

PLOTTER BY WIMBERLY

1		USMC HAMM, LUXEMBOURG		Buried on: R: P.M. KITSKO		33704800	
		PLOT E ROW 12 GRAVE 38		Reburied 22 Nov. 1948		DISINTERMENT DIRECTIVE	
Verified by: <i>WR Peyton</i>		GRS Officer		DIRECTIVE NUMBER		DATE	
SECTION A —		NAME AND BURIAL LOCATION OF DECEASED		6020 03876		15 03 48	
NAME		SERIAL NUMBER		RANK		ARM	
JOHNSON RUSSELL J		36988980		PVT		1	
CEMETERY		Hamm - Luxembourg		DATE OF DEATH		DISPOSITION OF REMAINS	
PLOT		ROW	GRAVE	COUNTRY		DAY MONTH YEAR	
L		5	109	LUXEMBOURG		1 6001 80	
CAUSE OF DEATH		1		CODE		DIST. PT.	
SECTION B — CONSIGNEE AND NEXT OF KIN							
NAME AND ADDRESS OF CONSIGNEE				NAME AND ADDRESS OF NEXT OF KIN			
HAMM, LUXEMBOURG				MINNIE M. JOHNSON (WIDOW) ROUTE #1 HANOVER, MICHIGAN FLAG SENT)			
SECTION C — DISINTERMENT AND IDENTIFICATION							
NAME		SERIAL NUMBER		RANK		DATE OF DEATH	
RUSSELL J. JOHNSON		36988980		PVT		14 DEC 1948	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY	
☒ REMAINS		USAGF		P		CHARLES L. WALLIS	
☒ MARKER						CAPT QMC NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL				CONDITION OF REMAINS			
UNIFORM				ADVANCED DECOMPOSITION - SKULL FRACTURED			
OTHER MEANS OF IDENTIFICATION				NONE			
MINOR DISCREPANCIES				NONE			
REMAINS PREPARED AND PLACED IN				CASKET TRANSFER CASE			
DATE		18 MAY 48		BY		ROT T. PATTERSON	
CASKET SEALED BY		JOHN A. BRICKLEY		EMBALMER (Signature)		JOHN A. BRICKLEY	
CASKET BOXED AND MARKED		ROBERT E. KREBS		SHIPPING ADDRESS VERIFIED BY		ALL MARKINGS TAGS PLATES	
DATE		19 MAY 48		VERIFIED BY		ROGER E. LEWIS CAPT CAV	
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.							
EXCEPT CASKETING							
FRITZ J. TOLTZEN 1/LT FA							
SIGNATURE OF GRS INSPECTOR							
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							

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

440

11 February 1949

Pvt. Russell J. Johnson, ASN 36 988 980
Plot E, Row 12, Grave 38
Headstone: Cross
Hamm U. S. Military Cemetery

Mrs. Minnie M. Johnson
Route #1
Hanover, Michigan

Dear Mrs. Johnson:

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

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

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

Sincerely yours,

THOMAS B. LARKIN
Major General
The Quartermaster General

ccy

FEB 11 5 41 PM '49
MAJOR GENERAL
QUARTERMASTER GENERAL

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt. Russell J. Johnson, 36 988 980
 Plot L, Row 5, Grave 109,
 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, Minnie M Johnson
 (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

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

(NAME AND LOCATION OF CEMETERY)

- ☐ 3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A

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.)

NoneDD PROC 3/12/48cdel 3/5/48 Mitchell

OQMG FORM 345 MILITARY

16-50411-1

PAGE 1

FEB 12

PART I (Continued)

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

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

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

OR

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

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
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.)

None

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.

Minnie M. Johnson
(SIGNATURE OF NEXT OF KIN)
Minnie M. Johnson
(NAME PRINTED OR TYPED)

R #1
(STREET AND NUMBER)
Hanover, Mich.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 26 day of August, 1947, at city (or town) of Jackson, county of Jackson, and State (or Territory or District) of Michigan.

Maurine M. Lamoreaux
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
MAURINE M. LAMOREAUX
Notary Public, Jackson County, Mich.
(OFFICIAL TITLE)
My Commission Expires Feb. 23, 1951

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

PA I—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

I am the next of kin

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 —



fm
Pvt. Russell J. Johnson, 36 988 980
Plot L, Row 5, Grave 109,
United States Military Cemetery
Hamm, Luxembourg

31 July 1947

Mrs. Minnie M. Johnson
Route #1
Hanover, Michigan

Dear Mrs. Johnson:

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

MAILED 13 17 PM '47
JUL 31 1947
U.S. ARMY
QUARTERMASTER GENERAL
WASHINGTON, D.C.

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SPQYG 293
Johnson, Russell J.

1 May 1946

Mrs. Minnie M. Johnson
Route #1
Hanover, Michigan

Dear Mrs. Johnson:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private Russel J. Johnson, A.S.N. 36 988 980.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Hamm, Luxembourg, plot L, row 5, grave 109.

This cemetery is located approximately two miles east of the city of Luxembourg, and is under the constant care and supervision of United States military personnel.

It is anticipated that, in the near future, the War Department will receive authority to comply, at Government expense, with your wishes regarding final interment, here or abroad, of the remains of your husband. At a later date, this office will, without any action on your part, provide you with full information and solicit your detailed desires.

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

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

LMS

REPORT OF BURIAL

TM 10-630 AND AR 10-1.15

15 Jan 1945

Date

JOHNSON	Russell	J	Pvt	36988980
Last Name	First	Initial	Rank	Serial No.
134th Inf			35th Div	
Unit			Organization	
Luttrebois, Belgium			SFW	Lt Chest
Place of Death			Date of Death	Cause of Death
1700- 15 Jan 45	US Military Cemetery		Hamm, Luxembourg	
Time and Date of Burial	Name of Cemetery		Name or Coordinates of Location	
109	5	L	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?

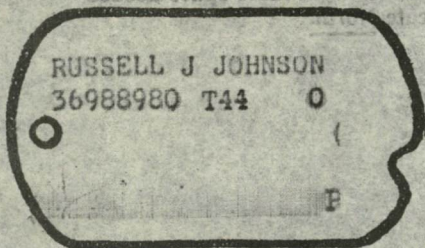
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	BADER	37058996	Tec 5	134th Inf 35th Div	108
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	TAYLOR	35537066	Pfc	134th Inf 35th Div	110
	Name	Serial No.	Rank	Organization	Grave No.

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

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



Emergency Addressee Mrs Minnie M Johnson
Name

Rt # 1 Hanover, Mich
Address

Religion Protestant

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

No Personal Effects

Signature of Officer or other person reporting burial

For The Commanding Officer:

CARL D TRUAX

Verified by G.R.S. Officer

1st Lt QMC

609th QM Gr Reg Co.

RESTRICTED

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

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

- Height:
- 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.

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

Left Hand

Right Hand

Thumb

Thumb

TOOTH CHART

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

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

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

Characteristics:

Other Data:

AG P BR HQ SOS

/22560

RESTRICTED

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

REPORT OF DEATH

DATE 3 February 1945

FULL NAME Johnson, Russell J.				ARMY SERIAL NUMBER 36,988,980		GRADE Private mab	
HOME ADDRESS <i>Ch</i> Horton, Hanover Michigan				ARM OR SERVICE Infantry		DATE OF BIRTH 29 July 1919	
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in action			DATE OF DEATH 10 Jan 1945	
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 21 June 1944		LENGTH OF SERVICE FOR PAY PURPOSES	
						YEARS	MONTHS
						DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Minnie M. Johnson, wife, Route #1, Hanover, Michigan							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Minnie M. Johnson, wife, Larry L., Ruth A. Johnson, children, same as above. Eleanor Lewis, sister, R. F. D. #1, Hanover, Michigan Brooklyn, Michigan Norman Johnson, brother, Grayling, Michigan							
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS	
YES	NO	YES	NO	YES	NO	YES	NO
						AUTHORIZED ABSENCE	
						YES	NO
				IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
				YES	NO	YES *X	
						NO	

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE ☐ NON-BATTLE

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

The individual named in this report is shown by the records of the War Department to have been absent in a missing in action status on 5 Jan 45 and subsequently reported killed in action on 10 Jan 45, such absence was terminated on 30 Jan 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

Audit
FILE
FEB 8 1945
C.B.

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

BY ORDER OF THE SECRETARY OF WAR

John T. ...

ADJUTANT GENERAL