

293 CRUTCHER, WILLIAM W. 37076085 S/SGT. ARMD. DIV. EUR. AREA

RRE Form #39
13 Jul 48

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

CRUTCHER	WILLIAM	W	S/SG	37076085
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

- 5 MAR. 1949

Repatriated to the United States: _____

STATION FILE

Incl #

RESTRICTED
CERTIFICATE OF IDENTITY.

6, April 1945

1. I, the undersigned, do certify that the remains I have personally viewed, and with which this certificate is to be forwarded are those of:

CRUTCHER, WILLIAM W S/SGT. 37076085
(Name) (Rank) (Serial No.)
Co. A 17th TANK BN. 7th ARMD.
(Organization)

2. Description of deceased:

Height: _____ Color of Hair: _____
Weight: _____ Race: White
Color of eyes: _____ Wear glasses? _____

3. My identification is based on personal acquaintance.

4. Remains do not have any distinguishing peculiarities, such as scars, tattoo marks, etc.

UNDERSIGNED SUPERVISED EXTRACTION OF REMAINS FROM
VEHICLE AND FORWARDING OF SAME TO G.R.S. COLL. POINT.
THERE IS NO DOUBT AS TO IDENTITY OF DECEASED.

(Signed) _____ (Signed) W. S. Christman / [Signature]
(Signed) _____ (Rank) O-4537660
(Serial No.) _____ (Serial No.) 2d. Co. 17 Tank.
(Organization) _____ (Organization) _____

IDENTIFICATION REPORT

		(Date)
(Name)	(Rank)	(ASN)
(Unit)	(Organization)	
(Place of Death)	(Date of Death)	(Cause of Death)

REMAINS IDENTIFIED BY:

(Any one item below constitutes positive identification if no contradictory evidence is observed.)

- Identification tags worn around neck.
- Official identification card No.
- Pay book or pay data card.
- Identification bracelet worn around wrist.
- Signed statement of identity (Attached herewith).
- Emergency medical Tag, in the absence of other evidence; indicating that name, etc., was obtained from deceased, before death.

(Two or more items below constitute positive identification if no contradictory evidence is observed)

- Identification tags carried elsewhere than around neck.
- Motor vehicle operator's permit (Government or Civilian)
- Personal papers or letters.
- Engraves jewelry.
- Clothing markings, particularly on leggings and belt.
- Miscellaneous (Explain in detail below).

UNIDENTIFIED: (use space below to list all facts and circumstances concerning the death and evacuation of deceased and to list all clues that may later lead to the identity of deceased. Record source of all information listed)

(Sig. of Officer /NCO I/C Coll. Pt.)

(Platoon)

QM Company (GR)

WW 11 CONTROL NO. 21611

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

4/15/49

NAME OF DECEDENT (Last, First, Middle Initial)		BRANCH OF SERVICE	TO BE FILLED IN BY CLAIMANT
CRUTCHER, WILLIAM W.		US ARMY	A. <input checked="" type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery)
RANK OR GRADE	SERIAL NO.	B. <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)	
B/SGT.	37076085		

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~~. Sign Original Only.
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.

FORWARD COPY TO OFFICE OF QUARTERMASTER GENERAL, WASHINGTON 25, D. C. ATTN: HDQRS., A. G. R. S.

CLAIM VALID-REPATRIATION MAY 10 1949 Ccc

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED	FILL IN THIS STATEMENT IF BOX "B" IS CHECKED
I certify that the sum of \$ 76.95 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 of cemetery: Middletown CITY OR COUNTY: Middleboro STATE: Ma	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) TGC (Name and Location of National or Post Cemetery):
RETURN FOUR COPIES TO COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT 1819 WEST PERSHING ROAD CHICAGO 9, ILLINOIS ATTN: AGR DIVISION	SIGNATURE OF CLAIMANT HERBERT R. CRUTCHER ADDRESS (Street number or RFD, City and State) 3405 LEOLA AVE, ST. LOUIS, MO. RELATIONSHIP TO DECEDENT FATHER

REMARKS

186838

PAID ON MONEY ACCOUNTS OF E. G. DOVEL
U. S. ARMY, CHICAGO, ILL.
JUN 1 1949
Symbol Number 210-587
(DO NOT SIGN THIS)
COPY

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.

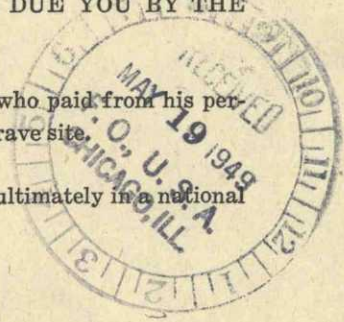
PART B

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.



REV. 18B

WESTERN UNION

RECEIPT OF REMAINS

DELIVER AND REPORT ANY CHARGES

DISTRIBUTION CENTER

AGR DIV., CHICAGO QM DEPOT
1819 W. PERSHING RD., CHICAGO 9 ILL. ROUTINE

DAY LETTER

REMAINS CONSIGNED TO:

C. HOFFMEISTER COLONIAL MORTUARY
6464 CHIPPEWA STREET
ST. LOUIS, MISSOURI

REMAINS OF THE LATE S/SGT. WILLIAM W. CRUTCHER SN: 37076085

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 17

IC RR

DUE TO ARRIVE ST. LOUIS, MO., 7:15 AM THURSDAY 14 APRIL 1949.

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS

TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 21611.

THOS. O. CALL
MAJOR, QMC

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

this 14 day of April, 1949

FILE
19 MAY 1949

REPATRIATION
BRANCH
MEM. DIV.

C. Hoffmeister Colonial Mortuary
Sgt William E. Martin

J. F. ...

(Witness (Escort))

(Consignee)

QMC FORM REV 5 MAR 48

1193

U. S. GOVERNMENT PRINTING OFFICE 16-54787-1

MS

8 APRIL 1949

9/11 FBJ

DISINTERMENT DIRECTIVE

68-96

3

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4650 03962

DATE

15 11 48
DAY MONTH YEAR

NAME

CRUTCHER WILLIAM W

SERIAL NUMBER

37076085

GRADE

S SG

ARM

1

RACE

1

RELIGION

1

CEMETERY

MARGRATEN HOLLAND

PLOT

VV

ROW

9

GRAVE

209

DISPOSITION OF REMAINS

7500

CODE

08-09

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

C. HOFFMEISTER Colonial Mortuary
ARLIE PRITCHETT UNDERTAKING
GENERAL DELIVERY 6464 Chippewa St
MIDDLETOWN, MISSOURI St Louis, Mo

NAME AND ADDRESS OF NEXT OF KIN

HERBERT R. CRUTCHER (FATHER)
3405 LEOLA AVENUE
ST. LOUIS, MISSOURI

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

USAGF

RELIGION

IDENTIFICATION VERIFIED BY

-
- REMAINS
-
-
- MARKER

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED SHEET

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

4285

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: **USMC MARGRATH HOLLAND** TO: **ANTWERP PORT PIER 140**

KIND OF CONVEYANCE: **TRUCK** NAME OF CONVOYER: **L SMITH RA 15217970**

SIGNATURE OF SHIPPER: *[Signature]* DATE: **25/1/49** SIGNATURE OF RECEIVER: *[Signature]* DATE: **25 JAN 1949**

2. SHIPPED

FROM: **AGRC ANTWERP BELGIUM** TO: **USAT HAITI VICTORY**

KIND OF CONVEYANCE: **VG. 2** NAME OF CONVOYER: **A. S. KIMBERLIN 1st. Lt. INF.**

SIGNATURE OF SHIPPER: **R. D. MILLER, Lt. COL. T.O.** DATE: **MAR 1949** SIGNATURE OF RECEIVER: *[Signature]* DATE: **MAR 1949**

3. SHIPPED

FROM: *[Blank]* TO: **NYPE**

KIND OF CONVEYANCE: *[Blank]* NAME OF CONVOYER: *[Blank]*

SIGNATURE OF SHIPPER: *[Blank]* DATE: *[Blank]* SIGNATURE OF RECEIVER: *[Signature]* DATE: **MAR 15 1949**

4. SHIPPED

FROM: *[Blank]* TO: **PORT TRANSPORTATION OFFICER**

KIND OF CONVEYANCE: **train** NAME OF CONVOYER: *[Blank]*

SIGNATURE OF SHIPPER: **W. W. PREISCH** DATE: **MAR 22 1949** SIGNATURE OF RECEIVER: *[Signature]* DATE: **3/25/49**

5. SHIPPED

FROM: *[Blank]* TO: **L. A. BOCKSTAELE**

KIND OF CONVEYANCE: *[Blank]* NAME OF CONVOYER: **Lt. Lt. OMC**

SIGNATURE OF SHIPPER: *[Blank]* DATE: *[Blank]* SIGNATURE OF RECEIVER: *[Signature]* DATE: *[Blank]*

6. SHIPPED

FROM: *[Blank]* TO: *[Blank]*

KIND OF CONVEYANCE: *[Blank]* NAME OF CONVOYER: *[Blank]*

SIGNATURE OF SHIPPER: **HOGGVID** DATE: *[Blank]* SIGNATURE OF RECEIVER: *[Signature]* DATE: *[Blank]*

7. SHIPPED

FROM: *[Blank]* TO: *[Blank]*

KIND OF CONVEYANCE: *[Blank]* NAME OF CONVOYER: *[Blank]*

SIGNATURE OF SHIPPER: *[Blank]* DATE: *[Blank]* SIGNATURE OF RECEIVER: *[Signature]* DATE: *[Blank]*

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER		DATE	
NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
CRUTCHER WILLIAM W		37076085	S SG	1	
CEMETERY		DISPOSITION OF REMAINS		DAY MONTH YEAR	
PLOT ROW GRAVE COUNTRY		CODE		DIST. PT.	
VV 9 209 MARGRATEN HOLLAND					

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
WILLIAM W. CRUTCHER		37076085	S SG		20 SEPT. 48
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		GRS	UNK	EDWARD E. STOUT	
				1/LT CE	
				NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL		CONDITION OF REMAINS	
UNIFORM		REMAINS CONSIST OF A MASS OF SHATTERED FRACTURED BONES & BONE FRAGMENTS. ADVANCED STAGE DECOMPOSITION	
OTHER MEANS OF IDENTIFICATION		NONE	
MINOR DISCREPANCIES		NONE	
REMAINS PREPARED AND PLACED IN CASKET			
DATE 20 SEPT 1948		BY ELAM E. POORBAUGH EMBALMER	
CASKET SEALED BY		EMBALMER (Signature)	
ELAM E. POORBAUGH		ELAM E. POORBAUGH	
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY TAGS, PLATES, MARKINGS	
DONALD L. HOPKINS		VERIFIED BY:	
20/9/48 CLERK RECORDER		ROBERT W. GANSEL 1/LT QMC	

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

ROBERT W. GANSEL 1/LT QMC

SIGNATURE OF GRS INSPECTOR

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

II CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F-1194 concerned.

Raymond B. Johnson
Lt. Col. QMC

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

21611

CASE NO.		INSPECTION CHECK LIST				SPACE NO.					
		NY				656					
NAME OF DECEASED (Last, First, Middle Initial)		BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE					
CRUTCHER, WILLIAM W.		US ARMY	W	P	M						
RANK OR GRADE	SERIAL NUMBER	CONSIGNEE									
S/SGT.	37076085	ARTHUR PRITCHETT UNDERTAKING GENERAL DELIVERY 6464 Chippewa St KIDDELTOWN, MISSOURI St Louis, Mo									
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)				CONDITION OF SHIPPING CASE (Check One)							
				<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY							
FINISH (Exterior)				REMARKS							
FINISH (Interior)											
HANDLES											
HANDLE BOLTS											
STENCILING—NAME PLATE											
HEALTH PERMIT MARKER											
HEALTH PERMIT NUMBER				OK Change of consignee							
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)								CONDITION OF CASKET (Check One)			
								<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior)											
HANDLES AND FASTENINGS											
STENCILING—NAME PLATE											
CAM LOCKS (Sealing)											
ODOR OR MOISTURE											
ROUTED THROUGH											
<input type="checkbox"/> MORTUARY OPERATING ROOM				<input type="checkbox"/> REPAIR SHOP							
CONDITION OF REMAINS				CASKET REPAIRED							
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				<input type="checkbox"/> YES <input type="checkbox"/> NO							
NECESSARY DISINFECTION (Explain)				CASKET EXCHANGED							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
				SHIPPING CASE REPAIRED							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
				SHIPPING CASE EXCHANGED							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
				REMARKS							
TIME	DATE	SIGNATURE OF MORTICIAN		TIME	DATE	SIGNATURE OF INSPECTOR					
					2/30	D. Jackson					
REMARKS											

026

WU A076 58 COLLECT6 EXTRA

STLOUIS MO MAR 11 1949 314A

CHICAGO QUARTERMASTER DEPOT

AGRD

CHANGE IN DELIVERY INSTRUCTIONS ON REMAINS OF LATE SGT
 WILLIAM W CRUTCHER CONTROL NUMBER 21611 ARE AS FOLLOWS
 SHIPMENT TO BE CONSIGNED TO C HOFFMEISTER COLONIAL MORTUARY
6464 CHIPPEWA STREET ST LOUIS MISSOURI FINAL INTERNMENT
 MIDDLETOWN MISSOURI WOULD APPRECIATE SHIPMENT BE MADE TO HAVE
 REMAINS ARRIVE ST LOUIS ON A THURSDAY

HERBERT R CRUTHER 3405 LEOLA AVE ST LOUIS MO

1025A

RECEIVED
 MAR 11 10 28 PM '49
 ST. LOUIS, MO.
 TELE. ROOM

Handwritten signature/initials

MA 4075 28 COLLECTOR EXTRA

ST LOUIS MO MAR 11 1949

CHICAGO QUARTERMASTER DEPOT

AGRD

CHANGE IN DELIVERY INSTRUCTIONS ON REMAINS OF LATE SGT

WILLIAM W CRUTCHER CONTROL NUMBER 21611 ARE AS FOLLOWS

SHIPMENT TO BE CONIGNED TO C HOFFMEISTER COLONIAL MORTUARY

6444 CHIPPEWA STREET ST LOUIS MISSOURI FINAL INTERMENT

MIDDLETOWN MISSOURI WOULD APPRECIATE SHIPMENT BE MADE TO HAVE

REMAINS ARRIVE ST LOUIS ON A THURSDAY

HERBERT R CRUTHER 3405 LEOLA AVE ST LOUIS MO

1052A



37076085

AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO 9, ILL.

WESTERN UNION
DAY LETTER

DELIVER AND REPORT ANY CHARGES

RECEIVED
SIGNATURE

MAR 9 4 51 PM '49

MR. HERBERT R. CRUTCHER
3405 LEOLA AVENUE
ST. LOUIS, MISSOURI

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE

S. SGT. WILLIAM W. CRUTCHER

ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO

ARLIE PRITCHETT UNDERTAKING, GENERAL DELIVERY, MIDDLETOWN, MISSOURI

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. DELIVERY OF REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY SEVERAL WEEKS. AT LEAST THREE DAYS PRIOR TO SHIPMENT OF REMAINS ACCOMPANIED BY MILITARY ESCORT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF METHOD OF TRANSPORTATION AND TIME OF ARRIVAL AND REQUESTED TO NOTIFY YOU. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. IN REPLY REFER TO CONTROL NO. **21611**

THOS. O. CALL
MAJOR, QMC

MAR 9 1949

C.M. ODENWALDER
CAPT., QMC

REPATRIATION
RECORDS BRANCH

MAY 12 2 25 PM '49

MEMORIAL DIVISION

J.M. [unclear]
[unclear]

REQUEST FOR DISPOSITION OF REMAINS

L5/27/48

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

DATE:

6-22
N.I.C.
Hurry

S/Sgt William W. Crutcher, 37 076 085
Plot VV, Row 9, Grave 209,
United States Military Cemetery
Margraten, Holland

12 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

Mr. Herbert R. & Ruby Crutcher
(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
Fairmount Cemetery, Middletown, Montg. Co. Missouri
(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 _____ (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.)

Organismalved raster, red check, 6/23/48 J.D

Coded 11/18/48
Richardson

DUPLICATE
NOV 25 1948

Richardson
17 Aug

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 Crutcher Crutcher	FIRST NAME Herbert RUBY	MIDDLE INITIAL R. F.
NUMBER AND STREET 3405 LEOLA AVE	CITY OR TOWN St. Louis	COUNTY OR PROVINCE —
EXPRESS OFFICE (Nearest railroad passenger station) 1	TELEGRAPH ADDRESS San	STATE OR TERRITORY OF U. S. A., OR COUNTRY Missouri
		TELEPHONE No. Sterling 3589

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 Archie Pritchett Undertaking.			
NUMBER AND STREET General Delivery	CITY OR TOWN 08 04 MIDDLETOWN	COUNTY OR PROVINCE Montgomery	STATE OR TERRITORY OF U. S. A., OR COUNTRY Missouri
EXPRESS OFFICE (Nearest railroad passenger station) WELLSVILLE	TELEGRAPH ADDRESS WELLSVILLE MO.		TELEPHONE No. MIDDLETOWN EXCHANGE

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.)*

Over

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.

Herbert R. Crutcher

 (SIGNATURE OF NEXT OF KIN)
HERBERT R. CRUTCHER

 (NAME PRINTED OR TYPED)

3405 LEOLA AVE

 (STREET AND NUMBER)
ST. LOUIS, MISSOURI

 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 22nd day of May, 1948, at city (or town) of St. Louis, county of _____, and State (or Territory or District) of Missouri.

Fred Miller

 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

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

County Public, (City of St. Louis, Mo.)

 (OFFICIAL TITLE)

my term expires May 14, 1952

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(DATE)

(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

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

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

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

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

As per pamphlet I assume we should be notified at 3405 Leola Ave St. Louis Mo as the burial will take place in the family cemetery lots located in Middletown, Montgomery County, Mo., which is about 100 miles one hundred miles from St. Louis Mo.

^{MONTEG. CO.} Wellsville, Mo. being on the Kabash Rail Road ~~near~~ is about ten miles distance from Middletown Montg. Co. Mo.

Mr. Arlie Pritchett Undertaker will meet the remains & escort upon notification

Herbert F. Pritchett

Middletown Mo



S/Sgt William W. Crutcher, 37 076 085
Plot VV, Row 9, Grave 209,
United States Military Cemetery
Margraten, Holland

agb

12 May 1948

Mr. Herbert R. Crutcher
3405 Leola Avenue
Saint Louis 9, Missouri

Dear Mr. Crutcher:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

8 Incls. *del*

MAY 14 12 44 PM '48
D. C. M. G.
MAIL & RECORDS BRANCH

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

DATE 12 May 19 48

TO: Letter of Inquiry Section

(Thru Officer in Charge)

(FORM 734 will indicate file dispatched to LOI SECTION)

Reference:

NAME Crutcher William W. RANK S. Sgt
SERIAL NUMBER 37-076-085 CEMETERY U.S. Military Cemetery
PLOT VV ROW 9 GRAVE 209 Margraten
Holland

Request new* LOI be sent to:

NAME Herbert R. Crutcher RELATIONSHIP Father
ADDRESS 3405 Leola Avenue
CITY St. Louis 9 STATE Missouri

Basis of request: (Must include definite facts)

Change NO 11

Request Approved: _____

Approving Officer's Remarks: _____

* Strike out if no LOI Previously dispatched

*Re - sent
5/14/48*

*File
LOI Section
5/18/48
G. Tucker*

W. Smith

730

FILE
Name *M. E. Neal*
Action *P. H. T.*
Acceptance Section
Family Correspondence Branch

DDMG FORM 399
2 APR 48

REQUEST FOR NEW LETTER OF INQUIRY

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH	
NAME OF DECEDENT (First, Middle, Last) WILLIAM W CRUTCHER		GRADE S/S	SERIAL NUMBER 37076085
GRAVE LOCATION			
CEMETERY Margraten	PLOT VV	ROW 9	GRAVE 209
LETTER OF INQUIRY TO BE SENT TO: <i>Father</i>			
MR. MISS MRS. <input checked="" type="checkbox"/> HERBERT CRUTCHER			
STREET 3405 Leckie Ave		CITY AND STATE ST LOUIS 9, MO	
AUTHORITY FOR LETTER OF INQUIRY 345 <i>Forn</i> <i>Roda Forn Inc</i>			
CLERK'S SIGNATURE <i>M. Adams</i>		DATE MAY 3, 1948	

8.

293 Crutcher, Wm W. St Louis MO. May 14 1948
3405 Leola Ave.

The Quartermaster General
Washington D.C.

Dear Sir:-

On or about Sept. 1-1947 I requested a form for the return of the body of our son Staff Sergeant ²⁹³ William Wayne Crutcher S.N. 37-076-085 at that time you stated his wife Dorothy R. Crutcher had full right of disposition of body. At that time she was remarried and since she states she wrote the Q. M. office relinquishing her rights to the disposition.

Now will you please mail me a form so I may properly fill out so we can obtain the return of the body.

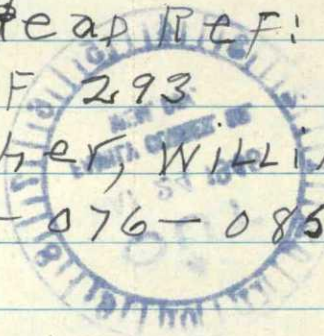
Sincerely yours
Herbert R. Crutcher

Letter Head Ref:

Q M: MF 293

C. CRUTCHER, WILLIAM W.

SN 37-076-085



file
now
24048
7/6
R.A.

L01 set



DDMG FORM 399
2 APR 48

REQUEST FOR NEW LETTER OF INQUIRY

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH	
NAME OF DECEDENT (First, Middle, Last) 213 WILLIAM W CRUTCHER S/Sgt		GRADE	SERIAL NUMBER 37076085
GRAVE LOCATION			
CEMETERY Marion	PLOT VV	ROW 9	GRAVE 213 209
LETTER OF INQUIRY TO BE SENT TO: <i>father</i>			
MR. MISS MRS. HERBERT R. CRUTCHER			
ADDRESS			
STREET 3405 Ledda Ave		CITY AND STATE St Louis 9, Mo	
AUTHORITY FOR LETTER OF INQUIRY 345 Zoom <i>Reka Form Inc</i>			
CLERK'S SIGNATURE M Okam		DATE May 7, 1948	

LOI SENT 7 MAY 1948

to father

File
15 May 48
109
W. B. ...

REQUEST FOR DISPOSITION OF REMAINS

L

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

DATE:

293
S/Sgt William W. Crutcher, 37 076 085
Plot W, Row 9, Grave 209,
United States Military Cemetery
Margraten, Holland

MS

5 December 1947

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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, _____ (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

(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.)

*File to
5 May section
N
P*

L.O.I. SENT 7 MAY 1948 to Father N.S.

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			
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.

(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

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

19____, at city (or town) of _____, county of _____, and State (or Territory or

District) of _____

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(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
CRUTCHER	HERBERT	R.
RELATIONSHIP TO THE DECEASED FATHER		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY
3405 LEOLA AVE.	ST. LOUIS, 9, MO.	

 (DATE)
 DOROTHY CRUTCHER 6567 BRADLEY AVE.
 (SIGNATURE) (STREET AND NUMBER)
 REMARRIED
 DOROTHY YANSKEY ST. LOUIS 9 MISSOURI
 (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.

I believe that I come out the next of kin since I have remarried since my husband's death and my name is a minor.



BW

S/Sgt William W. Crutcher, 37 076 085
Plot VV, Row 9, Grave 209,
United States Military Cemetery
Margraten, Holland

5 December 1947

Mrs. Dorothy E. Crutcher
3442 Watson Road
St. Louis, Missouri

Dear Mrs. Crutcher:

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.

msh

L.O.L. SENT 7 MAY 1948

DEC 5 3 32 PM '47
MAIL & RECORDS DIVISION

QMHP 293
Crutcher, William W.
SN 37 076 085

att
5 September 1947

Mr. Herbert R. Crutcher
3405 Leola Avenue
St. Louis 9, Missouri

Dear Mr. Crutcher:

Your letter pertaining to the remains of your son, the late Staff Sergeant William W. Crutcher, has come to my attention.

The War Department may only legally recognize designations for disposition of the remains of your son from persons in strict agreement with the precedence among relatives established by the Secretary of War. The present records of the War Department indicate that the widow of the decedent, Mrs. Dorothy R. Crutcher, now has the sole right to designate the disposition. In the absence of special circumstances the War Department will comply with all her feasible desires.

She may exercise that right unless relinquished or voided by special circumstances approved by the War Department. In either event the right will pass to you who are next in line of eligibility.

The Return of World War II Dead Program, already in progress and administered by The Quartermaster General of the Army, provides for the return of all recovered and identified deceased members of the Armed Forces now buried overseas when so requested by their next of kin. The return, however, is not compulsory. The next of kin may desire to have the remains permanently buried in an American Military Cemetery overseas which will be perpetually maintained by the Government.

The remains returned to the United States will be shipped to the city or town designated by the next of kin through strategically located Distribution Centers for final burial in a private or National Cemetery. All expenses of exhumation, preparation of remains, casketing and transportation to the designated place of delivery will be borne by the Government.

QMGMF 293 Crutcher, William W. SN 37 076 085 5 September 1947 (Cont'd)

The magnitude of this enormous world-wide program necessitates that it be accomplished in an orderly and reverent manner, area by area, on a predetermined sequence of the cemeteries in which the remains were originally buried. This time-consuming operation may require two or more years to complete and involves careful consideration of supplies, labor, transportation and weather conditions.

No precedence will be accorded because of military or naval rank, race or creed. All remains will receive the same dignified and reverent treatment and will be placed in identical caskets, to be returned, or buried overseas, solely in the order in which they are prepared for the journey. Partiality will be shown to none.

The "Request for Disposition of Remains" forms have not yet become available for distribution to the next of kin of decedents whose remains are interred in the United States Military Cemetery Margraten, Holland.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

[Handwritten signature]
REC

rt

SEP 8 9 35 AM '47
O. Q. M. G.
MAIL & RECORDS BRANCH

SEP 5 4 47 PM '47
MEMORIAL DIVISION
RECORDS BRANCH

CORRESPONDENCE ACTION SHEET

Mr. ~~Miss~~
 Addressee: Mrs. Herbert R. Crutcher Father
 Relationship
~~State~~ 3405 Leola Avenue
 City, State St. Louis 9, Mo. '47
 Date letter
 Cemetery
 Temporary: _____
 Permanent: _____
 Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS (sequence)

--- ADDITIONAL --- DATA --- MODIFICATIONS ---

165a

139c

1st para. --- son. (omit "the late"). --- Mrs. Dorothy R. Crutcher --- her ---
 2nd para. --- her --- you who are next in line of eligibility.

1867H

The "Request for Disposition of Remains" forms have not yet become available for distribution to the next of kin of decedents whose remains are interred in the USMC, Mergraten, Holland.

Decedent:

Crutcher William W. Sgt 37076085
 Last First Initial Rank ASN

mkd
Analyst Typist Reviewer

Modifications

OKed
19565

8-29-47

St. Louis, Mo. July 25, 1947
3405 Leola Ave. (9)

Officer of The Quartermaster General,
Washington D. C.
Sir: -

Will you please send me a form
entitled "Request for Disposition of Remains"
that I may execute for the return of my
sons body to the U.S.A.

Thanking you in advance, I remain
Yours very truly
Herbert R. Crutcher

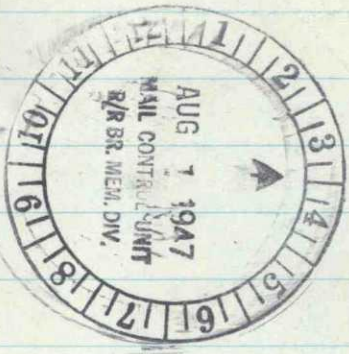
Crutcher -

Sy - Crutcher, William W.
S/Sgt

37076085

17565

L.O.I. SENT 7 MAY 1948 to father



9 December 1946

Mrs. Dorothy R. Crutcher
3442 Watson Road
St. Louis, Missouri

Dear Mrs. Crutcher:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Staff Sergeant William W. Crutcher, A.S.N. 37 076 085.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot VV, row 9, grave 209. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

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

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

DEC 9 1 29 PM '46
MAIL ROOM
ONE STOP
BRANCH

fst

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

In Reply Refer To
QMGR 314.6
Graves Registration

(European) *U.S. Misc*

21 November 1948

SUBJECT: Burial Records *Corr.*

TO : Commanding Officer
American Graves Registration Command
European Theater Area
APO 807, c/o Postmaster
New York, New York

Cemetery: U. S. Military Cemetery Margraten, Holland

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

NAME	RANK/ GRADE	SERIAL NO.	DATE OF DEATH	ORGAN.	PLOT	ROW	GRAVE
<u>Cienciosi, Vito A</u>	<u>PIG</u>	55 925 555	<u>14 APR 45</u>	_____	HE	6	148
<u>Circhirillo, Samuel A</u>	<u>PIG</u>	12 075 721	<u>2 APR 45</u>	_____	FPF	1	11
<u>Crutcher, William W</u>	<u>S Sgt</u>	57 075 055	<u>4 APR 45</u>	_____	VT	9	209

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, QMG
Assistant

Crutcher, William W. (37,076,055)

VD

REPatriation RECORDS BRANCH

13 NOV 1946
DATE

NAME CRUTCHER, WILLIAM W.

SERIAL NO 37076085 - S/sgt

CEMETERY MARGRATEN, HOLLAND

PLOT VV

ROW 9

GRAVE 209

LETTER Field

Correct Records to Read

DOD - 4 APRIL 1945

Dr Parrish
SPECIAL CHECKER

NAT - file
21 prospect
V. Dougherty
mlh

QMGYG 293
Crutcher, William W.
SN 37 076 085

1 July 1946

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

Mr. Herbert R. Crutcher
3405 Leola Avenue
St. Louis, Missouri

Dear Mr. Crutcher:

Your letter to the Records Administration concerning your son, the late Staff Sergeant William W. Crutcher, has been referred to this office.

The official Report of Burial discloses that the remains of your son were interred in Plot VV, Row 9, Grave 209, in the United States Military Cemetery Margraten, Holland, located ten miles west of Aachen, Germany.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WILLIAM E. REID
1st Lieut., QMC
Assistant

JUL 2 4 41 PM '46
MAILS DELIVERED BRANCH
ckb

JUL 2 3 57 PM '46
RECORDS BRANCH
MEMORIAL DIVISION

WER

22

ARMY SERVICE FORCES
TRANSMITTAL SHEET

SECURITY CLASSIFICATION (If any)

FILE NO. RD-C	293	SUBJECT Crutcher, William W. 37 076 085
TO The Quartermaster General Washington 25, D. C.	FROM RAC, AGO St. Louis 20, Mo.	DATE 7 Jun 46 COMMENT No. 1 Clark-S

For appropriate action - To so much thereof as pertains to the burial of the above named man. No reply is necessary by this branch. The writer has not been advised of this reference.

FOR THE ADJUTANT GENERAL:

A. J. Salguero
Adjutant General

1 Incl
Ltr dtd 9 Nov 45



SECURITY INFORMATION (U.S. 480)

ARMY SERVICE FORCES

TRANSMITTAL SHEET

FILE NO.	77 016 017
TO	The Quartermaster General Washington, D. C.
FROM	748, 400 St. Louis, Mo.
DATE	1 Jun 46
COMMENT NO.	1

For appropriate action - to be taken at the level of the
 above named unit. No reply is necessary to this branch. The writer has not been
 advised of this reference.

FOR THE ADJUTANT GENERAL

Adjutant General

1 Jun 46
St. Louis, Mo.



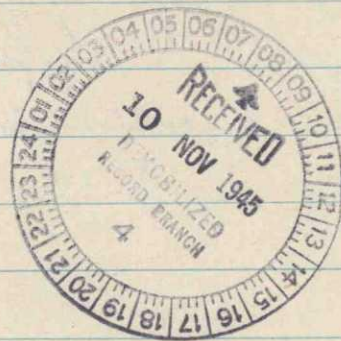
St. Louis, Mo. Nov 9 1945
3405 Leola Ave. (9)

Records Administration Center
Demobilized Personnel Records Branch
4300 Goodfellow Blvd Bldg #105
St Louis Mo.

Gentlemen:—

Being the father of Sgt. Sargent
William Wayne Crutcher 370-760-85 who
was killed in Germany April 4th 1945
would like to have an official statement
of service including information as to
medals, decorations & awarded during service
also place of burial and any other
information (permitted) that would be of
help to father, mother & wife & son.

Thanking you in advance for
any courtesies shown I beg to remain
Yours very truly
Herbert R. Crutcher.



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

Restricted
REPORT OF BURIAL

28 August 1945
Date

TM 10-630 AND AR 30-1815

293
Crutcher

William

W.

S/Sgt

37076085

25

Co A. 17th Tank Bn

7th Armd Div.

Neidersfeld, Ger.

Est. 4 Apr 1945

3rd degree burns

0930

31 AUG 1945

Margraten

VK 645482

209

9

VV

Cross

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

If No Identification Tags
How were remains identified?

REBURIAL

Statement

What means of identification were buried with the body?

Previously buried in Ittenbach Cemetery
Plot D Row 9 Grave 169

Embossed Tag

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

Who is buried on:

Deceased's Right:	<u>Sovin</u> Name	<u>33056344</u> Serial No.	<u>Sgt</u> Rank	<u>7th Armd Div.</u> Organization	<u>208</u> Grave No.
Deceased's Left:	<u>Krisak</u> Name	<u>32249683</u> Serial No.	<u>Pvt</u> Rank	<u>31st Tank Bn</u> Organization	<u>210</u> Grave No.

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



If print of identification tag is not affixed fill in below:
Emergency Addressee Unk Name
Unk Address
Religion Unk

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

Disinterring Officer: RICHARD A. GROSS, Capt., 603rd QM Gr Reg Co.

Reinterring Officer: GLEON E. WELLS, 1st Lt., 603rd QM Gr Reg Co.

Restricted
167

FILE
28 AUG 1945
JAC

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

GRAVE REGISTRATION
FORM NO. 1
Revised 1 Sept. 1943

28 August 1945

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.)

Position of Identification Tags: Buried with body Yes No Attached to Marker Yes No Buried Tag No Impressed Tag No How were remains identified?

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

Who is buried on:
Deceased's Right: _____
Deceased's Left: _____

Thumbs
Name _____ Rank _____ Grave No. _____
Name _____ Rank _____ Grave No. _____
Name _____ Rank _____ Grave No. _____
Name _____ Rank _____ Grave No. _____

TOOTH CHART

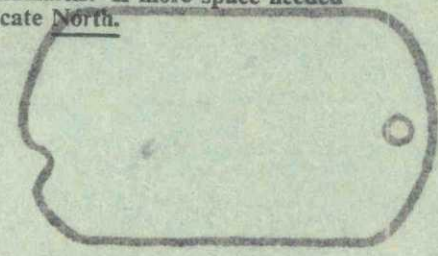
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheets. Indicate North.

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

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

Name: _____
Emergency Address: _____
Address: _____
Religion: _____

Characteristics: _____
Other Data: _____



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

Reinterming Officer: CIRON E. WELLS, 1st Lt., 500
AG P BR HQ SOS /22560
Disinterming Officer: RICHARD A. OREGG, Capt., 500
13 SEP 1945

RESTRICTED

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

466

REPORT OF BURIAL

TM 10-630 AND AR 30-1315

8 Apr 45

293

Take fingerprints of both hands if unable to obtain s
 CRUTCHER WILLIAM W. s/Sgt
 Co A 17th Tank Bn
 Neidersfeld, Germany
 1100 hrs, 8 Apr 45
 169
 9
 170
 168

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

If No Identification Tags How were remains identified?

See attached statement

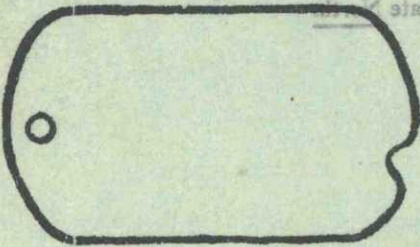
What means of identification were buried with the body?

Embossed plate

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

Who is buried on:	Krisak, Andrew J. 32249683				170
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Sovin, Frank 33056344				168
	Name	Serial No.	Rank	Organization	Grave No.

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



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

Emergency Addressee _____ Name _____
 _____ Address _____
 Religion _____

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

None

Signature of Officer or other person reporting burial

Melvin Sloan
Verified by G.R.S. Officer

SLOANS
CMC
1451
G.R.O.

RESTRICTED

FILE
APR 26 1945
SLOANS

RESTRICTED
CERTIFICATE OF IDENTITY

6 April 1945

1. I, the undersigned, do certify that the remains I have personally viewed, and with which this certificate is to be forwarded are those of:

793 Crutcher, William, W. S/SGT. 37076085
(Name) (Rank) (Serial No.)
Co. A, 17th Tank Bn 7th Armd.
(Organization)

2. Description of deceased:

Height: _____ Color of Hair: _____
Weight: _____ Race: White
Color of eyes: _____ Wear glasses? _____

3. My identity is based on personal acquaintance.

4. Remarks: _____
_____ are any distinguishing peculiarities, such as scars, tattoo marks, etc.

UNDERSIGNED SUPERVISED EXTRACTION OF REMAINS FROM
VEHICLE AND FORWARDING OF SAME TO G.R.S. COLL. POINT.
THERE IS NO DOUBT AS TO IDENTITY OF DECEASED.

(Signed) _____ (Signed) W. S. Christman 12th.
(Signed) _____ (Rank) O-4537660
(Serial No.) _____ (Serial No.) So. Co. 17 Tank.
(Organization) _____ (Organization) _____

RESTRICTED

IDENTIFICATION REPORT

(Date)_____
(Name)_____
(Rank)_____
(ASN)_____
(Unit)_____
(Organization)_____
(Place of Death)_____
(Date of Death)_____
(Cause of Death)

REMAINS IDENTIFIED BY:

(Any one item below constitutes positive identification if no contradictory evidence is observed.)

- _____ Identification tags worn around neck.
- _____ Official identification card No.
- _____ Pay book or pay data card.
- _____ Identification bracelet worn around wrist.
- _____ Signed statement of identity (Attached herewith).
- _____ Emergency medical tag, in the absence of other evidence; indicating that name, etc., was obtained from deceased, before death.

(Two or more items below constitute positive identification if no contradictory evidence is observed)

- _____ Identification tags carried elsewhere than around neck.
- _____ Motor vehicle operator's permit (Government or Civilian)
- _____ Personal papers or letters.
- _____ Engraves jewelry.
- _____ Clothing markings, particularly on leggings and belt.
- _____ Miscellaneous (Explain in detail below).

UNIDENTIFIED: (use space below to list all facts and circumstances concerning the death and evacuation of deceased and to list all clues that may later lead to the identity of deceased. Record source of all information listed)

(Sig. of Officer /NCO 1/C Coll. Pt.)_____
(Platoon)_____
QM Company (GR)

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

REPORT OF DEATHDATE **23 April 1945 jca**

FULL NAME Crutcher, William W. 293 Crutcher, William W		ARMY SERIAL NUMBER 37 076 085	GRADE S/Sgt
HOME ADDRESS St. Louis, Mo.		ARM OR SERVICE Armd Div	DATE OF BIRTH 14 Sept 1919
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 4 Apr 1945
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 27 Jun 1941	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS over 3 yrs
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Dorothy R. Crutcher, wife, 3442 Watson Road, St. Louis, Mo.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Corothy R. Crutcher, wife, same as above. Mrs. Ruby F. Crutcher, mother, 3405 Leola St., St., Louis, Mo. Mr. Hubert R. Crutcher, father, same as mother.			
INVESTIGATION MADE		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)		YES	
NO		X	

ADDITIONAL DATA AND/OR STATEMENT

EVIDENCE OF DEATH REC'D IN WD 18 Apr 45.



BATTLE



NON-BATTLE

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

30 APR 1945*di S Fowler*

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.