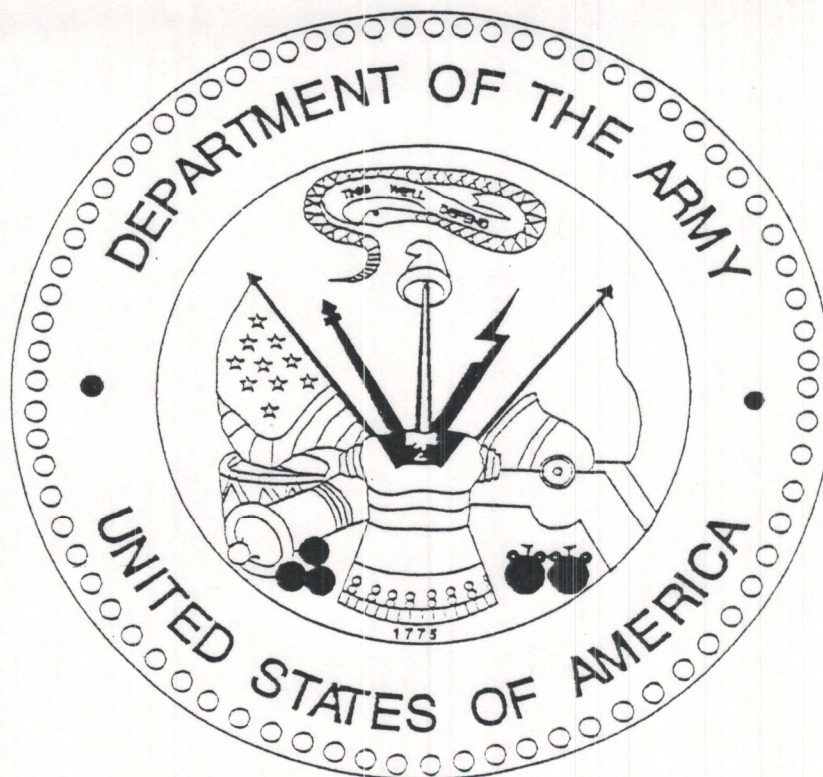




INDIVIDUAL DECEASED PERSONNEL FILE

A/38

USMC: MARGRATEN

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

1	PLOT: K ROW: 17 GRAVE: 9 DATE OF BURIAL: 1 FEB 49 VERIFIED BY GRS OFFICER: WILLARD B OWEN, CAPT, INF.		DISINTERMENT DIRECTIVE CWO MSF			
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 4650 04416	DATE 15 10 48 DAY MONTH YEAR		
NAME DESPOT THOMAS A		SERIAL NUMBER 35897231	GRADE S SG	ARM 1	RACE 1	RELIGION 1
CEMETERY MARGRATEN HOLLAND		PLOT PP	ROW 7	GRAVE 173	DISPOSITION OF REMAINS 4601 80 CODE DIST. CTR.	
SECTION B — CONSIGNEE AND NEXT OF KIN FLAG SENT 9 FEB 49						
NAME AND ADDRESS OF CONSIGNEE MARGRATEN, HOLLAND			NAME AND ADDRESS OF NEXT OF KIN FRANK D. DESPOT (FATHER) 1802 KESSLER BOULEVARD NORTH DRIVE INDIANAPOLIS, INDIANA			
SECTION C — DISINTERMENT AND IDENTIFICATION						
NAME		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED	
IDENTIFICATION TAG ON ☐ REMAINS ☐ MARKER		ORGANIZATION USAGF	RELIGION	IDENTIFICATION VERIFIED BY 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		EMBALMER (Signature)		
CASKET SEALED BY		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						

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE DAY MONTH YEAR	
NAME DESPOT THOMAS A				SERIAL NUMBER 35897231		RANK S SG	
CEMETERY				ARM 1		DATE OF DEATH DAY MONTH YEAR	
PLOT PP 7				ROW 173		COUNTRY MARGRATEN HOLLAND	
DISPOSITION OF REMAINS				CODE		DIST. PT.	
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 THOMAS A. DESPOT		SERIAL NUMBER 35897231	RANK S SG	DATE OF DEATH	DATE DISINTERRED 7 SEPTEMBER 48
IDENTIFICATION TAG ON ☒ REMAINS EMB ☒ MARKER GRS		ORGANIZATION		RELIGION P	IDENTIFICATION VERIFIED BY EDWARD E. STOUT 1/LT CE NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM		CONDITION OF REMAINS SKELETAL STATE - ADVANCED STAGE DECOMPOSITION - FRACTURED R/TIBIA & FIBULA.	
OTHER MEANS OF IDENTIFICATION NONE			
MINOR DISCREPANCIES I		NONE	
REMAINS PREPARED AND PLACED IN CASKET			
DATE 8 SEPTEMBER 48		BY WILLIAM R. BAILEY	
CASKET SEALED BY WILLIAM R. BAILEY		EMBALMER (Signature) WILLIAM R. BAILEY	
CASKET BOXED AND MARKED DATE 8/9/48 BY JOSEPH A. JENNERS JR CLERK RECORDER		SHIPPING ADDRESS VERIFIED BY ALL PLATES TAGS MARKINGS VERIFIED BY: WILLARD B. OWEN CAPT INF	

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

Willard B. Owen
WILLARD B. OWEN CAPT INF
SIGNATURE OF GRS INSPECTOR

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

8 April 1949

S/Sgt. Thomas A. Despot, ASN 35 897 231
Plot K, Row 17, Grave 9
Headstone: Cross
Margraten (Holland) U. S. Military Cemetery

Mr. Frank D. Despot
1802 Kessler Boulevard North Drive
Indianapolis, Indiana

Dear Mr. Despot:

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,

H. FELDMAN
Major General
The Quartermaster General

ehls

APR 11 5 55 PM '49

O. G. H. C.

RECEIVED

QUEST FOR DISPOSITION OF REMAINS

L7/1/48

D, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

S/Sgt. Thomas A. Despot, 35 897 231
 Plot PP, Row 7, Grave 173,
 United States Military Cemetery
 Margraten, Holland

24 May 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, Frank Despot

(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

73

PART I (Continued)

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

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

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

OR

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

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

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

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

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

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

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

Frank Despot
(SIGNATURE OF NEXT OF KIN)

1802 Kessler Blvd N. Dr.
(STREET AND NUMBER)

Frank Despot
(NAME PRINTED OR TYPED)

Indianapolis, Indiana
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 24th day of June.

1948, at city (or town) of Indianapolis, county of Marion, and State (or Territory or

District) of Indiana

Nancy L. Fox
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

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

RRE Form #43
20 Sep 43

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

DESPOT	THOMAS	A	S SG	35897231
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery MARGRATEN

Incl #

Deutschland,		Amerikaner	
Familien- u. Vorname: <u>Despot Thomas</u>			
DESPOT, Thomas			
geboren am	2	in:	2 Kreis: 1748
Truppenteil:	2		
Dienstgrad:	Sold Soldier.		
Erkennungsmarke:	7176 7176		
Tag des Todes	Ort des Todes (over)	Beerdigt am	
5. 10. 44 15.00 Uhr	Düsseldorfer General	7. 10. 44	
Lage und Nr. des Grabes:	(over) DUSSELDORFER K52 (F37)		
Ehrenfriedh. Nord, Feld Nr. 8, Grab Nr. 570			
gemeldet durch: B.L. Ref. l. W.G.D. Wast. Trupp. 2. Bl. Can. 2.			
V4 SL			

PLACE OF DEATH:Düsseldorf/Geresh.

PLACE OF BURIAL: North Military Cm.
Plot III C. Grave No. 570

Reburied 13 Aug 45
US Mil Cem MARGRATEN HOLLAND
Plot PP row 7 grave 173

Nr. 70 439

Kriegsgräber-Fürsorge Wehrfreikommando VI.

Verlustmeldung

W. Kdtr. Düsseldorf
U. S. A.

M.-Stalag VI J, Dorsten

(Truppenteil)

Düsseldorf

(Beisetzungsort)

Despot

Thomas

(Familiennamen)

(Vorname)

(Gemeinde usw.)

Dienstgrad Sold. (amerik. Kgf.) USA POW

Nordfriedhof North cem.

(Gemeindefriedhof, Ehrenfriedhof, Feldgrab)

Geburtsort unbekannt Unknown

"

Einzelgrab Nr. 570, Feld III C
Kameradengrab plot

Geburtsort

Todesort 5.10.1944

Umgebettet von nach

Todesort Kr. Gef. M.-Stamm-lager VI J
Düsseldorf, Gerresheim

Umgebettet am

POW Camp

Erkennungsmarke Nr. 7176 VI J

Laut Umbettungsprotokoll Nr.

Anschrift der Angehörigen unbekannt

Unknown

vom des

Marschall - PP-7-173

Todesursache: infolge Verwundung

Beigesetzt am: 7.10.1944

Art: offene Fraktur d. Unterschenkels
rechts, schwerer Schockzustand,
Herz- und Kreislaufschw.

Kriegsschauplatz:

Bemerkte über die Grabstätte:

over

Wounded. Right lower leg fractured. Seriously shocked.
Heart and circulation debility.

Ref - 13 Aug AS

MARGRATEN

PP-7-173

CHECK LIST FOR DISINTERMENTS
(To accompany Report of Reburial)

Only Part I should be completed, if identification tags are available.
Both Part I & Part II should be completely filled out if identification tags
are not available.
If information is unavailable, so indicate.

PART I
(Positive Identification)

1. DESPOIT, THOMAS A. UNK 35897231 AAF
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where
attached One identification tag on chain around wrist.
3. Give exact location from which disinterred, furnishing coordinates and map
series used Nord Dusseldorfer Cemetary, grave no. 579, plot 11a.
Dusseldorf, Germany, (F3392, Central Europe, 1:100,000, Koln sheet-R1)
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION
IN WITH PERMANENT LANDMARKS.
5. Approximate or established date of death (state which & give basis for date
selected) 5 October 1944, cemetery records.
6. Approximate or established date of burial (give basis for date established)
5 October 1944, Cemetery records.
7. Manner in which grave was marked and all information contained on the marker
not marked.
8. List personal effects found in possession of civilian or unauthorized mili-
tary personnel, furnishing name and address of individuals concerned
none
9. Names and addresses of all persons questioned concerning death or burial and
information each furnished (contact local Mayor, priest, cemetery caretaker,
those responsible for burial and any other possessing important information)
cemetery director, Herr Karl Joli.
Office of the Burgomaster.
Office of the German Red Cross.

PART II
(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization
(Check cemetery records and office)
11. (Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible,
including the presence of scars, moles, circumcision, tattoos, length of
hair, presence of mustache or beard, etc.

S/Sgt. Thomas A. Despot, 35 897 231
Plot PP, Row 7, Grave 173,
United States Military Cemetery
Margraten, Holland

24 May 1948

Mr. Frank Despot
1800 North Cassler Boulevard
Indianapolis, Indiana

Dear Mr. Despot:

The people of the United States, through the Congress have authorized the disinterment and final burial of the hero's 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,

the

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

DATE 24 May 1948

TO: Letter of Inquiry Section

(Thru Officer in Charge)

(Form 734 will indicate file dispatched to LOI SECTION)

Reference:

NAME Despot Thomas A RANK S. Sgt
SERIAL NUMBER 35-297-231 CEMETERY 115 Military Cemetery
PLOT 7 ROW 7 GRAVE 173 Margraten
Holland

Request new* LOI be sent to:

NAME Frank Despot RELATIONSHIP Father
ADDRESS 1828 North Kessler Boulevard
CITY Indianapolis STATE Indiana

Basis of request: (Must include definite facts)

Person remained father 7101345

Request Approved: _____

Approving Officer's Remarks: _____

* Strike out if no LOI previously dispatched

N. Smith

OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION

SUBJECT: NEW LOI
TO: MACHINE SECTION, R & R BRANCH, MEMORIAL DIVISION
ROOM 2701, TEMPORARY B BLDG

Date 18 May 1948

S/Sgt
Thomas A. Thomas A. Despot 35897231
Rank Name Serial No.

LOI to be sent to: Father

Grave Location:

Mr.
Mrs.
Miss Frank Despot
Name

Margraten
Cemetery

1802 N. Kessler Blvd
Street

PP 7 173
Plot Row Grave

Indianapolis, Ind.
City State

LOI SENT 24 MA 50573 MULLIGAN

L. Smith

Roder

*File
4/25/48
2015
H. H. H.*

DESPOT, THOMAS A. - S/Sgt - 35897231
Margraten - PP- 7- (3)
W. Re-M 7. is NOK
RODA

L. Smith
18 May

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

3-22-48
333-
EjeS/Sgt Thomas A. Despot, 35 897 231
Plot PP, Row 7, Grave 173,
United States Military Cemetery
Margraten, Holland

5 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, _____

(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 _____ 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.)

293 should be Frank Despot
(same address), Father!

The 293 name Joe Brennan.
18 May 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	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (<i>Nearest railroad passenger station</i>)	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 (<i>Nearest railroad passenger station</i>)	TELEGRAPH ADDRESS		TELEPHONE No.

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

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

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

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

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

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

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

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

_____ (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
_____ (OFFICIAL TITLE)

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
DESPOTOVICH	DUSHAN + BLANCHE	
RELATIONSHIP TO THE DECEASED		
FATHER + MOTHER		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY
1802 Kessler Blvd.	Indianapolis	Indiana

December 18, 1947
(DATE)
Mrs. Dorothy Bardash
(SIGNATURE)
2025 Westview Dr.
(STREET AND NUMBER)
DOROTHY BARDASH
(NAME PRINTED OR TYPED)
Indianapolis 3 Ind.
(CITY AND STATE)

S/Sgt Thomas A. Despot, 35 897 231
Plot PP, Row 7, Grave 173,
United States Military Cemetery
Margraten, Holland

5 December 1947

Mrs. Dorothy L. Despot
824 Ingomar Street
Indianapolis, Indiana

Dear Mrs. Despot:

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 E. LARKIN
Major General
The Quartermaster General

Incls.

gmh

DEC 9 3 17 PM '47
O.D.M.C.
MAIL & RECORDS BRANCH

17 December 1946

Mrs. Dorothy L. Despot
824 Ingomar Street
Indianapolis, Indiana

Dear Mrs. Despot:

99-
The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Staff Sergeant Thomas A. Despot, A.S.N. 35 897 231.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot PP, row 7, grave 173. 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

ypa

FORM 314.6
Graves Registration
(European, U. S. Misc.)

13 DEC 1946

SUBJECT: Burial Records

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

1. Request the burial reports and grave markers for the following decedents, interred in the United States Military Cemetery Margraten, Holland, be changed to read as follows:

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE	ORGANIZATION
Donnells, Ray E.	S/Sgt	35 540 794	MM	1	5	Co C 316 Inf Regt 80 Inf Div
Difalco, Guy L.	Cpl	34 803 559	PPP	8	198	83 TC Sq 437 TC Gp
Dingeman, William F.	Pfc	32 825 445	AA	10	240	Co A 119 Inf Regt 30 Inf Div
Despot, Thomas A.	S/Sgt	35 897 231	PP	7	173	Co A 38 Armd Inf Bn 7th Armd Inf Div
Deines, Herman	Pfc	37 149 601	JJ	9	216	Co B 22 Armd Eng Bn
Davis, James E.	Pfc	34 999 408	AA	7	161	Co L 137 Inf Regt 35 Inf Div

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, MAC
Assistant

REPATRIATION
RECORDS BRANCH

21 Nov. 46

E.T.F.

N. ME. DESPOT THOMAS A S/SGT.

SERIAL NO. 35 897 231

CEMETERY U.S. MIL. MARGRATEN HOLLAND

PLOT PP

ROW 7

GRAVE 173

LETTER F I E L D

Rank S/SGT.

Org.

M Baker

SPECIAL CLERK

Gefangenenlager:	Stalag IV J	Name:	Despot, Thomas A.
Gefangenen-Nr.:	7176	Staatsangehörigkeit:	U. S. A.
ne:	Despot	Nr. der Liste:	1599/44
Vornamen:	Thomas	Seite der Liste:	
Geburtsort:	inbek	Beruf:	
Vorname des Vaters:	inbek	Religion:	Rath. Catholic
Familiennamen der Mutter:	inbek	Rang:	
Ort u. Anschrift der benachrichtigenden Person:	F. E. Kent, A. G. D.	Dienstgrad:	Sold = M
Aufenthalt u. Veränderungen:	Major, 15.30 Uhr Düsseldorf - Genesheim		
	Beordigt am. 7.10.44 Christfriede Nord, Field M B.		
	Grab Nr. 570		

gem. m. Abg-Liste 1599 d. Halag v. J. Dorsten v. 14. 11. 24.
" " Pers-Karte = Sterbefallung d. Halag v. J. Dorsten.
N. 4 a Ref = 1 für Brückg m. St. A. Düsseldorf / Gornesheim

2. Nr. # 885 am 8.1.45 eingeg.

" " " 836/12/45 an A.D. 16.1.45

Wg. A. L. H. Mays

Source of Information: -

Source of Information: -
Report from Seal List 1599 of Stalag VI -
Dorsten dated 24 Nov. 1944.

Report from Personal Identification and - Death
certificate of Stalag VI 7. Dornstein.

V.4a - Ref. IV, -

Death certificate from Düsseldorf / Gerresheim

Death Certificate # 885- dated 8 Jan. 1945-

Death Certificate # 836/12/48- Dated 16 Feb. 1948-

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
					Despot,					Thomas	A.								35	897	23			

Personalkarte I: Personelle Angaben

Kriegsgefangenen-Stammlager: VI/3

Beschriftung der Erkennungsmarke

Nr. 7176

Lager: VI/3



Name: Despot *

Vorname: Thomas

Datum der Geburt: unknown

Geburtsort: unbekannt

Religion: Catholic

Religion: Kath.

First name of father: unknown

Vorname des Vaters: unbek.

Family name of mother: unknown

Familienname der Mutter: unbek.

Staatsangehörigkeit: Amerikaner

Dienstgrad: Soldat

Truppenteil: Komp. usw.:

Zivilberuf: Berufs-Gr.:

Matrifel Nr. (Stammrolle des Heimatstaates):

Captured on 4 Oct. 1944

Gefangennahme (Ort und Datum): 4. 10. 44

Was wounded when captured.

Ob gesund, krank, verwundet eingeliefert:

Lichtbild

Nähere Personalbeschreibung

Größe

Haarfarbe

Besondere Kennzeichen:

F. E. Kent,
Major, A. G. D.

Fingerabdruck
des rechten Zeigefingers

Name und Anschrift der zu benachrichtigenden Person in der Heimat
des Kriegsgefangenen

Emergency Address:

1000 Falls

* see in last file -
Despot Thomas a

35327231

Don't know

Wenden!

Des
riegsgefangenen

Gen. Abg. List 1599 des Stalag II - Dorsten 2. 10. 44

Report from Dead List 1599 of Stalag VI 7-
Dorsten dated 24 Nov. 1944

am 6. 10. 44 in der Gasse in der Stenmeyerstr. 17
Dorsten.

Bemerkungen:

Name: Despot

Lager: 11/3

Beibehaltung der Erkennungsmarke Nr. 7176

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

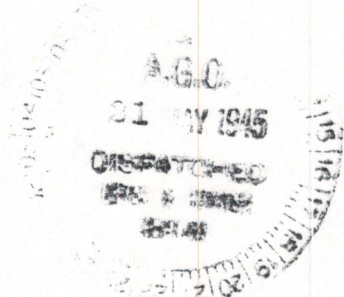
	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS	DATE
1	Director, Memorial Division, OCMG		Tampo C, Room 1007, Washington, D. C.	bml	16 May 45
2					
3	293 Dept. Thomas A.				

35,897,231

For your information.

Harb

1 Inclosure
(with duplicate)



FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE	TELEPHONE
	Casualty Branch, Special Sub-Section			16 May 45	78438
	Investigation and Correspondence, Room 4627,				
	Munitions Building, Washington, D. C.				

W. D., A. G. O. Form 0115
1 October 1944

This Form supersedes W. D., A. G. O. Form 0115, 23 March 1944,
which may be used until existing stocks are exhausted.

16-31646-2 GPO

INTERNATIONAL COMMITTEE OF
THE RED CROSS, Geneva
CENTRAL AGENCY FOR PRISONERS OF WAR
CASUALTIES

35897231
Name and given names Thomas Despot, American POW, soldier, Catholic.
Home address: Little Falls, Minnesota.
Place and date of birth: Unknown.

Place and date of death: 5-10-44 at 15:30 o'clock, Gerresheim POW base hospital

Unit (corps, regiment, battalion, company)

and army serial number (data on
identification tag)

Family address Father: unknown, Mother: unknown.
Marital state: Unknown.

Where and when taken prisoner?

Cause of death

Place of burial

Is the grave marked and can it

be found later by the family?

Personal effects

Will they be sent with the certificate

of death thru the good offices of

the Secretary of War?

In case the family may not have been notified

could a clergyman, a physician or a nurse who

had been with the deceased during his illness

or his last moments, send to us, so that we might

convey them to the family, some particulars

about the last moments and burial?

(Date, stamp, and signature of the

qualified authority).

Düsseldorf, the 27th of December 1944.
(Signature) Signature of two witnesses.

THE OFFICE OF VITAL STATISTICS

By G. Weise

W. 1945 Sept. 1st, L. H. ...

(35,897,231)

INTERNATIONAL COMMITTEE OF
THE RED CROSS, Geneva
CENTRAL AGENCY FOR PRISONERS OF WAR
CASUALTIES

Name and given names Thomas Despot, American POW, soldier, Catholic.
Home address: Little Falls, Minnesota.
Place and date of birth Unknown.

Place and date of death 5-10-44 at 15:30 o'clock, Gerresheim POW base hospital

Unit (corps, regiment, battalion, company)

and army serial number (data on
identification tag)

Family address Father: unknown, Mother: unknown.
Marital state: Unknown.
Where and when taken prisoner?

Cause of death

Place of burial

Is the grave marked and can it
be found later by the family?

Personal effects

Will they be sent with the certificate
of death thru the good offices of
the Secretary of War?

In case the family may not have been notified
could a clergyman, a physician or a nurse who
had been with the deceased during his illness
or his last moments, send to us, so that we might
convey them to the family, some particulars
about the last moments and burial?

(Date, stamp, and signature of the
qualified authority)

Düsseldorf, the 27th of December 1944.
(Signature) Signature of two witnesses

THE OFFICE OF VITAL STATISTICS

Rw G.Weise

DD FORM 130
7 May 1945

BURIAL INFORMATION

NAME (Last, First, Middle Initial)

DESPOT, Thomas

ASN

35897231

GRADE

ORGANIZATION

American POW

DATE OF DEATH

October 5, 1944 at 15:30
o'clock

PLACE Buried in Military or Honor Cemetery

North at Dusseldorf, Field 111c, Grave

no. 570. Germany.

DATE OF BURIAL

DATE OF REBURIAL

REMARKS

Source of Information—International Committee of the Red Cross, Geneva,
Central Agency for Prisoners of War Casualties.

Died at Gerresheim POW base hospital.

✓
file
to
44

REPORT OF BURIAL

13 Aug 1945
Date

118

293 DESPOT

Thomas

A

35897231

Last Name

First

Initial

Rank

Serial No.

Co. A.

1st Armored Div

38 Armored Div

Bn

Unit

Organization

IW Hospital Germany

Oct 1944

Plane Casualty

Place of Death

Date of Death

Cause of Death

1500 13 Aug 1945

U.S. Military Cemetery

Margraten, Holland VK645482

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

173

7

Plot Number

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

REBURIAL

What means of identification were buried with the body?

Previously buried in isolated grave

Civilian Cemetery
located at Dusseldorf, Germany F3392

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

Who is buried on:

Deceased's Right:

CASTLE

16124056

172

Name

al No.

Rank

Organization

Grave No.

Deceased's Left:

KING

0-796548

174

Name

0-796548

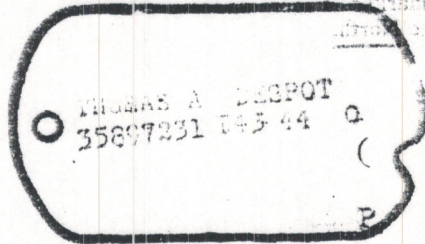
Rank

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

Prot :

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

None

Evacuated by 612 AM Gr. Reg. Co.

Signature of Officer or other person reporting burial

CLEON E. WELLS 1st Lt. MC

603rd AM Gr. Reg. Co.

Verified by G.R.S. Officer

FILE
DEC 13 1945

CHECK LIST FOR DISINTERMENTS
(To accompany Report of Reburial)

1184

Only Part I should be completed, if identification tags are available.
Both Part I & Part II should be completely filled out if identification tags
are not available,
If information is unavailable, so indicate.

PART I
(Positive Identification)

1. DESPOT, THOMAS A. UNK 35897231 AAF
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where
attached One identification tag on chain around wrist.
3. Give exact location from which disinterred, furnishing coordinates and map
series used Nord Dusseldorfer Cemetary, grave no. 570, plot 11ac.
Dusseldorf, Germany, (E3392, Central Europe, 1; 100, 1000, Koln sheet-R1)
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION
IN WITH PERMANENT LANDMARKS.
5. Approximate or established date of death (state which & give basis for date
selected) 5 October 1944, cemetery records.
6. Approximate or established date of burial (give basis for date established)
5 October 1944, Cemetery records.
7. Manner in which grave was marked and all information contained on the marker
not marked.
8. List personal effects found in possession of civilian or unauthorized mili-
tary personnel, furnishing name and address of individuals concerned
none
9. Names and addresses of all persons questioned concerning death or burial and
information each furnished (contact local Mayor, priest, cemetery caretaker,
those responsible for burial and any other possessing important information)
cemetery director, Herr Karl Joli.
Office of the Burgomaster.
Office of the German Red Cross.

PART II
(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization
(Check cemetery records and office)
11. (Est Height) (Est Weight) (Color of Hair) (Color of Eyes)
12. Give description of facial features and body characteristics if possible,
including the presence of scars, moles, circumcision, tattoos, length of
hair, presence of mustache or beard, etc.

1172
13. Give as detailed description as possible of condition and amount of remains

14. Give probable cause of death, type & location of wounds (is there evidence that body was burned)

15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

(Type) (WD Serial No.) (Organization) (Serial No. & Type of each gun)

17. Give exact location of remains in vehicle before removal

18. If buried in a coffin, give description and markings

19. List names of all other deceased persons buried in the vicinity, also give available information concerning the cause & place of death of each that may assist in identification of those remains

20. Other pertinent information which would aid in establishing identity

Forster D. Vary
(Individual in Charge of Disinterment)

4484
(Rank)

3405405
(ASN)

611. G.M. Co. Reg. C.
(Organization)

1182

(Date)

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

-BATTLE CASUALTY REPORT

1947 JUL 25 11

DATE CAS. REPORT RECEIVED

AG 201 NAME **DESPOT THOMAS A** GRADE **S/SGT**
ASN 35897231 HUS

NAME AND AD. DRESS OF E. A. **MRS DOROTHY L DESPOT**
824 INGOOMAR STREET
INDIANAPOLIS INDIANA

59 *Ltr*
DATE TELETYPE SENT

30 July 47

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR **HUSBAND**

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
S/SGT	DESPOT, THOMAS A.	35897231	<i>Inf</i>			205031- U-18
TYPE OF CASUALTY		PLACE OF CASUALTY	DATE OF CASUALTY			CASUALTY CODE
DIED OF WOUNDS		IN HOLLAND	DAY	MONTH	YEAR	
			5	OCT	44	

REMARKS:

AG 201 /23 JUL 47/ ☐ CORRECTED COPY
ADDITIONAL INFORMATION. CORRECTED REPORT OF DEATH ISSUED 1 AUGUST 1947 o.k.
MEMO -- ~~XX~~ SR AND D UNIT. APPROVED -- OIC CAS SEC, PA BR. DIED OF WOUNDS
RECD IN ACTION AGAINST THE ENEMY.

DRAFT OF LTR TO EA WILL BE SUBMITTED TO LTR NOTIFICATION

ACTION BY COMPOSITE SECTION: REPORT VERIFIED ☒		FORM 43		AG 201 REQ	
CASUALTY BRANCH FILE ATTACHED ☒		OR CHARGED TO		DATE	
PREVIOUSLY REPORTED NO. ☒		(AS INDICATED BELOW)			
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED	
33459-01X		<i>Inf</i>	20 July 44 MS	THOMAS A	
FORWARDED TO	SPEC. IDEN.	C. & P.	TELEGRAM	LETTER	CERTIF.
☒	☐	☐	☐	☒	☐
REPORT NOT VERIFIED		NO FORM 43		NO CAS. BR. FILE	
DISTRIBUTION "A" ☐ 30 COPIES		DISTRIBUTION "B" ☐		COPIES	
WD AGO FORM 1 MAY 1945 0365		EDITION OF 1 JAN. 1945 MAY BE USED			

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

Corrected

REPORT OF DEATH Orig. fwded 14 Dec 44

DATE 1 AUGUST 1947 ekm

FULL NAME DESPOT, THOMAS A. 293 (German P.O.W.)		ARMY SERIAL NUMBER 35 897 231		GRADE S/Sgt	
HOME ADDRESS Indianapolis, Indiana		ARM OR SERVICE Infantry		DATE OF BIRTH 27 Dec 1915	
PLACE OF DEATH European Area		CAUSE OF DEATH Died of wounds rec'd in action		DATE OF DEATH 5 Oct 1944 *	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 23 October 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Dorothy L. Despot, Wife, 824 Ingomar Street, Indianapolis, Indiana					
BENEFICIARY (Name, relationship, and address) Mrs. Dorothy L. Despot, Wife, Same as above Miss Sharon A. Despot, Daughter, 824 Ingomar Street, Indianapolis, Indiana Mrs. Blanche L. Despot, Mother, 1802 North Kessler Street, Indianapolis, Indiana **					
INVESTIGATION MADE YES NO		IN LINE OF DUTY YES NO		OWN MISCONDUCT YES NO	
WAS DECEASED ON DUTY STATUS YES NO		AUTHORIZED ABSENCE YES NO		IN FLYING PAY STATUS YES NO ☒	
OTHER PAY STATUS (Specify below) YES NO ☒					
ADDITIONAL DATA AND/OR STATEMENT ☒ BATTLE ☐ NON-BATTLE					

*Corrected to show change in date of death to 5 Oct 44; previously shown as 8 Oct 44.

**Beneficiaries continued:
Mr. Frank Despot, Father, 1802 North Kessler Street, Indianapolis, Indiana

The individual named in this report of death is held by the War Department to have been in a missing in action status from 8 October 44 and subsequently reported died of wounds received in action 5 October 44 while a prisoner of war of the German Government. Such absence was terminated when evidence considered sufficient to establish conclusively the fact of death was received 7 Dec 44 by the Secretary of War from the German Government through the International Red Cross.

CORRECTED COPY

BY ORDER OF THE SECRETARY OF WAR

Ammer

ADJUTANT GENERAL

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

Corrected
REPORT OF DEATH Orig. fwded 14 Dec 44

DATE 1 AUGUST 1947 ekm

FULL NAME DESPOT, THOMAS A. (German P.O.W.)		ARMY SERIAL NUMBER 35 897 231		GRADE S/SGT	
HOME ADDRESS Indianapolis, Indiana		ARM OR SERVICE Infantry		DATE OF BIRTH 27 Dec 1915	
PLACE OF DEATH European Area		CAUSE OF DEATH Died of wounds rec'd in action		DATE OF DEATH 5 Oct 1944 *	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 23 October 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Dorothy L. Despot, Wife, 824 Ingomar Street, Indianapolis, Indiana					
BENEFICIARY (Name, relationship, and address) Mrs. Dorothy L. Despot, Wife, Same as above Miss Sharon A. Despot, Daughter, 824 Ingomar Street, Indianapolis, Indiana Mrs. Blanche L. Despot, Mother, 1802 North Kessler Street, Indianapolis, Indiana **					
INVESTIGATION MADE YES NO		IN LINE OF DUTY YES NO		OWN MISCONDUCT YES NO	
WAS DECEASED ON DUTY STATUS YES NO		AUTHORIZED ABSENCE YES NO		IN FLYING PAY STATUS YES NO ☒	
OTHER PAY STATUS (Specify below) YES NO ☒					
ADDITIONAL DATA AND/OR STATEMENT ☒ BATTLE ☐ NON-BATTLE					

*Corrected to show change in date of death to 5 Oct 44; previously shown as 8 Oct 44.

**Beneficiaries continued:
Mr. Frank Despot, Father, 1802 North Kessler Street, Indianapolis, Indiana

The individual named in this report of death is held by the War Department to have been in a missing in action status from 8 October 44 and subsequently reported died of wounds received in action 5 October 44 while a prisoner of war of the German Government. Such absence was terminated when evidence considered sufficient to establish conclusively the fact of death was received 7 Dec 44 by the Secretary of War from the German Government through the International Red Cross.

CORRECTED COPY

BY ORDER OF THE SECRETARY OF WAR

H. Moore

ADJUTANT GENERAL

WASHINGTON 25, D. C.

DATE 14 Dec 44
tlc/4627

ADDITIONAL DATA AND/OR STATEMENT

* Frank Despot, father, same as mother's.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 8 Oct 44 and subsequently reported died of wounds received in action 8 Oct 44 while a prisoner of war of the German Government. Such absence was terminated when evidence considered sufficient to establish conclusively the fact of death was received 7 Dec 44 by the Secretary of War from the German Government through the International Red Cross.

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

☒ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

James W. Pinkart

ADJUTANT GENERAL

DEC 20 1944

SENSITIVE SURFACE - HANDLE EDGES ONLY

268,836

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

Corrected

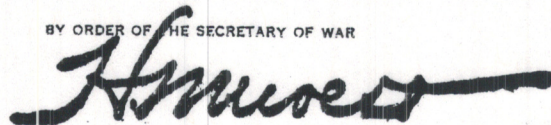
REPORT OF DEATH Orig. fwded 14 Dec 44

DATE 1 AUGUST 1947 ekm

FULL NAME DESPOT, THOMAS A. (German P.O.W.)		ARMY SERIAL NUMBER 35 897 231		GRADE S/SGT	
HOME ADDRESS Indianapolis, Indiana		ARM OR SERVICE Infantry		DATE OF BIRTH 27 Dec 1915	
PLACE OF DEATH European Area		CAUSE OF DEATH Died of wounds rec'd in action		DATE OF DEATH 5 Oct 1944 *	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 23 October 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Dorothy L. Despot, Wife, 824 Ingomar Street, Indianapolis, Indiana					
BENEFICIARY (Name, relationship, and address) Mrs. Dorothy L. Despot, Wife, Same as above Miss Sharon A. Despot, Daughter, 824 Ingomar Street, Indianapolis, Indiana Mrs. Blanche L. Despot, Mother, 1802 North Kessler Street, Indianapolis, Indiana **					
INVESTIGATION MADE YES NO		IN LINE OF DUTY YES NO		OWN MISCONDUCT YES NO	
WAS DECEASED ON DUTY STATUS YES NO		AUTHORIZED ABSENCE YES NO		IN FLYING PAY STATUS YES NO ☒	
OTHER PAY STATUS (Specify below) YES NO ☒					
ADDITIONAL DATA AND/OR STATEMENT ☒ BATTLE ☐ NON-BATTLE *Corrected to show change in date of death to 5 Oct 44; previously shown as 8 Oct 44. **Beneficiaries continued: Mr. Frank Despot, Father, 1802 North Kessler Street, Indianapolis, Indiana The individual named in this report of death is held by the War Department to have been in a missing in action status from 8 October 44 and subsequently reported died of wounds received in action 5 October 44 while a prisoner of war of the German Government. Such absence was terminated when evidence considered sufficient to establish conclusively the fact of death was received 7 Dec 44 by the Secretary of War from the German Government through the International Red Cross.					

CORRECTED COPY

BY ORDER OF THE SECRETARY OF WAR



ADJUTANT GENERAL

268,836

DATE 14 Dec 44
tlc/4627

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 8 Oct 44 and subsequently reported died of wounds received in action 8 Oct 44 while a prisoner of war of the German Government. Such absence was terminated when evidence considered sufficient to establish conclusively the fact of death was received 7 Dec 44 by the Secretary of War from the German Government through the International Red Cross.

☒ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

BY ORDER OF THE SECRETARY OF WAR:
James W. Benhart
ADJUTANT GENERAL

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

268836-48

BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATER
DESPOT THOMAS A		35897231	S SG	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
HOLLAND9	DAY	MONTH	YEAR		
	08	OCT	44	MIA	220

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

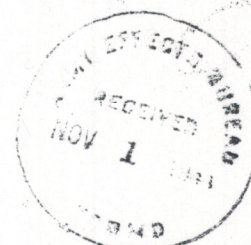
MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS DOBOTHY L DESPOT	WIFE	27 OCTOBER 44
NO. AND NAME OF STREET—CITY—STATE		
324 INGOMAR STREET INDIANAPOLIS INDIANA		

REMARKS:

☐

CORRECTED COPY

lmc



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED _____ FORM 43 _____ AG 201 REQ _____									
CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____									
PREVIOUSLY REPORTED NO _____ YES _____ (AS INDICATED BELOW):									
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED					
FORWARDED TO									
SPEC. IDEN.	TELEGRAM	WOUNDED	LETTER	CORRES.	S. R. & D.	CERTIF.	M. & M.	NON-DEL.	
REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY _____ REVIEWED BY _____									

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

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

DISTRIBUTION "A" ☐ COPIES

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

DISTRIBUTION "B" ☐ COPIES

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

263836

HN:DM:cms
March 21, 1946

ll
3/27

Dear Mrs. Despot:

The Army Effects Bureau has received from overseas some property of your husband, Staff Sergeant Thomas A. Despot.

This property, consisting of letters and photos, 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,

HARRY NIEMIEC
2nd Lt., QMC
Chief, Adm. Division

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

Case No. 268836
WFH:DL:oc
Date 20 March 1946

SUBJECT: Report of transactions in disposing of the effects of

Thomas L. Despot, 35897291 late a
(Name of deceased) (Army Serial Number)
Staff Sergeant, Infantry who died
(Grade) (Organization, Army or Service)
on the 8 day of October, 19 44, at European Area
Washington

TO : The Adjutant General, War Department 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 Depct, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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 none, Incl none).

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 19 March 1946, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Dorothy L. Despot for the effects of the above named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112,

Mrs. Dorothy L. Despot of
(Name of person found entitled)
824 Indiana St., Indianapolis State of
(Number, Street or Avenue) (City, Town or Village)
Indiana, 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)

J. J. [Signature], Major, MC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
	NAME	SHIP VALUABLES	CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK		FORM 20
Mrs. Dorothy Despot 824 Ingomar St. Indianapolis, Indiana S/Sgt. Thomas A. Despot 35897231 268836 - D			LETTER
			NO. & TYPE OF CONTAINER
			ENVELOPE
			CARTONS
			PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE GI
			SHIP BLOODSTAINED
			SHIP DAMAGED
			REMOVE BL'DSTAINED
			REMOVE DAMAGED
			FILMS REMOVED
			DIARY REMOVED
SUMMARY COURT DATA			DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		22 Nov 46
			MAIL REVIEWER (initials)
			ll
REMARKS			SHIPPED
			FRANKED
			EXPRESS
			FREIGHT
			DATE SHIPPED
			MAR 25 1946
			SHIPPING CLERK
			ROUTING
			ACCOUNTING BRANCH
			WAREHOUSE
			FILE
ORDER FOR ACTION			

EFF OM FORM 14
10 OCT 1945

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU		STATUS	
☒	INBOUND INVENTORY				DECEASED
☐	G. R. OR SUB GR LABEL				MISSING
☐	WILL OR POWER OF ATTY.				P. O. W.
☒	TALLY IN FORM 43				ABANDONED
					UNKNOWN
	BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS		
	BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL		
	BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL		
	BOOKS	BRUSHES	PEN, FOUNTAIN		
	BRACELET, IDENT.	CASE	PHOTOS		
	CAMERAS	CLOTH, WASH	PIPES		
	CLOTHING	COATS	RINGS		
☒	MISC. ARTICLES	FOOTLOCKER	SCARFS		
	RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS		
	RIBBONS, DECORATION	GLASSES	SOCKS, PR.		
	SHORT SNORTER	GLOVES, PR.	STATIONERY		
	SOUVENIR MONEY	HANDKERCHIEFS	TIES		
	SOUVENIRS	HEADWEAR	TOBACCO		
	TESTAMENTS	JACKETS	TOILET ARTICLES		
	TOWELS & WASHCLOTHS	KITS	TOWELS		
	U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.		
	WATCH	LETTERS	TRUNKS, PR.		
	WINGS	LIGHTERS	UNDERWEAR		
CONTAINERS ADDRESSED TO			INFORMATION		
none			Mrs Dorothy Deput 1210 ... Indianapolis, Ind.		
NAME AND STATUS VARIATIONS			CROSS REFERENCE		
	CHECK	REC'D BY	NUMBER		BUREAU CHECK
	MONEY ORDER				TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY				TO ISSUING AGENCY
			DATE		
			BANK OR PLACE OF ISSUE		
			PAYEE		
			REMITTER OR DRAWER		
TALLY NO.		ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET
			14 MAR 46		OF SHEETS
NAME				A. S. N.	
THOMAS A. DEPUT				2579 7231	
ORGANIZATION				RANK	CASE NO.
				SIF	
WAREHOUSE SPACE		EXAMINED BY		DIARY REMOVED	
1734				PHOTO FILM REMOVED	
		PACKED BY		MOTION PICTURE FILM REMOVED	
				SHIPPED	
PACKAGE DESCRIPTION		INSPECTED BY		DATE	BY WHOM
				4-20-46	AR
		STORED BY			

DISPOT		THOMAS A		SGT	7231		
BAY	PALLET	BOX	7	TALLY	6431	TYPE PKG	PKG

R E S T R I C T E D

4 NOVEMBER 1944
Date

SUBJECT: Inventory of Personal Effects of:

DEBOST THOMAS A SGT 35897231
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO
US Army

The above named individual of G A 35TH ARMD INF BN
APO # 255 (Unit)
1000 NEW YORK NY was reported MIA
(Organization) (Status-Killed, MIA,

 about 22 SEPTEMBER 1944
Hospitalized, etc.) (Date)

Designated Beneficiary if information readily accessible

INVENTORY OF EFFECTS

LETTERS ✓
PHOTOS ✓

R E S T R I C T E D

R E S T R I C T E D

Money in the amount of _____ has been turned into

Form WDFD 38

(Name of finance officer and symbol number)

enclosed.

Names and addresses of any Banks in which accounts may be

carried:

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

194__.

Name

James B. Allen

Rank & ASN

1st Lt 0-349369

Organization

38th ADB

Any additional pertinent information:

R E S T R I C T E D

TAVERNIA - INVENTORY REPORT

ME:

WIFE

ASB

ONSIGN Despot Thomas A.

59t

35-897231

ORGANIZATION:

ATE:

C. A. 38th Brand int Ba

50709

1944 DEC 49

RC Bay

MIR

RC Bag letters & photos

INVENTOR:

V. HSN 2 PAGE:

M. M.

THE CONTAINER: