

293 PIGE, ROBERT E L. 35 239 533 PVT. INF. EUROPEAN AREA (OHI
42rs

1		USMC MARGRATEN Plot A Row 9 Grave 26 DATE OF BURIAL 9 Dec 48 VERIFIED BY <i>Gmeissler</i> GRS OFFICER		BURIED ON RIGHT FRED R. EARLE O-1184488 LEFT CHEN W. MOORE 33648939	
SECTION A— NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 4650 12819		DATE 15 04 48 DAY MONTH YEAR	
NAME PRICE ROBERT E L		SERIAL NUMBER 35239533	RANK PVT	ARM 1	DATE OF DEATH DAY MONTH YEAR
CEMETERY MARGRATEN - AACHEN		DISPOSITION OF REMAINS 1 4601 80 CODE DIST. PT.		CAUSE OF DEATH 1	
PLOT WW	ROW 10	GRAVE 245	COUNTRY HOLLAND		
SECTION B — CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE MARGRATEN, HOLLAND			NAME AND ADDRESS OF NEXT OF KIN MARY LOU PRICE (WIFE) BOX 74 MONROE, OHIO		
SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME ROBERT E. L. PRICE		SERIAL NUMBER 35239533	RANK PVT	DATE OF DEATH 20 SEPTEMBER 48	DATE DISTINTERRED
IDENTIFICATION TAG ON ☒ REMAINS ID ☒ MARKER EMB		ORGANIZATION USAGF	RELIGION P	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 STAGE OF DECOMPOSITION REMAINS COMPLETE			
OTHER MEANS OF IDENTIFICATION NONE					
MINOR DISCREPANCIES 1 NONE		NAT FILE RECORDS ANNOTATED DATE FEB 25 1949 NAME <i>Himelby</i> R & B BR.			
REMAINS PREPARED AND PLACED IN CASKET					
DATE 21 SEPTEMBER 48		BY LEON J. CECIL EMBALMER			
CASKET SEALED BY LEON J. CECIL		EMBALMER (Signature) LEON J. CECIL <i>Leon J. Cecil</i>			
CASKET BOXED AND MARKED JOHN F. SIMMONS		SHIPPING ADDRESS VERIFIED BY ALL PLATES TAGS MARKINGS VERIFIED BY: ROBERT W. GANSEL 1/LT QMC			
DATE 21/9/48		BY IDENT TECH			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. <i>Robert W. Gansel</i> ROBERT W. GANSEL 1/LT QMC SIGNATURE OF GRS INSPECTOR					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					
QMC FORM 1194 REV 15 MAR 46					
A.D. FINAL LETTER SENT 31 JAN 1949 <i>get</i>					

LAWYER 201 51 700 1340

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

31 January 1949

Mrs. Mary Lou Price
Box #74
Monroe, Ohio

Pvt Robert E. L. Price, ASN 35 239 533
Plot A, Row 9, Grave 26
Headstone: Cross
Margraten U. S. Military Cemetery

Dear Mrs. Price:

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 interment activities are in progress, the cemetery will not be open to visitors. However, upon completion thereof, due notice will be carried by the press.

You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

THOMAS B. LARKIN
Major General
The Quartermaster General

how

CMB

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt Robert E. L. Price, 35 239 533
 Plot WW, Row 10, Grave 245,
 United States Military Cemetery
 Margraten, Holland

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

I, Mary Lou Price

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- ☒ 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

16-50411-1

OQMG FORM 14 NOV 1946 345 MILITARY

2 APR 1948

PAGE 1

PART I (Continued)

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

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

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

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

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
Price	Robert	R.	Father
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Route #1	West Alexandria	Preble	Ohio

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.

Mary Lou Price Box 74
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
Mary Lou Price Monroe, Ohio
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 16th day of Dec.,
1947, at city (or town) of Middletown, county of Butler, and State (or Territory or District) of Ohio

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

E. A. Lampe
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public, Butler Co., Ohio
My comm. exp. Dec. 5, 1948
(OFFICIAL TITLE)

If you are the next of kin and you

I, THE
NAMED IN PART I OF THIS FORM, DO
THE NEXT EXISTING PERSON IN THE

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE

(SIGNATURE OF

(NAME PRINTED

If you are NOT the next of kin auth

THIS IS TO NOTIFY YOU THAT I AM NOT
NAMED ON PAGE 1 OF THIS FORM.
SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE OF

(NAME PRINTED

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.

(SIGNATURE OF NEXT OF KIN)

(DATE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

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

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

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

(SIGNATURE)

(DATE)

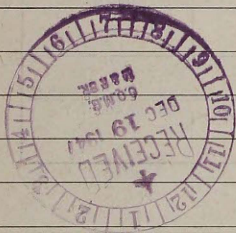
(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

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

RECORDS DIVISION
DEC 13 12 30 PM '47
MEMORANDUM DIVISION



Pvt Robert E. L. Price, 35 239 533
 Plot WW, Row 10, Grave 245,
 United States Military Cemetery
 Margraten, Holland

5 December 1947

Mrs. Mary L. Price
 Box 74
 Monroe, Ohio

Dear Mrs. Price:

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

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

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

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

Sincerely,

THOMAS B. LARKIN
 Major General
 The Quartermaster General

Incls.
 etc

sb

15 November 1946

Mrs. Mary L. Price
Box 74
Monroe, Ohio

Dear Mrs. Price:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Robert E. L. Price, A.S.N. 35 239 533.

293 The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot WW, row 10, grave 245. 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

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Nov 14 4 25 PM '46
O C M G
MAIL & RECORDS BRANCH

GRAVES REGISTRATION
Form No. 1
(Revised 1 Sept. 1943)**Restricted**
REPORT OF BURIAL

29 August 1945

68

Price Robert E. L. Unk 35239533
 Last Name First Initial Rank Serial No.
 Unit 7th Armd Div.
 Graffshaff, Ger. Est. 7 Apr 1945 SFW Chest, legs
 Place of Death Date of Death Cause of Death
 0830 2 SE Margraten VK 645482
 Time and Date of Burial Name of Cemetery Name of Coordinates of Location
 Grave Number 245 Row Number 10 Plot Number WW Type of Marker Cross

Disposition of Identification Tags: Buried with body Yes ☒ No ☐ Attached to Marker Yes ☒ No ☐If No Identification Tags
How were remains identified?ETO Card
Drivers License

What means of identification were buried with the body?

Previously Ittenbach Cemetery

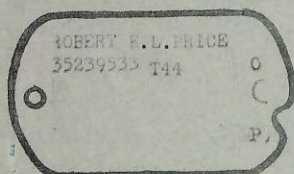
Plot F Row 10 Grave 200

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

Who is buried on: Lister 37574384 Pfc 7th Armd Div. 244
Deceased's Right: Name Serial No. Rank Organization Grave No.Deceased's Left: Open at Present
Name Serial No. Rank Organization Grave No.

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

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



Emergency Addressee - Name

Address

Religion P

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

Disintering Officer: RICHARD A. CROSS, Capt, 603rd QM Gr Reg Co.

Reintering Officer: CLEON E. WELLS, 1st Lt., 603rd QM Gr Reg Co.

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IF DECEASED UNIDENTIFIED

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

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

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

Left Hand

1
2
3
4

Right Hand

1
2
3
4

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

TOOTH CHART

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

Deceased's Left

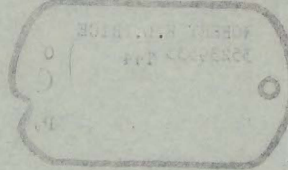
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Deceased's Right

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

Characteristics:

Other Data:



23 OCT 1945

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1963)

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

410 Apr 45

PRICE

ROBERT

E. L.

35239533

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

Graffshaff, Germany

SFW chest, legs

Place of Death

Date of Death

Cause of Death

1000 hrs, 10 Apr 45

Attenbach #1

678-310

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

Grave Number

Row Number

Plot Number

Perm

Type of Marker

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

If No Identification Tags

How were remains identified?

1 ETO Card

1 Drivers License

What means of identification were buried with the body?

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

Who is buried on:

None (End of row)

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Lister, John J.

37574384

199

Deceased's Left:

Name

Serial No.

Rank

Organization

Grave No.

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

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

ROBERT E. L. PRICE

35239533 T44

Emergency Addressee

Name

Address

Religion

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

JUL 21 1945

Signature of Officer or other person reporting burial

N. J. SLOAN

1st Lt, QMC

O-1521451

G. R. O.

Verified by O.R.S. Officer

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RESTRICTED

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand
2
1
Thumb

Right Hand
2
1
Thumb

TOOTH CHART

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

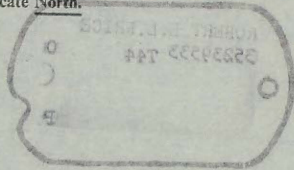
Deceased's Left															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Deceased's Right															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper								Lower							

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

Characteristics:

Other Data:

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



AG P BR HQ SOX

/22560

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

REPORT OF DEATHDATE 30 April 1945 FLW

FULL NAME <i>SLP</i> Price, Robert E. L.				ARMY SERIAL NUMBER 35 239 533		GRADE Pvt	
HOME ADDRESS Monroe, Ohio				ARM OR SERVICE Infantry		DATE OF BIRTH 28 July 1918	
PLACE OF DEATH European Area			CAUSE OF DEATH Wounds rec'd in action			DATE OF DEATH 8 Apr 1945	
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 12 Aug 1944		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Mary L. Price (Wife) Box 74, Monroe, Ohio							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Mary L. Price (Wife) Same as above. James L. Price (Son) Same as above. Ethel R. Price (Mother) Seven Mile, Ohio *							
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

*Robert R. Price (Father) Seven Mile, Ohio

Evidence of Death received in the W. D. 21 April 1945.

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		

BY ORDER OF THE SECRETARY OF WAR:

Overhauled

FILE
MAY 12 1945
ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

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

REPORT OF DEATH

499065 DATE 30 April 1945 FLW

FULL NAME Price, Robert E. L.				ARMY SERIAL NUMBER 35 239 533		GRADE Pvt	
HOME ADDRESS Monroe, Ohio				ARM OR SERVICE Infantry		DATE OF BIRTH 28 July 1918	
PLACE OF DEATH European Area			CAUSE OF DEATH Wounds rec'd in action			DATE OF DEATH 8 Apr 1945	
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 12 Aug 1944		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Mary L. Price (Wife) Box 74, Monroe, Ohio							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Mary L. Price (Wife) Same as above. James L. Price (Son) Same as above. Ethel R. Price (Mother) Seven Mile, Ohio *							
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

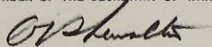
☒ BATTLE
 ☐ NON-BATTLE

*Robert R. Price (Father) Seven Mile, Ohio

Evidence of Death received in the W. D. 21 April 1945.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
E. 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:



ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

499065

RTB:HS:ma
September 10, 1945

Mrs. Mary L. Price
Box #74
Monroe, Ohio

Dear Mrs. Price:

The Army Effects Bureau has received some additional property of your husband, Private Robert E. L. Price.

These effects, contained in one package, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the soldier's legal residence.

Sincerely yours,

P. L. ROSS
1st Lt., QMC
Officer-in-Charge
SJ Branch

ab

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

SHIP TO:

Mrs. Mary L. Price

Box 74

Monroe, Ohio

Effects of: Pvt. Robert E. L. Price
Name

35239633

ASN

499065 D

Case No.

Wt.

DATE 9 September 1945

RTB:HS:dm

FOR: Effects Quartermaster

REMARKS:

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

☐ Remove G.I.
☒ Note discrepancy in _____
☐ Films removed _____
☐ Diary removed _____
☐ Laundry removed _____

ROUTING:

☒ Accounting Branch
☒ Warehouse Division
☒ Files Branch, Adm. Div.

REMARKS

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

Shipping Clerk

499065

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

CONTAINERS ADDRESSED TO	INFORMATION
None	None <i>rechecked</i>

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		DATE	TO ISSUING AGENCY
		BANK OR PLACE OF ISSUE	
		PAYEE	
		REMITTER OR DRAWER	

TALLY NO. 387	ORIG. NO. OF PKGS. 1	EXAMINING DATE 17 Aug 45	BOX NO. 16	SHEET / OF 1 SHEETS
NAME ROBERT E. LEE PRICE			A. S. N. 35239533	
ORGANIZATION Co. B 48th Armd Inf. Bn.			RANK Det	CASE NO. 499065
WAREHOUSE SPACE 994		EXAMINED BY Hemming	DIARY REMOVED	
PACKED BY Coffman		PHOTO FILM REMOVED		
INSPECTED BY RC		MOTION PICTURE FILM REMOVED		
STORED BY		SHIPPED		
PACKAGE DESCRIPTION #1 phy		DATE SEP 13 1945	BY WHOM	

ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

NAME PRICE, ROBERT E L PVT 1 9533

BAY	PALLET	BOX	TALLY
	2	16	387
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Eff. QM Form 43

SUBJECT: Inventory of Personal E

Erica

(Last Name)

Robert

(First Name)

TO: Effects Quartermaster, Communio

Re above named individual of

orted

s (LIA

at

Title

Co.

(Unit)

, MIA, Hosp. etc.)

about

if information readily accessible

INVENTORY OF EFFECTS

Wife and Child

None

has been turned into

Form WDFD 38 enclosed.

of any Banks in which accounts

the above items constitute all of the
individual and that they were forwarded to
on 19

Name

Rank & A

Organiz

ation:

CTED

(Name of Finance Office)

carried:

effects, secured by me, or
o the Effects Depot

George K. Webb
GEORGE K. WEBB
SN 1st Lt. O 535946

ation Co. "B", 48th AIR

499065

RTB:MH:reh
August 14, 1945Mrs. Mary L. Price
Box 74
Monroe, Ohio

Dear Mrs. Price:

The Army Effects Bureau has received from overseas some personal effects of your husband, Private Robert E. L. Price.

I am inclosing a check for \$20.56, representing funds which belonged to him. The remainder of the property is being forwarded to you in two packages.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

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

Yours very truly,

C. B. QUINN
2nd Lt., OMC
Chief, Files Branch1 Incl-
Check
ms

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

Mrs. Mary L. Price

Box 74

SHIP TO:
Pvt. Robert E. L. Price

Monroe, Ohio

Effects of: 35239533
Name

499065 D

ASN

Case No.

Wt.

DATE 14 August 1945
RTB:MH:hl

For: Effects Quartermaster

REMARKS:

☒ Inclose Bureau Check
 Acct. No. 143407 *me*
 Amount \$20.56
☐ Inclose "Valuables" item
☒ Ship "Valuables" item(s)

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

ROUTING:

1 Accounting Branch *W91*
2 Warehouse Division
3 Files Branch, Adm. Div.

143407

499065

VALUABLES SHIPPED

DATE 8/27/45BY 87

120944 emh

REGISTERED

867-950

August 20 45

20.56

Mary L. Price

Twenty and 56/100

REMARKS:

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

AUG 28 1945

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

1- Leather pouch.

900 Belp.

Syn. # 211-703

Form # 38

NUMBER

DATE

SYMBOL

AMOUNT

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

Bain
INVENTORY CLERK

Curley
SUPERVISOR

G.I. REMOVED

Serial No. 35239533 Name PRICE, ROBERT E. L.
Grade _____ Rank _____
Organization 7 ARM'D DIV
Address _____
Nearest Relative _____
Address _____
Killed in Action _____ Died of Disease _____
Date EST. 7 APRIL 1945 Hospital _____
Battle Area GRAFFESHAFF GERMANY
Place of Burial ITTENBACH No. 1
Point of Coordination _____
Description of Body _____
Members Missing _____

Signed _____

200-7

NAME

PRICE, ROBERT E. L. 9533

BAY	PALLET	BOX	TALLY
	15	93	9900
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Eff. QM Form 43

Box No. - AM 4

RESTRICTED
INVENTORY FORM

Ittenbach # 1 F 300

10 Apr 45

DATE

SUBJECT: Inventory of Personal Effects of:

Price	Robert	E.	L.	Unk	35239533
(LAST NAME)	(FIRST NAME)	(MI)	(RANK)	(ASN)	
TO: Effects Quartermaster, Communications Zone, APO 837 US Army					
The above named individual of Unk 7th Arm'd Div					
was reported buried about 10 APR 45 1944.					
STATUS (KIA, MIA, Hosp. etc.) (DATE)					

Designated Beneficiary if information readily accessible

Unk

INVENTORY OF EFFECTS

2 rings ✓
 1 testament ✓
 1 flashlight ✓
 1 fountain pen ✓
 1 pencil ✓
 1 watch with chain ✓
 1 knife ✓
 2 billfolds ✓
 pictures ✓
 1 leather pouch (1)

900 Belg. (1)

Money in the amount of above has been turned into E. F. Clark, Capt. PD

(NAME OF FINANCE OFFICE AND

211-703 (1)

Form WDFD 38 enclosed.

SYMBOL NUMBER)

Unk

NAMES AND ADDRESSES OF ANY BANKS IN WHICH ACCOUNTS MAY BE CARRIED

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by (RAIL, TRUCK, ETC.) on 194.

Name

H. SHACKELFORD

Rank & ASN

1st Lt, QMC

Organization

G. R. O.

Any additional pertinent information:

ARMY EFFECTS BUREAU
INVENTORY

499,065
7c

CASE NO. _____

TYPED BY _____
bb

DATE _____
7/16-45

STATUS _____
DEC

NAME _____
Robert E.L. Price

A.S.N. _____
35239533

RANK _____
-

ORGANIZATION _____
-

AMOUNT _____
20.56

ACCOUNT NO. _____
143407 m4

LIST NO. _____
F 272

REMARKS _____
10-Check No. 1209 HH 88

ACCOUNTING INVENTORY

Serial No. 35-39533 Name Robert E. Lee Price
Grade Pvt. Rank Pvt.
Organization Co. B, 48th A.E.Bn., 7th A.D.
Address _____
Nearest Relative _____
Address _____
Killed in Action P.O.W. Died of Disease _____
Date 8 April 1945 Hospital _____
Battle Area _____ Information _____
Place of Burial _____
Point of Coordination _____
Description of Body _____
Members Missing _____
Signed George K. Webb
Det Hq. 555946

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 Hardesty Avenue
Kansas City 1, Missouri

In Reply Refer To: _____

Thank you for the information furnished the Army Effects Bureau in connection with personal property of your

I am inclosing a check for \$ _____ which is the only property belonging to him received at this Bureau to date.

My action in forwarding these funds does not vest title in you. The money is transmitted in order that you may safely keep it on behalf of the owner, pending his return.

Please acknowledge receipt of the check by signing one copy of this letter in the space provided below and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which requires no postage.

All War Department agencies are under instruction to forward personal effects of military personnel to the Army Effects Bureau for disposition; money, as a rule, is converted to a check and transmitted by mail, in advance of other property. Any of your property received here will be forwarded promptly; therefore, I shall appreciate it if you will notify us of any change in your address.

Incls--
Check
Envelope

Receipt acknowledged: _____

Signature of Addressee

Date

Eff. QM Form 301

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

JRM:MM:hl
Case No. 499085
Date 8 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Robert E. L. Price late a
(Name of decedent) (Army Serial Number)

Private who died
(Grade) (Organization, Army or Service)

on the 8 day of April, 1945, at European Area

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 7 August 1945, pursuant to Special Orders 228, Headquarters KQCM Depot, dated 25 September 1943, the application or affidavit of Mrs. Mary L. Price 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. Mary L. Price of (Name of person found entitled)

Box 74 State of Nebraska
(Number, Street or Avenue) (City, Town or Village)

Ohio is the widow of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN B. MURPHY, Colonel, U.S.A.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL