INDIVIDUAL DECEASED PERSONNEL FILE

BEST COPY POSSIBLE
POOR QUALITY ORIGINAL

Kelly, Michael B. **pgs. 51**

CPO-rk CONTROL NO. 28505 WW II

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

1. DATE: May 28-49

2. NAME OF DECEDENT (*Last, First, Middle Initial*): KELLY, MICHAEL B.

3. BRANCH OF SERVICE: US ARMY

4. RANK OR GRADE: PFC

5. SERIAL NO.: 35264315

6. A. [X] INTERMENT EXPENSES (*Civilian or Private Cemetery*)
B. [ ] TRANSPORTATION EXPENSES (*National or Post Cemetery*)

7. [X] IF WORLD WAR II DECEASED, CHECK BOX.
IF CURRENT DECEASED, ENTER DATE OF DEATH.

INSTRUCTIONS TO INITIATING INSTALLATION

Fill in items 1 through 7 and item 10.
Cross out item 8 or item 9, whichever is not applicable.
Stamp "Ribbon" copy "ORIGINAL."
Stamp carbon copies "COPY."

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

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

This form is to be signed by the claimant and NOT by the funeral director.
Complete the original and three copies.
SIGN ORIGINAL ONLY. CLAIM VALID-REPATRIATION JUN 2 1949

8. FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of $ 143.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: of cemetery St Marys
CITY OR COUNTY: Covington
STATE: Kenton County Ky

9. FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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

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

10. RETURN THE ORIGINAL AND THREE COPIES TO:

COMMANDING OFFICER
CHICAGO QUARTERMASTER DEPOT
1819 WEST PERSHING ROAD
CHICAGO 9, ILLINOIS
ATTN: AGR DIVISION

11. SIGNATURE OF CLAIMANT: MR. EARL N. KELLY

12. ADDRESS (*Street number or RFD, City and State*): 355 ALTAMONT ROAD COVINGTON, KENTUCKY

13. RELATIONSHIP TO DECEDENT: FATHER

REMARKS:

F. O., U. S. ARMY, CHICAGO, ILL.
PAID ON JUN 17 1949 200004
MONEY ACCOUNTS OF E. G. DOYEL
LT. COL., F. D., Symbol Number 210-587

(DO NOT SIGN THIS)
COPY

QMC FORM REV 31 DEC 48 1236 PREVIOUS EDITIONS OF THIS FORM MAY BE USED.

16—54738-2

EXPLANATION OF BOX "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.

EXPLANATION OF BOX "B"

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

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

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

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

U. S. GOVERNMENT PRINTING OFFICE 16—54739-2

Buedigno
C - 7 - 159
NAME Belguerin

JUN 1 3 1949

TO:

MEM. DIV., REPATRIATION & RECORDS BR.

ATTN: Chief
Disinterment & Locator Section
Room 2501 - B

PLEASE NOTE ON THE ATTACHED FORM OQMG 623, THE INFORMATION REQUESTED BELOW:

✓ Has body been returned to U. S.

___ Has Final Interment been made in private cemetery

___ Has Final Interment been made in National Cemetery

YES

Thursday
Ext 76483
16 June 1949

RETURN FORM TO HEADSTONE AND MARKER

SECTION CEMETERIAL BRANCH MEMORIAL

DIVISION ROOM 2214 - B

Fwd 6/17/49
C. Michaels
H. W.
HW/BN

47 22304

REV. 18B

WESTERN UNION

RECEIPT OF REMAINS

AGR DIV., CHICAGO QM DEPOT
DISTRIBUTION CENTER 1819 W. PERSHING RD., CHICAGO 9 ILL. ROUTIN

DELIVER AND REPORT ANY CHARGES

DAY LETTER

REMAINS CONSIGNED TO:

MIDDENDORF AND SONS FUNERAL HOME
917 MAIN STREET
COVINGTON, KENTUCKY

REMAINS OF THE LATE PFC. MICHAEL B. KELLY SN-35264315

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

33 L&N RR

DUE TO ARRIVE COVINGTON, KENTUCKY 7:09 AM CST THURSDAY 26 MAY 1949

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 28505

THOS. O. CALL
MAJOR QMC

MAT
FILE
RECORDS ANNOTATED
DATE
NAME
R & E DIV.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased this 26th (Day) day of MAY (Month), 1949

Cpl. Gregory J. Mosca
(Witness (Escort))

John N. Middendorf Sons
Per E. Walter
(Consignee)

QMC FORM REV 5 MAR 48 1193

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

20 MAY 1949 1p

GH 173

1

DISINTERMENT DIRECTIVE

15-69

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY MONTH YEAR)
1260 06424	15 08 48

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
KELLY MICHAEL B	35264315	PFC	1	1	2

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS CODE	DIST. CTR.
NEUVILLE BELGIUM	Q	7	159	5200	07

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
MIDDENDORF AND SONS 917 MAIN STREET COVINGTON, KENTUCKY	MR. EARL W. KELLY (FATHER) 355 ALTAMONT ROAD COVINGTON, KENTUCKY

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
MICHAEL B. KELLY	35264315	PFC		19 NOV 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER GRS	USAGF	UNK	WILLARD B. OWEN, CAPT, INF

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
UNIFORM	1/FEMUR FRACTURED, ALSO PROXIMAL END OF R/TIBIA & FIBULA- BODY COMPLETE-ADVANCED STAGE OF DECOMPOSITION

OTHER MEANS OF IDENTIFICATION

NONE

THIS IS TO CERTIFY that the above cemetery having now been completely disinterred and no conflicting evidence [illegible] been found, the remains of this deceased are considered adequately identified in accordance with AGRS FA 01 // 21.

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

NONE

REMAINS PREPARED AND PLACED IN CASKET X TRANSFER BOX

DATE 7 DEC 48 BY JOHN T. NICHOLSON, EMBALMER

CASKET SEALED BY	EMBALMER (*Signature*)
RICHARD N. CONRAD, EMB. SUPV.	RICHARD N. CONRAD, EMB. SUPV.

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 25/3/1949 BY WILLIAM F. MC CAIN, CLK.	ALL TAGS, MARKINGS & PLATES VERIFIED BY E. N. HEISEY, 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. EXCEPT CASKETING

WILLARD B. OWEN, CAPT., INF

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Raymond G. Johnson
1st Lt, Inf.

QMC FORM REV 11 FEB 48 1194

NW

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: USMC NEUVILLE BELGIUM		TO: ANTWERP PORT PIER 140	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER: PVT WILLIAM KIZINA JR RA 13286369	
SIGNATURE OF SHIPPER: ANTONIO TEIXEIRA 1/LT SC 01648826	DATE: 16/3/49	SIGNATURE OF RECEIVER: R D Miller	DATE: 18 MAR 1949

2. SHIPPED

FROM: AGRC ANTWERP BELGIUM		TO: USAT HAITI VICTORY	
KIND OF CONVEYANCE: VC. 2		NAME OF CONVOYER: R. E. PRICE MAJ. QMC	
SIGNATURE OF SHIPPER: R. D. MILLER, Lt COL. TC	DATE: 22 APR 1949	SIGNATURE OF RECEIVER: R E Price	DATE: 22 APR 1949

3. SHIPPED

FROM		TO: NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER: W. W. PREISCH LIEUT. COLONEL, TC - PORT TRANSPORTATION OFFICER	DATE: MAY 4 1949

4. SHIPPED

FROM: NYPE		TO: DC 08	
KIND OF CONVEYANCE: TRAIN		NAME OF CONVOYER: Sgt Joseph J Bienzie	
SIGNATURE OF SHIPPER: W. W. PREISCH LIEUT. COLONEL, TC - PORT TRANSPORTATION OFFICER	DATE: MAY 11 1949	SIGNATURE OF RECEIVER: A. E. Tripple, for: L. A. BOCKSTAHLER Lt. Col., QMC Chief, Operations Br.	DATE: MAY 13 1949

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

CPO-rk 28505

INSPECTION CHECKLIST

NAME	RANK	SERIAL NO.	ARM OR SERVICE	DIRECTIVE DATE
KELLY, MICHAEL B.	PFC	35264315	ARMY	
	RACE	RELIGION	SEX	DIRECTIVE NO.
	WHITE	CATHOLIC	MALE	1260 06424

CONSIGNEE AND ADDRESS

MIDDENDORF AND SONS FUNERAL HOME
917 MAIN STREET
COVINGTON, KENTUCKY

NEXT-OF-KIN ADDRESS

MR. EARL W. KELLY (FATHER)
355 ALTAMONT ROAD
COVINGTON, KENTUCKY

SHIPPING CASE - General Appearance
(Check ONLY Discrepancies)

CONDITION OF SHIPPING CASE *(Check One)*
[✓] SATISFACTORY [ ] UNSATISFACTORY

	FINISH *(Exterior)*
	FINISH *(Interior)*
	HANDLES
	HANDLE BOLTS
	STENCILING - NAMEPLATE

REMARKS:

INSPECTED BY:

CASKET - General Appearance
(Check ONLY Discrepancies)

CONDITION OF CASKET *(Check One)*
[✓] SATISFACTORY [ ] UNSATISFACTORY

	FINISH *(Exterior)*
	HANDLES AND FASTENINGS
	STENCILING - NAMEPLATE
	CAM LOCKS *(Sealing)*
	ODOR OR MOISTURE

REMARKS:

INSPECTED BY: BKD

ROUTED THROUGH

[ ] MORTUARY OPERATING ROOM

CONDITION OF REMAINS
[ ] SATISFACTORY [ ] UNSATISFACTORY

NECESSARY DISINFECTION *(Explain)*

TIME	DATE	SIGNATURE OF MORTICIAN

[ ] MORTUARY REPAIR SHOP

CASKET REPAIR [ ]

CASKET EXCHANGED [ ]

SHIPPING CASE REPAIRED [ ]

SHIPPING CASE EXCHANGED [ ]

REMARKS:

TIME	DATE	SIGNATURE OF INSPECTING OFFICER

STORAGE LOCATION

FLOOR	SECTION	BAY	STORAGE NUMBER
			672

PASS. LIST NO. NY 028 R

CONTROL NUMBER ✓ 28505

STAMP INCOMING OR OUTGOING

QMC FORM 33 Jul 48 R-5024 (Rev.)

(Reproduced by Chicago QM Depot)

WU A409 16 COLLECT 3 EXTRA

COVINGTON KAY MAY 3 1949

638P

CHICAGO QUARTERMASTERS DEPOT

AGRD

THIS IS TO CONFIRM OUR ORIGINAL INSTRUCTIONS REGARDING

PFC MICHEL B KELLY

EARL W KELLY 355 ALTAMONT RD

726A MAY 4

MAY 4 1 59 PM '49

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

mc

ARMY 35264315

WESTERN UNION
DAY LETTER

DELIVER AND REPORT ANY CHARGES

MR. EARL W. KELLY

355 ALTAMONT ROAD

COVINGTON, KENTUCKY

RECEIVED
SIGNAL OFFICER
MAY 2 10 17 PM '49

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE

PFC. MICHAEL B. KELLY

ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO MIDDENDORF AND SONS,

917 MAIN STREET, COVINGTON, KENTUCKY

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. 28505

THOS. O. CALL,
MAJOR QMC

C. M. ODENWALDER,
CAPT. QMC

MA-1 and AL-1
Combined and Revised

MAY 2 1949

RRE Form #39
13 Jul 48

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

KELLY	MICHAEL	B	PFC	35264315
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN

Repatriated to the United States: 26 APR [illegible]

STATION FILE

Incl #

REPORT OF INVESTIGATION
AREA SEARCH

AGRC Form 10 (Revised)
1 January 1946

June 21,1946
Date

NAME KELLY,MICHAEL B. RANK Unknown ASN 35264315
ORGANIZATION Infantry
MEANS OF IDENTIFICATION One (1) I.D.tag found on deceased

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

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

1. Was positive identity acquired for the deceased through the surface investigation? Yes If so, state the following information:
   a. NAME Kelly,Michael B. RANK Unknown ASN 35264315
   b. ORGANIZATION Infantry
2. Was partial identification established? Not App. If so, state the facts as to whom you believe the deceased to be:
   a. NAME RANK ASN
   b. ORGANIZATION
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY None
   (Use reverse side for listing of crew members from MARC)
   a. Date of above burials Unknown Common Graves? Not App.
5. Name and Type of Cemetery Isolated Grave
   (Military or Civilian)
6. Map Coordinates of the Cemetery Not App.
   a. Town Country
7. Give exact location in cemetery of the remains.
   a. Section Not App. Row Grave
   b. Is Sketch attached? No
8. If remains are not located in a cemetery, give exact location.
   a. Town Overloon,Holl. Coordinates qE-7331
   b. Is Sketch attached? No
   c. Is area mined? No
9. How is the grave marked? Not marked
10. If grave is marked with cross, give exact markings thereon Not App.
    a. From what source was this information obtained? Not App.
    (Identification tags, personal effects)
    1. By whom Not App.
11. Where are the cemetery records? Not App.
    (Town Hall, cemetery, burgermeister's office)

10,000. 3. 46. P. & Co., Fulda

a. What information was contained thereon? Not App.

b. Where was the information obtained? Not App.

c. By whom? Not App.

12. What is the date of death? Unknown

a. Give basis Civilians did not witness fighting in this area.

13. What is the cause of death? S.W.of body

b. Give basis Shrapnel found in body

14. What is the date of burial? Unknown

a. Give basis

15. What was the place of death? Overloon,Holland Coords qE-7331

b. Give basis Remains found there

16. Where were the reamains found? Overloon, Holland Coords qE-7331

a. By whom? A.Tennissen,German Civilian Overloon

b. Is sketch attached? No

17. Was a casket used? No Who furnished the casket? Not App.

Type of casket Not App. How marked? Not marked

18. Who made the burial Unknown

(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? Not App.

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

19. Were remains found in the plane wreckage? Not App.

a. Give location in plane from which the bodies were removed

(Tail gunner, pilot, radio, turret, etc., or front, side of plane)

b. Near wreckage?

20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).

a. Type of Plane

b. Markings and/or name on plane

c. Give numbers on motors, machine guns, instruments, radios or other equipment:

21. How did crash occur? Anti-aircraft

Enemy Planes? Collision?

22. Did plane explode in the air? On ground?

23. Did plane burn in the air? On ground?

24. What was the direction of the flight?

25. What was the civilian opinion regarding destination of plane?

26. Had bombs been released prior to the crash? .....

27. Does specific time and date of crash correspond with date of death of above named deceased? .....

28. Number of planes in formation prior to crash .....

29. State precise time and date of plane crash .....
(Night?) (Day?)

30. Were parachutists seen? ..... How many? ..... Escaped? .....

Prisoners? .....

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

31. Were remains found in wreckage of a tank? Not App.

a. Give specific position in tank from which deceased was removed

.....

(Radio man, driver, assistant driver or . . . front, side, or back)

b. Near wreckage? .....

32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)

a. Type of tank .....

b. Markings and/or name of tank .....

c. Numbers on motors, machine guns, ammunition, instruments, etc .....

.....

33. What was the type of enemy action that resulted in the tank's disablement? .....

.....

34. Did tank explode? ..... Burn? .....

35. Number of tanks in immediate vicinity at time of disablement .....

36. Does spezific time and date of disablement correspond with date of death of above named deceased? .....

.....

37. Precise time and date of destruction of tank .....
(Night?) (Day?)

38. Did any of the crew members escape? ..... Prisoners? .....

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

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) Unknown

If so, give complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possessed knowledge of the case attached? Yes

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased The deceased was found buried in isolated grave in Overloon, Holland by Tennissen, German Civilian Overloon, Holland.

.....

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

41. Were personal effects recovered by the investigating team? No

If not, state reason None found

a. Were identification tags found at the time of death? Unknown

Where? Not App. By whom? Not App.

Present disposition One (1) I.D.tag left with deceased

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

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

Where? Not App. By whom? Not App.

Present disposition Whereabouts unknown

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

d. Did Cemetery Register or cross indicate the immunization shot? Not App.

42. Was Deceased given first aid? No If so, where? Not App.

By whom? Not App. Are statements from the medical people attached? Not App.

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

Where? Not App. Names of people concerned Not App.

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

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

(Burnt? Decapitated? etc)

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

a. If so, give basis for positive assumption Not App.

b. If so, has higher headquarters been notified? Not App.

47. Was case previously investigated? Not App. By whom? Not App.

When? Not App.

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

Herr Tennissen, Overloon Holland

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

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? Yes

51. Was investigation preceded by anvanced publicity? Yes

(If special investigation, give case number)

52. Give Brief Narrative The deceased was found buried in isolated grave in Overloon, Holland by Herrn Tennissen, from Overloon, Holland.

(Use attached, sheets if necessary)

Signature of Interpreter

Signature of Investigator

WILLIAM H. BARNETT

Rank ASN

2nd Lt. 0-2-18275

Rank ASN

Organization

6890 Q.M.G.R.Co.(Prov.)

Organization

Ex forward Hoc 2291

HEADQUARTERS, SECTOR 11
AMERICAN GRAVES REGISTRATION COMMAND
6869th QM Bn (Prov)

GEM/cg

KIRHOLTHY 201 FILE

APO 776 U.S. ARMY
24 April 1946

SUBJECT: Isolated Burial.

TO : Commanding Officer, American Graves Registration Command, European Theater, APO 887, U.S. Army. (Att.: Casualty Clearance Branch)

No cem. card.

1. Attached are statements giving information concerning isolated burial of Michael B. Kelly ASN 35264315. Pfc

2. Sgt. Thomas F. Delozier from whom the information was obtained is assigned to 6869th QM Bn. this Headquarters and is stationed at Molenhoek Cemetery.

3. Sgt. Delozier has informed this Headquarters that he has received information concerning three (3) additional bodies of American soldiers located by Overloon in a mine field. This information was given previously by Sgt Delozier to the 551 QM Grp.

FOR THE COMMANDING OFFICER:

Lucille en Conding

Q-7-159

30 APR.

L.S. McLAIN
Capt. Inf.
Adjutant

ant
24 APR 1946
QM
OR 45

6869 QM Bn A.G.R.C.
Holenhoek Cemetery APO # 776
U.S. Army

Holl. 2A+3A

Isolated grave of Michael B. Kelly ASN 35264315

Isolated grave of Michael B. Kelly ASN 35264315 was reported to me by a Dutch soldier in charge of some Germans prisoners digging up dead German soldiers. The German dug into the grave of Kelly because they were told by the farmer that it was German soldier. Upon finding that it was an American soldier they reported it to me. The following name and serial number were taken from his indentification tags: Michael B. Kelly ASN 35264315, which Kelly were around his neck. The grave was marked by two sticks nailed together to form a cross. The grave was located in Overloon in a farmers garden. About five of six hundred yards northwest of Kelly's grave are five or six American tanks getting in a heavyly mined field . The farmer says nobody has been to the tanks and therefore the tanks may still have bodies.

(E-73)

Overlay attached.

Thomas F. Belozier
Thomas F. Belozier
33571643 Sgt.

6869 QM Bn. A.G.R.C.
Kolenhoek Cemetery APO 776
U.S. Army

Isolated grave of Michael B Kelly
Statement of Mr. Teunissen

The first time I seen this body was the day I came back after the evacuation about the middle of December, of 1944. On the cross was written that he was killed the 4th of October 1944. On the 11th of April the German mine cleaners dug up the body. The guard in charge of the Germans reported to his officer.

M. Teunissen

Vierlingsbeekse Weg
Overloon CS

Thomas F. Delozier

Thomas F. Delozier
33571643 Sgt.

STATEMENT OF MR. TEUNISSEN.

Voor den eersten maal gezien dat hij daar begraven lag toen ik den eersten keer thuis ben geweest, vinds de evacuatie ~~toen ik~~ (ongeveer half December '44.)
Dat bordje dat er op het graf geschreven was stond op dat hij den 4-10-'44 gev was.
Op 11 April '46 hebben mijnenzoekers (Duitsers) hem opgegraven welke het bericht zouden overgeven om hem op te halen.

M. Teunissen

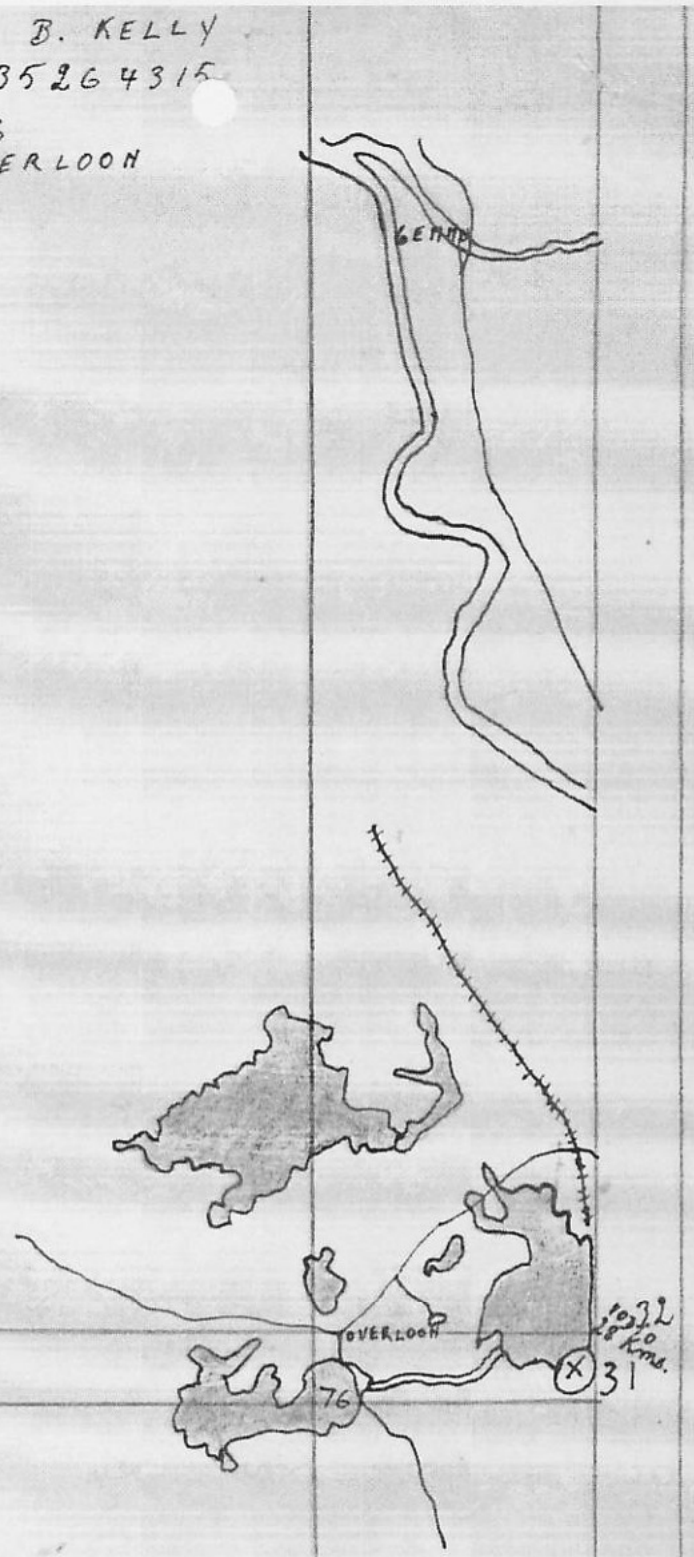
Vierlingbeekse weg

Overloon O.S.

ISOLATED GRAVE OF MICHAEL B. KELLY
ASN 35264315

GRID COORDINANCE 764. 31.6
THE GRAVE IS LOCATED BY OVERLOON
3 KILOMETERS EAST. OVERLOON

2C



MAP REF; 'S HERTOGENBOSCH
SHEET 5 - HOLLAND 1:100 000
THIRD EDITION - AMSI

76

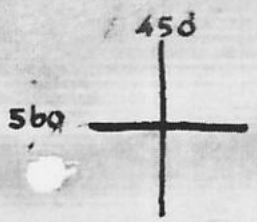
⊗ LOCATION OF GRAVE

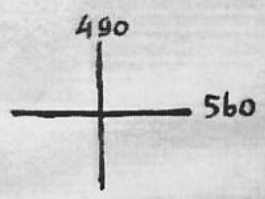
NORTH WEST EUROPE 1:250.000

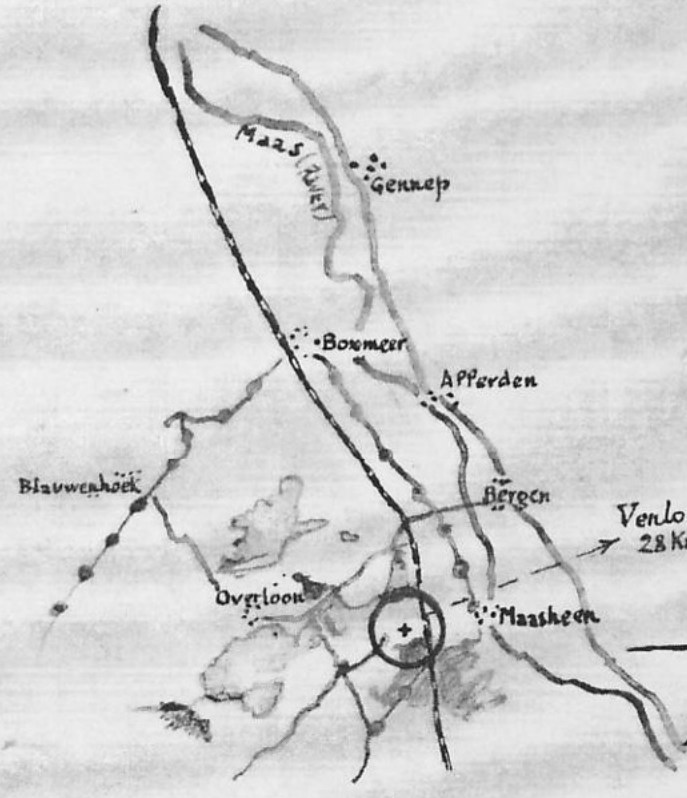
SHEET N° 2A & 3A.
SECOND EDITION. AMS 2
ARMY-AIR.

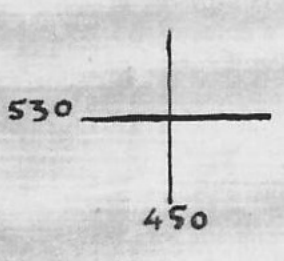
"Isolated grave of. MICHAEL B. KELLY
ASN. 35264315

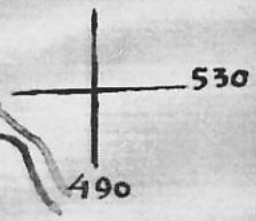
Grid coordinance 532/478..
the grave is located By OVERLOON
3 Kilometers East. OVERLOON -











HQ. AGRC. 2d Sr
6869th. QM. Bn. (Prov.)
drawn. [illegible]

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc Michael B. Kelly, 35 264 315
Plot Q, Row 7, Grave 159,
United States Military Cemetery
Neuville-en Condroz, Belgium

15 January 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, _____ (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.)*

CODSO 8-24-48

J. Williams All Processed 8-12

SEP 8 1948

QQMG FORM 14 NOV 1946 345 MILITARY

16—56411-1

PAGE 1

JUN 8 1948

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
KELLY EARL			WM.
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
355 ALTAMONT Road	W. COVINGTON	KENTON	KENTUCKY
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
COVINGTON - KY	COVINGTON. KY.		—

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			
Middendorf and Sons			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
917 MAIN ST.	COVINGTON	KENTON	KENTUCKY
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
COVINGTON KY.	COVINGTON KY.		

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
EMMA KELLY			MOTHER
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
355 ALTAMONT Road	COVINGTON	KENTON	KENTUCKY

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.

Earl Wm Kelly — (SIGNATURE OF NEXT OF KIN)

355 altamont Rd — (STREET AND NUMBER)

EARL WILLIAM KELLY — (NAME PRINTED OR TYPED)

W. COVINGTON KY. — (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 24 day of January 1948, at city (or town) of Covington, county of Kenton, and State (or Territory or District) of Kentucky

Fred Barnett. — (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

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

FRED BARNETT — (OFFICIAL TITLE)
Notary Public, Kenton County, Ky.
My Commission Expires April 5, 1949

16—50411-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN) _____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED) _____ (CITY AND STATE)

PART III

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

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

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

_____ (DATE)

_____ (SIGNATURE) _____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED) _____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

Oct 29. 1947

Dear General
I would like for my Son
boy the remains of him to
be brought back to the States
I see were all of the remaines
~~body~~ bodys of boys that die
in 1944 or coming home I do
hope some day my boy body
will be coming soon to me
as he die in 1944 on Oct 4
please anser

Mrs Emma Kelly Mother
355 Altament Rd
W Leo

My Son name
Kelly. Michael. B
Sn 35264315
remaines interred in Plot
Q Row 7. Grave 159 United
States Military Cemetery
Neuville Condroz
Liege. Belgium
request

Pfc Michael B. Kelly, 35 264 315
Plot Q, Row 7, Grave 159,
United States Military Cemetery
Neuville-en-Condroz, Belgium

15 January 1948

Mr. Earl Kelly
355 Altamont Road
Covington, Kentucky

Dear Mr. Kelly:

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

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

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

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

Sincerely,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

pdj

DEPARTMENT OF THE ARMY
XXXXXXXXXXXXXX

QMGMF 293
Kelly, Michael B.
SN 35 264 315

10 November 1947

Mrs. Emma Kelly
355 Altamont Road
North Covington, Kentucky

Dear Mrs. Kelly:

Your letter pertaining to the remains of your son, the late Private First Class Michael B. Kelly, has come to my attention.

The "Request for Disposition of Remains" forms pertaining to the United States Military Cemetery at Neuville-en-Condroz where the remains of your son are now buried have not yet been mailed to the next of kin of the heroic dead.

The Return of World War II Dead Program provides for the return of the deceased to their next of kin in a predetermined scheduled sequence of the cemeteries in which they are now buried. Efficient and rapid accomplishment of this tremendous program requires not only close adherence to mailing schedules for the Disposition Forms made in agreement with the scheduled cemetery sequence but also accurate verification of all vital records of every decedent prior to the mailing of the Disposition Form. When verification for each cemetery is completed the Forms are mailed well in advance of the scheduled processing of the cemetery.

I fully understand your natural anxiety and impatience, and assure you that the legal next of kin will receive the Disposition form in ample time for complete, satisfactory expression and fulfillment of your desires for the final disposition of your beloved son.

Sincerely yours,

gph

RICHARD B. COOMBS
Major, QMC
Memorial Division

RBC

CORRESPONDENCE ACTION SHEET

Addressee: ~~Mr.~~ ~~Miss~~ Mrs. Emma Kelly, — Mother (Relationship)

State: 355 Altamont Road,

City, State: North Covington, Ky. — '47 (Date letter)

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

Decedent: Last [illegible] First Michael Initial B Rank PFC ASN 35 [illegible]

PARAGRAPHS (sequence) — ADDITIONAL — DATA — MODIFICATIONS —

165 A Son

87 C USMC Neuville-en-Condroz Spn

pars 1 2 and 4 Chg par 4a "indicates that the legal next of kin"

126

Analyst Typist Reviewer — Modifications — OKed

47 11117

QMGYG 293
Kelly, Michael B.
SN 35 264 315

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

22 August 1946

Mrs. Emma Kelly
355 Altamont Road
North Covington, Kentucky

Dear Mrs. Kelly:

This office promised that upon receipt of burial information concerning your son you would be advised.

The official report of burial discloses that the remains of your son were interred in Plot Q, Row 7, Grave 159 in the United States Military Cemetery Neuville-en-Condroz, located nine miles southwest of Liege, Belgium.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

JLP

SPQYG 293
Kelly, Michael B.
S.N. 35264315

31 August 1945

Mrs. Emma Kelly
355 Altamount Road
North Covington, Kentucky

Dear Mrs. Kelly:

Reference is made to your letter requesting information concerning your son, the late Private First Class Michael B. Kelly.

It is regretted to have to advise you that, up to the present time, information pertaining to the burial of the remains of your son has not been received in this office. An inquiry is being made to ascertain information regarding the remains of all our deceased military personnel where burial information has not been received. Upon completion of this inquiry you will be advised as to the results.

At the outbreak of the war it became necessary to adopt the policy that the remains of our military personnel who die at stations outside the United States, shall be interred locally until after the cessation of hostilities, and remain buried there until such time as appropriate means become available for their return. A notation has been made on the official records that it is your desire to have the remains of your son returned to the United States, if possible, for final interment. At the proper time, the legal next of kin will be contacted by this office in order to obtain their wishes regarding the final disposition of the remains.

This office regrets, sincerely, the delay in answering your letter and wishes to extend its deepest sympathy in the loss of your son.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

ARTHUR L. WARREN
Colonel, QMC
Assistant

mh

ARMY SERVICE FORCES

TRANSMITTAL SHEET

SECURITY CLASSIFICATION (If any)

MB/aac

FILE No.	SUBJECT
AGOB-C 201 Kelly, Michael B. (Enl) (2 May 45	Return of Remains of Pfc. Michael B. Kelly, to the U. S.

TO—	FROM—	DATE	COMMENT No.
The Quartermaster General 1501, Tempo B	Operations Branch, AGO 1E 871, Pentagon Ext. 3188	7 May 45	1

Request direct reply regarding return of remains to the United States.

FOR THE ADJUTANT GENERAL:

Edward F. Witsell

Adjutant General

1 Incl
Cy ltr 2 May 45
fr Mrs. Emma Kelly,
355 Altamount Rd.,
North Covington, Ky.,
to Sec. of War

WD AGO FORM 1 JAN 1945 0105

This Form supersedes W D A G O Form 0105, 10 January 1944, which may be used until existing stocks are exhausted.

16—38245-2 GPO

COPY

May 2, 1945

Mrs. Emma Kelly (Mother)
355 Altamount Rd., North Covington, Ky.

Dear Mr. Stimson

I am the Mother of PFC Michael B. Kelly, Infantry, died in Holland, Oct. 4.

Dear Mr. Stimson what I would love to no is somthing about my son death. I would love to no if my son body was ever found and burried or has he got a grave or has he die in a Tank. I sure would love to no more about my son death. They have not told me any thing of how he meet his death. Has he got a grave number as you no I would love to have his body brought back to the States as soon as I can. Please ancer me and let me no more detailles of my son death. I want to no just what happen to him as a Mother I think I shoud no.

Michael Mother

Sat Aug 25. 1945

Dear Ser

293 Kelly Michael B 2-48

I am rittiing you in regards of my Son death he was killed in Overloon halland Sat Oct. 4. 1944. all I asked of you to do for me for God sake send my Son loby home to me to be burial all I asked of you please send my Son home for me to buried so my mind will be at ease bring him back to the States for me if you will please I have ritten you be fore but no anser so please anser me soon

Mother. Mrs ~~Emma~~ Emma Kelly 355 Allaments Ave W Leo

293

My Son is PFC Michael B Kelly Co. A. 17. Tank Bn. Serial number 352.64315

Tissue 19 Sept 45

GRAVES REGISTRATION SECTION

AUG 27 5 13 PM '45

MEMORIAL DIVISION

AUG 27 3 01 PM '45

MEMORIAL DIVISION

RECEIVED
AUG 27 1945
A. G. D. 201
O.Q.M.G.

293

AGRD-C 201 Kelly, Michael B.
(17 May 45)

13 June 1945

Mrs. Emma Kelly
355 Altamont Road
North Covington, Kentucky

Dear Mrs. Kelly:

Reference is made to your letter requesting additional information regarding the death of your son.

I regret that no information other than that previously furnished you regarding the death of your son has been received in this office. The records show only that Private First Class Michael B. Kelly, Army serial number 35 264 315, Infantry, was reported missing in action on 4 October 1944 when the medium tank of which he was cannoneer, was hit by enemy anti-tank fire in the vicinity of Overloon, Holland. An immediate search of the area was impossible because it was held by the enemy. A later report was received which stated that your son was killed in action on the same date he was previously reported missing.

The Quartermaster General of the Army, Washington, D. C., has jurisdiction over matters pertaining to the burial of military personnel who die overseas. A copy of your letter has accordingly been forwarded to that officer for necessary action.

Please accept my deepest sympathy in your bereavement.

Sincerely yours,

E. C. GAULT
Colonel, AGD
Chief of Branch

COPY FOR:

The Quartermaster General
Washington, D. C.

1 Incl
Copy ltr 17 May 45

R. M. Brannon

Files

May 17, 1945

Dear Sir

I am the mother of Michael as a mother I think I am in tittle to no about my son death I want the information for my self only I want to no just how son meet his death and what has happend to him. dont you think I should no the truth about his death I want to no for my self. I am the one that want the information me and his Father please let me no if he has a grave or has he been burried so after the war I can have his body brought back to States and burreid.

Mrs. Emma Kelly I can hardly rtie very well
Excuse this writing

C
O
P
Y

AGRD-C 201 Kelly, Michael B.
(2 May 45)
293

29 May 1945

Mrs. Emma Kelly
355 Altamont Road
Covington, Kentucky

Dear Mrs. Kelly:

I refer to your recent letter addressed to The Secretary of War, Washington, D. C., requesting additional information concerning the death of your son.

The records show that your son, Private first class Michael B. Kelly, Army serial number 35 264 315, Armored Forces, was reported missing in action 4 October 1944 near Overloon, Holland, when his tank was hit by enemy anti-tank fire. Following this, an official casualty message was received from the Commanding General of the European Theater of Operations which stated that he was killed in action on the same day he was previously reported missing, and it has been so recorded on the records of the War Department. I regret that no further details concerning his death have been received.

The Quartermaster General of the Army, Washington 25, D. C., has jurisdiction over matters pertaining to the burial and return of the remains of our military personnel who die overseas. A copy of your letter has accordingly been forwarded to that officer for necessary action.

Permit me to extend my deepest sympathy in your bereavement.

Sincerely yours,

E. C. GAULT
Colonel, AGD
Chief of Branch

A. Greenberg

COPY FOR:

The Quartermaster General
Washington 25, D. C.

1 Incl
Copy letter 2 May 45

May 2, 1945

Mrs. Emma Kelly, mother
355 Altamont Road
Covington, Ky.

C
O
P
Y

Dear Mr. Stimson:

I am the mother of Pfc Michael B. Kelly, Infantry, who died in Holland, October 4.

Dear Mr. Stimson, what I would love to know is something about my son's death. I would love to know if my son's body was ever found and buried, or has he got a grave? Or has he died in a tank? I sure would love to know more about my son's death. The have not told me anything of how he met his death. Has he got a grave number, as you know I would love to have his body brought back to the States as soon as I can. Please anser at once and let me know more details of my soh's death. I want to know just what happended to him, as a mother, I think I should know.

Michael's mother.

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

CEMETERY NEUVILLE EN CONDROZ PLOT Q ROW 7 GRAVE 159

NAME : KELLY MICHAEL B

RANK : PFC

ASN : 35264315

ORGANIZATION : 17 TANK BN

DATE OF DEATH : 4 Oct. 44

PLACE OF DEATH : ---

CAUSE OF DEATH : ---

T. CYR 16 July 46

(Signature)

Graves Registration
Form No. 1
Revised 1 Sept 1943

REBURIAL
REPORT OF BURIAL

Restricted TM 10-630 AND AR 30-1815

June 21, 1946
Date

Last Name	First	Initial	Rank	Serial No.
KELLY	MICHAEL	B.	Unk.	35264315

Unit	Organization
Unknown	Infantry

Place of Death	Date of Death	Cause of Death
Overloon, Holl. (qE-7331)	Unknown	S.W. of body

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
1600, 24, June/46	U.S. Mil. Cem. Neuville en Condroz	vA-3819

Grave Number	Row Number	Plot Number	Type of Marker
159	7	9	Temp. Cross

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

If No Identification Tags
How were remains identified?

One I.D. tag

What means of identification were buried with the body?

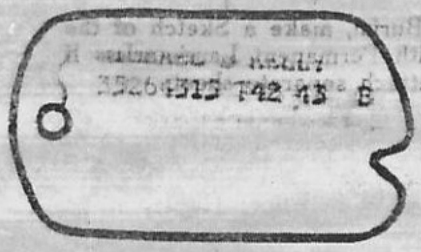
One I.D. tag

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	ARIASI, Ernest, L.	39088223	Unk	Unk	158
Deceased's Left:	DOANE, William F.	36421073	Unk	Unk	160

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



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

Emergency Addressee Unknown
Name

Address

Religion Protestant

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

None

REBURIAL

Previously buried in isolated grave located Overloon, Holl. (qE-7331)
Map Ref. Walcheren-Amsterdam
Sheet A 3 A - 2 A
1/750,000
Isolated Grave (qE-7337)

FILE
23 SEP 1948

WILLIAM H. BARNETT
6890 Q.M.G.R.Co.
2nd Lt. 0-2018275

Disinterring Officer W H Barnett 2nd
Signature of Officer or other person reporting burial

Reinterring Officer William E. Leftwich
WILLIAM E. LEFTWICH, 1st Lt. Inf.
Verified by G.R.S. Officer

1st Field Hq.

IF DECEASED UNIDENTIFIED

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

Height: Laundry Marks:
Weight: Number of Rifle:
Color of Eyes: Wear Glasses?
Color of Hair: Is Tooth Chart Attached?
Race:

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

None

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

Not Necessary Deceased Identified

Left Hand: 4, 3, 2, 1, Thumb

Right Hand: 4, 3, 2, 1, Thumb

TOOTH CHART

Deceased's Left

Deceased's Right

Not Necessary Deceased Identified

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

Indicate; missing natural teeth by X; crowns by ○; fillings by □; Bridges by ⊓ linking anchor teeth; replacements by artificial teeth

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.

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

CEMETERY NEUVILLE EN CONDROZ PLOT Q ROW 7 GRAVE 159

NAME 2/3 KELLY MICHAEL B

RANK : PFC

ASN : 35264315

ORGANIZATION : 17 TANK BN

DATE OF DEATH : 4 Oct. 44

PLACE OF DEATH : ---

CAUSE OF DEATH : ---

T. CYR 16 July 46

(Signature)

REBURIAL

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

Date

Last Name | First | Initial | Rank | Serial No.

Unit | Organization

Place of Death | Date of Death | Cause of Death

Time and Date of Burial | Name of Cemetery | Name or Coordinates of Location

Grave Number 155 | Row Number 7 | Plot Number 8 | 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?

REBURIAL

Previously buried in isolated grave located at

What means of identification were buried with the body?

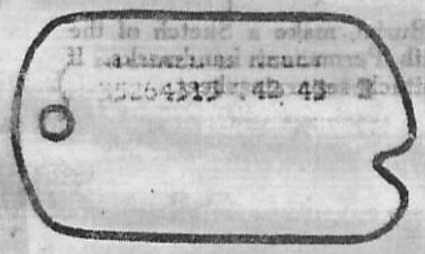
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: Name, Serial No. Rank Organization Grave No.

Deceased's Left: DOANE, William F. 36421073 Unk Unk 160
Name Serial No. Rank Organization Grave No.

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



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

Emergency Addressee

Name

Address

Religion

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

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

1st Field Hq.

IF DECEASED UNIDENTIFIED

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

Height: Laundry Marks:
Weight: Number of Rifle:
Color of Eyes: Wear Glasses?
Color of Hair: Is Tooth Chart Attached?
Race:

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

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

Left Hand: 4, 3, 2, 1, Thumb

Right Hand: 4, 3, 2, 1, Thumb

Not Necessary Deceased Identified

TOOTH CHART

Deceased's Right — Deceased's Left

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

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.

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

CEMETERY NEUVILLE EN CONDROZ PLOT Q ROW 7 GRAVE 159

NAME : KELLY MICHAEL B

RANK : PFC

ASN : 35264315

ORGANIZATION : 17 TANK BN

DATE OF DEATH : 4 Oct. 44

PLACE OF DEATH : ---

CAUSE OF DEATH : ---

T. CYR 16 July 46
(Signature)

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 2 Apr 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Kelly, Michael B.	35 264 315	Pfc
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Covington, Ky.	Infantry	2 Jan 19

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	4 Oct 44

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	31 Jan 42			

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Emma Kelly, mother, 355 Altamont Rd., Covington, Ky.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Emma Kelly, mother, same as above
Earl Kelly, father, same as above

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
											X		

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Dept to have been in a missing in action status from 4 Oct 44 until such absence was terminated on 29 Mar 45, when evidence considered sufficient to establish the fact of death was rec'd by the Secretary of War from a commander in the European Area.

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

BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulio

ADJUTANT GENERAL

WD AGO FORM 53-1
1 DECEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 53-1, 29 MAY 1944, WHICH STOCKS ARE OBSOLETED.