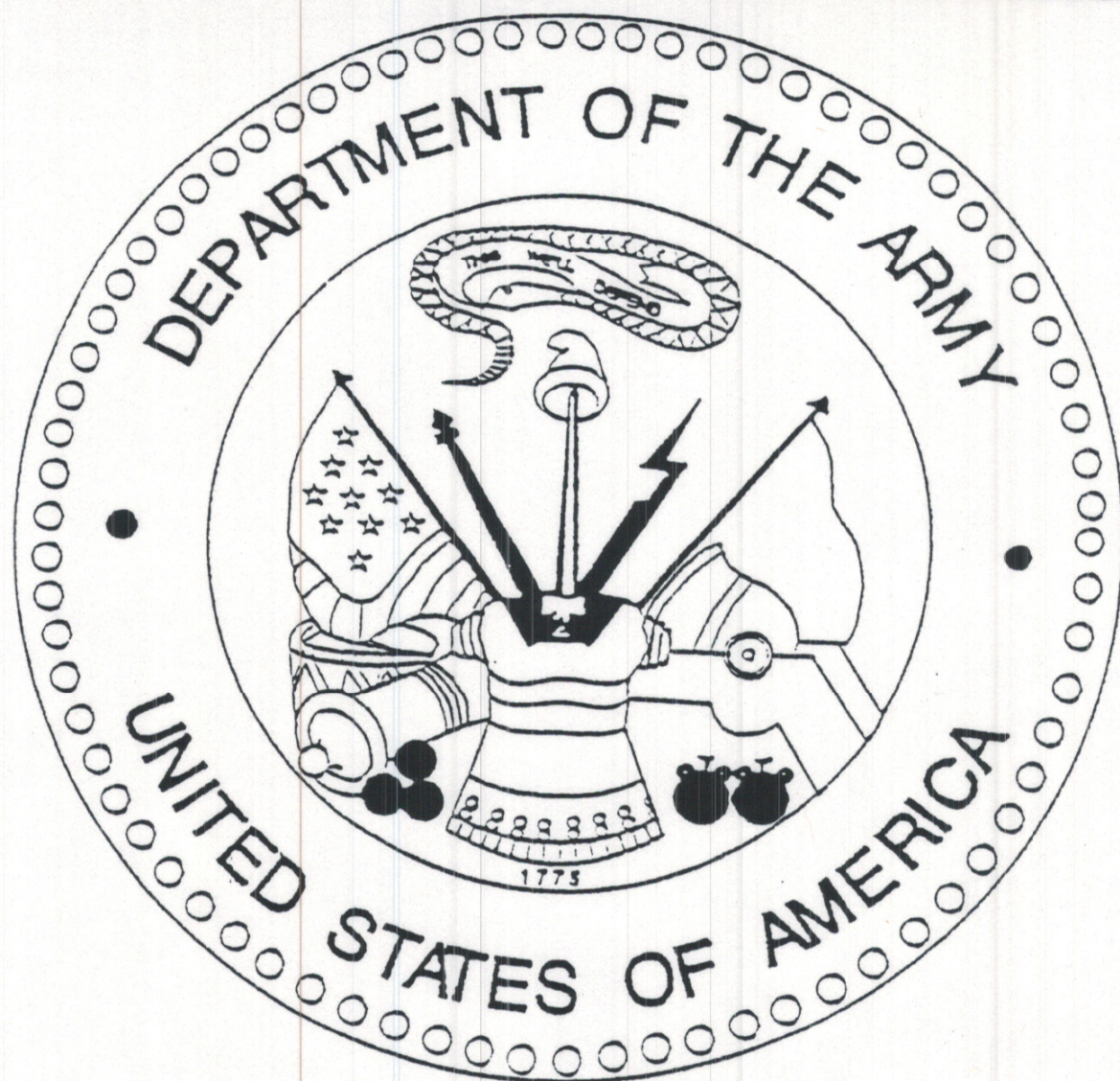




# INDIVIDUAL DECEASED PERSONNEL FILE



CAUTION THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED RETURN THEM PROMPTLY

TRANSFER SLIP

No. A9 190004

DATE OF REQUEST

10/4/54

✓ RECORDS DESIRED

201 FILE

ENL REC

EFF REP

MED REC

LETTER

IND

MEMO

RADIO

OTHER (Specify)

LAST DATE

11-4-54

FILE OR SERIAL NUMBER AND SUBJECT

293.

George John

35727812

TECHNICAL RECORDS SECTION

DRB, TAGO

Alexandria, Virginia

219 N. Lee Street

DRB, TAGO

NAME AND EXTENSION OF PERSON REQUESTING FILE

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER

TO

TECHNICAL RECORDS SECTION

DRB, TAGO

Alexandria, Virginia

219 N. Lee Street

DRB, TAGO

Alexandria, Virginia

219 N. Lee Street

DRB, TAGO

INSTRUCTIONS

219 N. Lee Street, Alexandria, Virginia to blank letter-size paper and place in out-going mail service.

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

10/4/54

10/4/54

U. S. GOVERNMENT PRINTING OFFICE: 1953 - J-273281



**DEPARTMENT OF THE ARMY**  
**THE ADJUTANT GENERAL'S OFFICE**  
**WASHINGTON**



**DEPARTMENTAL RECORDS BRANCH, A.G.O.**

TECHNICAL RECORDS SECTION  
DRB, TAGO  
219 N. Lee Street  
Alexandria, Virginia



RRE Form #43  
20 Sep 48

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

GEORGE

JOHN

(Last Name) (First Name) P T SG 35727812  
(Initial) (Rank) (ASN)

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

Incl #

514108 4110



REPORT OF INVESTIGATION

AIRTEL SEARCH

AGHC Form # 10 (Revised)

1 January 1946.

28 February 1946  
Date

NAME George, John P. RANK Unknown ASN 35727812

ORGANIZATION Unknown

MEANS OF IDENTIFICATION Identification Tag found on chest was original

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

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? No. If so, state the following information:

a. NAME DNA RANK DNA ASN DNA

b. ORGANIZATION DNA

2. Was partial identification recalled? DNA. If so, state the facts as to what you believe the deceased to be:

a. NAME DNA RANK DNA ASN DNA

b. ORGANIZATION DNA

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Three (3) other bodies whose names are unknown

(Use reverse side for listing of crew members from MACH.)

a. Date of above burials Not buried Common Graves? DNA



5. Name and Type of Cemetery Not in Cemetery  
(Military or Civilian)
6. Map Coordinates of the Cemetery DNA
- a. Town DNA Country DNA
7. Give exact location in cemetery of the remains.
- a. Section DNA Row DNA Grave DNA
- b. Is Sketch attached? DNA
8. If remains are not located in a cemetery, give exact location.
- a. Town St. Vith, Belgium Coordinates Sheet S-1(Bonn)P/855883
- b. Is sketch attached? Yes
- c. Is area mined? No
9. How is the grave marked? No grave
10. If grave is marked with cross, give exact markings thereon DNA
- a. From what source was this information obtained? DNA  
(Identification tags, personal effects)
- b. By Whom DNA
11. Where are the cemetery records? None involved  
(Town Hall, cemetery, burgoemoisters office)
- a. What information was contained thereon? DNA
- b. Where was the information obtained? DNA
- c. By Whom? DNA
12. What is the date of death? Approximately 25 December 1944
- a. Give basis See statement
13. What is the cause of death? Believed to be bombing
- a. Give basis See statement
14. What is the date of burial? Not buried



a. Give basis DNA

15. What was the place of death? St. Vith, Belgium Coords Sheet S-1(Bonn)  
P/855883

Give basis Body not removed since death (see narrative)

16. Where were the remains found? St. Vith, Belgium Coords Sheet S-1(Bonn)  
P/855883

a. By whom? Civilians clearing away the ruins of the hospital  
(see narrative)

b. Is sketch attached? Yes

17. Was a casket used? No Who furnished the casket? DNA

Type of casket DNA How marked? DNA

18. Who made the burial No burial was made  
(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? DNA

b. Are certificates and statements attached? YES

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

19. Were remains found in the plane wreckage? \_\_\_\_\_

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

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

b. Near wreckage? \_\_\_\_\_

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

a. Type of Plane \_\_\_\_\_

b. Markings and/or name on plane \_\_\_\_\_

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

21. How did crash occur? \_\_\_\_\_ Anti-aircraft \_\_\_\_\_

Enemy Planes? \_\_\_\_\_ Collision? \_\_\_\_\_



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

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

24. What was the direction of the flight? \_\_\_\_\_

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

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

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

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

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

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

31. Prisoners? \_\_\_\_\_

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

1. Were remains found in wreckage of a tank? \_\_\_\_\_

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

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

b. Near wreckage? \_\_\_\_\_

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

a. Type of tank \_\_\_\_\_

b. Marking and/or name of tank \_\_\_\_\_

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

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

34. Did tank explode? \_\_\_\_\_ Burn? \_\_\_\_\_



35. Numbers of tanks in immediate vicinity at time of disablement \_\_\_\_\_
36. Does specific time and date of disablement correspond with date of death of above named deceased? \_\_\_\_\_
37. Precise time and date of destruction of tank \_\_\_\_\_  
(Night?) (Day?)

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

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

39. Did death occur from any other means? (I.E., truck, jeep, mines, drowning or small arms fire) Bombing

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

- (See narrative)  
a. Are all certificates and statements of people who possesses knowledge of the case attached? Yes

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased \_\_\_\_\_

See narrative and statement

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

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

If not, state reason No personal effects available to investigators

- a. Were identification tags found at the time of death? NO

Where? DNA By whom? DNA

Present disposition DNA

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

- b. Were personal effects found at the time of death? NO

Where? DNA By whom? DNA

Present disposition? DNA



- c. Was deceased identified by living members of the crew at the time of death? DNA
- d. Did Cemetery register or cross indicate the ammunition shot? DNA
42. Was Deceased given first aid? Unknown If so, where? DNA  
by Whom? DNA Are statements from the medical people attached?  
DNA
43. Was deceased evacuated to a German civilian hospital? NO  
WHERE? DNA Names of people concerned DNA
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? NO
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? Mangled and decomposed  
(Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? NO  
a. If so, give basis for positive assumption DNA  
b. If so, has higher headquarters been notified? DNA
47. Was case previously investigated? Unknown By Whom? DNA  
When? DNA
48. Give full names, addresses, and information obtained from each person interviewed Lehnen, Burgomeister of St. Bith, Belgium  
(see statement)
49. Are all positive statements regarding identification and particulars surrounding death attached? Yes



50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? NO

51. Was investigation preceded by advanced publicity? YES

52. Give brief Narrative

See attached Narrative  
(Use attached sheets, if necessary)

Tartier

Signature of Interpreter

Leon Tartier

Belgian Civilian

Rank

ASN

Organization

George E. Zukowski

Signature of Investigator

George E. Zukowski

Pfc.

Rank

33608861

ASN

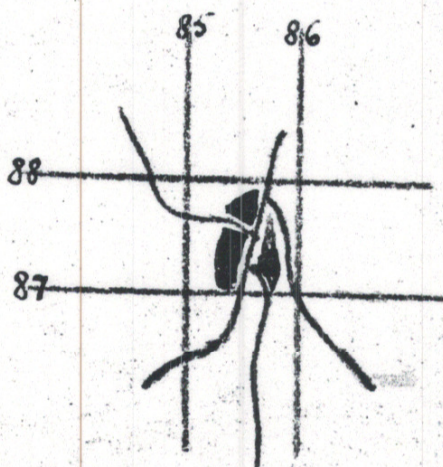
531 QM GROUP

Organization

Detachment "D"



# Sketch and Overlay of Saint-Vith.



CENTRAL EUROPE  
(Bonn) Sheet -S-1  
GS.GS # 4416  
Scale 1:100,000



STADTVERWALTUNG

St-VITH



Ville de Saint-Vith

SAINT-VITH, le 6 mars 1946.

I undersigned, burgomaster of the town

of St. Vith, declares that:

- 1) The 42<sup>nd</sup> Field Hospital was stationed in St. Vith.
- 2) That the Hospital was bombed on the 25 Dec. 44.
- 3) That the dogtags were taken by Lt. SCHINDESSSEL (Belgian Police)

For the Burgomaster

The Secretary

*Lehnen*

LEHNEN



I Certify that this statement was written  
in English on his typewriter in my presence  
6 Mar 46, and therefore no translations is  
needed.

*John S. Vernor*  
JOHN S. VERNOR



HEADQUARTERS  
DETACHMENT 'D  
531 QM GROUP  
APO 808

Narrative

Through normal surface investigations, a searching team led by Pfc. Zukowski discovered the bodies of four (4) American soldiers in the town of St. Vith, Belgium. After talking to the Burgomeister of St. Vith, they found out that at the time of the fighting through that area the Americans had a Hospital in St. Vith (see statement). The Germans bombed the hospital on 25 December 1944 (see statement). At the time of the bombing all the people were in the air raid shelters and no one actually saw the bombing of the hospital. However when they emerged from the shelters they observed that the hospital had been bombed. Seeing as how the hospital was in ruins some of the bodies were buried in the ruins and as a result of that were overlooked. A few days ago when the Civilians of the town began to clear some of the ruins up, they found four (4) remains which they supposed to be American bodies. On one of the bodies they found a set of identification tags which were turned over to the Belgium Police. Lt. Schindfessel of the Police was the person that the tags were turned over to. Upon trying to locate the whereabouts of Lt. Schindfessel no one seemed to know where he was or could be reached. The Burgomeister is the only person who is familiar enough with the case to be of any help. He can act as a guide to the bodies but doesn't possess any additional information. A statement by him is attached to the case.

*Donald E. Atkinson*  
Donald E. Atkinson  
2nd Lt., QMC (INF)  
Investigation Officer



Plot J, Row 7, Grave 8  
Date of Burial: 15 Feb 49  
Verified by GRS officer  
Willard B Owen, Capt. Inf.

DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

4650 05980

DATE

15 04 48  
DAY MONTH YEAR

NAME <sup>293</sup>  
GEORGE JOHN P

SERIAL NUMBER

35727812

RANK

T SG

ARM

1

DATE OF DEATH

DAY MONTH YEAR

DISPOSITION OF REMAINS

1 4601 80  
CODE DIST. PT.

CAUSE OF DEATH

2

CEMETERY

MARGRATEN - AACHEN

PLOT

AAA

ROW

7

GRAVE

171

COUNTRY

HOLLAND

SECTION B — CONSIGNEE AND NEXT OF KIN Flag sent: 15 Feb 49

NAME AND ADDRESS OF CONSIGNEE

MARGRATEN, HOLLAND

NAME AND ADDRESS OF NEXT OF KIN

PETE GEORGE (FATHER)  
BOX 16  
BICKNELL, INDIANA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

JOHN P GEORGE

SERIAL NUMBER

35727812

RANK

T/SGT

DATE OF DEATH

DATE DISTINTERRED

6.OCT.48

IDENTIFICATION TAG ON

☒

REMAINS

ID

☒

MARKER

GRS

ORGANIZATION

USAGF

RELIGION

C

IDENTIFICATION VERIFIED BY

HARVEY L. MEAD JR, CAPT. ORD.  
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

UNIFORM

CONDITION OF REMAINS ADVANCED STATE OF DECOMPOSITION,  
CRUSHED SKULL, FRACT. L/TIBIA, L/FIBULA  
L/R HUMERUS, L/CLAVICLE, L/R ULNAS, RADII  
MISSING

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 13.OCT.48

BY

WILLIAM R. BAILEY, EMBALMER

CASKET SEALED BY

WILLIAM R. BAILEY

EMBALMER (Signature)

WILLIAM R. BAILEY

CASKET BOXED AND MARKED

DATE 13.OCT.48

BY

JAMES W. PARKS  
IDENT. TECHN.

THESE TAGS, MARKINGS, PLATES

ERNEST J. OGLESBY JR

VERIFIED BY:

1/LT. CAV.

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

ERNEST J  
MED. DIV.

ERNEST J OGLESBY JR, 1/LT. CAV.

SIGNATURE OF GRS INSPECTOR

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

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

QMC FORM  
REV 15 MAR 46 1194

FM H. H.

FINAL LETTER SENT 13 APR 1949



# 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 |



13 April 1949

T/Sgt John P. George, ASN 35 727 812  
Plot J, Row 7, Grave 8  
Headstone: Cross  
Margraten (Holland) U. S. Military Cemetery

Mr. Pete George  
Box #16  
Bicknell, Indiana

Dear Mr. George:

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

APR 18 3 59 PM '49

MAIL & RECORDS BRANCH



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

T/Sgt John P. George, 35 727 812  
Plot AAA, Row 7, Grave 171,  
United States Military Cemetery  
Margraten, Holland

333  
3/21/48  
mk  
5 December 1947

DO NOT WRITE ABOVE THIS LINE

|   |  |   |  |
|---|--|---|--|
| A |  | C |  |
| B |  | D |  |

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

PART I

1. Pete George  
(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  
(FOREIGN COUNTRY) \_\_\_\_\_  
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

Peter George  
4/22/48

DDMG FORM 14 NOV 1946 345 MILITARY



# 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.

Pete George  
(SIGNATURE OF NEXT OF KIN)  
Pete George  
(NAME PRINTED OR TYPED)

Box #16 Bicknell Inc  
(STREET AND NUMBER)  
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 8 day of January, 1948, at city (or town) of Vincennes, county of  Knox , and State (or Territory) of  Indiana

District of  Indiana   
my Commission Expires 16 October 1949

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

George H. Graham  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public  
(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 \_\_\_\_\_, (PLEASE INSERT RELATIONSHIP) \_\_\_\_\_, AS THE NEXT OF KIN OF THE DECEASED NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED. THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

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

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

|                            |                     |
|----------------------------|---------------------|
| (SIGNATURE OF NEXT OF KIN) | (DATE)              |
| (NAME PRINTED OR TYPED)    | (STREET AND NUMBER) |
|                            | (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 |

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



ADDITIONAL REMARKS AND INSTRUCTIONS

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





293 George, John P.  
35-727-812

GEORGE JOHN P 35 727812

Form 3547  
Rev. 9-46

NOTICE TO SENDER OF FORWARDING ADDRESS

United States Post Office

Detroit 28 Mich.  
(Office) (State)

In accordance with your request you are notified that the matter mailed by  
you to Mr. Pete George

(Key No. 410 Westend

is incorrectly addressed because the addressee has removed to

9017 Melville -

Detroit, 17 Mich.

Forwarding postage required \_\_\_\_\_ cents.

Matter bearing a pledge to pay forwarding or return postage is forwarded or returned, rated with  
the postage due. Matter not bearing such pledge is treated as prescribed by the Postal Laws and  
Regulations. Respectfully,

POSTMASTER

POSTMASTER.—Fill in amount of forwarding postage ONLY when requested by sender.  
16-21556-3 U. S. GOVERNMENT PRINTING OFFICE

MARGRATEN HOLLAND AAA-7-171



DD FORM 381  
11 MAR 47

# NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED

John P. George

RANK

T/sgt

SERIAL NUMBER

35-727 812

NAME OF NEXT OF KIN

Pete George

RELATIONSHIP

OLD ADDRESS

410 West End

Detroit, Michigan

NEW ADDRESS

P.O. Box # 16

Bicknell, Indiana

REMARKS



1  
T/Sgt John P. George, 35 727 812  
Plot AAA, Row 7, Grave 171,  
United States Military Cemetery  
Margraten, Holland

5 December 1947

Mr. Pete George  
410 West End  
Detroit, Michigan

Dear Mr. George:

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

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

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

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

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

8 Incls.  
MA  
DEC 9 10 13 AM '47  
O. Q. M. G.  
MAIL & RECORDS BRANCH

tjh



DEPARTMENT OF THE ARMY  
////////////////

QMCMP 293  
George, John P.  
SN 35 727 812

19 November 1947

Mr. and Mrs. Pete George  
410 West End  
Detroit, Michigan

Dear Mr. and Mrs. George:

An inquiry has been received recently from Mr. George G. Graham, Knox County Service Officer, Vincennes, Indiana pertaining to the remains of your son, the late Technical Sergeant John P. George.

I am gratified to inform you that the United States Military Cemetery Margraten, Holland has been designated as a permanent American Military Cemetery, dedicated in grateful remembrance of the Dead of World War II.

As an American Military Cemetery, it will be beautified, maintained, and permanently cared for by the American Battle Monuments Commission as a shrine to the memory of our heroic dead. The remains of your beloved son, may repose forever in this hallowed ground, if you, as his next of kin, so desire.

At a later date we will furnish you full information regarding the "Return of World War II Dead Program", and there will be included a form on which you may indicate your desires in this matter.

May I extend my sympathy in your great loss.

Sincerely yours,

RICHARD B. COOMBS  
Major, QMC  
Memorial Division

Copy Forwarded:  
Mr. George G. Graham  
Knox County Service Officer  
Department of Veterans Affairs  
Second Floor, Court House  
Vincennes, Indiana





# CORRESPONDENCE ACTION SHEET

Addressee: Mr. Miss. Mrs. Pete George Relationship parents  
 State 410 West End  
 City, State Detroit, Mich. Date letter '47  
 Cemetery  
 Temporary: \_\_\_\_\_  
 Permanent: \_\_\_\_\_  
 Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS  
(sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

1653 Mr George G. Graham, Knox County  
Service Officer, Vincennes, Ind.

36a Margraten, Holland  
amid "located -"  
" "the site -"

155E #2 only - At a later date

166c

cc: Mr G. G. H., K. C. S. O.  
Dept of Veterans' affairs  
Second Floor, Court House  
V - A -

JH.

Analyst Typist Reviewer

Modifications

OKed

Decedent:

Last

First

Initial

Rank

ASN



RALPH F. GATES  
Governor

WM. C. STALNAKER  
Director

**KNOX COUNTY SERVICE OFFICE**  
INDIANA DEPARTMENT OF VETERANS' AFFAIRS

Second Floor, Court House  
Phone 769

VINCENNES, INDIANA  
October 29, 1947

GEORGE G. GRAHAM  
Service Officer

GEORGIA S. TIEK  
Secretary

Memorial Division  
Office of QUARTERMASTER General  
Washington, D. C.

Dear Sir:

243 At the request of Mr. and Mrs. Pete George, whose son,  
John P. George, No. 35 727 812, was killed in service,  
and who is buried in U. S. Military Cemetery Margraten,  
Holland, Platt AAA Row of Grave 171, answers to the following  
questions are requested:

1. Is the above mentioned cemetery permanent?
2. If not, will the bodies buried there be moved to  
some permanent cemetery in case the next of kin  
does not request that they be brought back to the  
United States?

These people wish to know these answers before making up  
their minds on whether or not to have their son's body  
returned.

Sincerely yours,

*Geo. G. Graham*

George G. Graham  
Knox County Service Officer

GCG:gt



18 November 1946

Mr. Pete George  
410 West End  
Detroit, Michigan

Dear Mr. George:

273 The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Technical Sergeant John P. George, A.S.N. 35 727 812. C-273

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot AAA, row 7, grave 171. 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 the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

Nov 18 12 32 PM '46  
O. Q. M. G.  
MAIL & RECORDS BRANCH



RESTRICTED

57

WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

28 Feb 46

Imprint Identification Tag If Possible.  
DO NOT TYPEGEORGE, JOHN P  
35727812 T43 44 O

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

195 GEORGE, JOHN P

SERIAL NO.

35727812

GRADE  
T/SGT.  
UNKNOWN

ORGANIZATION

38 ARMD INF Bn  
UNKNOWN

BRANCH OF SERVICE

UNKNOWN

RACE

UNKNOWN

RELIGION

CATHOLIC

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

DNA

PLACE OF DEATH

St. Vith, Belgium

CAUSE OF DEATH

BOMB

DATE OF DEATH

Approximately  
23 December 1944

Sheet S-1/P-855883

EMERGENCY ADDRESSEE (Name, relationship, and address)

UNKNOWN

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

1

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes, One

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

## Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

U.S. MILITARY CEMETERY (VK 645482), MARGRATEN, HOLLAND

| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT NO. | ROW NO. | GRAVE NO. |
|----------------|------|-----------------------------------------------|----------------------|----------|---------|-----------|
| 12 March 1946  | 1600 | Coffin                                        | Cross                | AAA      | 7       | 171       |

WAS THIS A REBURIAL?  
(Yes or no)

No

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

| PLOT NO. | ROW NO. | GRAVE NO. |
|----------|---------|-----------|
| -        | -       | -         |

TYPE OF RELIGIOUS  
CEREMONY

Catholic

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODYIDENTIFICATION TAG BURIED WITH  
BODY (Yes or no)

Yes, MRJ

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)Yes, tag made at  
cemetery

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

SHEPHERD, Walter M.

RANK

Pfc

SERIAL NO.

34854938

ORGANIZATION

325th Gldr.  
Inf. Rgt.

GRAVE NO.

172

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

GARRETT, Robert L.

RANK

2nd Lt

SERIAL NO.

0-303596

ORGANIZATION

Unk

GRAVE NO.

170

SIGNATURE OF PERSON PREPARING REPORT

JOHN S. VERNOR 2nd Lt., QMC (INF)

DET "D" 531 QM GROUP

SIGNATURE OF GRS OFFICER VERIFYING REPORT MILLARD R. JONES

1st Lt QMC

Reintering Officer

DISTRIBUTION OF REPORT: Original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED



# Section 3.—UNIDENTIFIED REMAINS.

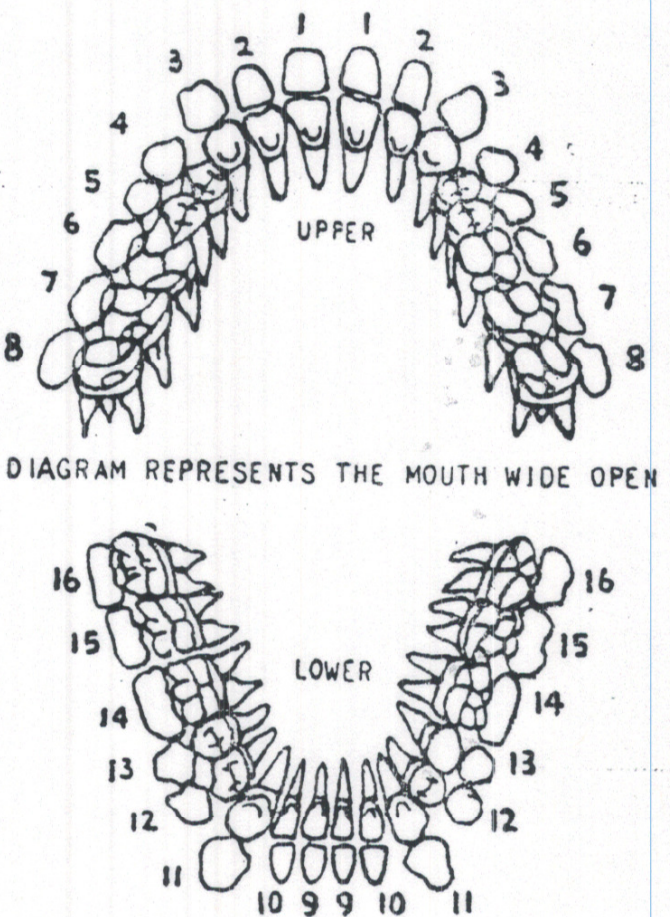
## INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

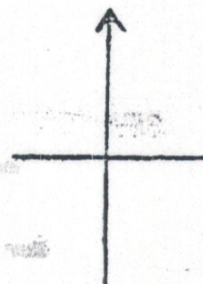
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

|                       |        |               |               |                                |
|-----------------------|--------|---------------|---------------|--------------------------------|
| HEIGHT                | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS  |
| WEAPON AND SERIAL No. |        | LAUNDRY MARKS |               | WHERE BODY WAS BURIED OR FOUND |

OTHER IDENTIFICATION CLUES

|               |                                                                                                                             |                                                                                                                                                               |
|---------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILLINGS      |  <p>SILVER FILLING<br/>GOLD FILLING</p> |  <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| CAVITIES      |  <p>CAVITY<br/>DECAYED</p>              |                                                                                                                                                               |
| MISSING TEETH |  <p>TOOTH MISSING</p>                   |                                                                                                                                                               |
| CROWNED TEETH |  <p>PORCELAIN CROWN<br/>GOLD CROWN</p>  |                                                                                                                                                               |
| BRIDGE WORK   |  <p>GOLD BRIDGE</p>                     |                                                                                                                                                               |

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

2 MAR 1946 RESTRICTED

D.H. 1-45 - 75 M - 79,784



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

REPORT OF DEATH

DATE 22 Jan 1945 nbb

|                                                                                                                                  |    |                 |                                           |                                                             |    |                                    |        |
|----------------------------------------------------------------------------------------------------------------------------------|----|-----------------|-------------------------------------------|-------------------------------------------------------------|----|------------------------------------|--------|
| FULL NAME<br><b>George, John P.</b>                                                                                              |    |                 |                                           | ARMY SERIAL NUMBER<br><b>35,727,912</b>                     |    | GRADE<br><b>T/Sgt</b>              |        |
| HOME ADDRESS<br><b>Bicknell, Ind.</b>                                                                                            |    |                 |                                           | ARM OR SERVICE<br><b>Infantry</b>                           |    | DATE OF BIRTH<br><b>19 Aug 24</b>  |        |
| PLACE OF DEATH<br><b>European Area</b>                                                                                           |    |                 | CAUSE OF DEATH<br><b>Killed in action</b> |                                                             |    | DATE OF DEATH<br><b>18 Dec 44</b>  |        |
| STATION OF DECEASED<br><b>European Area</b>                                                                                      |    |                 |                                           | DATE OF ENTRY ON CURRENT ACTIVE SERVICE<br><b>19 Mar 43</b> |    | LENGTH OF SERVICE FOR PAY PURPOSES |        |
|                                                                                                                                  |    |                 |                                           |                                                             |    | YEARS                              | MONTHS |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)<br><b>Mrs. Jennie George (mother) 410 West End, Detroit, Mich.</b>            |    |                 |                                           |                                                             |    |                                    |        |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)<br><b>Jennie George (mother) same as above<br/>Pete George (father) same as above</b> |    |                 |                                           |                                                             |    |                                    |        |
| INVESTIGATION MADE?                                                                                                              |    | IN LINE OF DUTY |                                           | OWN MISCONDUCT                                              |    | WAS DECEASED ON DUTY STATUS        |        |
| YES                                                                                                                              | NO | YES             | NO                                        | YES                                                         | NO | 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

**Combat**  
\*~~Report~~ Infantryman. **2** GO #80 Hq. 7th Armored Division, APO 257, U.S. Army,  
13 Nov 1944.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 18 Dec 1944 until such absence was terminated on 15 Jan 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

| 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:

*[Signature]*  
**John L. ...**  
JAN 26 1945