293 Gasper, David M. 3-502-8914 T/4 European Area 45 mcm

3/56.4-7
700001
#3190

May 22, 1984

DAAG-PED-F Gasper, David M.
SN: 35 028 914

Mrs. Rubygene Gesin
2021 West Mesquite Avenue
Las Vegas, Nevada 89106

Dear Mrs. Gesin:

This responds to your letter of April 18, 1984 requesting information regarding your late husband, Technician Fourth Grade David M. Gasper.

Our records confirm Technician Fourth Grade David M. Gasper, 35028914, entered service September 19, 1941, served with the 134th Infantry, 35th Division, he died in Arloncourt, Belgium on January 19, 1945, of gunshot wounds. He was temporarily interred on January 22, 1945, in United States Military Cemetery Grand Failly, Longuyon, France, Grave 81, Row 4, Plot I. At your request, the remains were permanently interred January 26, 1949, in the Luxembourg American Cemetery, Luxembourg City, Luxembourg, Plot E, Row 9, Grave 22. For further information regarding this cemetery you should direct your inquiry to the American Battle Monuments Commission, 20 Massachusetts Avenue, Northwest, Room 5127, Casimir Pulaski Building, Washington, DC 20314.

We regret that there is no legislation which would enable you to visit the cemetery at reduced cost or at government expense. The law which provided for the pilgrimage of mothers and widows to our World War I overseas cemeteries expired in December, 1933. Although similar legislation for World War II Gold Star mothers and widows has been introduced in Congress several times since the end of that war, no such law has been enacted.

It is hoped this information is helpful.

Sincerely,

John F. Manning
Acting Chief, Memorial Affairs
Division

REVIEW-Casualty & Memorial Affrirs Dir
..... Col, GS, DIRECTOR
..... DIVISION CHIEF
..... BRANCH CHIEF
..... ACTION OFFICER

FILE DISPOSITION BR 14 JUN 1984

2012 West Mesquite Ave.
Las Vegas, Nevada 89106
April 18, 1984

Department of the Army
Office of The Adjutant General
Washington, D.C. 20007

Reference: David M. Gasper, 35 028 914
Technician Fourth Grade, Infantry
Killed in Action, 19 January 1945, in Belgium

I am the widow of Sgt. Gasper and will appreciate your assistance in obtaining the following information:

1. The name and location in France where David Gasper is buried. Also, what permission is necessary for me to visit his grave.

2. A copy of the letter I received from someone, a captain I believe, which stated how Sgt. Gasper died. (My address at that time was: Mrs. Rubygene Gasper, 1410 Spring Street, Little Rock, Arkansas.)

Since my records have been destroyed by fire, any information which you may be able to furnish me will be greatly appreciated. I am trying to put together a history of David Gasper's life and death for members of his family who were too young at the time to remember him.

Thank you for your consideration.

Sincerely,

Mrs. Rubygene Gesin

Mrs. Rubygene Gesin

5/1/84 file Requested.

11 April 1949

T/4 David M. Gasper, ASN 35 028 914
Plot E, Row 9, Grave 22
Headstone: Cross
Hamm (Luxembourg) U. S. Military Cemetery

Mrs. Rubygene Gasper
1410 Spring Street
Little Rock, Arkansas

Dear Mrs. Gasper:

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. FEIDMAN
Major General
The Quartermaster General

bk

USMC HAMM
PLOT: E ROW: 9 GRAVE: 22
DATE OF BURIAL 26 Jan/49
VERIFIED BY
UR Renton Lt
GRS OFFICER

BHR

BURIAL ON
RIGHT A.E. TRENHOLME, JR.
31455381
LEFT G.W. FIROR
38432330

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 3530 00930

DATE: DAY 15 MONTH 07 YEAR 48

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
GASPER DAVID M	35028914	TEC4	1	DAY MONTH YEAR

CEMETERY: GRAND FAILLY - LONGUYON

DISPOSITION OF REMAINS: 1 6001 (CODE) 80 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY
I	4	81	FRANCE

CAUSE OF DEATH: 1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
HAMM, LUXEMBOURG

NAME AND ADDRESS OF NEXT OF KIN
RUBYGENE GASPER (WIFE)
1410 SPRING STREET
LITTLE ROCK, ARKANSAS
(FLAG SENT)
28 JAN 1949

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED

IDENTIFICATION TAG ON: ☐ REMAINS ☐ MARKER

ORGANIZATION: USAGF

RELIGION

IDENTIFICATION VERIFIED BY
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

SEE ATTACHED WORK SHEET

REMAINS PREPARED AND PLACED IN ~~CASKET~~ xxx transfer box

DATE BY

CASKET SEALED BY
Philip F. Pfaff, Embalmer

EMBALMER (Signature)
Philip F. Pfaff
Philip F. Pfaff, Embalmer

CASKET BOXED AND MARKED

DATE 15/10/48 BY Philip F. Pfaff

SHIPPING ADDRESS VERIFIED BY XX All markings, tags & plates verified by:
Joseph J. Cavin Jr. 1st Lt FA.

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

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Final Casketing
Joseph J. Cavin Jr. 1st Lt FA. 539 QM SV CO.

SIGNATURE OF GRS INSPECTOR

FILE
RECORDS ANNOTATED
DATE 4-28-49
R & R BR.

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

QMC FORM
REV 15 MAR 46 1194

FINAL LETTER SENT 11 APR 1949

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO
USMC - Grand Failly, France	USMC - Hamm, Luxembourg
KIND OF CONVEYANCE: Truck	NAME OF CONVOYER: DEWEY R. BELL, 1st Lt Cav.
SIGNATURE OF SHIPPER: Dewey R Bell DEWEY R. BELL, 1st Lt Cav. — DATE	SIGNATURE OF RECEIVER: O.R. Hefner Capt Inf — DATE: 13/10/45

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

1

DISINTERMENT OPERATIONS RECO

SECTION A—
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE — DAY | MONTH | YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
GASPER DAVID M	35028914	TEC4	1		

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS — CODE	DIST. CTR.
GRAND FAILLY FRANCE	I	4	81		

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
GASPER David M	35028914	T/4		4 August 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY — NAME AND TITLE
[X] REMAINS [X] MARKER		P	PHILIP F, PFAFF, Embalmer

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Military clothing	Advanced stage decompositi Extremities disarticulated. No fractures evident.

OTHER MEANS OF IDENTIFICATION

None

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

None

REMAINS PREPARED AND PLACED IN ~~CASKET~~ transfer box

DATE 4 August 1948 BY Philip F. Pfaff PHILIP F, PFAFF, Embalmer

CASKET SEALED BY	EMBALMER (*Signature*)

CASKET BOXED AND MARKED	~~CORRECTNESS VERIFIED BY~~ All markings, plates and tags verified by
DATE BY	

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

Ernest C. Gaddy

ERNEST C. GADDY, CWO, USA, ~~Det A,~~ AGRC.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM 26 MAR. 48 1253

INDICATE RECORD OF CUSTODIAL TRANSFER ON REVERSE SIDE

BHR

REQUEST FOR DISPOSITION OF REMAINS

R277.

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

DATE:

T/4 David M. Gasper, 35 028 914
Plot I, Row 4, Grave 81,
United States Military Cemetery
Grand Failly, France

5 September 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, MRS. RUBYGENE GASPER (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) *(Please indicate relationship to the deceased by placing an "X" in the proper box.)*

[X] 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.)*

[X] 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 ____________ (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

1 July 48
Mathis

DD Proc. 7-23-48

OQMG FORM 14 NOV 1946 345 MILITARY

16—50411-1

15 MAY 1948

Gree 5-10-48

PART I (*Continued*)

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

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

LAST NAME	FIRST NAME		MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (*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.

Mrs. Rubygene Gasper — (SIGNATURE OF NEXT OF KIN)
1410 Spring Street — (STREET AND NUMBER)
MRS. RUBYGENE GASPER — (NAME PRINTED OR TYPED)
Little Rock, Arkansas — (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 6th day of October, 19 47, at city (or town) of Little Rock, county of Pulaski, and State (or Territory or District) of Arkansas

Elmer L. Newton — (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public — (OFFICIAL TITLE)

*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 _____ (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.

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN)

_____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED)

_____ (CITY AND STATE)

PART III

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

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

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

_____ (DATE)

_____ (SIGNATURE)

_____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED)

_____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

T/4 David M. Gasper, 35 028 914
Plot I, Row 4, Grave 81,
United States Military Cemetery
Grand Failly, France

5 September 1947

Mrs. Rubygene Gasper
1410 Spring Street
Little Rock, Arkansas

Dear Mrs. Gasper:

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. 8
BM

SEP 8 4 14 PM '47 O.Q.M.G. MAIL & RECORDS BRANCH

cj

26 September 1946

Mrs. Rubygene Gasper
1410 Spring Street
Little Rock, Arkansas

Dear Mrs. Gasper:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Technician Fourth Grade David M. Gasper, A.S.N. 35 028 914.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Grand Failly, plot I, row 4, grave 81. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles north of Verdun, France, 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

RESTRICTED

82441

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

179

24 Jan 45
Date

GASPER	David	M	T/4	35028914
Last Name	First	Initial	Rank	Serial No.

134 Inf 35 Div
Organization

6160 Map GSGS 4356 Sheet 13
Arloncourt Bel
Place of Death

Unk (Estimated to be 19 Jan 45) GSW side
Date of Death — Cause of Death

22 Jan 45 1430
Time and Date of Burial

U S Mil Cem #1 Grand Failly France
Name of Cemetery — Name or Coordinates of Location

81	4	T	Cross
Grave Number	Row Number	Plot Number	Type of Marker

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

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:	SCOTT	35645949	T/5	Hq Btry 253 A F A 80	
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	NEWMAN	37579194	Pvt	134 Inf 35 Div	82
	Name	Serial No.	Rank	Organization	Grave No.

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

GASPER, DAVID M
35028914 T41 43

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

Emergency Addressee Rubygene Gasper
Name

1410 Spring St Little Rock Ark
Address

Religion P

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

W E Samson
WILLIAM E SAMSON
Signature of Officer or other person reporting burial
1st Lt QMC
3043 QMGR CO

Verified by G.R.S. Officer

FILED
MAY 14 1945

Inc #26

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:
Weight:
Color of Eyes:
Color of Hair:
Race:

Laundry Marks:
Number of Rifle:
Wear Glasses?
Is Tooth Chart Attached?

(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: 4 3 2 1 Thumb

Right Hand: 4 3 2 1 Thumb

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

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.

TOOTH CHART

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

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

Characteristics:

Other Data:

WILLIAM E SAMSON
1Lt QMC
AG Br HQ SOS

/22560

WAR DEPARTMENT

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

REPORT OF DEATH *Corrected reports original forwarded 27 Feb 45 DATE 26 April 1945

FULL NAME	ARMY SERIAL NUMBER	GRADE
Gasper, David M.	35 028 914	Tec 4

HOME ADDRESS	ARM OR SERVICE	DATE OF BIRTH
Canton, Ohio	Infantry	17 Jun 18

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	19 Jan 45

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES (YEARS / MONTHS / DAYS)
European Area	19 Sept 41	over 3 years

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Rubygene Gasper, wife, 1410 Spring St., Little Rock, Arkansas

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Rubygene Gasper, wife, same as above
Anna Gasper, mother, Cypress, Texas, Route #1, Box 71-A
Alex Gasper, 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 (S. O. #22, Hq. 134th Inf., dtd 25 Jan 45)

The individual named in this report of death is held by the War Department to have been in a missing in action status from 19 January 1945 until such absence was terminated on 15 February 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.

Corrected reports issued to show Combat Infantryman

Corrected Report

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:

Eli S Fowler

2 MAY 1945

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS 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

DATE 27 Feb 1945

FULL NAME	ARMY SERIAL NUMBER	GRADE
293 Gasper, David M	35028914	ebs/4625 Tec 4
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Canton, Ohio	Infantry	17 Jun 1918
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action	19 Jan 1945
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	19 Sept 1941	over 3 years

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Rubygene Gasper, wife, 1410 Spring Street, Little Rock, Arkansas

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Rubygene Gasper, wife, same as above
Mrs. Anna Gasper, mother, Cypress, Texas, Rt. #1. Box 71-A
Mr. Alex Gasper, 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		

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 19 Jan 1945 until such absence was terminated on 15 Feb 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:		
P. S. O.	F. B. I.	F. C., U. S. A.
J. C. G. M. G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. G.	VET. ADMIN.	A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:

Preston B. Maysom

ADJUTANT GENERAL

8 MAR 1945

WD AGO FORM 53-1
1 DECEMBER 1944

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

[redacted]

WAR DEPARTMENT

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

416599 3H

REPORT OF DEATH *Corrected reports original forwarded 27 Feb 45 DATE 26 April 1945

FULL NAME	ARMY SERIAL NUMBER	GRADE
Gasper, David M.	35 028 914	Tec 4 Dsp
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Canton, Ohio	Infantry	17 Jun 18
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action	19 Jan 45
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	19 Sept 41	over 3 years

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Rubygene Gasper, wife, 1410 Spring St., Little Rock, Arkansas

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Rubygene Gasper, wife, same as above
Anna Gasper, mother, Cypress, Texas, Route #1, Box 71-A
Alex Gasper, 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 (S. O. #22, Hq. 134th Inf., dtd 25 Jan 45)

The individual named in this report of death is held by the War Department to have been in a missing in action status from 19 January 1945 until such absence was terminated on 15 February 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.

Corrected reports issued to show Combat Infantryman

Corrected Report

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:

Elis Dowler

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

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

416,899 HR

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 27 Feb 1945

FULL NAME	ARMY SERIAL NUMBER	GRADE
Gasper, David M	35028914	ebs/4625 Tec 4
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Canton, Ohio	Infantry	17 Jun 1918
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action	19 Jan 1945
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	19 Sept 1941	over 3 years

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Rubygene Gasper, wife, 1410 Spring Street, Little Rock, Arkansas

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Rubygene Gasper, wife, same as above
Mrs. Anna Gasper, mother, Cypress, Texas, Rt. #1. Box 71-A
Mr. Alex Gasper, 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		

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 19 Jan 1945 until such absence was terminated on 15 Feb 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:		
P. S. O.	P. B. I.	F. O., U. S. A.
S. P. O. M. G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. O.	VET. ADMIN.	A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR:

Preston B. Mayson

ADJUTANT GENERAL

WD AGO FORM 55-1
1 DECEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 55-1, 29 MAY 1944, WHICH STOCKS ARE EXHAUSTED.

WAR DEPARTMENT

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

416899

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
GASPER DAVID M	35028914	TEC4	INF	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
BELGIUM9	19	JAN	45		MIA	029

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS RUBYGENE GASPER	WIFE	7 FEB. 45 VMC

NO. AND NAME OF STREET—CITY—STATE: 1410 SPRING STREET LITTLE ROCK ARKANSAS

REMARKS:

☐ CORRECTED COPY

ARMY EFFECTS BUREAU RECEIVED FEB 16 1945 ASSND

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ✓ FORM 48 ✓ AG 201 REQ.

CASUALTY BRANCH FILE ATTACHED ____ OR CHARGED TO ____ DATE ____

PREVIOUSLY REPORTED NO ✓ YES ____ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

FORWARDED TO → SPEC. IDEN. ☐ TELEGRAM ✓ WOUNDED ☐ LETTER ☐ CORRES. ☐ S. R. & D. ☐ CERTIF. ☐ M. & M. ☐ NON-DEL. ☐

REPORT NOT VERIFIED ____ NO FORM 43 ____ NO CAS. BR. FILE ✓ CHECKED BY Wynne to Fit REVIEWED BY Carver

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	RESIDENCE 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

DOCUMENT—PRINTED BY—AMERICAN SALES BOOK CO., INC., NIAGARA FALLS, N.Y.

416899

RTB:BT:dt
August 23, 1945

Mrs. Rubygene Gasper
1410 Spring Street
Little Rock, Arkansas

Dear Mrs. Gasper:

The Army Effects Bureau has received from overseas some more property of your husband, Technician Fourth Grade David M. Gasper.

This property, contained in one package, is being sent you for distribution. If, for some reason, it has not been received within the next thirty days, this Bureau should be informed so that tracer may be instituted.

Yours very truly,

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Rubygene Gasper

SHIP TO: 1410 Spring Street

T/4 David M. Gasper Little Rock, Arkansas

Effects of:
Name 35028914

ASN 416899 D

Case No.

Wt.

DATE 23 August 1945
RTB:BT:dt

Taylor
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

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

AUG 27 1945

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

ATTACHMENTS	
X	INBOUND INVENTORY
X	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
X	TALLY IN FORM 43

STATUS	
DECEASED	X
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

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

CONTAINERS ADDRESSED TO

Rubygene O. Gasper
1410 Spring
Little Rock, Ark

INFORMATION

Rubygene O. Gasper
1410 Spring
Little Rock, Ark

NAME AND STATUS VARIATIONS

CROSS REFERENCE

file
8/21

		REC'D BY			
	CHECK		NUMBER		BUREAU CHECK
	MONEY ORDER				TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY				TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET / OF / SHEETS
77	1	9 Aug 45	30	

NAME: David M. Gasper — A. S. N.: 35028914

ORGANIZATION: Co K. 134 Inf. — RANK: T/4 — CASE NO.: 46,899

WAREHOUSE SPACE: 998

EXAMINED BY

PACKED BY

INSPECTED BY

STORED BY

DIARY REMOVED

PHOTO FILM REMOVED

MOTION PICTURE FILM REMOVED

PACKAGE DESCRIPTION: #1 Pkg — WEIGHT

SHIPPED

DATE: AUG 27 1945 — BY WHOM

EFF. QM FORM 11 (15 JUNE 45) 100M LA RUE, K. C. 7-9-45

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 GASPER, DAVID M 1/4 28914

BAY	PALLET	BOX	TALLY
	4	30	22 77

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

Eff. QM Form 43

CONFIDENTIAL

INVENTORY FORM

SUPPLEMENTARY FORM ~~SUMMARY Revised~~ (Date) 17 February 1945

SUBJECT: Inventory of Personal Effects of Casper, David M. (Last Name)

(First Name) (MI) T/4 (Rank) 35029914 (ASN)

TO: Effects Quartermaster Communication Zone, APO# 887, US Army,

The above named individual of Co K (Unit) 134th Infantry (Organization)

was reported KIA (Status) about 19 Jan 45 194 .

Designated Beneficiary if information readily accessible

Rubygene O. Casper 1410 Spring Little Rock Ark.

INVENTORY OF EFFECTS

1-Wrist watch, Boulevard
1-Knife and sheath
1-Pocket Knife
1-Key
1-Tool Check

Lt F.

Money in the amount of None has been turned in to (Name of Finance Officer and symbol number) Form WDFD 30 inclosed

(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 forwared to the Effects Depot by Truck (Truck etc.) on 24 March 1945 194

Dist:
1 copy Unit CO for SR
1 copy to Effects QM Communications Zone
1 copy in container with effects
1 copy retained

Name [signature]

Rank & ASN ALBERT B. OSBORNE Captain, O-369555

Organization 134th Infantry

Any Additional pertinent information:

CONFIDENTIAL

Reproduced by 134th Infantry

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO ~~416899~~

RTB:HL:mal
August 15, 1945

Mrs. Rubygene Gasper
1410 Spring Street
Little Rock, Arkansas

Dear Mrs. Gasper:

The Army Effects Bureau has received additional property of your husband, Technician Fourth Grade David M. Gasper, consisting of funds in the amount of $65.56. A check for this sum is inclosed.

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

Sincerely,

C. B. QUINN
2nd Lt., QMC
Chief, Files Branch

1 Incl--
Check

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: — Mrs. Rubygene Gasper
1410 Spring Street
Little Rock, Arkansas

Effects of:
Name Tec 4 David M. Gasper
ASN 35028914
Case No. 416899 D
Wt.

DATE 15 August 1945
RTB:HL:mal

Lawson
FOR: Effects Quartermaster

REMARKS:

x Inclose Bureau Check
Acct. No. 126950
Amount $65.56 hmc
Inclose "Valuables" item
Ship "Valuables" item(s)

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

122177 hmc

ROUTING:

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

126950
416899

August 21 45

Rubygene Gasper 65.56

Sixty-Five and 56/100

REMARKS:

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

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

ARMY EFFECTS BUREAU
INVENTORY

4/6,899
JR

CASE NO.

TYPED BY

Williams

DATE

6-30-45

STATUS

Deceased

NAME

Gasper, David M.

A.S.N.

35028914

RANK

T/4

ORGANIZATION

Unknown

AMOUNT

$65.56

LIST NO.

F-203

REMARKS

Ac-126950
bat

PAID-Check No. 1Y7177 MQ

A C C O U N T I N G I N V E N T O R Y

Eff. QM Form 11a (10 Feb 45)

416899

RTB:RW:dje
July 12, 1945

Mrs. Rubygene Gasper
1410 Spring Street
Little Rock, Arkansas

Dear Mrs. Gasper:

The Army Effects Bureau has received from overseas some personal effects to your husband, Technician Fourth Grade David M. Gasper.

These effects are being forwarded to you in one package.

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,

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

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

In Reply Refer To: _____

The Army Effects Bureau has received some personal effects belonging to your

This property is being forwarded to you in and should reach you in the near future.

My action in transmitting the property does not, of itself, vest title in you. The items are forwarded in order that you may act as gratuitous bailee in caring for them pending the return of the owner, who has been reported missing in action. In the event he later is reported a casualty, and I sincerely hope he never is, it will be necessary that the property be turned over to the person or persons legally entitled to receive it.

When delivery has been made, I shall appreciate your acknowledging receipt 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 needs no postage.

I regret the circumstances prompting this letter, and wish to express my hope for the safe return of your

Incl--
Envelope

Receipt acknowledged:

_____ _____
(Signature of Bailee) (Date)

Eff. QM Form 205b

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Rubygene Gasper
1410 Spring Street
Little Rock, Arkansas

SHIP TO:
T/4 David M. Gasper

Effects of: 35028914
Name

ASN 416899 D

Case No.

Wt.

DATE 11 July 1945

GHG:RW:bw

Smith
FOR: Effects Quartermaster

REMARKS:

_____Inclose Bureau Check
Acct. No._____
Amount_____
_____Inclose "Valuables" item
_____Ship "Valuables" item(s)

_____Remove G.I.
_____Note discrepancy in _____
_____Films removed
_____Diary removed
_____Laundry removed

ROUTING:

_____Accounting Branch
__1__Warehouse Division
__2__Files Branch, Adm. Div.

1 pkg

REMARKS:

JUL 13 1945 FRANKED
Franked_____
Est. Exp. Chgs._____
Est. Frt. Chgs._____
No. of packages 1

SHIP DAMAGED ITEMS

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

JUL 3 194

PACKAGE DESCRIPTION: #1 Pkg.

ARMY EFFECTS BUREAU INVENTORY

416899 mk

DECEASED X
MISSING
P.O.W.
ABANDONED

TALLY NO. 8895
INV. DATE 25 June 45
ORIG. NO. OF PKGS. 1
BOX NO. 27
SHEET 1 OF 1 SHEETS
ORGANIZATION 134 Inf. 35 Div.

NAME David M. Gasper
A.S.N. 35028914 RANK T/4

	Belt		TOWELS & WASHCLOTHS		WINGS
	BELT, MONEY (NO MONEY)		CLOTHING		BAGS, CLOTH OR TRAVEL
	Cloth, Wash	1	BRACELET IDENT.	2	BILLFOLD (NO MONEY)
	Coats		Brushes		Case
	Footwear, Pr.		CAMERAS		Footlocker
	Gloves, Pr.		Glasses		KIT, SEW, TLT, OR WRITING
	Handkerchiefs		Knives		BOOKS
	Headwear		Lighters		Books, Address
	Jackets	X	MISC.		Books, Pilot Log
	Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUR)
	Scarfs		Pencil, Mechanical		FILMS
	Shirts		Pipes		Letters
	Socks, Pr.		RELIGIOUS ARTICLES		Papers, Persenal
	Ties		RIBBONS, DECORATION		Photos
	Towels *	2	Rings 1 souvenir		Shoe Shine Articles
	Trousers, Pr.		Tobacco		SHORT SNORTER
	Trunks, Pr.		Toilet Articles		SOUVENIRS
	Underwear		WATCH	X	SOUVENIR MONEY
					Stationery
					TESTAMENTS
				10	U.S. MONEY (AMOUNT)

rle 7-4-45

REMARKS Rubygene Gasper, 1410 Spring St Little Rock, Arkansas

ATTACHMENTS: FORM #54 — 1 inventory, 1 grave label; FORM #100

* broken + bent

DAMAGED

C.A.T. Rubygene Gasper (wife) 1410 Spring St. Little Rock Ark

WAREHOUSE SPACE	STORED BY	WEIGHT	G.I. REMOVED
2017	JCM		X SHORTAGE ON REVERSE
INVENTORIED BY Parrish & Cone		DATE SHIPPED JUL 10 1945	IDENT. TAGS REMOVED
PACKED BY Cagley	CHECKED BY	#43 OR ADDITIONAL	DIARY REMOVED
			LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED

K.P

Eff. QM Form 11 (24 Feb 45)

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

2,855 French Francs

DATE

$8.00

SYMBOL

F.D. 211-226

AMOUNT

Form 38

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

Parrish - Cone

INVENTORY CLERK

Curley

SUPERVISOR

G. I. REMOVED

Eff. QM Form 11 (12 Dec 44)

71

Serial No. 35028914 Name GASPER DAVID M
Grade T/4 Rank
Organization 35th Div
Address
Nearest Relative Rudolph Gene Gasper Wife
Address 1410 Spotlight St. Little Rock
Killed in Action Mar 30 Died of Disease Sick.
Date Hospital
Battle Area Information

Place of Burial U S Mil Cem #1
Point of Coordination Grand Failly Fr.
Description of Body

Members Missing

Signed T/5 Joseph C Gaier

nls 7-4-45

I-4-81

NAME GASPER, DAVID M 8914

BAY	PALLET	BOX	TALLY
	12	27	8895

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

Eff. QM Form 43

GASPER, DAVID M
35028914 T4l 43 A

US Mil. Cem. No. Grand Failly, France

RESTRICTED

INVENTORY FORM

24 Jan 1945
DATE

SUBJECT: Inventory of Personal Effects of:

GASPER	David	M	T/4	35028914
(LAST NAME)	(FIRST NAME)	(MI)	(RANK)	(ASN)

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

The above named individual of 134 Inf (UNIT) 35 Div (ORGANIZATION)

was reported deceased (STATUS (KIA, MIA, Hosp. etc.)) about 19 Jan (DATE) 1945

Designated Beneficiary if information readily accessible

Rubygene Gasper 1410 Spring St., Little Rock, Arkansas

INVENTORY OF EFFECTS

1 Rolfs billfold
1 Ident. bracelet (David M Gasper)
1 Ring made from foreign coin (broken)
1 14K gold wedding band (broken)
10 Souvenir coins
1 Zippo cig. lighter
1 Brown leather wallet
1 Postal MO rec. ($50.00)
1 Soc. Sec. Card
25 Photos
11 Air-Mail stamps
Currency listed below

Money in the amount of 2,855 French Francs $8.00 has been turned into C.S. McCORMICK Jr., Lt.Col. (NAME OF FINANCE OFFICE AND

F.D. 211-226 (SYMBOL NUMBER) Form WDFD 38 enclosed.

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

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they ~~were~~ forwarded to the Effects Depot by truck (RAIL, TRUCK, ETC.) on will be 15 Feb 1945.

Name W E Samson
WILLIAM E SAMSON
Rank & ASN 1st Lt QMC
Organization 3043 QMGR CO

Any additional pertinent information:

AG ETO Form No. 26 *RESTRICTED* AGPD 12-44/300M/C126ABCD

Serial No. 35078914 Name GASPER, DAVID M.
Grade ~~PFC~~ Rank
Organization CO. K - 134TH INFANTRY
Address APO 35 % PM, N.Y. N.Y.
Nearest Relative RUBYGENE O. GASPER
Address 1410 SPRING, LITTLE ROCK, ARK.
Killed in Action X Died of Disease
Date 19 JAN. '45 Hospital
Battle Area Information

Place of Burial
Point of Coordination
Description of Body

Members Missing

Signed
Capt Inf

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

JRM:RW:bw

Case No. 416899

Date 16 July 1945

SUBJECT: Report of transaction in disposing of the effects of

David M. Gasper, 35028914 late a
(Name of deceased) (Army Serial Number)

Technician Fourth Grade, Infantry who died
(Grade) (Organization, Army or Service)

on the 19 day of January, 19 45 at European Area

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

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

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

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

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 4 July 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Rubygene Gasper 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. Rubygene Gasper of
(Name of person found entitled)

1410 Spring Street, Little Rock State of
(Number, Street or Avenue) (City, Town or Village)

Arkansas, is the Widow of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

E.T. QM Form 75