293 HIATT,ARTHUR R. 33 528 059 PFC. INF. EUROPEAN AREA (VA.) 45rs

No. A3866532

TRANSFER COUPON

TO: 3352-8057

NOTE THAT FILE OF:

Heath, Arthur R.

HAS BEEN TRANSFERRED TO: (*Name*)

Gray

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.:

7A

DATE: 3-11-58

SIGNATURE:

isted.

☆ U. S. GOVERNMENT PRINTING OFFICE 1949-83449

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

TRANSFER SLIP

No. A3 866532

DATE OF REQUEST 9 May 50

√ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE

FILE OR SERIAL NUMBER AND SUBJECT: 293 Hiatt - Arthur R. 3352805 — REQUESTED PAPERS NOT IN FILE: ☐

TO — NAME AND EXTENSION OF PERSON REQUESTING FILE: Mrs Hawkins — DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER: Draw O 2 M 2217

RETURN TO: Departmental Records Branch, AGO, 219 North Lee Street, Alexandria, Virginia — DATE RETURNED — TO RETURN FILE, INITIAL HERE

INSTRUCTIONS: When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.

TRANSFER COUPON

No. A3866532

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (*Name*)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE | SIGNATURE

Departmental Records Branch, AGO, 219 North Lee Street, Alexandria, Virginia

WD AGO FORM 543
1 MAY 1946 Replaces WD AGO Form 06-33 which may be used until exha

VETERANS ADMINISTRATION
FORM 8230
Rev. June 1941

REFERENCE SLIP

Referred to- War Department
Washington, D. C.

For approval
attention
comment
correction
follow-up
recommendation
report
your information
To call me ____ see me
indicate changes
note and file
note and return
prepare reply
rewrite
send literature

When necessary to identify papers to which this form is attached, write subject, date, author, etc.,

here HIATT, Arthur R.
XC-4 040 468

Remarks: The attached communication from the widow, together with copy of reply thereto is referred for your attention.

Veterans Adm.
Roanoke 17, Va.

Date Dec. 17, '45 From R14.210

U. S. GOVERNMENT PRINTING OFFICE 16—23013

AMOUNT OF CHECK	NOTE DISCREPANCY IN		INCLOSE VALUABLES	RECIPIENT FROM
		NAME		SHIP VALUABLES	X CASUALTY REPORT ✓
ACCOUNT NUMBER		SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)		INVENTORY
		RANK			FORM 20
					LETTER

Mrs. Pearlie M. Hiatt ✓

Route #2 ✓

Pfc. Arthur R. Hiatt ✓ Ararat, Virginia ✓

33 528 059 ✓

553924 D ✓

NO. & TYPE OF CONTAINER	
	ENVELOPE
1	CARTONS ✓
	PACKAGE
	FOOT LOCKER

SPECIAL INSTRUCTIONS	
	REMOVE GI
	SHIP BLOODSTAINED
X	SHIP DAMAGED ✓
	REMOVE BL'DSTAINED
	REMOVE DAMAGED
	FILMS REMOVED
	DIARY REMOVED

RTB:VK:eh

SUMMARY COURT DATA

DATE OF FINDING	APPLICANT
11/1/45 ✓	mother ✓

DATE ACTION TAKEN 11-8-45

MAIL REVIEWER (initials) AB

REMARKS

1	SHIPPED ✓
	FRANKED
	EXPRESS
	FREIGHT

DATE SHIPPED NOV 15 1945

SHIPPING CLERK MK

ROUTING

	ACCOUNTING BRANCH
1	WAREHOUSE ✓
2	FILE ✓

ORDER FOR ACTION

EFF OM FORM 14
10 OCT 1945

DEPARTMENT OF THE ARMY PURCHASE ORDER

This contract is authorized by Public Law 413, 80th Congress, Armed Services Procurement Act of 1948.

DATE: 19 Apr. 49

CONTRACT NO. (If any):

SHEET NO.: 1 | NO. OF SHEETS: 1

ORDER NO.: 6203

Above Checked Number(s) Must Appear on All Packages and Papers Relating to This Order:

REQUISITION NO.: AGRS

DIRECTIVE NO.:

ISSUED BY: QUARTERMASTER SUPPLY OFFICER
ATLANTA GENERAL DEPOT, U. S. ARMY
ATLANTA, GEORGIA

TO: (Contractor and address; also factory address, if required)

Moody Funderal Home
121 Franklin Street
Mount Airy, N. C.

PAYMENT WILL BE MADE BY FINANCE OFFICER, U. S. ARMY, AT:
Building 30
Ft. McPherson, Georgia

INVOICE FOR PAYMENT WILL BE MAILED TO:
FISCAL DIVISION
ATLANTA GENERAL DEPOT
U. S. ARMY, ATLANTA, GEORGIA

SHIP TO:

THE SUPPLIES AND SERVICES TO BE OBTAINED BY THIS INSTRUMENT ARE AUTHORIZED BY, AP[illegible] FOR THE PURPOSES SET FORTH IN, AND [illegible] CHARGEABLE TO THE FOLLOWING ALL[illegible] MENTS, THE AVAILABLE BALANCES OF WH[illegible] ARE SUFFICIENT TO COVER THE COST THE[illegible]

A21X1805 907-43 P 45[illegible]-03 99-999

IN ACCORDANCE WITH YOUR BID [illegible] ORAL QUOTATION [illegible] WRITTEN QUOTATION OF [illegible] PLEASE FURNISH THE FOLLOWING ON THE TERMS SPECIFIED ON BOTH SIDES OF THIS PAGE AND ON THE ATTACHED SHEETS, IF ANY, INCLUDING DELIVERY F. O. B.

METHODS OF PRESENTING INVOICES OR VOUCHERS, AND OF PACKING, MARKING, AND SHIPPING, SHALL BE AS PROVIDED HEREIN, EXCEPT AS OTHERWISE DIRECTED BY THE CONTRACTING OFFICER.

DISCOUNT TERMS

SCHEDULE OF DELIVERIES

INSPECTION POINTS

ITEM NO.	SUPPLIES OR SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	For rendering services and equipment for transporting the remains of Pfc. Arthur R. Hiatt, from Rural Hall, N. C. to Mount Airy, N. C.				$12.00
	Services rendered are in connection with the program for the return of World War II Dead.				
	I certify that the services called for on the purchase order have been rendered in accordance with the terms of the purchase order and the specifications governing the same.				
				TOTAL	$12.00

UNITED STATES OF AMERICA

BY JAMES E. PACE

CONTRACTING OFFICER

DM

WD FORM REV 1 APR 46 18

25 94501

STATION FILE

Mr. Kyser

CONDITIONS

1. VENDOR'S INVOICES.—Invoices shall be prepared and submitted in triplicate. Invoices shall contain the following information: Order number and contract number, if any; Government nomenclature of articles or services and Government sizes of articles; quantities, unit prices, and extended totals. Bill of lading number and weight of shipment will be shown for shipments made on Government bills of lading. The following certificate will be shown on each of the three copies of the invoice:

"I certify that the above bill is correct and just; that payment therefor has not been received; that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to the transaction have been complied with; and that State or local sales taxes are not included in the amounts billed."

The Contractor or his authorized representative will sign only the original (ribbon typed copy, if typed). When the invoice is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be. If State or local sales taxes are included in the amounts billed, the inapplicable words in the last portion of the certificate will be omitted.

2. DISCOUNTS.—Time, in connection with discount offered, will be computed from date of the delivery of the supplies to carrier when final inspection and acceptance are at point of origin, or from date of delivery at destination or port of embarkation when final inspection and acceptance are at those points, or from date correct bill or voucher, properly certified by the Contractor, is received if the latter date is later than the date of delivery.

3. PAYMENTS.—The Contractor shall be paid, upon the submission of properly certified invoices or vouchers, the prices stipulated herein for articles delivered and accepted or services rendered, less deductions, if any, as herein provided. Unless otherwise specified, payments will be made on partial deliveries accepted by the Government when the amount due on such deliveries so warrants; or, when requested by the Contractor, payments for accepted partial deliveries shall be made whenever such payments would equal or exceed either $1,000 or 50 percent of the total amount of the contract.

4. INSPECTION.—Whether or not an inspection point is specified herein, all material and workmanship shall be subject to inspection and test at all times and places (including inspection and test after arrival at destination) and, when practicable, during manufacture. In case any articles are found to be defective in material or workmanship, or otherwise not in conformity with the specification requirements, the Government shall have the right to reject such articles, or require their correction. Final inspection shall be conclusive except as regards latent defects, fraud, or such gross mistakes as amount to fraud. In the event public necessity requires the use of materials or supplies not conforming to the specifications, payment therefor shall be made at a proper reduction in price.

5. VARIATION IN QUANTITIES.—Unless otherwise specified, any variation in the quantities herein called for, not exceeding 10 percent, will be accepted as a compliance with the contract, when caused by conditions of loading, shipping, packing, or allowances in manufacturing processes, and payments shall be adjusted accordingly.

6. NOTICE OF SHIPMENTS.—At the time of delivery of a shipment to a carrier for transportation, the Contractor shall give such prepaid notice of shipment as the Contracting Officer may require.

7. TAXES.—Unless otherwise indicated in this contract (*a*) the prices herein do not include any State or local sales, use, or other tax from which the Contractor or this transaction of the procurement of these supplies is exempt; and (*b*) the prices herein include all applicable Federal taxes and other applicable State and local taxes in effect at the date of this contract. Upon request of the Contractor the Government will issue tax-exemption certificates or furnish other similar proof of exemption with respect to the taxes excluded from the price. Where any duties or taxes have been included in the contract price and a refund or drawback is obtained by the Contractor by reason of the export or reexport of supplies covered hereby, or of materials used in the performance of this contract, the amount of such refund or drawback will be paid over to the Government, or credited against amounts due from the Government under this contract: *Provided, however*, That the Contractor shall not be required to apply for such refund or drawback unless so requested by the Contracting Officer.

8. WALSH-HEALEY ACT.—If this contract is for an amount in excess of $10,000, the representations and stipulations required by section 1 of the Act of June 30, 1936 (Walsh-Healey Act, Public No. 846, 74th Congress) to be included in all contracts therein specified are hereby incorporated and made a part of this contract with the same force and effect as if fully set forth in the contract. Such representations and stipulations shall be subject to all applicable regulations, determinations, and exemptions of the Secretary of Labor now or hereafter in effect.

9. EIGHT-HOUR LAW.—This condition shall apply if Condition 8 is not applicable. No laborer or mechanic doing any part of the work contemplated by this contract, in the employ of the Contractor or any subcontractor contracting for any part of said work contemplated, shall be required or permitted to work more than 8 hours in any one calendar day upon such work at the site thereof, except upon the condition that compensation is paid to such laborer or mechanic in accordance with the provisions of this article. The wages of every laborer and mechanic employed by the Contractor or any subcontractor engaged in the performance of this contract shall be computed on a basic day rate of 8 hours per day and work in excess of 8 hours per day is permitted only upon the condition that every such laborer and mechanic shall be compensated for all hours worked in excess of 8 hours per day at not less than one and one-half times the basic rate of pay. For each violation of the requirements of this article a penalty of $5 shall be imposed upon the Contractor for each laborer or mechanic for every calendar day in which such employee is required or permitted to labor more than 8 hours upon said work without receiving compensation computed in accordance with this article, and all penalties thus imposed shall be withheld for the use and benefit of the Government: *Provided*, That this stipulation shall be subject in all respects to the exceptions and provisions of U. S. Code, title 40, sections 321, 324, 325, and 326, relating to hours of labor, as modified by the provisions of section 303 of Public No. 781, 76th Congress, approved September 9, 1940, relating to compensation for overtime.

10. ANTI-DISCRIMINATION.—(*a*) The Contractor, in performing the work required by this contract, shall not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. (*b*) The Contractor agrees that the provision of paragraph (*a*) above will also be inserted in all of its subcontracts. For the purpose of this article, a subcontract is defined as any contract entered into by the Contractor with any individual, partnership, association, corporation, estate, or trust, or other business enterprise or other legal entity, for a specific part of the work to be performed in connection with the supplies or services furnished under this contract: *Provided, however*, That a contract for the furnishing of standard or commercial articles or raw material shall not be considered as a subcontract.

11. CONVICT LABOR.—The Contractor shall not employ any person undergoing sentence of imprisonment at hard labor.

12. CHANGES.—Where the supplies to be furnished are to be specially manufactured in accordance with drawings and specifications, the Contracting Officer may at any time, by a written order, and without notice to the sureties, if any, make changes in the drawings or specifications. Changes as to shipment and packing of all supplies may also be made as above provided. If such changes cause an increase or decrease in the amount due under this contract, or in the time required for its performance, an equitable adjustment shall be made and the contract shall be modified in writing accordingly, provided claim therefor is asserted at any time prior to the date of final settlement of the contract.

13. DELAYS—DAMAGES.—If the Contractor refuses or fails to perform this contract within the time specified, or any extension thereof, the Government may, by written notice, terminate the right of the Contractor to proceed with deliveries or with such part or parts thereof as to which there has been delay, and may hold the Contractor liable for any damage caused the Government by reason of such termination. The right of the Contractor to proceed with the performance of this contract shall not be terminated under this condition if the delay is due to causes beyond the control and without the fault or negligence of the Contractor, including, without being limited to, any preference, priority, or allocation order issued by the Government or any other act of the Government.

14. DISPUTES.—Except as otherwise specifically provided in this contract, all disputes concerning questions of fact which may arise under this contract, and which are not disposed of by mutual agreement, shall be decided by the Contracting Officer, who shall reduce his decision to writing and mail a copy thereof to the Contractor. Within 30 days from said mailing the Contractor may appeal to the Secretary of War, whose decision or that of his designated representative, representatives, or board shall be final and conclusive upon the parties hereto. Pending decision of a dispute hereunder the Contractor shall diligently proceed with the performance of this contract.

15. ASSIGNMENT OF RIGHTS HEREUNDER.—This condition shall apply if this contract is for $1,000 or more, unless this contract is marked secret, confidential, or restricted. (*a*) Claims for monies due or to become due the Contractor from the Government under this contract may be assigned to a bank, trust company, or other financing institution, including any Federal lending agency. Any such assignment shall cover all amounts payable under this contract, and not already paid, and shall not be made to more than one party, except that any such assignment may be made to one party as agent or trustee for two or more parties participating in such financing. (*b*) In the event of any such assignment the assignee shall file four signed copies of a written notice of the assignment, together with one copy of the instrument of assignment, with each of the following: (i) General Accounting Office; (ii) the Contracting Officer; (iii) the surety or sureties upon the bond or bonds, if any, in connection with this contract; (iv) the officer designated in this contract to make payments thereunder. (*c*) Any claim under this contract which has been assigned pursuant to the foregoing provisions of this article may be further assigned and reassigned to a bank, trust company, or other financing institution, including any Federal lending agency. In the event of such further assignment or reassignment the assignee shall file one signed copy of a written notice of the further assignment or reassignment together with a true copy of the instrument of further assignment or reassignment with the Contractor; and shall file four signed copies of such written notice and one copy of such instrument with each of the parties designated in the preceding paragraph. (*d*) No assignee shall divulge any information concerning the contract except to those persons concerned with the transaction. (*e*) Payment to an assignee of any claim under this contract shall not be subject to reduction or set-off for any indebtedness of the assignor to the United States arising independently of this contract. (*f*) Indication of the assignment of claim and of any further assignment thereof and the name of the assignee will be made on all vouchers or invoices certified by the Contractor.

16. OFFICIALS NOT TO BENEFIT.—No Member of or Delegate to Congress, or Resident Commissioner, shall be admitted to any share or part of this contract or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit.

17. COVENANT AGAINST CONTINGENT FEES.—The Contractor warrants that he has not employed any person to solicit or secure this contract upon any agreement for commission, percentage, brokerage, or contingent fee. Breach of this warranty shall give the Government the right to annul the contract, or, in its discretion, to deduct from the contract price or consideration the amount of such commission, percentage, brokerage, or contingent fees. This warranty shall not apply to commissions payable by contractors upon contracts or sales secured or made through bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business.

18. TERMINATION AT THE OPTION OF THE GOVERNMENT.—The performance of work under this contract may be terminated by the Government whenever the Contracting Officer shall determine that such action is for the best interests of the Government. If this contract is so terminated, fair compensation, within the meaning of the Contract Settlement Act of 1944 (Public No. 395, 78th Cong.) as the same may from time to time be amended, will be provided for Contractor.

19. BUY AMERICAN CLAUSE.—Subject to exemptions granted by the Secretary of War and unless otherwise specified it is understood and agreed that only such unmanufactured articles, materials, and supplies as have been mined or produced in the United States, and only such manufactured articles, materials, and supplies as have been manufactured in the United States substantially all from articles, materials, or supplies mined, produced, or manufactured, as the case may be, in the United States shall be delivered pursuant to this instrument.

20. DEFINITIONS.—Except for the original signing of this contract, and except as otherwise stated herein, the term "Contracting Officer" as used herein shall include his duly appointed successor or his authorized representative.

WD FORM REVISED 1 APR 46 18A

GPO: 1947 - O 706278

RECEIPT OF REMAINS

DISTRIBUTION CENTER ATLANTA GENERAL DEPOT
ATLANTA, GEORGIA
4-5-49

DELIVER AND REPORT
ANY CHARGES

ROUTINE

REMAINS CONSIGNED TO: MOODY FUNERAL HOME
MT. AIRY, N. C.

REMAINS OF THE LATE PFC ARTHUR R HIATT 33528059

BEING SHIPPED TO YOU ACCOMPANIED BY ESCORT

LEAVING ATLANTA 1:55 PM 8 APRIL

AND DUE TO ARRIVE RURAL HALL, N. C. ON SOU # 13 8:48 AM 9 APRIL PD

REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN PD REQUEST FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND TRANSPORT REMAINS TO MRS PEARLIE M HIATT AT MT AIRY, N. C. PD

YOU SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM RURAL HALL, N. C. STATION TO MT AIRY, N. C. PD

JOHN E. PRUITT
LT. COLONEL, QMC

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 9th DAY OF April MONTH, 19 49

WITNESS (Escort)

CONSIGNEE
MOODY FUNERAL HOME

2

NAT
FILE
RECORDS ANNOTATED
DATE 27 Apr 49
NAME
R & R BR.

QMC FORM 15 NOV 46 1193

16—52073-1 U. S. GOVERNMENT PRINTING OFFICE

MMM

1

DISINTERMENT DIRECTIVE

9-18
46-20

(4)

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 6020 03445

DATE: 27 (DAY) 12 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
HIATT ARTHUR R	33528059	PFC	1	1	1

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS: CODE	DISPOSITION OF REMAINS: DIST. CTR.
HAMM LUXEMBOURG	Z	4	78	4600	05

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

MOODY FUNERAL HOME
121 FRANKLIN STREET
MT. AIRY, NORTH CAROLINA
(F/B ARARAT, VIRGINIA)

NAME AND ADDRESS OF NEXT OF KIN

MRS. PEARLIE M. HIATT (MOTHER)

ARARAT, VIRGINIA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	USAGF		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED WORK SHEET

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

CHANGE

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (*Signature*)

CASKET BOXED AND MARKED

DATE BY

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM REV 11 FEB 48 1194

O.S. TO U.S.

X-V

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO
USMC HAMN	ANTWERP BELGIUM
KIND OF CONVEYANCE: TRAIN	NAME OF CONVOYER: CPL CARL E BACKETT 7025152

SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
ORVILLE R STEFFER CAPT INF	5/2/49	R W Miller	7 FEV 1949

2. SHIPPED

FROM	TO
GRC ANTWERP BELGIUM	USAT HAITI VICTORY
KIND OF CONVEYANCE: VC. 2	NAME OF CONVOYER: A. S. KIMBERLIN 1st. Lt. INF.

SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
R. D. MILLER, Lt. COL. T.C.	1 - MAR 1949	A. S. Kimberlin	1 - MAR 1949

3. SHIPPED

FROM	TO
	New York Port of Embarkation
KIND OF CONVEYANCE	NAME OF CONVOYER

SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		for W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	MAR 15 1949

4. SHIPPED

FROM	TO
NYPE	DCS
KIND OF CONVEYANCE: Train	NAME OF CONVOYER: Cpl Robert Arecott

SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
W. PREISCH LIEUT. COLONEL, TC PORT TRANSPORTATION OFFICER	17 Mar ,49	Capt. DMC	3-31-49

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

BW MMM

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 6020 03445

DATE: 15 (DAY) 03 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
HIATT ARTHUR R	33528059	PFC	1	DAY / MONTH / YEAR

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

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
Z	4	78	LUXEMBOURG	1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: HAMM, LUXEMBOURG

NAME AND ADDRESS OF NEXT OF KIN: PEARLIE MAE HIATT (MOTHER)
ARARAT, VIRGINIA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
ARTHUR R. HIATT	33528059	PFC		25 MAY 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[X] REMAINS [X] MARKER	USAGF	P	FREDERICK L. FRITSCHE, CAPT., C.E. (NAME AND TITLE)

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: IN UNIFORM

CONDITION OF REMAINS: FRACTURED R/HUMERUS- ADVANCED DECOMPOSITION- BODY COMPLETE

OTHER MEANS OF IDENTIFICATION: NONE

MINOR DISCREPANCIES *1*: NONE

CANCELLED 1011

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX

DATE 27 MAY 48 BY RODERICK J. MURRAY, IDENT TECH — Roderick J. Murray

CASKET SEALED BY: JACK B. WALL

EMBALMER (*Signature*): JACK B. WALL — Jack B Wall

CASKET BOXED AND MARKED

DATE 1 JUNE 48 BY MARTIN ZINKE, CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY ALL TAGS, MARKINGS & PLATES VERIFIED BY ROGER E. LEWIS, CAPT., CAV — Roger E. Lewis

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

Willard B Owen
WILLAR B. OWEN, CAPT., INF
SIGNATURE OF GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 1194

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

MESSAGEFORM

MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT

CALLS	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
V	NR				

ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT
				GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (*Originator*) ATLANTA GENERAL DEPOT
ATLANTA, GEORGIA

SECURITY CLASSIFICATION

PRECEDENCE FOR

ACTION	INFORMATION
DL GOVT	PD

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE

IDENTIFICATION	CLASSIFICATION

ACTION TO:

DELIVER AND REPORT
ANY CHARGES

MRS. PEARLIE M HIATT
ARARAT, VA.

INFORMATION TO:

MAR 9-1949

WE HAVE BEEN ADVISED REMAINS OF THE LATE PFC ARTHUR R HIATT

ARE ENROUTE TO THE UNITED STATES PD OUR RECORDS INDICATE

YOU WISH REMAINS DELIVERY TO MOODY FUNERAL HOME, MT AIRY N C.

PD PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE OR SUBMIT NEW DELIVERY

INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO

ATLANTA GENERAL DEPOT ATTENTION GRAVES REGISTRATION DIVISION ATLANTA GEORGIA PD

REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRE CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS PD WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS PD HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION PD ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS PD THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER PD PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL PD IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS PD PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM PD

JOHN H PRUITT LT COL QMC

SECURITY CLASSIFICATION

C

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE	PAGE OF

WD AGO FORM 11-168
15 JUN 1945

This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.

16—45801-1 U. S. GOVERNMENT PRINTING OFFICE

WUA271 25 COLLECT GOVT

MTAIRY NCAR MAR 11 1046A

ATLANTA GENERAL DEPOT

ATTN GRAVES REGISTRATION DIVISION

REFERENCE MY SON PFC ARTHUR R HIATT, PLEASE SHIP HIS BODY TO MOODY FUNERAL HOME 121 FRANKLIN ST MOUNTAIRY NC ALL PREVIOUS INSTRUCTIONS CORRECT

MRS PEARLIE HIATT

1155A

N/C

9K

NU026R

INSPECTION CHECKLIST
(FOR USE AT OVERSEAS PORT, U.S. PORT, AND DISTRIBUTION CENTER)

7-5-2000

NAME	RANK	SERIAL NO.
HIATT, ARTHUR R	PFC	33528059

SOURCE	CONSIGNEE

SHIPPING CASE - General Appearance (Check Only Discrepancies)		CONDITION OF SHIPPING CASE (Check One) ☐ SATISFACTORY ☒ UNSATISFACTORY
	FINISH (Exterior)	REMARKS: Insp Satisfied
	FINISH (Interior)	
	HANDLES	
	HANDLE BOLTS	
	STENCILING - NAMEPLATE	
	HEALTH PERMIT MARKER	
	HEALTH PERMIT NUMBER	

CASKET - General Appearance (Check Only Discrepancies)		CONDITION OF CASKET (Check One) ☐ SATISFACTORY ☐ UNSATISFACTORY
	FINISH (Exterior)	REMARKS Insp'd Satisfied
	HANDLES AND FASTENINGS	
	STENCILING - NAMEPLATE	
	CAM LOCKS (Sealing)	
	ODOR AND MOISTURE	

ROUTED THROUGH

☐ MORTUARY OPERATING ROOM	☒ REPAIR SHOP
Condition of Remains ☐ Satisfactory ☐ Unsatisfactory	Casket Repaired ☐ Yes ☐ No
NECESSARY DISINFECTION (Explain)	Casket Exchanged ☐ Yes ☒ No
	Shipping Case Repaired ☐ Yes ☐ No
	Shipping Case Exchanged ☐ Yes ☐ No
	REMARKS JHR

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
			1630	3.30.49	H.S. Ruddell

REMARKS

QMC Form (Rev. 1 Jan 47) W-5054

HEADQUARTERS
THIRD ZONE
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

GRW-OP 332.3

C E R T I F I C A T E

I certify that I have removed the attached identification tag(s) from the remains of:

ES HIATT ARTHUR B Pfc 33528059
(Last Name) (First Name) (Initial) (Rank) (ASN)

The attached identification tag(s) 2 removed for the following reason:

QMC Form 1194 indicates:

HIATT ARTHUR B Pfc 33528059
(Last Name) (First Name) (Initial) (Rank) (ASN)

Identification Tag indicates:

HIATT ARTHUR 33528059
(Last Name) (First Name) (Initial) (Rank) (ASN)

Imprint of Tag:

Elmo R Knaj 1st Lt QMC
(Signature of Verifying Officer)

Hamm Plot 3 Row 4 Grave 78
6020-63445

FILE

Mcl 47

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

L 12/21/48

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

DATE: Prev acc

Pfc Arthur R. Hiatt, 33 528 059
Plot Z, Row 4, Grave 78,
United States Military Cemetery
Hamm, Luxembourg

26 November 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, Mrs Pearlie M. Hiatt (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) *(Please indicate relationship to the deceased by placing an "X" in the proper box.)*

- ☐ WIDOW
- ☐ WIDOWER
- ☐ SON OVER 21 YEARS OLD
- ☐ DAUGHTER OVER 21 YEARS OLD
- ☐ FATHER
- ☒ MOTHER
- ☐ BROTHER OVER 21 YEARS OLD
- ☐ SISTER OVER 21 YEARS OLD
- ☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: *(Please place an "X" in the box opposite the option you have selected.)*

- ☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- ☒ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Willow Hill Moravin Cemetery, Ararat, Va.
(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)

CHANGE

(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.)*

27 DEC 1948

N.A.T. file Capt. Rogers 12/27/48

OQMG FORM 14 NOV 1946 345 MILITARY

16—50411-1

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			
Moody Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
121 Franklin St.	Mt.Airy	Surry	N.C.
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.
Winston Salem, N.C.	same		same

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
Wolfe	Eulala	H.	sister
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Oakdale St.	Mt.Airy	Surry	N.C.

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 Pearlie M. Hiatt
(SIGNATURE OF NEXT OF KIN)

Mrs Pearlie M. Hiatt
(NAME PRINTED OR TYPED)

Ararat, Va.
(STREET AND NUMBER)

same
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 8 day of Dec, 19____, at city (or town) of Mt.Airy, county of Surry, and State (or Territory or District) of North Car.

Dennis W Moody
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

N.P.
(OFFICIAL TITLE)

My Commission Expires September 25, 1949

*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 INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

7124

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE: April 9, 1949

NAME OF DECEDENT (*Last, First, Middle Initial*)	BRANCH OF SERVICE
Hiatt, Arthur R	AGF

RANK OR GRADE	SERIAL NO.
Pfc	33528059

TO BE FILLED IN BY CLAIMANT

A. [X] INTERMENT EXPENSES (*Civilian or Private Cemetery*)

B. [ ] TRANSPORTATION EXPENSES (*National or Post Cemetery*)

~~210-352~~
G. A. DUNN
COL., F.D.
APR 1949
McPherson, Ga.
Gen. No. 5-1

WW II
VALID REPATRIATION

GEORGE GREEN
CAPTAIN, QMC.

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. ~~Fill in as required and sign four copies.~~ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of $ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: of Cemetery: Willow Hill

CITY OR COUNTY: Ararat, Va.

STATE:

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of $ ~~was~~ paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (*City, town, or place from which remains were shipped*)

TO: (*Name and Location of National or Post Cemetery*)

RETURN FOUR COPIES TO

AGR DIVISION
ATLANTA GENERAL DEPOT, U. S. ARMY
ATLANTA, GEORGIA

SIGNATURE OF CLAIMANT: ~~Mrs. Pearlie Hiatt~~ DO NOT SIGN

ADDRESS (*Street number or RFD, City and State*): Ararat, Va.

RELATIONSHIP TO DECEDENT: mother

REMARKS

APR 30 1949
Atlanta, Ga. 137460 COPY
Paid on Voucher Money
Accounts of Fin. Dept
Check No. 672592

Amt Rd. 75.00

QMC FORM REV 5 MAR 48 1236 — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE — 16—54738-1

PART A

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed $75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The $75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the Government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the $75 maximum must be borne by the person who incurred or paid the additional expenses.

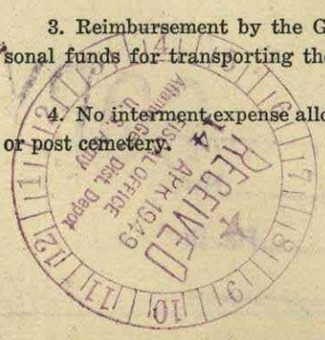
PART B

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.

3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.



U. S. GOVERNMENT PRINTING OFFICE 16—54738-1

DISINTERMENT DIRECTIVE
CHANGE ACTION SHEET

TO:	FROM:
DISINTERMENT DIRECTIVE SECTION *REPATRIATION RECORDS BRANCH*	*REPLY FORM ACCEPTANCE SECTION* *FAMILY CORRESPONDENCE BRANCH*

DISINTERMENT DIRECTIVE NO.	FINAL DISPOSITION CODE	DISPATCH DATE OF PREVIOUS DD
6020 - 03445	80 - 6001	6 April 48

NAME (*Last, First, Middle*)	RANK	SERIAL NUMBER
Hiatt, Arthur R.	Pfc	33 528 059

CEMETERY	PLOT	ROW	GRAVE
Hamm-Luxembourg	Z	4	78

ITEM	CHANGE	
	FROM	TO
OPTION	#1	#2
CONSIGNEE NAME	-	Moody Funeral Home
ADDRESS	-	121 Franklin Street Mt. Airy, North Carolina
DISTRIBUTION CENTER NUMBER	80	05
NEXT OF KIN NAME	Mrs. Pearlie M. Hiatt (Mother)	No Change
ADDRESS	Ararat, Virginia	No Change

CHANGE

AUTHORITY

Letter from Mother requesting change in option

DD cancelled per AGRC MESG #5684 9/20/48

W - S

27 DEC 1948

N.A.T. File Capt. Rogers 12/27/48

DATE	CLERK'S SIGNATURE
22 Dec 48	Beck Charles N. Beck

OQMG FORM 1911
29 JUN 48

THIS FORM IS TO BE FILED IN 293 FILE

48 12597

Pfc Arthur R. Hiatt, 33 528 059
Plot Z, Row 4, Grave 78,
United States Military Cemetery
Hamm, Luxembourg

26 November 1948

Mrs. Pearlie M. Hiatt

Ararat, Virginia

Dear Mrs. Hiatt:

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,

8 Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

how

REQUEST FOR NEW LETTER OF INQUIRY

TO *LETTER OF INQUIRY SECTION* *REPATRIATION RECORDS BRANCH*	FROM UNIT II (FR)

NAME OF DECEDENT (*First, Middle, Last*)	GRADE	SERIAL NUMBER	
ARTHUR R. HIATT	PFC	33 528 059	
GRAVE LOCATION			
CEMETERY	PLOT	ROW	GRAVE
HAMM-LUXEMBOURG	Z	4	78

LETTER OF INQUIRY TO BE SENT TO:	RELATIONSHIP
~~MR.~~ ~~MISS~~ MRS. PEARLIE M. HIATT	MOTHER

ADDRESS

STREET	CITY AND STATE
	ARARAT, VIRGINIA

AUTHORITY FOR LETTER OF INQUIRY AND REMARKS

DD-6020-03445-DIST. PT. #80 WAS CANCELLED-PER AGRC-MESG. #5684

PLEASE, FORWARD NEW LOI TO MOTHER (NOK)

New L.O.I. SENT 26 NOV 1948 Mother AK

See Exp. section 11/26/48 D. Williams

29 Nov

DATE	CLERK'S SIGNATURE
17 NOV. 48	BECK

OQMG FORM 399 REV 12 MAY 48

THIS FORM IS TO BE FILED IN 293 FILE

48 9709

293
Hiatt, Arthur R.
A.S.N. 33528,059

QMGMW DEPT OF ARMY WASH D C MULLIGAN X-71672 UNCLASSIFIED

MRS PEARLIE M HIATT
ARARAT VIRGINIA PRIORITY

CHARGE GRAVES WW II

REFERENCE YOUR LETTER REQUESTING REMAINS OF YOUR SON COMMA THE LATE PRIVATE FIRST CLASS ARTHUR R HIATT COMMA 33528059 BE RETURNED TO UNITED STATES. YOUR REQUEST CAN BE COMPLIED WITH. A NEW DISPOSITION FORM IS BEING MAILED. URGENT YOU COMPLETE AND RETURN END VOGL

cwt

VOGL
Memorial Division
OQMG

TEM

UNCLASSIFIED

QMGMW 293
Hiatt, Arthur R., 33528059

181800Z
Oct 48

J. F. VOGL
Captain, QMC, Memorial Division

QMGMR DEPT OF ARMY WASH DC CAPT HOOKER EXT 73282 UNCLASSIFIED

CG AGRC PARIS FRANCE

PRIORITY

X

////////////// CHANGE GRAVES NR 11

FROM QMGMR

REQUEST THE FOLLOWING DISINTERMENT DIRECTIVES BE CANCELLED DUE TO CHANGE IN FINAL DISPOSITION INSTRUCTIONS CMA DISINTERMENT DIRECTIVE NBR ONE SIX ZERO FIVE ZERO ZERO THREE SEVEN ZERO FOR FIRST LIEUTENANT JAMES JIM BROWN ZERO SEVEN FOUR SEVEN FIVE SEVEN TWO CMA DISINTERMENT DIRECTIVE NBR SIX ZERO TWO ZERO ZERO THREE FOUR FOUR FIVE FOR PFC ARTHUR ROGER HIATT THREE THREE FIVE TWO EIGHT ZERO FIVE NINE CMA DISINTERMENT DIRECTIVE NBR THREE FIVE EIGHT SIX ZERO TWO FIVE TWO SEVEN FOR PFC AUGUSTINE MIKE LODICE THREE THREE SEVEN NINE FIVE FIVE ONE EIGHT CMA DISINTERMENT DIRECTIVE NBR THREE FIVE THREE NINE ZERO TWO EIGHT SEVEN SIX FOR PFC ADOLPH CHARLIE ROLL THREE TWO THREE THREE ZERO NINE ONE ZERO CMA DISINTERMENT DIRECTIVE NBR ONE TWO TWO FIVE ZERO ZERO THREE NINE TWO FOR PFC JOHN LOVE CANNON THREE FOUR SEVEN NINE FOUR FOUR ONE SIX CMA AND DISINTERMENT DIRECTIVE NBR THREE FIVE SEVEN FOUR ZERO ONE ONE NINE NINE FOR FIRST LIEUTENANT HAROLD CHARLIE BRABAR ZERO ONE THREE ONE SEVEN EIGHT SEVEN NINE PD REQUEST CONFIRMATION AS TO WHETHER OR NOT ABOVE REQUEST CAN BE COMPLIED WITH PD CORRECTED DISINTERMENT DIRECTIVES TO FOLLOW

mas

UNCLASSIFIED

QMGMR [illegible] [illegible]

GRAVES REGISTRATION, [illegible] SEP 48 O. J. MURRAY, MAJ., QMC MEM DIV

FR
JOH
JOH

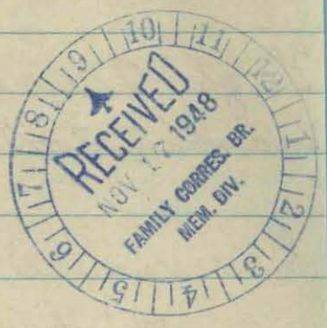
Ararat, Va
Nov. 15, 1948
Vogl Memorial Div. OQMG.
Washington DC

Dear Sirs,

I have not received the Disposition Form, as stated in your telegram of Oct, 14, 1948, in regard to the remains of the late Private First Class Arthur R. Hiatt, 35528059 being returned to the United States, Virginia was requested.

Thanks,
Pearlie M. Hiatt

file 23 Nov 48
C Rush



293 Hiatt, Arthur R. dt

DEPARTMENT OF THE ARMY
~~WAR DEPARTMENT~~

DISPOSITION FORM

SECURITY CLASSIFICATION (If any)

FILE No. TCMOV-PA 2938 Hiatt, Arthur R. 293

SUBJECT HIATT, Arthur R. (Deceased)

TO The Quartermaster General
ATTN: Memorial Division

FROM Chief, Passenger Traffic Branch, MD, OCT

DATE 12 August 1948

COMMENT No. 1
ESM/mvc/2188

Letter from Mrs. Pearlie Mae Hiatt, dated 5 August 1948 and reply thereto this date are inclosed and are self-explanatory.

FOR THE CHIEF OF TRANSPORTATION:

A. T. Bill
A. T. BILL
Major, TC
Assistant

2 Incls.
1-Ltr fm Mrs. Hiatt dtd 5 Aug. 48
2-Ltr fm OCT to Mrs. Hiatt, dtd 12 August 48

File
23 Nov
C Rec'd

RECEIVED
AUG
FAMILY BRANCH
MEM. DIV.

WD AGO FORM 1 MAY 1946 897

657594 ☆ U. S. GOVERNMENT PRINTING OFFICE

DISPATCHED
WAR DEPARTMENT
1948 AUG 13 8 52

OFFICE
CHIEF OF TRANSPORTATION
M & R BRANCH

TCMOV-PA 12 August 1948

Mrs. Pearlie Mae Hiatt
Ararat, Virginia

Dear Mrs. Hiatt:

This will acknowledge receipt of your letter requesting information in connection with the return of remains of your son, Arthur R. Hiatt.

Your letter is being forwarded to the Memorial Division, The Quartermaster General, which handles correspondence and maintains records pertaining to the Return of the World War II Dead.

Any further correspondence in this connection should be addressed to The Quartermaster General, Memorial Division, Department of the Army, Washington 25, D. C.

Sincerely,

A. T. BILL
Major, TC
Assistant

Ind. #2

Mar
Ct

Pearlie mae Hiatt
ararat Va.

Aug. 5 1948

Dear Sir.

I want to know if I can still yet have my son Arthur R. Hiatt brought back home for buriel
I filled out the Papers and sent it in and marked it for him to stay where he was but have Decided I want him brought home
Can I still yet have it done

Your Truly

Pearlie mae Hiatt
ararat Va.

6A
DD

Incl. #1

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc. Arthur R. Hiatt, 33 538 059
Plot E, Row 4, Grave 78,
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, Pearlie Mae Hiatt
(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 _____ (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 "

DD Proc
MAR 22 1948
XW

coded 12 March 48
Gallagher hd

OQMG FORM 14 NOV 1946 345 MILITARY

16—50411-1

FEB 10

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.

Pearlie Mae Hiatt
(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

Pearlie Mae Hiatt
(NAME PRINTED OR TYPED)

Ararat, Va.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 30th. day of August, 19 47, at city (or town) of Mount Airy, county of Surry, and State (~~or Territory or District~~) of North Carolina

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public My Commission Expires April 26, 1948
(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 _____, 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 INSTRUCTIONS

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

" None "

U. S. GOVERNMENT PRINTING OFFICE

X

Pfc. Arthur R. Hiatt, 33 528 059
Plot Z, Row 4, Grave 78,
United States Military Cemetery
Hamm, Luxembourg

31 July 1947

Mrs. Pearl Hiatt

Ararat, Virginia

Dear Mrs. Hiatt:

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.

Jul 1 9 PM 47 COOPER, MISS. MAIL & RECORDS BRANCH

Sincerely,

8 Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

vmt

SPQYG 293
Hiatt, Arthur R.
S. N. 33 528 059

Address Reply to THE
Quartermaster General
Attn: Memorial Division

5 January 1946

Mrs. Pearlie May Hiatt
R.F.D. #2
Ararat, Virginia

Dear Mrs. Hiatt:

Your letter concerning your son, the late Private First Class Arthur R. Hiatt, has been received in this office.

The official Report of Burial discloses that the remains of your son were interred in Plot Z, Row 4, Grave 78, in the United States Military Cemetery, Hamm, Luxembourg, located approximately two miles east of the city of Luxembourg.

Please accept my sincere sympathy in the loss of your son.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

jc

Ararat Virginia
Dec. 10, 1945

Veterans Administration
Roanoke Virginia

Dear Sirs—

Concerning record of B A-E A
293
Hiatt ARTHUR R. X C. 4040 468
record of death and burial
and no of grave

yours truly

Mrs. Pearlie May Hiatt
R. 7 D 2
Ararat Virginia

Roanoke 17, Virginia

December 17, 1945

R14.210

Mrs. Pearlie May Hiatt
R.F.D. #2
Ararat, Virginia

HIATT, Arthur R.
XC-4 040 468

Dear Madam:

This is to inform you that your letter of December 10, 1945, requesting information relative to the death and burial of your husband, the above named veteran, has been forwarded to the War Department, Washington, D. C. for reply. Any future communications regarding that matter should be referred to the War Department.

Very truly yours

W. J. MILLER
Adjudication Officer

cc: War Department
Washington, D. C.

GRAVES REGISTRATION FORM No. 1 (Revised 1 Sept. 1948)

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

28 June 1945
Date

HIATT	Arthur	R.	Pfc	33528059
Last Name	First	Initial	Rank	Serial No.

~~Unknown~~ (F 9433)	320 Inf Regt	35th Div.	15th Army
	Unit	Organization	

Altenkirchen, Germany	25 June 1945	Pen W in Chest
Place of Death	Date of Death	Cause of Death

0830, 28 June 1945	U S Mil Cem, Hamm, Lux.	VP 8713
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location

78	4	Z	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:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	UNKNOWN X-172	Unk	Unk	Unknown	77
Deceased's Left:	RAY	34490107	Pvt	112 Inf. 28 Div	79

Body brought in by Sgt Clyde, 3047th GRS Co.
Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

ARTHUR HIATT
33528059 T43-44 O
(P

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

X-395 Hiatt Arthur
33528059

Signature of Officer or other person reporting burial

G F Zehner

Verified by G.R.S. Officer
G. F. ZEHNER, 1st Lt, QMC
3045th QM Gr Reg Co.

28

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.

Left Hand — Right Hand

4 3 2 1 Thumb — Thumb 1 2 3 4

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

TOOTH CHART

Deceased's Left — Deceased's Right

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

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

12 July 45 rc

REPORT OF DEATH — DATE

FULL NAME	ARMY SERIAL NUMBER	GRADE
Hiatt, Arthur R.	33 528 059	Pfc
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Ararat, Va.	Infantry	23 Apr 20
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action	25 June 45
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	17 Dec 42	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Pearlie M. Hiatt (mother) Ararat, Va.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Pearl Hiatt (mother) same as above (also shown as Pearlie M. Hiatt)
Lillie Hiatt (sister) 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 GO 13 Hq 320 Inf 1 Dec 44

Evidence of death received in WD 9 July 45

FILE
JUL 14 1945
VE

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

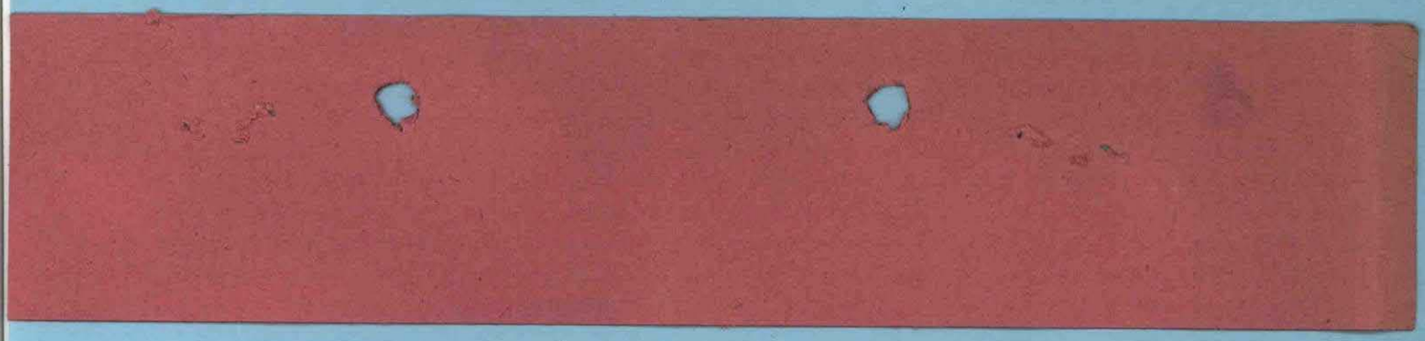
BY ORDER OF THE SECRETARY OF WAR:

J. A. Ulio

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.



SENSITIVE SURFACE - HANDLE BLUES ONLY

WAR DEPARTMENT

553924

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

12 July 45 rc

REPORT OF DEATH — DATE

FULL NAME	ARMY SERIAL NUMBER	GRADE
Hiatt, Arthur R.	33 528 059	Pfc
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Ararat, Va.	Infantry	23 Apr 20
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action	25 June 45
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	17 Dec 42	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Pearlie M. Hiatt (mother) Ararat, RFD Va.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Pearl Hiatt (mother) same as above (also shown as Pearlie M. Hiatt)
Lillie Hiatt (sister) 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 GO 13 Hq 320 Inf 1 Dec 44

Evidence of death received in WD 9 July 45

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

J. A. Sadler

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.

553,924

RTB:VK:mf
November 8, 1945

Dear Mrs. Hiatt:

The Army Effects Bureau has received from overseas some personal effects of your son, Private First Class Arthur R. Hiatt.

These effects are being forwarded to you in one carton.

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 son.

Yours very truly,

HARRY NIEMIEC
2nd Lt., QMC
Chief, Correspondence Branch

11-8
aB

353724 Mc

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

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

STATUS	
DECEASED	
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		
18.03	U. S. MONEY (AMOUNT)		KNIVES		TROUSERS, PR.		
	WATCH		LETTERS		TRUNKS, PR.		
	WINGS		LIGHTERS		UNDERWEAR		

DAMAGED

CONTAINERS ADDRESSED TO: None

NAME AND STATUS VARIATIONS

INFORMATION: Mrs Pearlie Hiatt
Rt#2 Ararat, Va.

CROSS REFERENCE

		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

AB 14,

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET / OF SHEETS
4140		25 Oct 45		

NAME: ARTHUR R. HIATT

A. S. N.: 33528059

ORGANIZATION

RANK: PFC

CASE NO.

WAREHOUSE SPACE: 1015

EXAMINED BY: V. Russell

PACKED BY: E Hendricks

INSPECTED BY: T

STORED BY: miller

PACKAGE DESCRIPTION	WEIGHT
#1 Locker	

	DIARY REMOVED
	PHOTO FILM REMOVED
	MOTION PICTURE FILM REMOVED

SHIPPED

DATE: NOV 15 1945

BY WHOM: MK

EFF. QM FORM 11 (15 JUNE 45) 360M LA RUE, K. C. 8-17-45

ADDITIONAL REMARKS

REMOVALS (*other than G. I.*)	DAMAGES (*List type of damage-extent*)
	1-Billfold-Badly worn 1-Cigarette Lighter-Part Missing 1-Wrist Watch-Not in running order-Part of band missing Photos-damaged by moisture and discolored. 1-Ring-Set Missing

SHORTAGES

1- Fountain Pen
1- Ring

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

V. Risser
INVENTORY CLERK

LaFever
SUPERVISOR

G. I. REMOVED

NAME

HIATT, ARTHUR R PFC 8059

BAY	PALLET	BOX	TALLY
18		12	4140

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
PKG Eff. QM Form 43		

C O N F I D E N T I A L

TEMPORARY FORM

SUBJECT: Inventory of Personal Effects of: _____
(Last Name)

Hiatt

(First Name) (MI) (Rank) (ASN)

Arthur R. pfc. 33528059

TO: Effects Quartermaster, Communication Zone. APO # _____ U.S. Army

The above name individual of _____
(Unit) (Organization)

Hq Co, 2nd Bn, 320th Inf, APO 35

was reported KIA about 25 June 194 5.

Designated Beneficiary if information is readily accessible: _____

INVENTORY OF EFFECTS

1-Billfold w-4 money order receipts & 11-snapshots
1-Damaged zippo lighter
2-German marks (souv)
1-Knife in sheath
1-Wristwatch
1-Fountain pen
4-Rings
2-GC Ribbons
1-ETO Ribbon
1-Pr wooden shoes
1-Finger nail clip
1-Bundle letters
7-6¢ am envelopes
1-35th Div phamphlet
1-Shaving kit

Money in the amount of _____ has been turned into:

none Form WDFD 38
(Name of Finance Officer and symbol No.)

(Name and address of any Banks in which accounts may be carried)

none

I certify that the above items constitute all of the effects accrued by me, of the above named individual and that they were forwarded to the effects Depot by truck on 16 July 45 1945.

Name K H FRAZIER

Rank &ASN CWO W-2106897

Organization AsstAdj-320th Inf

Any additional pertinent information:

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

WFH:[illegible]:eh
Case No. 553924
Date 2 November 1945

SUBJECT: Report of transactions in disposing of the effects of

Arthur R. Hiatt (Name of deceased), 33 528 059 (Army Serial Number) late a

Private First Class (Grade), Infantry (Organization, Army or Service) who died

on the 25th day of June, 19 45, at European Area Washington.

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, Hq., KCQM 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. none.)

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 1 November 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Pearlie M. Hiatt 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. Pearlie M. Hiatt (Name of person found entitled) of

Route #2 (Number, Street or Avenue), Ararat (City, Town or Village) State of

~~Virginia~~, is the Mother (Relationship or Capacity) of the

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

(Signature of Summary Court Officer)

W. F. HEHMAN, Major, QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

Eff. QM Form 75

CPCFP-8-18-45--4000