



**INDIVIDUAL DECEASED
PERSONNEL FILE**

BEST COPY POSSIBLE
POOR QUALITY ORIGINAL

Norgren, Vernon B. pgs. 59

RECEIPT OF REMAINS
DAY LETTER

DISTRIBUTION CENTER AGR DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO, ILLINOIS

PARNELL JOHNSON
JOHNSON FUNERAL HOME
2ND AVENUE & 5TH STREET
TWO HARBORS, MINNESOTA

ROUTINE

REMAINS CONSIGNED TO:

REMAINS OF THE LATE *JMB* WFC. VERNON B. NORGRN
BEING SHIPPED TO YOU *MB* ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 511,
C. & N. W. RR.

LEAVING CHICAGO 6:30 PM C.S.T. TUESDAY 27 APRIL 1948
AND DEPART TO ARRIVE TWO HARBORS, MINN., 10:00 AM C.S.T. WED. 28 APRIL 1948
REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS
TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 3325

RECORDS BRANCH
MAY 10 11 39 AM '48
OFFICIAL INVESTIGATION

CARROLL J. GRINNELL
LT. COL. Q.M.C.

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

THIS 28 DAY OF April, 19 48
DAY MONTH

How C. Johnson
WITNESS (Escort)

Carroll J. Grinnell
CONSIGNEE

REV. 18B

Handwritten notes and signatures in the bottom right corner, including a large signature and several smaller ones.

GP

GRS MMM

1

DISINTERMENT DIRECTIVE 70-25

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 1240 11258	DATE 15 10 47 DAY MONTH YEAR	
NAME NORGREN VERNON B		SERIAL NUMBER 37558113	RANK PFC	ARM 1
CEMETERY HENRI CHAPELLE EUPEN		DATE OF DEATH 1 7 40 08 DAY MONTH YEAR		DISPOSITION OF REMAINS 7400 08
PLOT HHH	ROW 5	GRAVE 99	COUNTRY BELGIUM	CAUSE OF DEATH 1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE PARNELL JOHNSON (JOHNSON FUNERAL HOME) 2ND AVENUE & 5TH STREET TWO HARBORS, MINNESOTA	NAME AND ADDRESS OF NEXT OF KIN MRS. GERTIE SANDWICK (FOSTER-MOTHER) KNIFE RIVER, MINNESOTA
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME NORGREN, VENON B	SERIAL NUMBER 37558113	RANK PFC	DATE OF DEATH est 23 Jan 1945	DATE DISTINTERRED 21 Nov 1947
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER GRS	ORGANIZATION USAGF	RELIGION P	IDENTIFICATION VERIFIED BY ROBERT C MALLORY 1st Lt Inf 537 QM SV CO NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM & MATTRESS COVER	CONDITION OF REMAINS RIGHT FEMUR AND RIGHT RADIUS FRACTURED. HEAD CRUSHED.
OTHER MEANS OF IDENTIFICATION TANK CORPS CLOTHING. 7th ARMORED PATCH ON TANKERS JACKET. 1 CORRESPONDING ID TAG FOUND ON CHEST. CIVILIAN DRIVERS CARD, GI CRIVERS CARD, PX CARD AND OTHER CARDS OF IDENTITY.	
MINOR DISCREPANCIES I NONE	

REMAINS PREPARED AND PLACED IN CASKET 21 November 1947	BY RAY E BOWER, EMB SUPV.
CASKET SEALED BY RAY E BOWER, EMB SUPV.	EMBALMER (Signature) RAY E BOWER, EMB SUPV, 562 QM SV CO
CASKET BOXED AND MARKED 21 Nov 1947 KENDEL B RISER DATE BY CLERK RECORDER	SHIPPING ADDRESS VERIFIED BY RAY E BOWER, EMB SUPV.

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

RAYMOND G JOHNSON, 1st Lt, Inf.

SIGNATURE OF GRS INSPECTOR

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

3325

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM U.S.M.C. HARRI CHAPPELL, BELGIUM		TO LIEGE, BELGIUM (BARGE LOADING PT)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER SGT LUPE J VALENZUELA RA 39570049	
SIGNATURE OF SHIPPER <i>Capt M. Thias</i> CAPT M. THIAS HARRI 0397092	DATE 16/1/48	SIGNATURE OF RECEIVER <i>Lupe J Valenzuela</i>	DATE 16/1/48
2. SHIPPED			
FROM LIEGE, BELGIUM (BARGE LOADING PT)		TO ANTWERP PORT Pier 140	
KIND OF CONVEYANCE BARGE PETRUS		NAME OF CONVOYER SGT ALFRED L VAUGHN RA 35563872	
SIGNATURE OF SHIPPER <i>Alfred L Vaughn</i> 1st LT VAUGHN N HOYT 01328894	DATE 16/1/48	SIGNATURE OF RECEIVER <i>Alfred L Vaughn</i>	DATE
3. SHIPPED			
FROM AG		TO USAT ROBERT F. BURNS	
KIND OF CONVEYANCE EC		NAME OF CONVOYER ELROY N. NATHAN, 1st LT. IC	
SIGNATURE OF SHIPPER <i>Elroy N Nathan</i> L E Butler Lt Col inf	DATE - 9 MAR 1948	SIGNATURE OF RECEIVER <i>Elroy N Nathan</i>	DATE - 9 MAR 1948
4. SHIPPED			
FROM USAT "ROBERT F. BURNS"		TO NYPE	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER <i>B. Samson</i> ELROY N. NATHAN, 1st LT. T.C.	
SIGNATURE OF SHIPPER <i>Elroy N Nathan</i> ELROY N. NATHAN, 1st LT. T.C. 81	DATE 81 MAR 1948	SIGNATURE OF RECEIVER <i>James L McKinnon</i> JAMES L. MCKINNON	DATE APR 2 1948
5. SHIPPED			
FROM NYPE		TO DC #2	
KIND OF CONVEYANCE Furin		NAME OF CONVOYER <i>James L McKinnon</i>	
SIGNATURE OF SHIPPER <i>James L McKinnon</i> JAMES L. MCKINNON	DATE APR 6 1948	SIGNATURE OF RECEIVER <i>J. A. Benton</i> J. A. BENTON	DATE APR 8 1948
6. SHIPPED			
FROM		TO Captain, QMC	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

INSPECTION CHECKLIST

NAME Norgren, Vernon B.		RANK PFC	SERIAL NUMBER 37568113		
NEXT OF KIN		ADDRESS			
SHIPPING CASE - General Appearance <i>(Check ONLY Discrepancies)</i>		CONDITION OF SHIPPING CASE <i>(Check One)</i> <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH <i>(Exterior)</i>		REMARKS			
FINISH <i>(Interior)</i>					
HANDLES					
HANDLE BOLTS					
STENCILING - NAMEPLATE					
		INSPECTED BY: <i>J. W. M. [Signature]</i>			
CASKET - General Appearance <i>(Check ONLY Discrepancies)</i>		CONDITION OF CASKET <i>(Check One)</i> <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH <i>(Exterior)</i>		REMARKS			
HANDLES AND FASTENINGS					
STENCILING - NAMEPLATE					
CAM LOCKS <i>(Sealing)</i>					
ODOR OR MOISTURE					
		INSPECTED BY:			
ROUTED THROUGH					
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> MORTUARY REPAIR SHOP			
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		CASKET REPAIRED <input checked="" type="checkbox"/> <i>touch up paint 2/1/50</i>			
NECESSARY DISINFECTION <i>(Explain)</i>		CASKET EXCHANGED <input type="checkbox"/>			
		SHIPPING CASE REPAIRED <input type="checkbox"/>			
		SHIPPING CASE EXCHANGED <input type="checkbox"/>			
		REMARKS			
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
REMARKS					
<i>INSPECTED</i>					
STORAGE LOCATION				PASS. LIST NUMBER	
FLOOR <i>3</i>	SECTION <i>C</i>	BAY	STORAGE NUMBER <i>488</i>		
STAMP INCOMING OR OUTGOING <i>RECEIVED MAR 2 1950</i>				CONTROL NUMBER 3325	

3325

WU AJ313 17 COLLECT

ROCKFORD ILL MAR 26 1948 423P

LT COL CARROLL J GRINNELL

CHICAGO QUARTERMASTER DEPOT

IN REFERENCE TO REMAINS OF PFC VERNON B NORGREN CONTROL

#3325 NO CHANGE IN DELIVERY INSTRUCTIONS

MRS GERITE SANDWICK.

455P

RECEIVED
SIGNAL CENTER
MAR 26 5 00 PM '48

#3325.

20

MESSAGEFORM		MESSAGE CENTER NO.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. NO. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PRESHING RD., CHICAGO, ILL.			SECURITY CLASSIFICATION		
ACTION TO: <ul style="list-style-type: none"> • MRS. GERTIE SANDWICK • KNIFE RIVER, MINNESOTA 			PRECEDENCE FOR ACTION INFORMATION		
			<input type="checkbox"/> ORIGINAL MESSAGE REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
INFORMATION TO:					
<p>THIS HEADQUARTERS ADVISED REMAINS OF LATE PFC. VERNON B. NORGREN ARE ENROUTE TO UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO PARNELL JOHNSON (JOHNSON FUNERAL HOME), 2ND AVE. & 5TH ST., TWO HARBORS, MINN. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN 48 HOURS OR SUBMIT NEW DELIVERY INSTRUCTIONS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT CHICAGO ILLINOIS. THIS IS YOUR FINAL OPPORTUNITY TO CHANGE DELIVERY INSTRUCTIONS AT GOVERNMENT EXPENSE. IMPOSSIBLE TO GIVE YOU DEFINITE DELIVERY DATE. THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME OF ARRIVAL AT RAILROAD STATION WHERE HE WILL BE REQUESTED TO ACCEPT REMAINS ACCOMPANIED BY MILITARY ESCORT AND TO INFORM YOU TO COMPLETE FUNERAL ARRANGEMENTS. YOUR COOPERATION WILL GREATLY ASSIST THIS OFFICE. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD REQUEST LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. IN TELEGRAM REPLY REFER TO CONTROL NUMBER 3325 AND NAME OF DECEASED.</p>					
REV. 4E			ARMY BRUNELL		
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
DATE-TIME GROUP		OFFICIAL TITLE		PAGE OF	

CERTIFICATE

WW II CONTROL NO. 9325

MAY 13 1948

P. E. LEACH
CHICAGO, ILL.
MAY 1948

ATTN: HDQRS., A. G. R. S.

(AR 30-1830)

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO NATIONAL OR POST CEMETERY.

PART A - CIVILIAN OR PRIVATE CEMETERY

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT NORGTEN, VERNON B.	GRADE PFC.	SERIAL NUMBER 37558113	COMPONENT US ARMY
--	---------------	---------------------------	----------------------

I certify that the sum of \$ 212.⁰⁰ was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

CLAIM VALID REIMBURSEMENT

MAY 4 1948

E. J. H.

INSERT NAME OF CEMETERY <i>Lakeview Cemetery</i>	CITY OR COUNTY <i>Two Harbors Lake</i>	STATE <i>Minn.</i>
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: CHICAGO QM DEPOT AMERICAN GRAVES REGISTRATION DIVISION 1819 W. PERSHING ROAD CHICAGO 9, ILLINOIS	SIGNATURE OF CLAIMANT MRS. GERTIE SANDWICK <i>Mrs. Gertie Sandwick</i>	ADDRESS OF CLAIMANT (City, Street or RFD, and State) KNIFE RIVER, MINNESOTA
	RELATIONSHIP TO DECEDENT FOSTER MOTHER	DATE <i>4/30/48</i>

PART B - NATIONAL OR POST CEMETERY

B

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
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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 and to the following places:

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
--	---

INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:	SIGNATURE OF CLAIMANT	ADDRESS OF CLAIMANT (City, Street or RFD, and State)
	RELATIONSHIP TO DECEDENT	DATE

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

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.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

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.

RRE Form #39
13 Jul 48

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

<u>NORGREN</u>	<u>Vernon</u>	<u>B.</u>	<u>PFC</u>	<u>37558113</u>
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Repatriated to the United States: 15 March 1948

Incl # 207

RESTRICTED

SUBJECT : Inventory of PERSONAL EFFECTS of :

Date

NORCHER,
(Last Name)

Vernon
(First Name)

B.,
(MI)

Unk.,
(Rank)

27558113
(ASN)

TO : EFFECTS QUARTERMASTER, Army Effects Bureau, Kansas City, Missouri.

The above individual of 7 Armd Div.
(Unit)

(Organization)

was reported

(Deceased, Missing, etc.)

about

194

Designated beneficiary if information readily accessible :

NAME :

ADDRESS

INVENTORY OF EFFECTS

Currency withdrawn for collection.

////////////////////////////////////Last item////////////////////////////////////

Money in the amount of ~~withdrawn for collection~~ has been exchanged
(here identify currency)

for US Treasury check No : amounting to \$

Known bank account in European Theater :
(List name of bank and account number)

I certify that the above items constitute all effects secured by me, belonging to the above named individual and that they were forwarded to the Army Effects Bureau Kansas City, Missouri

on 194 through
(forwarding agency)

Signed : KURT SCHNELLENBACH Lt. Col. MC. Depot Quartermaster
(Name) (Rank & ASN) (Organization)

(List any additional information on reverse side)

RESTRICTED

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc. Vernon B. Kargren, 37 558 113
Plot III, Row 5, Grave 99,
United States Military Cemetery
Henri-Chapelle, Belgium

11 March 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, Mrs. Gertie Sandwick

(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 Foster MOTHER BROTHER OVER 21 YEARS OLD SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) Foster Mother

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

Lakeview Cemetary, Two Harbors, Lake County, Minnesota

(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

APPROVED

- 27 August 1947

23 Sep 47
M. Baker

E. T. McCullough
 EARL T. McCULLOUGH
 Colonel, QMC

P. P. Liwski
 P. P. Liwski
 Lt. Col., QMC

SEP 1947

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	TELEGRAPH ADDRESS	TELEPHONE No.
EXPRESS OFFICE (Nearest railroad passenger station)		

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			
Parnell Johnson		Johnson Funeral Home	
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
2nd Ave. & 5th St.	Two Harbors	Lake County	Minnesota
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Two Harbors, Minnesota	Two Harbors, Minnesota	77	

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
Sandwich	John	W.	Foster Father
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
None	Knife River	Lake County	Minnesota

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.

Gertie Sandwick (SIGNATURE OF NEXT OF KIN) None (STREET AND NUMBER)
Gertie Sandwick (NAME PRINTED OR TYPED) Knife River, Minnesota (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 3rd day of April, 1947, at city (or town) of Two Harbors, county of Lake, and State (or Territory or District) of Minnesota

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

Robert A. Pegelow
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
ROBERT A. PEGELOW,
 County Public, Lake County, Minnesota
 My Commission Expires April 15, 1953.

Suspended

QMGMF 293
 Norgren, Vernon B.
 SN 37 558 113

Address Reply To
 THE QUARTERMASTER GENERAL
 Attention: Memorial Division

29 May 1947

Mr. John W. Sandwick
 Knife River, Minnesota

Dear Mr. Sandwick:

We are endeavoring to establish the next of kin and the person authorized to direct disposition of the remains of your foster son, the late Private First Class Vernon B. Norgren.

The Secretary of War has established an order of priority among the next of kin in which their desires concerning the disposition of a decedent's remains will be honored, as listed below.

- a. Father
- b. Mother
- c. Brothers over 21 years of age in order of seniority
- d. Sisters over 21 years of age in order of seniority
- e. Next of kin of legal age in order of their relation to the decedent.

If you legally adopted Private First Class Norgren, it will be necessary that we be furnished a copy of the adoption papers. If you did not legally adopt him, it will be essential that we be furnished a statement of the names, ages and current addresses of all surviving brothers and sisters.

I have inclosed an envelope which requires no postage for your reply.

Your cooperation in this matter is greatly appreciated.

Sincerely yours,

1 Incl
 Self-addressed envelope

RICHARD B. COOMBS
 Major, QMC
 Memorial Division

PART 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.

	<small>(DATE)</small>
<small>(SIGNATURE OF NEXT OF KIN)</small>	<small>(STREET AND NUMBER)</small>
<small>(NAME PRINTED OR TYPED)</small>	<small>(CITY AND STATE)</small>

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

	<small>(DATE)</small>
<small>(SIGNATURE)</small>	<small>(STREET AND NUMBER)</small>
<small>(NAME PRINTED OR TYPED)</small>	<small>(CITY AND STATE)</small>

ADDITIONAL REMARKS AND INSTRUCTIONS

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



QIRM 293
Norgren, Vernon B.
SN 37 558 113

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

29 May 1947

Mr. John W. Sandwick
Knife River, Minnesota

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- d. Sisters over 21 years of age in order of seniority
- e. Next of kin of legal age in order of their relation to the decedent.

If you legally adopted Private First Class Norgren, it will be necessary that we be furnished a copy of the adoption papers. If you did not legally adopt him, it will be essential that we be furnished a statement of the names, ages and current addresses of all surviving brothers and sisters.

I have inclosed an envelope which requires your reply.

Your cooperation in this matter is greatly appreciated.

Sincerely yours,

RICHARD B. COOMBS
Major, QMC
Memorial Division

26 MAY 1947
MAILS RECEIVED BRANCH

Incl
Self-addressed envelope



JFB/da

ROUTING SLIP

TO	ACTION TAKEN	INITIALS	DATE
IDENTIFICATION			
SPECIAL CHECKERS			
✓ CORRESPONDENCE SECTION			<i>CRS 19 May 48</i>
CORRESPONDENCE SUBSECTION			
CONTROL (Fn)			
A-Z AND 333 (For recheck)			
PLOT MAP			
	<i>Special letter!</i>		
ACTION REQUIRED	REMARKS		
NAME	<i>345 Returned by Foster</i>		
RANK	<i>mother + indicated</i>		
ASN	<i>Foster Father a not!</i>		
ORGANIZATION			
ITEM No. 1	<i>Doc Fay indicated</i>		
ITEM No. 2	<i>Edward requests</i>		
ITEM No. 4	<i>Duluth, Minn.</i>		
ITEMS Nos. 5 AND 6			
ITEM No. 7	<i>Suggest Special Ltr.</i>		
ITEM No. 8	<i>be written to Foster</i>		
ITEM No. 9	<i>Father requesting list</i>		
SUSPENSE	<i>of names & addresses</i>		
	<i>of any living brothers</i>		
	<i>+ sisters of deceased!</i>		

(over)

ROUTING SLIP

DATE	INITIALS	SECTION	NO.
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			11
			12
			13
			14
			15
			16
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			19
			20
			21
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			23
			24
			25
			26
			27
			28
			29
			30

Foster Father

*John W. Sandwick
Krieger River, Minn.*

file

Pfc. Vernon B. Norgren, 37 558 113
Plot III, Row 5, Grave 99,
United States Military Cemetery
Henri-Chapelle, Belgium

11 March 1947

Mrs. Bertie Sandwick
Knife River, Minnesota

Dear Mrs. Sandwick:

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

5 Incls.

ge

MAR 14 2 15 PM '47
O O M G M S R G E

muf

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

3 December 1946

ed
In Reply Refer To
QMGR 314.6
Graves Registration
(European) *715 misc*

SUBJECT: Burial Records *con*

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

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

Cemetery: United States Military Cemetery, Earl Chapelle St, Belgium

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE	ORGANIZATION
<u>Heas, Joe E.</u>	<u>PTG</u>	<u>3880430</u>	<u>III</u>	<u>6</u>	<u>110</u>	<u>Co 714 888 Inf 1st Div 71 Inf Div</u>
<u>Wiskerch, Edward C.</u>	<u>1st</u>	<u>37558113</u>	<u>III</u>	<u>6</u>	<u>88</u>	
<i>X293</i> <u>Norgren</u> <u>Norgren, Vernon H.</u>	<u>1st</u>	<u>37558113</u>	<u>III</u>	<u>6</u>	<u>88</u>	<u>Co 714 888 Inf 1st Div 71 Inf Div</u>

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

FOR THE QUARTERMASTER GENERAL:

Martin G. Rilly
MARTIN G. RILLY
Major, QMC
Assistant

REPATRIATION
RECORDS BRANCH

11/25/46
D.T.F.

NAME NORGREN VERNON B. Pfc.

SERIAL NO. 37558113

CEMETERY HENRI-CHAPELLE #1 BELGIUM

PLOT HHH

ROW 5

GRAVE 99

LETTER FIELD

CR9N.

RANK

J. Dennis
SPECT. CL. OFFICER

File
12-3-46
V. Koushutzky
na T.

QMBR 293
Norgren, Vernon B.
A.S.N. 37 558 113

14 January 1947

Mrs. Gertie Sandwick
Knife River, Minnesota

Dear Mrs. Sandwick:

Inclosed herewith is a picture of the United States Military Cemetery Henri-Chapelle, Belgium, in which your son, the late Private First Class Vernon B. Norgren, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

1 Incl
Photograph

ERT

G. A. HORKAN
Brigadier General, QMC
Assistant

M.W.

LH
QMGYG 293
Norgren, Vernon B. 37538713

26 June 1946

Mr. John Sandwick
Knife River, Minnesota

Dear Mr. Sandwick:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Vernon B. Norgren, A.S.N. 37 558 113.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Henri-Chapelle, Belgium, plot HHH, row 5, grave 99.

This cemetery is located approximately seven miles southwest of Aachen, Germany, five miles northwest of Eupen and eight miles east of Liege, both in Belgium, 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 your feasible wishes 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 you with full information and solicit your detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

LK

RESTRICTED

REPORT OF BURIAL

82302

25 Jan 45

NORGREN

VERNON

B.

Unknown

37558113

Last Name

First

Initial

Rank

Serial No.

Unknown

Unknown

17

Unknown

7th Arm'd

Unknown

1/2 Mi. So Born, Belgium

22-25 Jan 45 Est

SF Pen Head & neck

Place of Death

of Death

Cause of Death

1100 hrs, 25 Jan 45

Henri Chapelle #1

K 721-348

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

99

5

HHH

Perm

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:

Fischer, Howard A. 37574451

100

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Powell, Warren W. Jr. 34263053

98

Name

Serial No.

Rank

Organization

Grave No.

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

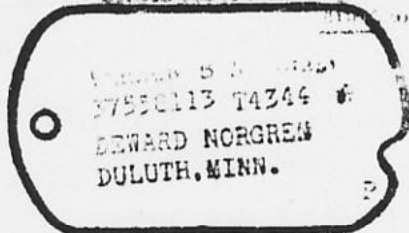
When identification tag is not affixed fill in below:

Emergency Addressee _____ Name _____

_____ Address _____

Religion _____

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



Signature of Officer or other person reporting burial

Heath

Verified by G.E.S. Officer

M. F. RAKER
1st Lt. OMC
O-515237
G.R.O.

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.

XX

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

Teacher, Howard A. ...
Sowell, Herman W. ...

MEMORANDUM

NOV 20 1950

1000 hrs. SS

22

2

1

Thumb

Left Hand

2

1

Thumb

TOOTH CHART:

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

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

Characteristics: _____

Other Data: _____

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

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

REPORT OF DEATH

DATE 13 February 1945 vLb

FULL NAME Norgren, Vernon B.		ARMY SERIAL NUMBER 37 558 113	GRADE Pfc	
HOME ADDRESS Rockford, Ill.		ARM OR SERVICE Infantry	DATE OF BIRTH 10 Jul 13	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 22 Jan 45
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 9 Apr 43	LENGTH OF SERVICE FOR PAY PURPOSES	
			YEARS	MONTHS
				DAYS
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) Mr. John Sandwick, father, (foster) Knife River, Minn.				
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) John Sandwick, father, (foster) same as above Gertie Sandwick, foster mother, same as above				
INVESTIGATION MADE?		IN LINE OF DUTY		OTHER PAY STATUS (SPECIFY BELOW)
YES	NO	YES	NO	YES
				NO
OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE
YES	NO	YES	NO	YES
				NO
IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)		
YES	NO	YES	NO	

ADDITIONAL DATA AND/OR STATEMENT

Evidence of death rec'd in W.D. 8 Feb 45.

BATTLE NON-BATTLE

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

BY ORDER OF THE SECRETARY OF WAR.

J. Marshall
 ADJUTANT GENERAL

WD AGO FORM 82-1
1 SEPTEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 82-1, 29 MAY 1944, WHICH STOCKS ARE EXHAUSTED.

24 FEB 1945

414805

SIG:VB:reh
May 28, 1945

Mr. John Sandwick
Knife River, Minnesota

Dear Mr. Sandwick:

Thank you for the information furnished the Army Effects Bureau in connection with personal effects belonging to your foster son, Private First Class Vernon E. Norgren.

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 wish to express my sympathy in the loss of your foster son.

Sincerely yours,

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

AMOUNT OF CHECK 5.02-10	DISCREPANCY IN NAME	ENCLOSE VALUABLES	RECIPIENT FROM
ACCOUNT NUMBER 307-154224 307-154005	SERIAL NUMBER	SHIP VALUABLES	CASUALTY REPORT
	RANK	VALUABLES SHIPPED BY (clerk)	INVENTORY FORM 20
<p style="text-align: center;">John Sandwick</p> <p>Pfc Vernon B. Norgren</p> <p>37 558 113 ✓</p> <p>414505 D ✓</p>			<input checked="" type="checkbox"/> LETTER
			NO. & TYPE OF CONTAINER
			ENVELOPE
			CARTONS
			PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE BL
			SHIP BL OBTAINED
			SHIP DAMAGED
REMOVE BL OBTAINED			
REMOVE DAMAGED			
FILMS REMOVED			
DIARY REMOVED			
HOC/KK/ps	SUMMARY COURT DATA		DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		3-22-49
REMARKS <p style="text-align: center;">a/c # 184065 - \$3.00 184224 - 2.02 55.02</p>			MAIL REVIEWER (initials)
			SHIPPED
			FRANKED
			EXPRESS
			FREIGHT
			PAID SHIPPED
			SHIPPING CLERK
			ROUTING
			ROUTING BRANCH
			WAREHOUSE
ORDER FOR ACTION			

EFF OM FORM 14
10 OCT 1945

1 22 11 49

184065
184224

414505

179970

22 March 1949

***John Sandwick

5.02

414505

**ARMY EFFECTS BUREAU
ACCOUNTING INVENTORY**

CASE NO.

TYPED BY
mj

DATE
2 Nov 48

STATUS
Deceased

RANK

NAME
Vernon B. Norgren

A.S.N.
37558113

ORGANIZATION

CONSIGNOR CDO, APO 807

AMOUNT 3.00

PAID CHECK NO. 179970

ACCOUNT NO. 184065

LIST NO. CIP 106

CHECK DESCRIPTION:
INCLUDED IN ONE U.S. TREASURER'S CHECK
NEGOTIABLE BY EOM

31,901

DATED 8 Oct 48

SYMBOL 211-315

AMOUNT \$2100.00

REMARKS: Above check represents partial
proceeds of redemption of US currency
only on CIP lists 102 thru 110 inclusive.

**ARMY EFFECTS BURE
ACCOUNTING INVENTORY**

CASE NO.
414505

TYPED BY
mj

DATE
7 Jan 49

STATUS
Deceased

NAME
Vernon B. Norgren

A.S.N.
37558113

RANK

ORGANIZATION
Hq, AGRS, APO 58

CONSIGNOR
CDO, APO 807

AMOUNT \$ 2.02

PAID CHECK NO. 179970

ACCOUNT NO.
184224

LIST NO.
CIP 106

CHECK DESCRIPTION:
INCLUDED IN ONE U.S. TREASURER'S CHECK
NEGOTIABLE BY EOM

34189

DATED 21 Dec 48

SYMBOL 211-315

AMOUNT \$2281.79

REMARKS: Proceeds of redemption of
£ 0/10/0 @ 40.35
Covers English currency only, CIP list 106.

WX8

EUA248

FUA 080

Effects Bureau 2
1-5-49

RR UWX

FM UFP 130R/UUTW FIN CTR FRIEDBERG GERMANY 050830Z
CO ARMY EFFECTS BUREAU KANSAS CITE Y QUARTERMASTER DEPOT 601 HARDESTY
AVANUE KANSAS CITY MISSOURI

WD GRNC

REF NR FINM 8 PD REURAD FOQMDKG ONE ONE TWO THREE ONE DECEMBER
ONE NINE FOUR EIGHT TREASURY CHECK NUMBER ONE THREE EIGHT ZERO THREE
FOR TWO HUNDRED THIRTY SIX DOLLARS AND TWENTY ONE CENTS DATED NINE
DECEMBER ONE NINE FOUR SEVEN COVERS REDEMPTION OF TWENTY EIGHT
THOUSAND ONE HUNDRED FRENCH FRANCS PERTAINING TO CIP LIST NUMBER ONE
ZERO TWO ONLY PD ALL OTHER FRENCH FRANCS PERTAINING TO CIP LISTS
ONE ZERO THREE THROUGH ONE ONE ZERO INCLUSIVE HAVE BEEN DESTROYED BY
BURNING BECAUSE OF UNSANITARY CONDITION END SIGNED GRABAN

05/1530Z JAN

CO KCQMD
KANS CITY, MO

UNCL

CENTRAL DISBURSING OFFICER
7752ND FINANCE CENTER, EUCOM
BAD NAUHEIM, GERMANY

PRIORITY

FROM: QMDKG 122

REFERENCE SECOND INDORSEMENT YOUR OFFICE DATED NINE DECEMBER TRANSMITTING TREASURY
CHECK NUMBER 13803 IN AMOUNT TWO HUNDRED THIRTY SIX DOLLARS TWENTY ONE CENTS
PROCEEDS OF REDEMPTION TWENTY EIGHT THOUSAND ONE HUNDRED FRENCH FRANCS STATED
SOURCE CIP LIST ONE ZERO TWO PD REQUEST IMMEDIATE TWX CONFIRMATION THAT ABOVE
AMOUNT APPLICABLE LIST ONE ZERO TWO ONLY PD FURTHER REQUEST INFORMATION DISPOSAL
MADE OF FRENCH CURRENCY LISTS ONE ZERO THREE TO ONE ZERO TEN INCLUSIVE IN VIEW
OF PARAGRAPH THREE LETTER YOUR OFFICE DATED 22 DECEMBER TRANSMITTING TREASURY
CHECK NUMBER 34189 AMOUNT TWO THOUSAND TWO HUNDRED EIGHTY ONE DOLLARS SEVENTY
NINE CENTS RECEIPT OF WHICH IS ACKNOWLEDGED

UNCL

QMDKG 889

KLINE STA 130

H. O. CALDWELL

Effects Quartermaster

HEADQUARTERS
7752 FINANCE CENTER
EUROPEAN COMMAND
Central Disbursing Office

ASD/AJD/nl

APC 807
22 Dec 48

FINC 123.6

SUBJECT : Transmittal of U.S. Treasury Check # 34,189

TO : Chief, Army Effects Bureau, Kansas City Quartermaster Depot,
601 Hardesty Avenue, Kansas City 1, Mo.

1. Transmitted herewith U.S. Treasury Check # 34,189 in the amount of \$2,281.79, dated 21 December 1948.

2. The above mentioned check represents the redeemed value of L 565-10-0, contained in Fiscal Lists 102-110 inclusive.

3. This concludes all transactions pertaining to Fiscal Lists 102-110 inclusive.

4. Request acknowledgement of receipt.

JAMES H COMINGS
Lt Colonel FD
Central Disbursing Officer

/s/ A. S. Donnelly
By : A.S. DONNELLY
Captain FD
Deputy.

1 Incl: U.S Trea Check # 34,189

QMDKG 122 (8 Oct 48)

1st Ind

HOC/BRK/mj

ARMY EFFECTS BUREAU, Kansas City Quartermaster Depot, 601 Hardesty Avenue,
Kansas City 1, Missouri, 29 October 1948

THRU: Office of Theater Fiscal Director, 7752nd Finance Center, Central
Disbursing Office, Continent, APO 807, c/o Postmaster, New York,
New York

TO: Commanding Officer, ACRC, St Germain Depot, APO 58, c/o Postmaster,
New York, New York

1. Receipt of Treasury check No 12210418, symbol 210-642 in the
amount of \$2100.00 inclosed in basic letter is hereby acknowledged.

2. Inasmuch as the mutilated currency listed on CIP lists 102
through 110 inclusive totals more than the \$85.00 withheld pending
completion of redemption action, further disposal action in all cases
where mutilated US currency was recovered must necessarily be withheld
pending receipt of the additional proceeds.

3. Examination of the subject Fiscal Lists has revealed that no
basis exists for computation by this Bureau of amounts due the individuals
listed thereon in the absence of more complete information from your
office.

4. It is requested that when the proceeds of redemption of foreign
currencies listed on CIP lists 102 through 110 are forwarded to this
Bureau, an itemized break-down of the amount due each individual from
proceeds of foreign currency be furnished. This information is necessary
in view of the differing types of currencies listed, redemption at less
than full value due to presence of mutilated currency and the fluctuation
of exchange rates.

5. It is further requested that any foreign currency found to be
non-convertible by your office be forwarded to this Bureau for trans-
mittal as souvenir currency and in such denominations as will enable
transmittal to the individual recipients.

FOR THE COMMANDING OFFICER:

2 Incls
w/d

H. O. CALDWELL
Effects Quartermaster

HEADQUARTERS
7752 FINANCE CENTER
EUROPEAN COMMAND
Central Disbursing Office

ASD/nl

FINC 123.7

APC 807
8 Oct 48

SUBJECT : Fiscal Lists.

TO : Army Effects Bureau, Kansas City, Q.M. Depot, 601 Hardesty
Avenue, Kansas City, Missouri.

1. Enclosed herewith check for \$ 2,100.00 covering United States currency forwarded this office with fiscal lists 102 through 110 inclusive. Fiscal lists totaled \$ 2,185.00 of which \$ 85.00 has been forwarded this date to the Treasury on a collection basis, inasmuch as the bills consist only of fragments.

2. The forwarding of U.S. Currency direct this office is very impractical and it is suggested that it be forwarded direct to a Federal Reserve Bank to be exchanged for a check.

3. Attention is invited to paragraph 9 letter Office Chief of Finance dated 11 August 1948 concerning disposition of Foreign Currencies which contain a bad odor. Copy of mentioned letter enclosed.

JAMES H COMINGS
Lt Colonel FD
Central Disbursing Officer

/s/ A. S. Donnelly
By : A. S. DONNELLY
Captain FD
Assistant.

2 Incls:

1. check
2. cy ltr dtd 11 Aug 48

411, 205

ATTACHMENTS		EFFECTS INVENTORY		S.	
<input checked="" type="checkbox"/>	INBOUND INVENTORY	EFFECTS INVENTORY ARMY EFFECTS BUREAU		<input type="checkbox"/>	DECEASED
<input checked="" type="checkbox"/>	G. R. OR SUB GR LABEL			<input type="checkbox"/>	MISSING
<input type="checkbox"/>	WILL OR POWER OF ATTY.			<input type="checkbox"/>	P. O. W.
<input checked="" type="checkbox"/>	TALLY IN FORM 43			<input type="checkbox"/>	ABANDONED
<input type="checkbox"/>		<input type="checkbox"/>	UNKNOWN		
<input type="checkbox"/>	BAGS, CLOTH OR TRAVEL	<input type="checkbox"/>	BELT	<input type="checkbox"/>	OVERCOATS
<input type="checkbox"/>	BELT, MONEY (NO MONEY)	<input type="checkbox"/>	BOOKS, ADDRESS	<input type="checkbox"/>	PAPERS, PERSONAL
<input type="checkbox"/>	BILLFOLD (NO MONEY)	<input type="checkbox"/>	BOOKS, PILOT LOG	<input type="checkbox"/>	PENCIL MECHANICAL
<input type="checkbox"/>	BOOKS	<input type="checkbox"/>	BRUSHES	<input type="checkbox"/>	PEN, FOUNTAIN
<input type="checkbox"/>	BRACELET, IDENT.	<input type="checkbox"/>	CASE	<input type="checkbox"/>	PHOTOS
<input type="checkbox"/>	CAMERAS	<input type="checkbox"/>	CLOTH. WASH	<input type="checkbox"/>	PIPES
<input type="checkbox"/>	CLOTHING	<input type="checkbox"/>	COATS	<input type="checkbox"/>	RINGS
<input type="checkbox"/>	MISC. ARTICLES	<input type="checkbox"/>	FOOTLOCKER	<input type="checkbox"/>	SCARFS
<input type="checkbox"/>	RELIGIOUS ARTICLES	<input type="checkbox"/>	FOOTWEAR, PR.	<input type="checkbox"/>	SHIRTS
<input type="checkbox"/>	RIBBONS, DECORATION	<input type="checkbox"/>	GLASSES	<input type="checkbox"/>	SOCKS, PR.
<input type="checkbox"/>	SHORT SNORTER	<input type="checkbox"/>	GLOVES, PR.	<input type="checkbox"/>	STATIONERY
<input type="checkbox"/>	SOUVENIR MONEY	<input type="checkbox"/>	HANDKERCHIEFS	<input type="checkbox"/>	TIES
<input type="checkbox"/>	SOUVENIRS	<input type="checkbox"/>	HEADWEAR	<input type="checkbox"/>	TOBACCO
<input type="checkbox"/>	TESTAMENTS	<input type="checkbox"/>	JACKETS	<input type="checkbox"/>	TOILET ARTICLES
<input type="checkbox"/>	TOWELS & WASHCLOTHS	<input type="checkbox"/>	KITS	<input type="checkbox"/>	TOWELS
<input type="checkbox"/>	U. S. MONEY (AMOUNT)	<input type="checkbox"/>	KNIVES	<input type="checkbox"/>	TROUSERS, PR.
<input type="checkbox"/>	WATCH	<input type="checkbox"/>	LETTERS	<input type="checkbox"/>	TRUNKS, PR.
<input type="checkbox"/>	WINGS	<input type="checkbox"/>	LIGHTERS	<input type="checkbox"/>	UNDERWEAR
CONTAINERS ADDRESSED TO			INFORMATION		
<i>None</i>			<i>None</i>		
NAME AND STATUS VARIATIONS			CROSS REFERENCE		
<input type="checkbox"/>	CHECK	REC'D BY	NUMBER	<input type="checkbox"/>	BUREAU CHECK
<input type="checkbox"/>	MONEY ORDER		SYMBOL	<input type="checkbox"/>	TRANSMIT ORIGINAL
<input type="checkbox"/>	BOND		AMOUNT	<input type="checkbox"/>	ORIG. REG. MAIL
<input type="checkbox"/>	TRAV. CHECK		DATE	<input type="checkbox"/>	TO G. A. O.
<input type="checkbox"/>	FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	<input type="checkbox"/>	MUTILATED
<input type="checkbox"/>	U. S. CURRENCY	PAYEE	<input type="checkbox"/>	TO ISSUING AGENCY	
			REMITTER OR DRAWER		
TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET _____ OF _____ SHEETS	
8571		23 July 48			
NAME			A. S. N.		
Y. C. B. LOYDREN			3100015		
ORGANIZATION			RANK	CASE NO.	
7 191 DIV					
WAREHOUSE SPACE		EXAMINED BY	DIARY REMOVED		
		<i>James Glenn</i>	PHOTO FILM REMOVED		
PACKAGE DESCRIPTION		PACKED BY	MOTION PICTURE FILM REMOVED		
			SHIPPED		
WEIGHT		INSPECTED BY	DATE	BY WHOM	
		STORED BY			

NAME **KORGEN, VERNON V 8113**

BAY	PALLET	BOX	TALLY
		5	7522
TYPE OF PKG.	WHISE. SPACE	INVENTORIED	
GRB			

Est. G.I. Form 43

Serial No. *11111* Name *KORGEN, VERNON B*
Grade *Private* Rank *Private*
Organization *1st Infantry Div*
Address *11111*
Nearest Relative *11111*
Address *11111* Died of Disease *11111*
Killed in Action *11111* Hospital *11111*
Date *11111* Information *11111*
Battle Area *11111*
Place of Burial *11111*
Point of Coordination *11111*
Description of Body *11111*
Members Missing *11111*

Signed *[Signature]*

RESTRICTED

SUBJECT : Inventory of PERSONAL EFFECTS of : Date

NORGREN, Vernon B., Unk., 37558113
(Last Name) (First Name) (MI) (Rank) (ASN)

TO : EFFECTS QUARTERMASTER, Army Effects Bureau, Kansas City, Missouri.

The above individual of 7 Armd Div.
(Unit) (Organization)

was reported about 194
(Deceased, Missing, etc.)

Designated beneficiary if information readily accessible :

NAME : ADDRESS

INVENTORY OF EFFECTS

Currency withdrawn for collection.

/////////////////////////////////Last item////////////////////////////////

Money in the amount of Withdrawn for collection has been exchanged
(here identify currency)

for US Treasury check No : amounting to \$

Known bank account in European Theater :
(List name of bank and account number)

I certify that the above items constitute all effects secured by me, belonging to the above named individual and that they were forwarded to the Army Effects Bureau Kansas City, Missouri

on Joseph F. Geoghegan 104 through
(forwarding agency)

Signed KURT SCHNELLENBACH Lt. Col. OMC. Depot Quartermaster
(Name) (Rank & ASN) (Organization)

(List any additional information on reverse side)

RESTRICTED

Checked J-B

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. John Sandwick

SHIP TO:

Knife River, Minnesota

Pfc. Vernon B. Borgren

Effects of:

Name

87558115

ASN

414505 D

Case No.

Wt.

DATE 25 May 1945

A. Olsen
FOR: Effects Quartermaster

REMARKS: GHG:VB:cr

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:

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

REMARKS:

1/2/45
SHIP DAMAGED ITEM

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

mk
Shipping Clerk

Eff. QM Form 14 (25 Dec 44)

JUN 2 1945

PACKAGE DESCRIPTION <i>I-114g</i>	ARM EFFECTS BUREAU INVENTORY	DECLASSIFIED <input checked="" type="checkbox"/>
		414,505 m.f.
NAME <u>VERNON B. NORGREN</u>		#75224
A.S.N. <u>37558113</u>	RANK	DATE <u>26 April 45</u>
		ORIG. NO. OF PAGES <u>1</u>
		BOX NO. <u>5</u>
		SHEET <u>1</u> OF <u>1</u> SHEETS
		ORGANIZATION <u>7th Div. Div.</u>

Ball	SHOES & SOCKS	WINGS
BEST MONEY (NO MONEY)	SHIRTS	BAGS, CLOSE OR TRAVEL
Clots, Wash	SMOKELESS	BILLFOLD, (NO MONEY)
Coats	BRUSHES	CASE
Footwear, Pr.	CANDLES	Footlocker
Gloves, Pr.	Glasses	FILE, KEY, TAG, OR WRITING
Handkerchiefs	Knives	BOOKS
Headwear	Lighters	Books, Address
Jackets	MISC. INSIGNIA	Books, Pilot Log
Overcoats	Pen, Fountain	DIARY (REMOVED FOR DDR)
Scarfs	Pencil, Mechanical	PIKING
Shirts	Pipes	Letters
Socks, Pr.	RELIGIOUS ARTICLES	Papers, Personal
Ties	SIGNS, DECORATION	Photos
Towels	Rings	Shoe Shine Articles
Trousers, Pr.	Tobacco	SECRET PAPERS
Trunks, Pr.	Toilet Articles	SOUVENIRS
Underwear	* <u>1</u> MATCH <u>Washburn (Packets)</u>	SOUVENIR MONEY
		Stationery
		TENTANETS
		U.S. MONEY (AMOUNT)

REMARKS <i>No information re: watch * watch has serial from [unclear] [unclear]</i>	ATTACHMENTS <i>Inventory of [unclear] L.P. [unclear]</i>	FORM #50	FORM #100
C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED	
WAREHOUSE SPACE <i>1579</i>	STORED BY <i>[unclear]</i>	SHORTAGE ON REVERSE	
INVENTORIED BY <i>[unclear]</i>	DATE SHIPPED <i>[unclear]</i>	IDENT. TAGS REMOVED	
PACKED BY <i>[unclear]</i>	CHECKED BY <i>[unclear]</i>	DIARY REMOVED	
		LOCKED AT [unclear]	
		CRASHES REMOVED	
		FILM REMOVED	

DAMAGED

Serial No. 37558113 Name NORGREN, VERNON B
 Grade _____ Rank _____
 Organization 7 ARMD DIV
 Address _____
 Nearest Relative _____
 Address _____
 Killed in Action _____ Died of Disease _____
 Date _____ Hospital _____
 Battle Area _____ Information _____
 Place of Burial Reburial: Henri Chapelle
 Point of Coordination _____
 Description of Body _____

Members Missing _____

118-1
Signed _____

NORGREN, VERNON R. 37558113

BAY	PALLET	BOX	TALLY	TYPE P.
			8571	GRE

6/17/48
NYPE

Mailed direct to KC.

Pouch #153

Reg # 112

R E S T R I C T E D

I N V E N T O R Y F O R M

H C #1 HH 99
25 Jan 45

Date

SUBJECT: Inventory of Personal Effects of:

<u>Norgren,</u>	<u>Vernon</u>	<u>B.</u>	<u>Unknown</u>	<u>37558113</u>
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)

TO: Effects Quartermaster, Communications Zone, APO 887 US Army

The above named individual of Unk 7th ArmDiv
(Unit) (Organization)

was reported ~~xxxxx~~ buried ~~xxxxx~~ 25 Jan 45 1944.
Status (KIA, MIA, Hosp. etc.) about (Date)

Designated Beneficiary if information readily accessible _____
Unk

I N V E N T O R Y O F E F F E C T S

1 Watch ✓

~~xxx~~

Souvenir coins ✓

H. E. BIGELOW
Lt. Col. G. O.

Money in the amount of _____ has been turned into _____
(Name of finance office and

_____ Form WDFD 38 enclosed.
symbol number)

Unk

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 Reg Mail on _____ 194____.
(Rail, Truck, etc.)

Name H. Shackelford
Rank & ASN H. SHACKELFORD
1st Lt. GHC
O-1596833
Organization G. O.

Any additional pertinent information:

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

JRM:VE:er

Case No. 414505

Date 25 May 1945

SUBJECT: Report of transaction in disposing of the effects of

Verdon B. Newgren (Name of deceased) 37556112 (Army Serial Number) died
Private First Class (Grade) Infantry (Organization, Army or Service)
on the 22 day of January, 1945, 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., KQCM 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 enclosed 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 24 May 1945, pursuant to Special Orders 228, Headquarters KQCM Depot, dated 25 September 1943, the application or affidavit of John Sandwick 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, John Sandwick (Name of person found entitled) of

Minnesota (Number, Street or Avenue) Knife River (City, Town or Village) State of

Minnesota, is the father (Relationship or Capacity) of the

above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)
JOHN R. MURPHY, Colonel, U.S.A.
(Name, Rank, Organization)
SUMMARY COURT-MARTIAL

SEE THE



North Shore Scenic Drive
Lake Superior
International Highway

VETERANS
SERVICE OFFICE
LAKE COUNTY
TWO HARBORS, MINNESOTA

JOHN W. O'CONNELL
VETERANS ASSISTANCE OFFICER

May 17, 1945

Army Effects Bureau
Kansas City Quartermaster Depot
601 Hardesty Avenue
Kansas City 1, Missouri

Re: Norgren, Vernon B.
414505

Gentlemen:

Mr. Sandwick has requested me to write regarding your letter of May 11.

Vernon Norgren was never married and left no last Will.

If there is anything else that is required would you please write again to:

Mr. John Sandwick
Knife River, Minnesota

Very truly yours,

John W O'Connell
John W. O'Connell



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

(S-6-11-45)
JRM:JBS:cms
May 11, 1945

IN REPLY REFER TO 414505

Dear Mr. Sandwick:

The Army Effects Bureau has received from overseas some personal property of your son, Private First Class Vernon B. Norgren.

To make proper disposition of this property, it is necessary that we have certain information regarding your son's family. I would like to know whether he was married and, if so, the name and address of his widow.

If your son left a Will which has been probated, please furnish the original or a certified copy of the letters Testamentary. Any papers submitted will be returned to you as soon as possible.

Please mail your reply in the inclosed self-addressed envelope which needs no postage, as this will accelerate delivery of the property.

Sincerely yours,

HARRY NIEMIEC
2nd Lt. Q.M.C.
Chief, Correspondence Branch

1 Incl--
Envelope

~~XXXXXXXXXXXXXXXXXXXX~~

414505

HOC/KK/ps
22 March 1949

Mr. John Sandwick
Knife River, Minnesota

Dear Mr. Sandwick:

Thank you for confirming your address in connection with the disposal of funds which belonged to your foster son, Private First Class Vernon B. Norgren.

I am inclosing a Bureau check in the amount of \$5.02, representing the funds.

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

Sincerely yours,

1 Incl
Check

H. O. CALDWELL
Effects Quartermaster

Suspend

QMGHF 293
Norgren, Vernon B.
SN 37 558 113

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

29 May 1947

Mr. John W. Sandwick
Knife River, Minnesota

Dear Mr. Sandwick:

We are endeavoring to establish the next of kin and the person authorized to direct disposition of the remains of your foster son, the late Private First Class Vernon B. Norgren.

The Secretary of War has established an order of priority among the next of kin in which their desires concerning the disposition of a decedent's remains will be honored, as listed below.

- a. Father
- b. Mother
- c. Brothers over 21 years of age in order of seniority
- d. Sisters over 21 years of age in order of seniority
- e. Next of kin of legal age in order of their relation to the decedent.

If you legally adopted Private First Class Norgren, it will be necessary that we be furnished a copy of the adoption papers. If you did not legally adopt him, it will be essential that we be furnished a statement of the names, ages and current addresses of all surviving brothers and sisters.

I have inclosed an envelope which requires no postage for your reply.

Your cooperation in this matter is greatly appreciated.

Sincerely yours,

1 Incl
Self-addressed envelope

RICHARD B. COOMES
Major, QMC
Memorial Division



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

HOC/KK/ps
28 February 1949

IN REPLY REFER TO 414505

Mr. John Sandwick
Knife River, Minnesota

Dear Mr. Sandwick:

The Army Effects Bureau recently received for disposal a group of funds which had been recovered by the American Graves Registration Service in its disinterment operations under the current Repatriation Program for deceased military personnel.

These funds, consisting of United States or foreign currencies, were carried by the soldier at the time of casualty and in many instances were recovered in a mutilated or unsightly condition.

Consolidation at the overseas headquarters was then made of all such currencies and it was then returned to the country of origin for exchange to dollar credits to enable issuance of a check replacing the mutilated currency.

Such was the case with some funds received for your foster son, Private First Class Vernon B. Norgren.

I know that you want to receive these funds as soon as possible, but due to the time elapsed since the occurrence of the casualty, it is believed that some explanation should be offered as to the source of these funds and the delay in their transmittal.

It would be appreciated if you would confirm the accuracy of your address in order that the check may be delivered properly. A notation placed at the bottom of this letter will be sufficient and may be returned in the inclosed addressed envelope requiring no postage.

Upon receipt of your reply, a Bureau check for the funds recovered from the above source will then be sent you promptly.

Sincerely yours,

H. O. Caldwell
H. O. CALDWELL
Effects Quartermaster

*file
KK*

1 Incl
Envelope

*Mr. John Sandwick
Knife River, Minnesota*

Handwritten text, possibly a signature or name, located at the top left of the page.

MAILED
JAN 10 1919
KANSAS CITY, MO.
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

Small handwritten mark or stamp at the bottom left corner.

414505

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU	S	
<input checked="" type="checkbox"/>	INBOUND INVENTORY		DECEASED	
<input checked="" type="checkbox"/>	G. R. OR SUB GR LABEL		MISSING	
<input type="checkbox"/>	WILL OR POWER OF ATTY.		P. O. W.	
<input checked="" type="checkbox"/>	TALLY IN FORM 43		ABANDONED	
		UNKNOWN		

<input type="checkbox"/>	BAGS, CLOTH OR TRAVEL	<input type="checkbox"/>	BELT	<input type="checkbox"/>	OVERCOATS	<i>No effects received</i>
<input type="checkbox"/>	BELT, MONEY (NO MONEY)	<input type="checkbox"/>	BOOKS, ADDRESS	<input type="checkbox"/>	PAPERS, PERSONAL	
<input type="checkbox"/>	BILLFOLD (NO MONEY)	<input type="checkbox"/>	BOOKS, PILOT LOG	<input type="checkbox"/>	PENCIL, MECHANICAL	
<input type="checkbox"/>	BOOKS	<input type="checkbox"/>	BRUSHES	<input type="checkbox"/>	PEN, FOUNTAIN	
<input type="checkbox"/>	BRACELET, IDENT.	<input type="checkbox"/>	CASE	<input type="checkbox"/>	PHOTOS	
<input type="checkbox"/>	CAMERAS	<input type="checkbox"/>	CLOTH, WASH	<input type="checkbox"/>	PIPES	
<input type="checkbox"/>	CLOTHING	<input type="checkbox"/>	COATS	<input type="checkbox"/>	RINGS	
<input type="checkbox"/>	MISC. ARTICLES	<input type="checkbox"/>	FOOTLOCKER	<input type="checkbox"/>	SCARFS	
<input type="checkbox"/>	RELIGIOUS ARTICLES	<input type="checkbox"/>	FOOTWEAR, PR.	<input type="checkbox"/>	SHIRTS	
<input type="checkbox"/>	RIBBONS, DECORATION	<input type="checkbox"/>	GLASSES	<input type="checkbox"/>	SOCKS, PR.	
<input type="checkbox"/>	SHORT SNORTER	<input type="checkbox"/>	GLOVES, PR.	<input type="checkbox"/>	STATIONERY	
<input type="checkbox"/>	SOUVENIR MONEY	<input type="checkbox"/>	HANDKERCHIEFS	<input type="checkbox"/>	TIES	
<input type="checkbox"/>	SOUVENIRS	<input type="checkbox"/>	HEADWEAR	<input type="checkbox"/>	TOBACCO	
<input type="checkbox"/>	TESTAMENTS	<input type="checkbox"/>	JACKETS	<input type="checkbox"/>	TOILET ARTICLES	
<input type="checkbox"/>	TOWELS & WASHCLOTHS	<input type="checkbox"/>	KITS	<input type="checkbox"/>	TOWELS	
<input type="checkbox"/>	U. S. MONEY (AMOUNT)	<input type="checkbox"/>	KNIVES	<input type="checkbox"/>	TROUSERS, PR.	
<input type="checkbox"/>	WATCH	<input type="checkbox"/>	LETTERS	<input type="checkbox"/>	TRUNKS, PR.	
<input type="checkbox"/>	WINGS	<input type="checkbox"/>	LIGHTERS	<input type="checkbox"/>	UNDERWEAR	

CONTAINERS ADDRESSED TO <i>None</i>	INFORMATION <i>None</i>
NAME AND STATUS VARIATIONS	CROSS REFERENCE

<input type="checkbox"/>	CHECK	REC'D BY	NUMBER	<input type="checkbox"/>	BUREAU CHECK
<input type="checkbox"/>	MONEY ORDER		SYMBOL	<input type="checkbox"/>	TRANSMIT ORIGINAL
<input type="checkbox"/>	BOND		AMOUNT	<input type="checkbox"/>	ORIG. REG. MAIL
<input type="checkbox"/>	TRAV. CHECK		DATE	<input type="checkbox"/>	TO G. A. O.
<input type="checkbox"/>	FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	<input type="checkbox"/>	MUTILATED
<input type="checkbox"/>	U. S. CURRENCY		PAYEE	<input type="checkbox"/>	TO ISSUING AGENCY
		REMITTER OR DRAWER			

TALLY NO. <i>8571</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>23 July 48</i>	BOX NO.	SHEET _____
NAME <i>VERNON B. NORGREN</i>				OF _____ SHEETS
				A. S. N. <i>37075112</i>

OR
PLACE OF ISSUE
PAYEE

REMITTER
OR
DRAWER

TALLY NO. 8571	ORIG. NO. OF PKGS.	EXAMINING DATE 23 July 48	BOX NO.	SHEET _____ OF _____ SHEETS
NAME VERNON B. YORGEN			A. S. N. 37558113	
ORGANIZATION 7 ARMB DIV			RANK _____	CASE NO.
WAREHOUSE SPACE		EXAMINED BY <i>James Gibson</i>	DIARY REMOVED	
PACKAGE DESCRIPTION		PACKED BY	PHOTO FILM REMOVED	
WEIGHT		INSPECTED BY	MOTION PICTURE FILM REMOVED	
		STORED BY	SHIPPED	
			DATE	BY WHOM

414805

GHC:VB:reh
May 28, 1945

Mr. John Sandwick
Knife River, Minnesota

Dear Mr. Sandwick:

Thank you for the information furnished the Army Effects Bureau in connection with personal effects belonging to your foster son, Private First Class Vernon B. Norgren.

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 wish to express my sympathy in the loss of your foster son.

Sincerely yours,

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

82

PACKAGE DESCRIPTION	ARMY EFFECTS BUREAU INVENTORY		DECEASED	X
	<i># I stay</i> <div style="text-align: right; font-size: 2em;">414,505</div> <div style="text-align: right; font-size: 1.5em;">m.l.</div>		WISCONSIN	
			STATE	
			ARMY	
			TA	
			WT	#7522
			IN	
			DATE	26 April '45
			ORIG. NO.	
			OF PKGS.	1
			BOX NO.	#5
			SHEET	1
			OF	1 SHEET
			7th Armd Div.	

NAME VERNON B. NORGREN
 A.S.N. 37558113 RANK _____

Belt	JEWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
Cloth, Wash	BRACELET IDENT.	BILLFOLD, (NO MONEY)
Coats	Brushes	CAMP
Footwear, Pr.	CAMERAS	Footlocker
Gloves, Pr.	Glasses	KIT, SKV, TOL, OR WHITING
Handkerchiefs	Knives	BOOKS
Headwear	Lighters	Books, Address
Jackets	MISC. INSTRUM.	Books, Pilot log
Overcoats	Pen, fountain	DIARY (REMOVED FOR DUR)
Scarfs	Pencil, mechanical	FILES
Shirts	Pipes	Letters
Socks, Pr.	RELIGIOUS ARTICLES	Papers, Personal
Ties	HEADERS, DECORATION	Photos
Towels	Rings	Shoe Shine Articles
Trousers, Pr.	Tobacco	SHORT SHORTS
Trunks, Pr.	Toilet articles	SOLVENTS
Underwear	BAGS "Waltham" (Pocket)	SOLVENTS MONEY
		Stationery
		TESTAMENTS
		U.S. MONEY (AMOUNT)

REMARKS	ATTACHMENTS	FORM #54	FORM #100
No Information Rechecked * Watch has crystal broken & will not run.		Inventory of Effects	I.R. Table.
		WEIGHT	G.I. REMOVED
			SHORTAGE

REMARKS: *No Information checked*
 ATTACHMENTS: *Inventory of effects*
1 L.P. Label.
 * Watch has crystal broken & will not run

DAMAGED

C.A.T. *none*

WAREHOUSE SPACE *1579*

INVENTORIED BY

PACKED BY *mat...*

STORIED BY *mk*

CHECKED BY *Al...*

CHECKED BY *E*

WEIGHT	G.I. REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED	LOCKED STORAGE
<i>JUNE 2</i>	LAUNDRY REMOVED
<input checked="" type="checkbox"/> #43 OR ADDITIONAL	FILM REMOVED

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. J. REMYER