PLOTTED BY WIMBERLY

W

CEK

1

USMC HAMM, LUXEMBOURG Buried on: Right .F. MAHONEY
PLOT E ROW 15 GRAVE 46 32819987
Reburied 15 Dec. 1948 **DISINTERMENT DIRECTIVE**
Left: W.R. WACHTER
33669652

Verified by: MR Peyton GRS Officer

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
6020 00893	15 / 03 / 48

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
BOWEN DAVID I	34794378	S SG	1	

CEMETERY		DISPOSITION OF REMAINS (CODE / DIST. PT.)
HAMM - LUXEMBOURG	1	6001 / 80

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
L	9	201	LUXEMBOURG	1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
HAMM, LUXEMBOURG

NAME AND ADDRESS OF NEXT OF KIN
ALIE BOWEN (FATHER)
ROUTE 3
QUINCY, FLORIDA (FLAG SENT)

23 DEC 1948

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
DAVID I. BOWEN	34794378	S SG	Est 9 JAN 45	20 MAY 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[X] REMAINS [X] MARKER GRS	USAGF	P	CHARLES L. WALLS CAPT, QMC

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
UNIFORM

CONDITION OF REMAINS
ADVANCED DECOMPOSITION. CRUSHED SKULL. COMPLETE.

OTHER MEANS OF IDENTIFICATION
NONE

MINOR DISCREPANCIES *1*
GRS TAG READS "DAVID L"

REMAINS PREPARED AND PLACED IN ~~CASKET~~ Transfer Box
DATE 24 MAY 48 BY ROY T. PATTERSON, EMBALMER
Roy T Patterson

CASKET SEALED BY	EMBALMER (*Signature*)
JOHN A. BRICKLEY	John A Brickley JOHN A. BRICKLEY

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 25 MAY 48 BY ROBERT E. KREPS CLERK RECORDER	R. E. Lewis ALL MARKINGS, TAGS & PLATES VERIFIED BY R. E. LEWIS, CAPT, CAV

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

Fritz J Poltzien
FRITZ J. POLTZIEN, 1ST LT, F.A.
SIGNATURE OF GRS INSPECTOR

NAT FILE RECORDS ANNOTATED DATE 22 MAR 1949 NAME R & R BR.

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

QMC FORM REV 15 MAR 46 1194

FINAL LETTER SENT 10 MAR 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

10 March 1949

S/Sgt David I. Bowen, ASN 34 794 378
Plot E, Row 15, Grave 46
Headstone: Cross
Hamm (Luxembourg) U. S. Military Cemetery

Mr. Alie Bowen
Route #3
Quincy, Florida

Dear Mr. Bowen:

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

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

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

Sincerely yours,

THOMAS B. LARKIN
Major General
The Quartermaster General

how

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF RE[illegible]NS

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

DATE:

S/Sgt. David I. Bowen, 34 794 378
Plot L, Row 9, Grave 201,
United States Military Cemetery
Hamm, Luxembourg

31 July 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, Alie Bowen
(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. Hamm, Luxembourg

☐ 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

DD Rec 11 Mar 48

coded 3/4/48 Mitchell

OQMG FORM 14 NOV 1946 345 MILITARY

16—50411-1

FEB 10

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	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.**)

This is to request an official photograph of the cemetery where my son's body is interred, if possible.

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.

Alie Bowen
(SIGNATURE OF NEXT OF KIN)

Route 3
(STREET AND NUMBER)

Alie Bowen
(NAME PRINTED OR TYPED)

Quincy, Florida
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 19th day of August, 1947, at city (or town) of Quincy, county of Gadsden, and State (or Territory or District) of Florida

Alice M. Patronis
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public, State of Florida at Large
(OFFICIAL TITLE)

My Commission Expires May 8, 1951

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

16—50411-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

I, THE _____, AS THE NEXT OF KIN OF THE DECEASED
(PLEASE INSERT RELATIONSHIP)

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

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

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

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN)

_____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED)

_____ (CITY AND STATE)

PART III

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

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

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

_____ (DATE)

_____ (SIGNATURE)

_____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED)

_____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTI

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

U. S. GOVERNMENT PRINTING OFFICE

S/Sgt. David I. Bowen, 34 794 378
Plot L, Row 9, Grave 201,
United States Military Cemetery
Hamm, Luxembourg

31 July 1947

Mr. Alie Bowen
Route #3
Quincy, Florida

Dear Mr. Bowen:

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

2 Incls.

msh

AUG 1 3 12 PM '47
O.Q.M.G.
MAIL & RECORDS BRANCH

15 October 1946

Mr. Alie Bowen
Route #3
Quincy, Florida

Dear Mr. Bowen:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Staff Sergeant David I. Bowen, A.S.N. 34 794 378.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Hamm, plot L, row 9, grave 201. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located two and one half miles east of the city of Luxembourg, 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

how

RESTRICTED

78329

GRAVES REGISTRATION
FORM No. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

193 398

16 Jan 45
Date

Last Name	First	Initial	Rank	Serial No.
BOWEN	David I. F.		S/Sgt. Unknown	34794378

Unit	Organization
134th Inf Regt	35th Div

Place of Death	Date of Death	Cause of Death
Lutrebois, Belgium	Unk (Estimated 9 Jan 45)	GSW left side of head

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
1000 16 Jan 45	US Military Cemetery	Hamm, Luxembourg

Grave Number	Row Number	Plot Number	Type of Marker
201	9	L	Cross

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

If No Identification Tags
How were remains identified? One identification tag found around neck

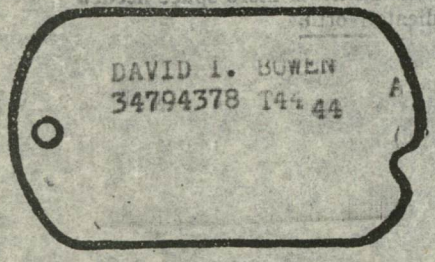
What means of identification were buried with the body?

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Beginning of row				
Deceased's Left:	TAYLOR	35089700	Pvt	134th Inf, 35th Div	202

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



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

Emergency Addressee Unknown
Name

Address

Religion Protestant

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

No personal effects

MAR 23 1945

For the Commanding Officer
Signature of Officer or other person reporting burial
CARL D TRUAX
~~1st Lt~~ ~~QMC~~
609th QM Gr Reg Co
Verified by G.R.S. Officer

Inc #10

RESTRICTED

IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand: 4 3 2 1 Thumb

Right Hand: 4 3 2 1 Thumb

TOOTH CHART

Deceased's Left

Deceased's Right

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

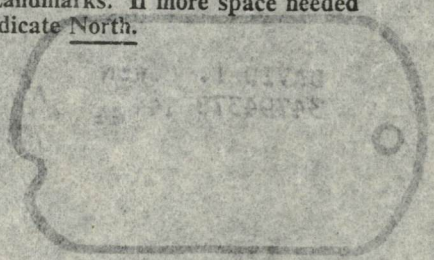
Lower 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Indicate: missing natural teeth by ×; crowns by ○; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth ⊠

Characteristics:

Other Data:

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



AG P BR HQ SOS /22560

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 15 Feb 1945

FULL NAME	ARMY SERIAL NUMBER	
215 Bowen, David I.	34 794 379	1st-Sgt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Quincy , Florida	Infantry	23 May 1925
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action	9 Jan 1945
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	16 Oct 1943	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mr. Alie Bowen, Father, Rt. #3, Quincy, Florida

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Mozell Bowen, Mother, Rt. #3, Quincy, Florida
Mr. Alie Bowen, Father, same as above

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

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

*Combat Infantryman, source and date of order will be furnished when received.

The individual named in this report is shown by the records of the War Department to have been absent in a missing in action status on 5 Jan 1945 and subsequently reported as killed in action on 9 Jan 1945, such absence was terminated on 7 Feb 1945 on which date evidence of death was received by the Secretary of War from the Commanding General in the European Area.

File 2/28/45 WM L

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

BY DIRECTION OF THE SECRETARY OF WAR

James A. Ulio

ADJUTANT GENERAL

WD AGO FORM 53-1
DECEMBER 1944

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

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

372.495

REPORT OF DEATH

DATE 15 Feb 1945

FULL NAME	ARMY SERIAL NUMBER	RANK
Bowen, David I.	34 794 378	S/Sgt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
. Quincy , Florida	Infantry	22 May 1925
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
. European Area	Killed in action	9 Jan 1945
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	16 Oct 1943	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mr. Alie Bowen, Father, Rt. #3, Quincy, Florida

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mrs. Mozell Bowen, Mother, Rt. #3, Quincy, Florida
Mr. Alie Bowen, Father, same as above

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

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

*Combat Infantryman, source and date of order will be furnished when received.

The individual named in this report is shown by the records of the War Department to have been absent in a missing in action status on 5 Jan 1945 and subsequently reported as killed in action on 9 Jan 1945, such absence was terminated on 7 Feb 1945 on which date evidence of death was received by the Secretary of War from the Commanding General in the European Area.

ARMY EFFECTS BUREAU RECEIVED FEB 22 1945 PENTAGON

file dm 2-21-47

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

BY DIRECTION OF THE SECRETARY OF WAR

James A. Ulio

ADJUTANT GENERAL

AGO FORM 52-1 DECEMBER 1944 — THIS FORM SUPERSEDES WD AGO FORM 52-1, 29 MAY 1944, WHICH STOCKS ARE EXHAUSTED.

WAR DEPARTMENT

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

372495 5311

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
BOWEN DAVID I	34794378	S SG	INF	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
BELGIUM9	05	JAN	45	V	MIA	015

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
MR ALIE BOWEN	FATHER	26 JAN 45

NO. AND NAME OF STREET—CITY—STATE		
ROUTE NUMBER ONE	QUINCY	FLORIDA

REMARKS:

☐ CORRECTED COPY

RECEIVED
JAN 27 2 07 PM '45
CASUALTY BRANCH, A.G.O.

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 43 AG 201 REQ.
CASUALTY BRANCH FILE ATTACHED OR CHARGED TO W.D. 28 Dec. 44. DATE
PREVIOUSLY REPORTED NO YES ✓ (AS INDICATED BELOW).

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED
Ship. # 283		RTD	24 Nov. 44 ETO	C.B.P.

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 Blake 23 Jan 45 REVIEWED BY Hart

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
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" ☐ 23 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.

W.D., A.G.O. FORM NO. 0365
16 JUNE 1944

ARMY AIR FORCES RECEIVED JAN 31 1945 CASUALTY BUREAU

MLB

Quincy Florida
Feb 7-1947

26

372.495

Personal Effects Quartermaster
Kansas City Mo

Information concerning the effects
of our Son. David J Bowen
34794378 Company C 134 Inf
APO 35-% Post master N.Y.N.Y.
Who was killed Jan 9. 1945
of which we have not recd.
any of his effects Please
look into this and see if
there is any thing to be done
about them Wailing &
Crying we are his Dad
& mother Mr & Mrs Alis
Bowen

Quiney Fla
R3.

Rec'd
2-17-47

REPLY

ST:vg
19 February 1947

TO: Correspondence Branch - Army Effects Bureau

☐ No record of any effects.

☐ No record of missing items.

☐ (*) Inventory received from:

_____
(Dated) (Signed by)

Effects shipped to:

_____

Parcel_____ Date_____ Baggage List _____ Sheet_____
Parcel_____ Date_____ Baggage List _____ Sheet_____

☐ Funds: $_____ Transmitted on List F- _____ Date_____

Remarks:

ETA records do not reveal the existence of/or disposition of effects belonging to this soldier.

Since soldier was in the Infantry, he would have had little effects, if any, left in his unit area and since the remains of this soldier have not been recovered, it can be assumed that any property on his person when reported a casualty would be considered lost, destroyed or taken by persons unknown.

file
2-20-47

SYDNEY TINKLER

ETA Records Branch

(*) This information need not be given on inventories covering property already received at AEB.

KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU

NW/BM/dbs
18 February 1947

Case No. 372495

REQUEST

TO: European Theater Records Branch - Army Effects Bureau

Request examination of ETA records and report concerning missing, or allegedly missing, personal effects of:

Bowen	David	I.	34 794 378	S/Sgt.
(Last Name)	(First Name)	(MI)	(ASN)	(Rank)

Co. C, 134th Inf.	MIA, 5 Jan 45 Deceased, 9 Jan 45*
(Organization)	(Status)

[x] Bureau records do not indicate that any property of subject has been received here.

[ ] Property received at AEB is listed on following overseas inventories:

[x] Allegedly missing items, not received here, consist of:
Personal effects

Remarks:
***Place of burial unknown.**

N. WHIPPLE
Chief Clerk
Correspondence Branch

EFF QM Form
29 May 1946 118

(Reply on Reverse)

372495

PUM/BM/ah
28 February 1947

Mr. & Mrs. Alie Bowen
Route 3
Quincy, Florida

Dear Mr. & Mrs. Bowen:

This acknowledge your letter of recent date, regarding the personal effects of your son, Staff Sergeant David I. Bowen.

Records of this Bureau and those of the European Theater Area, now in our custody, have been carefully checked and no information concerning his effects was found.

Due to the lapse of time since Sergeant Bowen was reported a casualty, it is doubtful if any of his personal effects were recovered.

I wish to assure you that in the event any of his effects are received here at a later date, or any information pertaining thereto, I shall communicate with you promptly.

Yours very truly,

P. U. MAXEY
Lt Col, QMC
Effects Quartermaster