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Bertha B. Williams, wife, same as above John Taylor Williams, father, Sun Valley, Idaho Robert L. Williams, brother, 1210 South Mariposa, Glendale, Calif.			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
X		X	
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	
YES	NO	YES	NO
X			
IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO
	X		

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 Dec 44 until such absence was terminated 28 Feb 1945, when evidence considered sufficient to establish the fact of death on 26 Jan 45, was received by the Secretary of War from the German Government through the International Red Cross.

File
26 MAR 1945
VE

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

BY ORDER OF THE SECRETARY OF WAR:

[Signature]

ADJUTANT GENERAL

35-4,600
9

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

REPORT OF DEATH

DATE 20 Mar 1945
trs. 3829

FULL NAME Williams, John T.		ARMY SERIAL NUMBER 39709572	GRADE Pvt										
HOME ADDRESS Los Angeles, California		ARM OR SERVICE Cavalry	DATE OF BIRTH 5 Feb 1911										
PLACE OF DEATH European Area	CAUSE OF DEATH German prisoner Heart Failure while a		DATE OF DEATH 26 Jan 45										
STATION OF DECEASED European Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 11 Sept 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Bertha B. Williams, wife, 2833 1/2 South Menlo Ave., Los Angeles, Calif													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Bertha B. Williams, wife, same as above John Taylor Williams, father, Sun Valley, Idaho Robert L. Williams, brother, 1210 South Mariposa, Glendale, Calif.													
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	X			X	X					X		

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 23 Dec 44 until such absence was terminated 28 Feb 1945, when evidence considered sufficient to establish the fact of death on 26 Jan 45, was received by the Secretary of War from the German Government through the International Red Cross.

RB

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

[Signature]

ADJUTANT GENERAL

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

354600

—BATTLE CASUALTY REPORT

NAME			SERIAL NUMBER			GRADE		ARM OR SERVICE		REPORTING THEATRE	
WILLIAMS JOHN T			39709572			PVT		CAV		ETO	
PLACE OF CASUALTY			DATE OF CASUALTY			FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER	
BELGIUM 9			DAY	MONTH	YEAR			MIA		008	
			23	DEC	44						

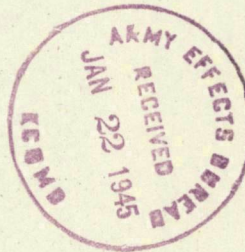
NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME		RELATIONSHIP		DATE NOTIFIED	
MRS BERTHA B WILLIAMS		WIFE		16 JAN 45	
NO. AND NAME OF STREET—CITY—STATE					1m
2833 1/2 SOUTH MENLO AVENUE LOS ANGELES CALIFORNIA					

REMARKS:

CORRECTED COPY



JAN 15 3 06 PM '45
 RECEIVED

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 43 AG 201 REQ. _____

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO YES _____ (AS INDICATED BELOW):

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

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

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY *Lawson 16 Jan 45* REVIEWED BY *Curdy*

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

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

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

DISTRIBUTION "B" _____ COPIES

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

DOCUMENT-PRINTED BY-AMERICAN SALES BOOK CO., INC., NIAGARA FALLS, N. Y.

354600

RTB:AP:sh
August 31, 1945

Dear Mrs. Williams:

Your inquiry to The Adjutant General has been referred to the Army Effects Bureau for reply in connection with the personal effects of your husband, Private Wahn T. Williams. ✓

7

We have carefully checked our records and regret to state that we have not received any information regarding his belongings. ✓

54

All War Department agencies have instructions to forward the personal effects of military personnel to the Army Effects Bureau for disposition, and it is reasonable to assume that his property ultimately will be received here. However, because of transportation difficulties, considerable time may elapse before shipment arrives. ✓

41

Army Regulations do not provide for the forwarding of identification tags to the soldier's family. One of the two identification tags is buried with the body, and the duplicate is securely attached to the grave marker. ✓

38

You may be assured that upon the receipt of any property, prompt disposition will be made. ✓

16

Yours very truly, ✓

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

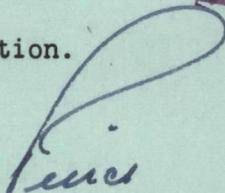
MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
				DATE
1	EFFECTS QUARTERMASTER	ARMY EFFECTS BUREAU		
	KANSAS CITY 1, MISSOURI			
2				
3				

For necessary action.

INQUIRY CLERK



PIERCE

*file
ph*

*8-27-45
ms*

2 Incl.

cy ltr e/d

cy ltr 15 May 45

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
			if:	14 Aug 45
	MEMORIAL DIVISION, PLANNING & REGISTRATION BRANCH, TEMPO "C" WASHINGTON 25, D. C.			TELEPHONE

354600
~~354600~~
HJ

EXTRACT COPY

2833 1/2 S. Menlo Ave
Los Angeles 7, Calif
May 15, 1945

J. A. Ulio, Major General

Dear Major General Ulio:

In reference to AG 201 Williams, John T. I would greatly appreciate it if you could give me the names and addresses of the Commanding officer and the Chaplain of the division to which Pvt Williams belonged.

Since no personal effects or a dog tag had been returned to me and since no further details have been sent, you must know my ceaseless anxiety and worry, which is constantly increasing instead of decreasing. I know I shall never be at peace, (which is certainly no help, mentally, to my baby) unless I know where Williams (which camp and where buried, etc) had been.

I would appreciate it greatly, if you could help me a little during this troubled time, and am terribly sorry that I must bother you so.

Ever grateful and sincerely,

Mrs. Bertha B. Williams

EXTRACT COPY

2nd #1



SPQYG 293
Williams, John T.
S.N. 39 709 572

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



14 August 1945

Mrs. Bertha B. Williams
2833½ South Menlo Avenue
Los Angeles 7, California

Dear Mrs. Williams:

Acknowledgment is made of your letter requesting information concerning the personal effects and interment of your husband, the late Private John T. Williams, which has been forwarded to this office for reply.

A copy of your letter has been forwarded to the Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri, for reply to you. That office has jurisdiction over the disposal of the personal effects of our deceased military personnel outside the United States.

The official report of interment received in this office through the American Legation, Bern, Switzerland, from the German Government shows that the remains of your husband were interred at Dietz, Lahn, Germany. This burial information has not yet been verified by our Armed Forces, however, you will be notified when such verification is made and these remains can be concentrated in an established American Cemetery.

This office sincerely regrets the delay in answering your letter and extends its deepest sympathy in the loss of your husband.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN
Colonel, QMC
Assistant

Warren

Williams

John

T

39709572

rt

5 Feb 11

X

Cavalry
87 Cav HCN Sq M

25 Sep 46 X

X

Williams, Bertha B. (Mrs.) Wife

2833 1/2 S. Menlo Avenue
Los Angeles, California

Previously buried Waldfriedhof, Dier, Germany, Row #4, Grave 150.

bring

US Mil Cem St. Avoird, France LLLL 6 150

Williams

John

T

39709572

*NAT
7 JAN 47
RL*