

1

USMC: MARGRATEN
PLOT D, ROW 18 GRAVE 4.
DATE OF BURIAL: 23 DEC. 48
VERIFIED BY GRS OFFICER.

BURIED ON:
RIGHT: HARRIS, 35923731
LEFT: JAMES A. STANFORD, 38198347

DISINTERMENT DIRECTIVE

Maj. J. B. Bradley

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
4650 03521

DATE
15 10 48
DAY MONTH YEAR

NAME
COLEMAN JOSEPH G

SERIAL NUMBER
38544377

GRADE
PFC

ARM
1

RACE
1

RELIGION
2

CEMETERY
MARGRATEN HOLLAND

PLOT ROW GRAVE
MM 2 33

DISPOSITION OF REMAINS
4601 80

FLAG SENT

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
MARGRATEN, HOLLAND

NAME AND ADDRESS OF NEXT OF KIN
30 DEC 1948
MRS. WINONA S. COLEMAN (WIDOW)
POST OFFICE BOX 704
HUNTSVILLE, TEXAS

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE RECORDS ANNOTATED
DATE MAY 4 1949
NAME HUNTVILLE
R & R BR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH
DAY MONTH YEAR

COLEMAN JOSEPH G

38544377 PFC

1

CEMETERY

DISPOSITION OF REMAINS
DAY MONTH YEAR

PLOT ROW GRAVE COUNTRY

CODE DIST. PT.

MM 2 33 MARGRATEN HOLLAND

CAUSE OF DEATH

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

JOSEPH G COLEMAN

38544377

PFC

25 AUGUST 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

P

EDWARD E STOUT, 1/LT TC
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

UNIFORM

ADVANCED DECOMPOSITION. REMAINS COMPLETE.

OTHER MEANS OF IDENTIFICATION

NONE

OTHER DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 25 AUGUST 1948

BY

JACK B WALL, EMBALMER

CASKET SEALED BY

JACK B WALL

EMBALMER (Signature)

JACK B WALL

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY ALL TAGS, PLATES AND MARKINGS VERIFIED BY:

25 AUG 48 BY JAMES J DOYLE CLERK RECORDER

ROBERT W GANSEL, 1/LT QMC

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

ROBERT W GANSEL 1/LT QMC

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

1 March 1949

Mrs. Winona S. Coleman
Post Office Box 704
Huntsville, Texas

Pfc Joseph G. Coleman, ASN 38 544 377
Plot D, Row 18, Grave 4
Headstone: Cross
Margraten U. S. Military Cemetery

Dear Mrs. Coleman:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

THOMAS B. LARKIN
Major General
The Quartermaster General

vb

MAR 1 5 49
D. C. M. C.
MAIL & RECORDS DIVISION

REQUEST FOR DISPOSITION OF REMAINS

28/15/48
DATE:

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

Pfc Joseph G. Coleman, 38 544 377
Plot MM, Row 2, Grave 33,
United States Military Cemetery
Margraten, Holland

4 December 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, Winona S. Coleman
(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. Margraten, Holland
- 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.)

None

Coded 10-89-48

J. Williams

QPMG FORM 345 MILITARY
14 NOV 1946

16-50411-1

DD Proc
11-16-48

AUG 2 0 1948

PAGE 1

Rec'd
19 Aug

PART 1 (Continued)

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

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

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

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

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)*

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Winona S. Coleman (SIGNATURE OF NEXT OF KIN) P.O. Box 704 (STREET AND NUMBER)
Winona S. Coleman (NAME PRINTED OR TYPED) Huntsville, Texas (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 28 day of July, 1948, at city (or town) of Huntsville, county of Dallas, and State (or Territory or District) of Texas

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

L. W. Wright
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
L. W. WRIGHT
 Notary Public, Walker County, Texas

PART II - RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____	_____ (DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

PART III

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

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

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

_____	_____ (DATE)
(SIGNATURE)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIO

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

NAME OF DECEASED

RESIDENCE

CITY OR TOWN

STATE OR COUNTY



NAME OF DECEASED

RESIDENCE

CITY OR TOWN

STATE OR COUNTY

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc Joseph G. Coleman, 38 544 377
Plot MM, Row 2, Grave 33,
United States Military Cemetery
Margraten, Holland

30 JUL 1948

28/13/48
Pres. Recd
8/5/48 w-1
8-20
Ni f
Sperry

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, Winona Smith Coleman

(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.)

345 prev accepted
w-1, 8-20-48
affair
10-27-48



Free Will
Accepted for
10-27-48

PART I (Continued)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

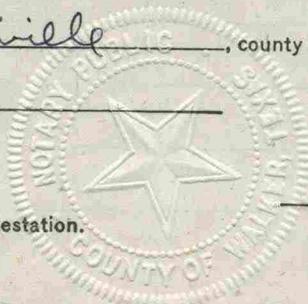
Winona S. Coleman
(SIGNATURE OF NEXT OF KIN)

P. O. Box 704
(STREET AND NUMBER)

Winona Smith Coleman
(NAME PRINTED OR TYPED)

Huntsville, Texas
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 6th day of August, 1948, at city (or town) of Huntsville, county of Walker County, and State (or Territory or District) of Texas



Mrs. Ruth Steffen
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public - ARC
(OFFICIAL TITLE)

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

II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

PART III

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

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

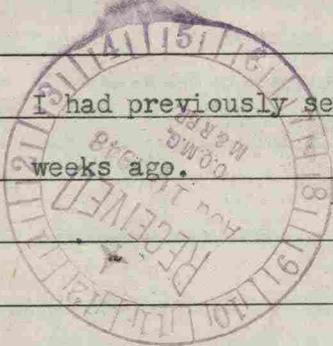
LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

	(DATE)
(SIGNATURE)	(STREET AND NUMBER)
(NAME PRINTED OR TYPED)	(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

I had previously sent in a completed form like this. - About six or eight weeks ago.



Pfc Joseph G. Coleman, 38 544 377
Plot M4, Row 2, Grave 33,
United States Military Cemetery
Margraten, Holland

4 December 1947

Mrs. Joseph G. Coleman
Box #704
Huntsville, Texas

Dear Mrs. Coleman:

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

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

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

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

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls.

cey

ARC 20 JUN 1948

16 December 1946

Mrs. Joe G. Coleman
Box 704
Huntsville, Texas

Dear Mrs. Coleman:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private First Class Joseph G. Coleman, A.S.N. 38 544 377.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot MM, row 2, grave 33. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

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

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

kag

EW

cd
QMGR 314.6
Graves Registration
(European) *75 misc*

25 November 1946

SUBJECT: Burial Records *cc*

TO : Commanding Officer
American Graves Registration Command
European Theater Area
APO 837, 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 Margraten, Holland

<u>NAME</u>	<u>RANK/ GRADE</u>	<u>SERIAL NO.</u>	<u>DATE OF DEATH</u>	<u>ORGAN.</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
Cole, Robert A.	<u>PTC</u>	31 362 298	<u>26 Feb 45</u>	<u>Co B</u> <u>407th Inf Regt</u> <u>102nd Inf Div</u>	Q	10	248
Conderman, Rollin J	<u>SCT</u>	17 125 619	<u>25 Feb 45</u>	<u>455th</u> <u>Bomb Sq</u> <u>323rd Bomb Gp</u>	U	11	258
Cole, R.D.	PVT	34 571 659	<u>9 Apr 45</u>	<u>Co A</u> <u>30th Armd Inf Bn</u> <u>7th Armd Div</u>	KK	10	241
<i>X293</i> Coleman, Joseph G.	<u>PTC</u>	38 544 377	<u>8 Apr 45</u>	<u>Co "C"</u> <u>31 Tank Bn</u> <u>7 Armd Div</u>	MM	2	33

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

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

REPATRIATION RECORDS BRANCH

15 Nov 1946
DATE

NAME COLEMAN JOSEPH G. PFC

SERIAL NO. 38544377

CEMETERY MARBERTEN, HOLLAND

PLOT MM

ROW 2

GRAVE 33

LETTER FIELD

Correct Records to Read

Rank

Org.

Date of Death 8 April 1945

Cheseldine

SPECIAL CHECKER

*file
11-25-46
Nat*

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

JUL 15 1945

58

Coleman Joseph G. Unknown Co C 7th ARMD. DLV Unknown 31 2nd Bn

Vic. Fredeburg, Germany 8 Apr. 45 GSW Abdo.

17 JUL 1945 U.S. Mil. Cem. #1, Margraten, Holland. VK 645482

33 2 MM Wooden Cross

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

If No Identification Tags How were remains identified?

REBURIAL

What means of identification were buried with the body?

Previously buried in Breuna # 1 Cemetery

Plot C Row 2 Grave 33

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

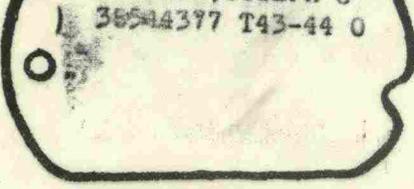
Who is buried on: Collier, George W. 34810837 32

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

Deceased's Left: Varney, Maynard L. 42120202 34

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

If this is an isolated burial, make a sketch of the location. If print of identification tag is not affixed fill in below:



Emergency Addressee Name

Address

Religion P

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

H. SHACKELFORD 1st Lt, QMC O-1596803 G. R. O.

Disintering Officer:

Signature of Officer or other person reporting burial

Edwin H. Miller

Verified by G.R.S. Officer EDWIN H. MILLER

Reintering Officer:

1st Lt QMC O-1591314 603rd QM Gr Reg Co.

RESTRICTED

RESTRICTED
REPORT OF BURIAL

16 Apr 45

293

TM 10-630 AND AR 30-1315

Date

Coleman, Joseph G.

38544377

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

Vic. of Fredeburg, Ger.

8 Apr 45

GSW abdomen

Place of Death

Date of Death

Cause of Death

1100 16 Apr 45

Breuna #1

L52rC-010143

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

33

2

6

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:

Collier, George W. 34810837

34

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Varney, Maynard L. 42120202

Name

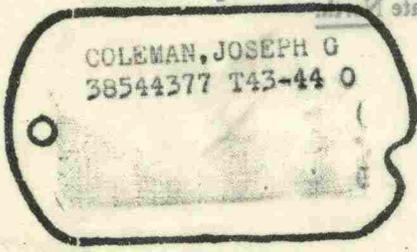
Serial No.

Rank

Organization

Grave No.

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



Emergency Addressee

Name

Address

Religion

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

Signature of Officer or other person reporting burial

RESTRICTED

Verified by G.R.S. Officer

SHACKELFORD
G. R. O.

REPORT OF BURIAL 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:

4	Date 16 Apr 45		4
3	Case of Death GSW abdomen	Place of Burial Vic. of Frederburg	3
2	Type of Marker No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Disposition of Identification Tags: Buried with body Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attached to Marker Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2
1	Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:		1
Thumb	Grave No. 32	Name Murney, Maynard J. 42120202	Thumb
Thumb	Grave No. 34	Name Collier, George W. 34810837	Thumb

TOOTH CHART

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

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

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.

Emergency Address: _____

Address: _____

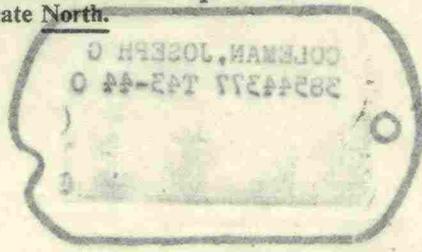
Region: _____

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

Signature of Officer or supervisor reporting: _____

Characteristics: _____

Other Data: _____



AG P BR HQ 506 /22560
RESTRICTED

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

REPORT OF DEATH tel/3607

DATE 27 Apr 1945

FULL NAME Coleman, Joseph G.		ARMY SERIAL NUMBER 38 544 377	GRADE PFC			
HOME ADDRESS Huntsville, Texas		ARM OR SERVICE AMD	DATE OF BIRTH 18 Jul 1915			
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 8 Apr 1945			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 14 Oct 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Joe G. Coleman, Wife, Box 704, Huntsville, Texas						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Winona Coleman, Wife, Huntsville, Texas. Nova Lynne Coleman, Daughter, Huntsville, Texas. Emma Frances Coleman, Mother, Huntsville, Texas. *						
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

BATTLE NON-BATTLE

***Rufus F. Coleman, Father, Huntsville, Texas.
 EVIDENCE OF DEATH REC'D IN WD 23 APR 45.**

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

BY ORDER OF THE SECRETARY OF WAR:

Di S Jowles

27 MAY 1945

file
 ADJUTANT GENERAL

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

Agm

487374

REPORT OF DEATH tel/3607

DATE 27 Apr 1945

FULL NAME Coleman, Joseph G.		ARMY SERIAL NUMBER 38 544 377		GRADE PFC	
HOME ADDRESS Huntsville, Texas		ARM OR SERVICE AMD		DATE OF BIRTH 18 Jul 1915	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 8 Apr 1945	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 14 Oct 1943		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS	MONTHS
				DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Joe G. Coleman, Wife, Box 704, Huntsville, Texas					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Winona Coleman, Wife, Huntsville, Texas. Nova Lynne Coleman, Daughter, Huntsville, Texas. Emma Frances Coleman, Mother, Huntsville, Texas. *					
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
				X	

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

***Rufus F. Coleman, Father, Huntsville, Texas.
 EVIDENCE OF DEATH REC'D IN WD 23 APR 45.**

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

Di S Jowles

ADJUTANT GENERAL

mob

487374

RTB:EB:sj
October 29, 1945

Mrs. Joe G. Coleman
Box 704
Huntsville, Texas

Dear Mrs. Coleman:

The Army Effects Bureau has received additional property of your husband, Private First Class Joseph G. Coleman, consisting of funds in the amount of \$57.80. A check for this sum is inclosed.

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

Sincerely,

G. B. QUINN
2nd Lt., OMC
Chief, Files Branch

1 Incl--Check

547

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Joe G. Coleman

Box 704

Huntsville, Texas

Effects of:

Name Pfc. Joseph G. Coleman

ASN 38544377

Case No. 487374 D

Wt.

DATE 29 October 1945

RTB:EB:sj

Burton

FOR: Effects Quartermaster

REMARKS:

x Inclose Bureau Check
Acct. No. 169981
Amount \$57.80 *m 25*
Inclose "Valuables" item
Ship "Valuables" item(s)

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

159459 mvc

ROUTING:

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

169981

487374

October 31

45

Mrs. Joe G. Coleman

57.80

~~Fifty Seven and 80/100~~

REMARKS:

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

Shipping Clerk

ARMY EFFECTS BUREAU
ACCOUNTING INVENTORY

Handwritten initials

CASE NO.

487,374

TYPED BY

dp

DATE

10/16/45

STATUS

dec

NAME

Joseph G. Coleman

A.S.N.

34544377

RANK

Pfc.

ORGANIZATION

CONSIGNOR

Q-290

AMOUNT

57.80

ACCOUNT NO.

169981 *ly*

PAID-Check No. 159459 24

LIST NO.

F-249

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

#

DATED

SYMBOL

AMOUNT

REMARKS:

L/T to sec. file

RTB:JPH:vw
September 12, 1945

Handwritten initials

Bureau has received from overseas
your husband, Private First Class

being forwarded to you in one

the property has not reached you
days from this date, please notify
me.

Bureau in transmitting personal
property vest title in the recipient.
Distribution according to the
decedent's legal residence.

Instances prompting this letter, and
in the loss of your husband.

Yours very truly,

P. L. KOOB
1st Lt., OMC
Officer-in-Charge
SJ Branch

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Joe G. Coleman

Box 704

SHIP TO:
Pfc. Joseph G. Coleman

Huntsville, Texas

Effects of:
Name

38544377

ASN

487374 D

Case No.

Wt.

File 10/23
me *hurst*

DATE 12 September 1945

RTB:EB:EW

FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

Franked **SEP 15 1945**
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages

 Shipping Clerk *mt*

ATTACHMENTS <input checked="" type="checkbox"/> INBOUND INVENTORY ✓ <input type="checkbox"/> G. R. OR SUB GR LABEL <input type="checkbox"/> WILL OR POWER OF ATTY. <input checked="" type="checkbox"/> TALLY IN FORM 43 ✓ <input checked="" type="checkbox"/> TAG ✓	EFFECTS INVENTORY ARMY EFFECTS BUREAU <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">487,374</div>	STATUS <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/> MISSING <input type="checkbox"/> P. O. W. <input type="checkbox"/> ABANDONED <input type="checkbox"/> UNKNOWN
---	---	--

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

CONTAINERS ADDRESSED TO <p style="font-size: 1.5em; margin-top: 20px;">none</p>	INFORMATION <p style="font-size: 1.2em; margin-top: 20px;">Benef: Mrs Winona Coleman Huntsville, Texas</p>
NAME AND STATUS VARIATIONS <p style="font-size: 1.5em; margin-top: 20px;">9-7-45 Jmw</p>	CROSS REFERENCE

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

TALLY NO. 403 ✓	ORIG. NO. OF PKGS. 1	EXAMINING DATE 25 Aug 45 ✓	BOX NO.	SHEET 1 ✓	OF 1 SHEETS
NAME Joseph G Coleman ✓			A. S. N. 385-44377		
ORGANIZATION Co C, 31st Tank Bn.			RANK Pfc ✓		
WAREHOUSE SPACE 1276		EXAMINED BY Herman		DIARY REMOVED	
PACKAGE DESCRIPTION # 10 tag		PACKED BY Jacksman		PHOTO FILM REMOVED	
WEIGHT		INSPECTED BY		MOTION PICTURE FILM REMOVED	
		STORED BY mew		SHIPPED	
				DATE SEP 15 1945	
				BY WHOM MK	

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

SHORTAGES

\$57.80

U. S. GOV'T CHECK SHORT

Apr 210-857 Form 38

NUMBER

DATE

SYMBOL

AMOUNT

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

Harmon

INVENTORY CLERK

La Faver

SUPERVISOR

G. I. REMOVED

RESTRICTED
INVENTORY FORM

9 April, 1945
Date

SUBJECT: Inventory of Personal Effects of:

Coleman Joseph G. Pvt. 1st 38544377
(Last Name) (First Name) (MI) (Rank) (ASN)

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

The above named individual of Company C, 3rd Tank Battalion
(Unit) (Organization)

was reported killed in action about 8 April, 1945
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible MRS. WINONA COLEMAN
HUNTSVILLE, TEXAS

INVENTORY OF EFFECTS

- 1 watch, wrist ✓
- 1 leather toilet set ✓
- 1 new Testament ✓
- 1 photo case with photos of wife and baby. ✓
- 1 wallet containing identification cards, and photos and civilian operator's license ✓
- 1 envelope of snapshots of wife and baby. ✓
- ~~1 individual pay record~~ ✓
- 4 large pictures of wife and baby. ✓
- 1 cigarette lighter ✓
- 1 fountain pen ✓

Money in the amount of \$ 57.80 has been turned into J. P. BELLAMY, Lt. Col. FD
(Name of finance office and

\$ 210-857 Form WDFD 38 enclosed.
symbol number)

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 _____ on 22 April 1945.
(Rail, Truck, etc.)

Name Truman Roman
Rank & ASN Capt. 01018042
Organization Co. C, 3rd Tank Bn.

Any additional pertinent information:

RESTRICTED

LA RUE - KANSAS CITY 1-9-45-50M

NAME COLEMAN, JOSEPH PFC. 4277

BAY	PALLET	BOX	TALLY
69	19		403
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PKG.			

Eff. QM Form 48

FROM

EFFECTS QUARTERMASTER
PERSONAL EFFECTS & BAGGAGE DEPOT
APO 513 U. S. ARMY

LE

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE 300.00

TO

458

KIA

ARMY EFFECTS BUREAU
KANSAS CITY QM DEPOT
KANSAS CITY, MO., U. S. A.

PERSONAL EFFECTS OF:

COLEMAN, JOSEPH. G
RFC 38544377

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

Case No. 197324
Date 11 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Joseph G. Coleman 38544377 late a
(Name of decedent) (Army Serial Number)
Private First Class AMD who died
(Grade) (Organization, Army or Service)
on the 8 day of April, 19 45 at European Area

TO : The Adjutant General, War Department, Washington 25, D.C.

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate \$ none of which the sum of \$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. _____.)

c. Decedent owed undisputed local creditors the sum of \$ none which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt _____, Incl. _____)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 8 August 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Joe G. Coleman 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;

Whoreupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Joe G. Coleman of (Name of person found entitled)

Box 704 Huntsville State of (Number, Street or Avenue) (City, Town or Village)

Texas is the widow of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)
JOHN R. MURPHY, Colonel, G.M.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

70

487374

RTB:RW:cr
August 11, 1945

Mrs. Joe G. Coleman
Box 704
Huntsville, Texas

Dear Mrs. Coleman:

The Army Effects Bureau has received from overseas some property of your husband, Private First Class Joseph G. Coleman.

This property, consisting of a few small items, is being sent you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

I regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your husband.

Yours very truly,

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

W

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

Mrs. Joe G. Coleman

ORDER FOR SHIPMENT

Box 704

Pfc. Joseph G. Coleman
SHIP TO:

Huntsville, Texas

38544377

Effects of:

Name 487374 D

ASN

Case No.

Wt.

DATE 11 August 1945
RTB:RW:cr

Smith
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

*File
m 10/23*

REMARKS: ✓

Franked **FRANKED** AUG 17 1945
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages

SW
Shipping Clerk

PACKAGE DESCRIPTION <i>#1 Envs.</i>	ARMY EFFECTS BUREAU INVENTORY <i>487,374</i> <i>DS</i>	DECEASED <input checked="" type="checkbox"/>
		MISSING <input type="checkbox"/>
		P.O.W. <input type="checkbox"/>
		ABANDONED <input type="checkbox"/>
		TALLY NO. <i>9900</i>
		INV. DATE <i>30 July 45</i>
		ORIG. NO. OF PAGES <i>1</i>
NAME <i>JOSEPH H. G. COLEMAN.</i>		BOX NO. <i>54</i>
A.S.N. <i>3854/377</i>	RANK <i>unk.</i>	SHEET <i>1</i>
		CE <i>1</i> SHEETS
		ORGANIZATION <i>unk.</i>

belt SHIRTS, MONEY (NO MONEY) cloth, wash caps Footwear, pr. gloves, pr. Handkerchiefs headwear jackets sweaters scarfs shirts socks, pr. ties towels trousers, pr. trunks, pr. underwear	SCURVES & FABRICS CLOTHING BRACKETS IDENT. brushes CAMERAS glasses knives lighters X MISC. <i>L</i> Pen, fountain pencil, mechanical pipes REPLICABLE ARTICLES RIBBONS, DECORATION rings tobacco toilet articles TOOLS	RINGS BAGS, CLOTH OR TEXTILE BILLFOLD, (NO MONEY) case Footlocker KIT, SHIRT, KIT, OR WRITING BOOKS books, address books, pilot log DIARY (REMOVED FOR DUTY) FILMS letters papers, personal photos shoe shine articles SHIRT PROTECTOR SOUVENIRS X SOUVENIR MONEY <i>L</i> stationery TESTAMENTS U.S. MONEY (AMOUNT)
--	---	--

WV 4/8

REMARKS <i>no information</i>	ATTACHMENTS	FORM 854	FORM 8100
<i>rechecked</i>		<i>1 Gr. label</i>	<i>1 inventory</i>

WEIGHT	G.I. REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
	LOCKED STORAGE
	LAUNDRY REMOVED
	FILM REMOVED <i>ok</i>

FACTORY <i>none</i>	STOLEN BY <i>L.A.</i>	DATE SHIPPED <i>JUN 17 1945</i>
WAREHOUSE SPACE <i>S</i>	CHECKED BY <i>M. Woodward</i>	FORM 83 OR ADDITIONAL <input checked="" type="checkbox"/>
INVENTORIED BY <i>Lucile Johnston</i>		
PACKED BY <i>M. Woodward</i>		

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

33-c

Serial No. 38544377 Name COLEMAN, JOSEPH
Grade _____ Rank _____
Organization _____
Address _____
Nearest Relative _____
Address _____
Killed in Action _____ Died of Disease _____
Date 8 April 1945 Hospital _____
Battle Area GERMANY Information _____
Place of Burial BRENNATH
Point of Coordination _____
Description of Body _____
Members Missing _____

Signed _____

INVENTORY FORM

16 Apr 45

DATE

SUBJECT: Inventory of Personal Effects of:

coleman

Joseph

G.

Unk

38544377

(LAST NAME)

(FIRST NAME)

(MI)

(RANK)

(ASN)

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

The above named individual of Unknown

(UNIT)

(ORGANIZATION)

was reported buried about 16 Apr 45 1944.

STATUS (KIA, MIA, Hosp. etc.)

(DATE)

Designated Beneficiary if information readily accessible

Unk

INVENTORY OF EFFECTS

1 ring ✓
souvenir coins ✓

Money in the amount of _____ has been turned into _____

(NAME OF FINANCE OFFICE AND

Form WDFD 38 enclosed.

SYMBOL NUMBER)

Unk

NAME 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 _____ on _____ 194_____

(RAIL, TRUCK, ETC.)

Name _____

Rank & ASN _____

H. SHACKELFORD
1st Lt. QMC
O-1596803

Organization _____ R.O.

Any additional pertinent information: