293 CIVITA, CANIO J. 32249271 T/4 CORPS OF ENGINEERS

119073

W W I

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE 3/22/49

NAME OF DECEDENT (*Last, First, Middle Initial*)	BRANCH OF SERVICE	TO BE FILLED IN BY CLAIMANT
29 CIVITA CANIO J	GF	A. [X] INTERMENT EXPENSES (*Civilian or Private Cemetery*)
RANK ~~OR GRADE~~ TEC-4	SERIAL NO. 32249271	B. [ ] TRANSPORTATION EXPENSES (*National or Post Cemetery*)

PAID

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of $ 105.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: WOODLAWN CEMETERY

CITY OR COUNTY: BRONX

STATE: NEW YORK

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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

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

RETURN FOUR COPIES TO

SIGNATURE OF CLAIMANT: JOSEPH CIVITA

ADDRESS (*Street number or RFD, City and State*): 2943 PEARSALL AVE., BRONX, N.Y.

RELATIONSHIP TO DECEDENT: FATHER

REMARKS

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

APR 1949

Sym. 210-344
Sta. 625

QMC FORM REV 5 MAR 48 1236 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

16—54738-1

PART A

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

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

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

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

PART B

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

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

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—54738-1

RECEIPT OF REMAINS

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

DISTRIBUTION CENTER

ROUTINE

REMAINS CONSIGNED TO:

ZACCARDO FUNERAL HOME

3584 WHITE PLAINS ROAD

NEW YORK, NEW YORK

REMAINS OF THE LATE TEC 4 CANIO J CIVITA 32,249,271-HMM ACCOMPANIED BY AN ESCORT WILL BE DELIVERED TO YOU BY MOTOR VEHICLE DURING THE AFTERNOON ON MONDAY, 21 MARCH. PLEASE MAKE ARRANGEMENTS TO ACCEPT REMAINS UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

ESCORT: SGT DANIEL E. CRABIEL
ER 32 461 420
DET #5, 1300th ASU

G. H, BARE

COLONEL, QMC

APR 11 1949 R&R

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 21 DAY OF March MONTH, 19 49

Daniel E. Crabiel
WITNESS (Escort) 32461420

Anthony Zaccardo
CONSIGNEE

NAT FILE
RECORDS ANNOTATED
DATE 20 apr. 49
NAME Shupes
R & R BR.

QMC FORM 15 NOV 46 1193

16—52073-1 U. S. GOVERNMENT PRINTING OFFICE

BHR

1 #2

DISINTERMENT DIRECTIVE

~~9-183~~ 28-10 (2)

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY)	(MONTH)	(YEAR)
6020 01451	15	08	48

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CIVITA CANIO J	32249271	TEC4	1	1	2

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	(DIST. CTR.)
HAMM LUXEMBOURG	E	1	15	2300	01

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
ZACCARDO FUNERAL HOME 3584 WHITE PLAINS ROAD NEW YORK, NEW YORK	JOSEPH CIVITA (FATHER) 2943 PEARSALL AVENUE BRONX, NEW YORK

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER	USAGF		

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

SEE ATTACHED WORK SHEET

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (*Signature*)

CASKET BOXED AND MARKED

DATE BY

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM REV 11 FEB 48 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO
USMC HAMM LUXEMBOURG	CASKETING PT, ANTWERB BELGIUM
KIND OF CONVEYANCE: TRAIN	NAME OF CONVOYER: Cpl MICHAEL SANDYS, RA-43025238
SIGNATURE OF SHIPPER: ORVILLE R SPZFER, Capt. Inf — DATE: 11.12.48	SIGNATURE OF RECEIVER: [illegible] — DATE: 12 DEC 1948

2. SHIPPED

FROM	TO
AGRC ANTWERP BELGIUM	USAT BARNEY KIRSCHBAUM
KIND OF CONVEYANCE: VC. 2	NAME OF CONVOYER: J S Jefferies
SIGNATURE OF SHIPPER: L E Butler Lt Col Inf — DATE: 15 FEB 1949	SIGNATURE OF RECEIVER: J S Jefferies — DATE: 15 FEB 1949

3. SHIPPED

FROM	TO
	MyPE
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER — DATE	SIGNATURE OF RECEIVER: W. W. PREISCH, LIEUT. COLONEL, TC., PORT TRANSPORTATION OFFICER — DATE: MAR 10 1949

4. SHIPPED

FROM	TO
MyPE	DC 01
KIND OF CONVEYANCE: TRAILER	NAME OF CONVOYER
SIGNATURE OF SHIPPER: W. W. PREISCH, LIEUT. COLONEL, TC., PORT TRANSPORTATION OFFICER — DATE: MAR 14 1949	SIGNATURE OF RECEIVER: H. O. YOUNG, Captain, QMC — DATE: MAR 14 1949

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	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
CIVITA CANIO J	32249271	TEC4	1	

CEMETERY:

DISPOSITION OF REMAINS (CODE / DIST. PT.):

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
E	1	15	HAMM LUXEMBOURG	

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
CANIO J. CIVITA	32249271	TEC 4	EST. 1 OCT 44	6 APRIL 1948

IDENTIFICATION TAG ON: [X] REMAINS [X] MARKER

ORGANIZATION:

RELIGION: C

IDENTIFICATION VERIFIED BY: CHARLES L. WALLS, CAPT., QMC (NAME AND TITLE)

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: UNIFORM, MATTRESS COVER

CONDITION OF REMAINS: ADVANCED STAGE DECOMPOSITION. SKULL CRUSHED. OTHERWISE BODY INTACT.

OTHER MEANS OF IDENTIFICATION: NO CONFLICTING EVIDENCE

MINOR DISCREPANCIES 1: NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX

DATE: 8 APRIL 1948 BY: Richard S. Holiver — RICHARD S. HOLIVER, EMBALMER

CASKET SEALED BY: ELAM E POORBAUGH

EMBALMER (Signature): Elam E. Poorbaugh — ELAM E POORBAUGH

CASKET BOXED AND MARKED: 8 JUN 48 — MARTIN ZINKE, CLERK RECORDER (DATE / BY)

SHIPPING ADDRESS VERIFIED BY: ALL MARKINGS TAGS PLATES VERIFIED BY W B OWEN CAPT INF — William B. Owen

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

Charles L. Lavender
CHARLES L. LAVENDER, 1ST LT., INF
SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

OM		TO	
ND OF CONVEYANCE		NAME OF CONVOYER	
GNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

OM		TO	
ND OF CONVEYANCE		NAME OF CONVOYER	
GNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

ROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
IGNATURE 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

CASE NO	INSPECTION CHECK LIST	SPACE NO.

NAME OF DECEASED (*Last, First, Middle Initial*)	BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE
CIVITA CANIO J	GF	W		M	

RANK OR GRADE	SERIAL NUMBER	CONSIGNEE
TEC-4	32249271	ZACCARDO FUNERAL HOME 3584 WHITE PLAINS ROAD NEW YORK, NEW YORK

SHIPPING CASE—GENERAL APPEARANCE (*Check ONLY Discrepancies*)		CONDITION OF SHIPPING CASE (*Check One*) ☑ SATISFACTORY ☐ UNSATISFACTORY
	FINISH (*Exterior*)	REMARKS
	FINISH (*Interior*)	
	HANDLES	
	HANDLE BOLTS	
✓	STENCILING—NAME PLATE Clean	
	HEALTH PERMIT MARKER	
	HEALTH PERMIT NUMBER N402TRE	

CASKET—GENERAL APPEARANCE (*Check ONLY Discrepancies*)		CONDITION OF CASKET (*Check One*) ☑ SATISFACTORY ☐ UNSATISFACTORY
✓	FINISH (*Exterior*) Clean & polish	REMARKS
	HANDLES AND FASTENINGS	
	STENCILING—NAME PLATE	
✓	CAM LOCKS (*Sealing*) touch up	
	ODOR OR MOISTURE	

ROUTED THROUGH

☐ MORTUARY OPERATING ROOM	☐ REPAIR SHOP
CONDITION OF REMAINS ☐ SATISFACTORY ☐ UNSATISFACTORY	CASKET REPAIRED ☐ YES ☐ NO
NECESSARY DISINFECTION (*Explain*)	CASKET EXCHANGED ☐ YES ☐ NO
	SHIPPING CASE REPAIRED ☐ YES ☐ NO
	SHIPPING CASE EXCHANGED ☐ YES ☐ NO
	REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
				3/17/49	Ray Dolbe E. J. Gray

REMARKS

QMC FORM 4 MAR 48 **1251** Replaces QMC Form R-5054, which is obsolete.

16—54755-1 U. S. GOVERNMENT PRINTING OFFICE

WUB171 26 COLLECT 5 EXTRA

RECEIVED

NEWYORK NY MAR 3 1048P

1949 MAR 4 15 38

DISTRIBUTION CENTER

ATTN COL BARE N Y PORT OF EMBARKATION BROOKLYN NY

PLEASE SEND BODY OF MY SON TEC4 CANIO J CIVITA TO ZACCARDOS FUNERAL HOME 3584 WHITE PLAINS ~~AVE~~ RD BRONX NY

JOSEPH CIVITA (FATHER) 2943 PEARSALL AVE BRONX NY

TEC 4 3584 2943

RECEIVED

1949 FEB 26 17 47

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.

JOSEPH CIVITA

2943 PEARSALL AVENUE

BRONX, NEW YORK

JAMES McCARTHY
Major, TC
Admin O, AGR Div.

USAT BARNEY KIRSCHBAUM

PLEASE BE ADVISED REMAINS OF THE LATE TEC-4 CANIO J. CIVITA ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO ZACCARDO FUNERAL HOME

3584 WHITE PLAINS ROAD, NEW YORK, NEW YORK

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

RELEASED TO W U
3 MAR 49

G. H. BARE, COL, QMC

390A

FOX

BUDGET BUREAU No. 49-R277.

QUEST FOR DISPOSITION OF REMA

DATE: L-6/5 4/48

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

T/4 Canio J. Civita, 32 249 271 (D C)
Plot E, Row 1, Grave 15,
United States Military Cemetery
Hamm, Luxembourg

10 May 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, Joseph CiviTA (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) *(Please indicate relationship to the deceased by placing an "X" in the proper box.)*

- ☐ WIDOW
- ☐ WIDOWER
- ☐ SON OVER 21 YEARS OLD
- ☐ DAUGHTER OVER 21 YEARS OLD
- ☒ FATHER
- ☐ MOTHER
- ☐ BROTHER OVER 21 YEARS OLD
- ☐ SISTER OVER 21 YEARS OLD
- ☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

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

- ☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- ☒ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
  ST. RAYMONDS CEMETERY BRONX, NEW YORK (NAME AND LOCATION OF CEMETERY)
- ☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)
- ☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (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

28 July 48
Mathis (Rem)

DOPBC AUG 10 1948

JUL 1 2 1948

OQMG FORM 14 NOV 1946 345 MILITARY

16—50411-1

PAGE 1

Mahams

4 Incl #1

PART I (*Continued*)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
ZACCARDO FUNERAL HOME			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
3584 WHITEPLAINS RD	N.Y.	BRONX	N.Y.
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
	3584 WHITEPLAINS RD.		OLIVIVILLE 5-0513

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
CIVITA.	MARY	M.	MOTHER.
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
2943 PEARSALL AVE	N.Y.	BRONX.	N.Y.

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.

X Joseph Civita
(SIGNATURE OF NEXT OF KIN)

JOSEPH CIVITA
(NAME PRINTED OR TYPED)

2943. PEARSALL AVE.
(STREET AND NUMBER)

BRONX, NEW YORK.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 17 day of June, 19 48, at city (or town) of ny, county of ny, and State (or Territory or District) of

John Campbell 1/Lt Ord
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Summary Court Officer
(OFFICIAL TITLE)

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

16—50411-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(DATE)

(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

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

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

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

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

Att. to gr. ltr. 5/10/48

QMGMR 293 Civita, Canio J., T/4, 32 249 271, OQMG, 10 May 48, "Non Reply to ~~Letter of Inquiry"~~ dt

TCNYP-TDC 293 (Gen'l) 1st Ind.

AGR Division, NYPE, Brooklyn 20, N.Y., 17 June 1948

TO: The Quartermaster General, Washington 25, D. C. ATTENTION: Memorial Division

Inclosed is Form 345 completed by Mr. Joseph Civita.

John T. Campbell
JOHN T. CAMPBELL
1st Lt., QMC
Asst. Administrative Officer

1 Incl.
Completed Form 345

File NAT
Capt Dougherty
Mr Adams
F. G. Brandt
July 9, 1948

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

In Reply Refer To RR Br: QMGMR 293 Civita, Canio J., T/4., 32 249 271
Plot E, Row 1, Grave 15
United States Military Cemetery
Hamm, Luxembourg

10 May 1948

P R I O R I T Y

SUBJECT: Non Reply to Letter of Inquiry

TO: Commanding General, New York Port of Embarkation
First Avenue and 58th Street
Brooklyn 20, New York
Attn: AGR Division

1. To date this office has not received a reply form indicating disposition instructions for the decedent from father (relationship)
Mr. Joseph Civita, (name) 2943 Pearsall Avenue, Bronx, New York. (address)

2. It is requested that the attached OQMG Form 345 be properly accomplished, and legal documents, if appropriate, be furnished this office as soon as possible.

3. It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

FOR THE QUARTERMASTER GENERAL:

John O. Hyatt

Incls.

JOHN O. HYATT
Colonel, QMC
Memorial Division

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

In Reply Refer To RR Br: QMCMR 293 Civita, Canio J., T/4., 32 249 271
Plot E, Row 1, Grave 15
United States Military Cemetery
Hamm, Luxembourg

10 May 1948

PRIORITY

SUBJECT: Non Reply to Letter of Inquiry

TO: Commanding General, New York Port of Embarkation
First Avenue and 58th Street
Brooklyn 20, New York
Attn: AGR Division

1. To date this office has not received a reply form indicating disposition instructions for the deceased from father
(relationship)
Mr. Joseph Civita, 2943 Pearsall Avenue, Bronx, New York.
(name) (address)

2. It is requested that the attached QMC Form 345 be properly accomplished, and legal documents, if appropriate, be furnished this office as soon as possible.

3. It is recommended that in contact with the next of kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office and received by you of this request. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the deceased.

FOR THE QUARTERMASTER GENERAL:

JOHN O. HYATT
Colonel, QMC.
Memorial Division

Incls.

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

In Reply Refer To RR Br: QMEMR 293 Civita, Canio J., T/4., 32 249 271
Plot E, Row 1, Grave 15
United States Military Cemetery
Hamm, Luxembourg

10 May 1948

PRIORITY

SUBJECT: Non Reply to Letter of Inquiry

TO: Commanding General, New York Port of Embarkation
First Avenue and 58th Street
Brooklyn 20, New York
Attn: AGR Division

1. To date this office has not received a reply form indicating disposition instructions for the decedent from father (relationship) Mr. Joseph Civita, (name) 2943 Pearsall Avenue, Bronx, New York. (address)

2. It is requested that the attached OQMG Form 345 be properly accomplished, and legal documents, if appropriate, be furnished this office as soon as possible.

3. It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

FOR THE QUARTERMASTER GENERAL:

1 Incls. ltr

JOHN O. HYATT
Colonel, QMC
Memorial Division

mew

VSE

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

In Reply Refer To MR Ex: QMMEM 293 Civite, Gaetano 1., T/4., 32 249 271
Plot E, Row 1, Grave 15
United States Military Cemetery
Hamm, Luxembourg

10 May 1948

P R I O R I T Y

SUBJECT: Non Reply to Letter of Inquiry

TO: Commanding General, New York Port of Embarkation
First Avenue and 58th Street
Brooklyn 20, New York
Attn: AMM Division

1. To date this office has not received a reply form indicating disposition instructions for the deceased from Father
(relationship)
Mr. Joseph Civite, 2943 Tesnall Avenue, Bronx, New York.
(name) (address)

2. It is requested that the attached QMMR Form 345 be properly accomplished, and legal documents, if appropriate, be furnished this office as soon as possible.

3. It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the deceased.

FOR THE QUARTERMASTER GENERAL:

Inclo.

JOHN O. HYATT
Colonel, QMC
Memorial Division

mew

T/4 Canio J. Civita, 32 249 271
Plot D, Row 1, Grave 15,
United States Military Cemetery
Hamm, Luxembourg

30 July 1947

Mr. Joseph Civita
2943 Pearsall Avenue
Bronx, New York

Dear Mr. Civita:

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,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

DC sent 10 May 48 VE

T/Sgt Louis J. Civita, 32 249 271
Plot D, Row 1, Grave 15.
United States Military Cemetery
Hamm, Luxembourg

30 July 1947

Mr. Joseph Civita
2043 Poverall Avenue
Bronx, New York

Dear Mr. Civita:

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.

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If you should elect Option 2, it is advised that so 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.

QMGMR 293
Civita, Canio J.
S.N. 32 249 271

16 January 1947

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887 c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following decedent interred in the United States Military Cemetery Hamm, Luxembourg, be changed to read as follows:

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	PLOT	ROW	GRAVE
Civita, Canio J.	T/4	32 249 271	19 Sept 44	E	1	15

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

mg

VD

E.B.

GMDMR 293
Civita, Canto 1.
S.N. 32 249 271

16 January 1947

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887 c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following deceased interred in the United States Military Cemetery Hamm, Luxembourg, be changed to read as follows:

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	PLOT	ROW	GRAVE
Civita, Canto 1.	T/4	32 249 271	19 Sept 44	E	1	15

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

VD

ME

QMGMR 293
Civita, Canio J.
S.N. 32 249 271

16 January 1947

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887 c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following decedent interred in the United States Military Cemetery Hamm, Luxembourg, be changed to read as follows:

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	PLOT	ROW	GRAVE
Civita, Canio J.	T/4	32 249 271	19 Sept 44	E	1	15

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

Orig. Copy

QMCMR 229
Civita, Canio J.
S.N. 32 249 271

16 January 1947

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887 c/o Postmaster
New York, New York

1. Request the burial report and grave marker for the following deceased interred in the United States Military Cemetery Nam, Luxembourg, be changed to read as follows:

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	PLOT	ROW	GRAVE
Civita, Canio J.	T/4	32 249 271	19 Sept 44	E	1	15

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

26 September 1946

Mr. Joseph Civita
2943 Pearsall Avenue
Bronx, New York

Dear Mr. Civita:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Technician Fourth Grade Canio J. Civita, A.S.N. 32 249 271.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Hamm, plot E, row 1, grave 15. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located two and one half miles east of the city of Luxembourg, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

fgt

26 September 1946

Mr. Joseph Civita
1249 Bernard Avenue
Bronx, New York

Dear Mr. Civita:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Technician Fourth Grade Louis J. Civita, A.S.N. 32 845 271.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Henri, plot X, row 1, grave 15. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located two and one half miles east of the city of Luxembourg, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

RESTRICTED

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

14 Feb. 1945 — Date

Last Name	First	Initial	Rank	Serial No.
CIVITA	CANIO	J.	Tec. 4	32249271

Unit: ~~Unknown~~ 33 Armd Eng Bn C.C. — Organization: 7th Armd, Div.

Place of Death: Sillegny, France 19 Sept 1944 — Date of Death: ~~UNK (estimated to be 12 Sept. 1944)~~ 1 Oct — Cause of Death: Decomposed

Place of Death: 1430 — Date of Death: 14 Feb. 1945 — Cause of Death: US Military Cemetery Hamm, Luxembourg

Time and Date of Burial: 15 — Name of Cemetery: 1 — Name or Coordinates of Location: E — Type of Marker: Cross

Grave Number — Row Number — Plot Number

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.

	Name	Serial No.	Rank	Organization	Grave No.
Who is buried on: **Deceased's** Right:	DULANEY	33133470	Cpl.	7th Armd. Div.	14
Deceased's Left:	RISLEY	36274929	Unknown	5 Div.	16

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

ANIO J CIVITA
2249271 T42 43 O

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

Emergency Addressee: Mrs. Mary Civita (Name)

3943 Pearsall Ave., ~~Bx.~~ B ronx, N. Y. (Address)

Religion: Catholic

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

RESTRICTED

FILE

Signature of Officer or other person reporting burial
For the Commanding Officer
E. R. DE WEESE — E R DeWeese
1st Lt. QMC — Verified by G.R.S. Officer
609th QM Gr.Reg.Co.

#67

IF DECEASED UNIDENTIFIED

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

Height:
Weight:
Color of Eyes:
Color of Hair:
Race:

Laundry Marks:
Number of Rifle:
Wear Glasses?
Is Tooth Chart Attached?

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

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

TOOTH CHART

Deceased's Left

8	8
7	7
6	6
5	5
4	4
3	3
2	2
1	1

Deceased's Right

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	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 seperate sheet. Indicate North.

AG P BR HQ 505 22560

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 9 Mar. 1945
jmm 2831

FULL NAME	ARMY SERIAL NUMBER	GRADE
Civita, Canio J.	32 249 271	TEC4
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Bronx, New York	Corps of Engineers	10 Dec 1919

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	19 Sept. 1944

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	12 Mar. 1942			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mary Civita, Mother, 2943 Pearsall Avenue, Bronx, New York

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mary Civita, Mother, Same Address
Joseph Civita, Father, Same Address

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

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 19 Sept 44 until such absence was terminated on 3 March 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

FILE

3-22-45
C.M.B.

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

BY ORDER OF THE SECRETARY OF WAR:

James A. Ulsh

ADJUTANT GENERAL

WD AGO FORM 52-1
1 DECEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 52-1, 29 MAY 1944, WHICH STOCKS ARE EXHAUSTED.

257195
DL

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 9 Mar. 1945
Jmm 2831

FULL NAME	ARMY SERIAL NUMBER	GRADE
Civita, Canio J.	32 249 271	TEC4
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Bronx, New York	Corps Of Engineers	10 Dec 1919

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	19 Sept. 1944

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	12 Mar. 1942			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mary Civita, Mother, 2943 Pearsall Avenue, Bronx, New York

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mary Civita, Mother, Same Address
Joseph Civita, Father, Same Address

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

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 19 Sept 44 until such absence was terminated on 3 March 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

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

BY ORDER OF THE SECRETARY OF WAR:

James Ringhart
ADJUTANT GENERAL

WD AGO FORM 52-1
1 DECEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 52-1, 29 MAY 1944, WHICH STOCKS ARE EXHAUSTED.

207195

1225

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

BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
CIVITA CANIO J	32249271	TEC4	CE	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
FRANCE 9	19	SEP	44		MIA	210

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 MARY CIVITA	MOTHER	10 OCTOBER 1944

NO. AND NAME OF STREET—CITY—STATE
2943 PEARSALL AVENUE BRONX NEW YORK

rvh

REMARKS: ☐ CORRECTED COPY

ARMY EFFECTS BUREAU RECEIVED OCT 14 1944 KCBMC

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 ✓ AG 201 REQ ____ DATE ____

CASUALTY BRANCH FILE ATTACHED ✓ OR CHARGED TO ____

PREVIOUSLY REPORTED NO ____ YES ____ (AS INDICATED BELOW):

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

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

REPORT NOT VERIFIED ✓ NO FORM 43 ____ NO CAS. BR. FILE ✓ CHECKED BY Gordon 8 Oct 44 REVIEWED BY ____

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

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

DISTRIBUTION "A" ☐ 29 COPIES
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

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

W.D., A.G.O. FORM NO. 0365
18 JUNE 1944

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mr. Joseph Civita

2943 Pearsall Avenue

Bronx, New York

Effects of:

Name Tec 4 Canio J. Civita

ASN 32249271

Case No. 257,195 D

Wt.

DATE 8 August 1945

RTB:LD:ng

Matson

FOR: Effects Quartermaster

REMARKS:

x Inclose Bureau Check
Acct. No. 128218
Amount $23.47
Inclose "Valuables" item
Ship "Valuables" item(s)

Remove G.I.
X Note discrepancy in name
Films removed
Diary removed
Laundry removed

115806 emh

ROUTING:

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

128218

257195

August 11 45

23.47

Joseph Civita

Twenty-Three and 47/100

REMARKS

Franked
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of package

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

ARMY EFFECTS BUREAU
INVENTORY

L.L.
257,195

CASE NO.

TYPED BY

Wienstock

DATE

7-2-45

STATUS

Deceased

NAME

Ciuita, Canio J.

A.S.N.

32249271

RANK

T/4

ORGANIZATION

Unknown

218
a/c# 128960 LE

AMOUNT

$23.47

PAID-Check No. 115806 ff

LIST NO.

F-203

REMARKS

ACCOUNTING INVENTORY

Eff. QM Form 11a (10 Feb 45)

257,195

RTB:LD:ng
August 8,1945

Mr. Joseph Civita
2943 Pearsall Avenue
Bronx, New York

Dear Mr. Civita:

The Army Effects Bureau has received additional property of your son, Technician Fourth Grade Canio J. Civita, consisting of funds in the amount of $23.47. A check for this sum is inclosed.

As previously indicated, such property is forwarded for distribution in accordance with the laws of the state of the soldier's legal residence.

Sincerely,

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

1 Incl—
Check

RTS:LD:mg
August 8,1945

297,595

Mr. Joseph Divita
2043 Pearsall Avenue
Bronx, New York

Dear Mr. Divita:

The Army Effects Bureau has received additional property of your son, Technician Fourth Grade Dante L. Divita, consisting of funds in the amount of $23.47. A check for this sum is inclosed.

As previously indicated, such property is forwarded for distribution in accordance with the laws of the state of the soldier's legal residence.

Sincerely,

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

1 Incl--
Check

Mr. Joseph Civita

2943 Pearsall Avenue

Bronx, New York

MM

Tec 4 Canio J. Civita

32249271

257,195 D

8 August 1945
RTB:LD:ng

x

128218
$23.47

1

2

Mr. Joseph Davila

2943 Perrewill Avenue

Bronx, New York

Tos A Cambio 1. Davila

322492T1

297.195 D

8 August 1945
RTS:LD:mg

x

128218
$23.47

1

2

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mr. Joseph Civita
2943 Pearsall Avenue
Bronx, New York

Effects of: T/4 Canio J. Civita
Name
ASN 32249271
Case No. 257,195 D
Wt.

DATE 24 July 1945
RTB:MH:jp

FOR: Effects Quartermaster

REMARKS:
_____ Inclose Bureau Check
Acct. No. _____
Amount _____
_____ Inclose "Valuables" item
_____ Ship "Valuables" item(s)

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

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

1 pkg

REMARKS:

Franked FRANKED JUL 30 1945
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
No. of packages 1

BJ
Shipping Clerk

Eff QM Form 14 (26 Dec 44)

PACKAGE DESCRIPTION

#1 of 8

ARMY EFFECTS BUREAU INVENTORY

257195

DECEASED	
MISSING	X
P.O.W.	
ABANDONED	
TALLY NO.	9447
INV. DATE	14 - July
ORIG. NO. OF PKGS.	1
BOX NO.	51
SHEET	1
OF	1 SHEETS
ORGANIZATION	Co C. 33rd Armd. Engr Bn.

NAME Canio J. Civita

A.S.N. 32249271 RANK T/4

	Belt		TOWELS & WASHCLOTHS		WINGS
	BELT, MONEY (NO MONEY)	X	CLOTHING	1	BAGS, CLOTH OR TRAVEL
	Cloth, Wash		BRACELET IDENT.		BILLFOLD: (NO MONEY)
	Coats		Brushes		Case
	Footwear, Pr.		CAMERAS		Footlocker
	Gloves, Pr.		Glasses	1	KIT, SEW, TLT, OR WRITING
	Handkerchiefs		Knives	X	BOOKS
	Headwear		Lighters		Books, Address
	Jackets	X	Mirrors		Books, Pilot Log
	Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUR)
	Scarfs		Pencil, Mechanical		FILMS
	Shirts		Pipes		Letters
	Socks, Pr.	X	RELIGIOUS ARTICLES		Papers, Personal
	Ties	X	RIBBONS, DECORATION		Photos
	Towels		Rings		Shoe Shine Articles
	Trousers, Pr.		Tobacco		SHORT SNORTER
	Trunks, Pr.		Toilet Articles		SOUVENIRS
	Underwear		WATCH		SOUVENIR MONEY
					Stationery
				X	TESTAMENTS
					U.S. MONEY (AMOUNT)

file
7/21/45

REMARKS mother
Mrs Mary Civita
2943 Pearsall ave
Bronx N.Y.

ATTACHMENTS | FORM #54 | | FORM #100
1 inventory

C.A.T. none

WEIGHT		G.I. REMOVED	
		SHORTAGE ON REVERSE	
		IDENT. TAGS REMOVED	
		DIARY REMOVED	
DATE SHIPPED	JUL 30 1945	LOCKED STORAGE	
		LAUNDRY REMOVED	
#43 OR ADDITIONAL	X	FILM REMOVED	

WAREHOUSE SPACE 1643 STORED BY MW

INVENTORIED BY BH Smith

PACKED BY J Hendricks CHECKED BY

Eff. OM Form 11 (24 Feb 45)

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME CIVITA, CANIO J T/ 9271

BAY	PALLET	BOX	TALLY
	26	51	9447

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
PKG		

Eff. QM Form 43

RESTRICTED

12 October 1944
Date

SUBJECT: Inventory of Personal Effects of:

Civita (Last Name) Canio (First Name) J. (MI) T-4 (Rank) 32249271 (ASN)

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

The above named individual of Co "C" 33rd Armd Engr Bn. (Unit)

_____ (Organization) was reported MIA (Status-Killed, MIA, Hospitalized, etc.)

_____ about 19 September 1944 (Date)

Designated Beneficiary if information readily accessible _____

_____

- -

INVENTORY OF EFFECTS

1 EA. New Testament
1 EA. Service Ribbon
1 EA. O.D. Cap.
1 EA. Address Book
1 EA. St Joseph Medal on Ring
1 EA. Wrist Band
1 EA. Ever Sharp
15 EA. Pictures

RESTRICTED

RESTRICTED

Money in the amount of NONE has been turned into

_____ Form WDFD 38
(Name of finance officer and symbol number)

enclosed.

_____

Names and addresses of any Banks in which accounts may be

_____

carried:

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by TRUCK on
(Rail, Truck, etc.)

10/17 1944.

Name Robert W. Monroe

Rank & ASN 2nd Lt 0-1546437

Organization Co. "C", 33rd Armd Engr. Bn.

Any additional pertinent information:

RESTRICTED

95

257195

MEB:MH:pjj
July 25, 1945

Mr. Joseph Civita
2943 Pearsall Avenue
Bronx, New York

Dear Mr. Civita:

The Army Effects Bureau has received from overseas some personal effects of your son, Technician Fourth Grade Canio J. Civita.

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 son.

Yours very truly,

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

JRM:MA.JP

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

Case No. 257,195

Date 24 July 1945

SUBJECT: Report of transaction in disposing of the effects of

Canio J. Civita, 32249271 late a
(Name of deceased) (Army Serial Number)

Technician Fourth Grade, Corps of Engineers who died
(Grade) (Organization, Army or Service)

on the 19 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 21 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Joseph Civita 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, Joseph Civita of
(Name of person found entitled)

2943 Pearsall Avenue, Bronx, State of
(Number, Street or Avenue) (City, Town or Village)

New York, is the father 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

Eff. QM Form 75