

WESTERN
UNION

RECEIPT OF REMAINS

DELIVER AND REPORT
ANY CHARGES

DISTRIBUTION CENTER 1819 W. PERSHING RD., CHICAGO 9 ILL. ROUTINE

DAY LETTER

REMAINS CONSIGNED TO:

GORSLINE BROS.
205 EAST MIDDLE STREET
WILLIAMSTON, MICHIGAN

REMAINS OF THE LATE PFC. ROBERT L. STONE, SN. 36974306

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 4

C&O RR

DUE TO ARRIVE WILLIAMSTON, MICH. 2:30 PM (ST) FRIDAY 3 JUNE 1949

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS

TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 25853

THOS. O. CALL
MAJOR QMC

FILE

8 JUL 1949

REPATRIATION
BRANCH
MEM. DIV.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased

this 3 day of June, 1949
(Day) (Month)epl Shadon B. Daignault
(Witness (Escort))Gorsline Bros
(Consignee)
C. A. Gorsline

DISINTERMENT DIRECTIVE

66-38

1

38

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6020 07337

DATE

15 03 49
DAY MONTH YEAR

NAME

STONE ROBERT L

SERIAL NUMBER

36974306 PFC

GRADE

ARM

1

RACE

1

RELIGION

1

CEMETERY

HAMM LUXEMBOURG

PLOT

L

ROW

5

GRAVE

111

DISPOSITION OF REMAINS

6200

CODE

08

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

GORSLINE BROS.
205 EAST MIDDLE STREET
WILLIAMSTON, MICHIGAN
F/B LANSING, MICHIGAN

NAME AND ADDRESS OF NEXT OF KIN

BRIGG L. STONE (FATHER)
R.F.D. #1
OKEMOS, MICHIGAN

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.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

668

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC HAMB, LUXEMBOURG		TO CASKETING POINT, ANTWERP, BELGIUM	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER SGT. ROBERT A. JONES RA-34796384	
SIGNATURE OF SHIPPER <i>E. A. Foote</i> ERNEST A. FOOTE, CAPT. FA.	DATE 9.4.49	SIGNATURE OF RECEIVER <i>R. Dwyll</i>	DATE 12 APR 1949

2. SHIPPED

FROM RC ANTWERP BELGIUM		TO USAT H/IT VICTORY	
KIND OF CONVEYANCE VC. 2		NAME OF CONVOYER D. E. PRICE, MAJ. QMC.	
SIGNATURE OF SHIPPER <i>[Signature]</i> L. COL. T.C.	DATE 22 APR 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 22 APR 1949

3. SHIPPED

FROM		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> W. W. PRELSCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE MAY 4 1949

4. SHIPPED

FROM NYPE		TO	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER W. W. PRELSCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE MAY 11 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> AB Dwyll for	DATE 1/17/49

5. SHIPPED

FROM		TO L. A. BOOKSTADT 1st Lt, QMC Chief, Operations Bn.	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM 500 EAST MIDDLE STREET CONSIGNEE BROS.		TO BUICK F. STONE (EATNER)	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

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

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

L 5 111 HAMM LUXEMBOURG

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

ROBERT L. STONE

36974306

PFC

17 MAY 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☒ REMAINS☒ MARKER

P

CHARLES L. WALLS

CAPT QMC NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

UNIFORM

ADVANCED DECOMPOSITION - BODY COMPLETE

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET TRANSFER CASE

DATE 18 MAY 48

BY ROY T. PATTERSON

EMBALMER

CASKET SEALED BY

no work sheet

ELAM E POORBAUGH

without disinfectant

EMBALMER (Signature)

ELAM E POORBAUGH

CASKET BOXED AND MARKED

JAMES L LAMM

DATE 28 JUNE 48

CLERK

SHIPPING ADDRESS VERIFIED BY

ALL MARKINGS TAGS &

PLATES VERIFIED BY

R E LEWIS CAPT CAV

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

EXCEPT CASKETING

FRITZ TOLTZIEN

1/LT FA

SIGNATURE OF GRS INSPECTOR

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

25853 GW

INSPECTION CHECKLIST

NAME STONE, ROBERT L.		RANK PFC	SERIAL NO. 36974306	ARM OR SERVICE ARMY	DIRECTIVE DATE	
		RACE WHITE	RELIGION PROT	SEX MALE	DIRECTIVE NO. 6020 07337	
CONSIGNEE AND ADDRESS GORSLINE BROS. 205 EAST MIDDLE STREET WILLIAMSTON, MICHIGAN F/B LANSING, MICHIGAN			NEXT-OF-KIN ADDRESS BRIGG L. STONE (FATHER) R. F. D. #1 OKEMOS, MICHIGAN			
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)			CONDITION OF SHIPPING CASE (Check One) ☒ SATISFACTORY ☐ UNSATISFACTORY			
FINISH (Exterior)			REMARKS:			
FINISH (Interior)						
HANDLES						
HANDLE BOLTS						
STENCILING - NAMEPLATE						
			INSPECTED BY:			
CASKET - General Appearance (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One) ☐ SATISFACTORY ☒ UNSATISFACTORY			
FINISH (Exterior)			REMARKS: <i>OK</i> <i>Revised Price</i>			
HANDLES AND FASTENINGS						
STENCILING - NAMEPLATE						
CAM LOCKS (Sealing)						
ODOR OR MOISTURE						
			INSPECTED BY: <i>F. H. [Signature]</i>			
ROUTED THROUGH						
☐ MORTUARY OPERATING ROOM			☐ MORTUARY REPAIR SHOP			
CONDITION OF REMAINS ☐ SATISFACTORY ☐ UNSATISFACTORY			CASKET REPAIR ☒ <i>A Mount [Signature]</i>			
NECESSARY DISINFECTION (Explain)			CASKET EXCHANGED ☐			
			SHIPPING CASE REPAIRED ☐			
			SHIPPING CASE EXCHANGED ☐			
			REMARKS:			
TIME	DATE	SIGNATURE OF MORTICIAN		TIME	DATE	SIGNATURE OF INSPECTING OFFICER
STORAGE LOCATION				PASS. LIST NO.		CONTROL NUMBER 25853
FLOOR	SECTION	BAY	STORAGE NUMBER 1193	NY 028 R		
STAMP INCOMING OR OUTGOING						

WJ A239 15 COLLECT 4 EXTRA

LANSING MICH MAY 2 1949 1107A

CHICAGO QM DEPOT AGRD

ORIGINAL INSTRUCTIONS OK CONCERNING REMAINS OF PFC ROBERT L
STONE

BRIGG L STONE RFD #1 OKEMOS MICH

1140A

#1..

FILE *RB*

MAY 2 1 06 PM '49

SIGINT CENTER

AGRD DIV., CHICAGO QUARTERMASTER DEPOT
1819 W. PERSHING RD., CHICAGO 9, ILL.

Fromy 25853 gw
36974306

WESTERN UNION
DAY LETTER

DELIVER AND REPORT ANY CHARGES

RECEIVED
SIGNAL CENTER

MAY 1 5 30 PM '40

MR. BRIGG L. STONE

R. F. D. #1

OKEMOS, MICHIGAN

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE

PFC. ROBERT L. STONE

ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO

GORSLINE BROS. 205 EAST MIDDLE STREET WILLIAMSTON, MICHIGAN
F/B LANSING, MICHIGAN

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. DELIVERY OF REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY SEVERAL WEEKS. AT LEAST THREE DAYS PRIOR TO SHIPMENT OF REMAINS ACCOMPANIED BY MILITARY ESCORT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF METHOD OF TRANSPORTATION AND TIME OF ARRIVAL AND REQUESTED TO NOTIFY YOU. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. IN REPLY REFER TO CONTROL NO. 25853

FILE

THOS. O. CALL
Major, QMC

MAY 1 - 1949

C. M. ODENWALDER
Capt., QMC



REPATRIATION
RECORDS BRANCH

JUN 23 2 49 PM '49
MEMPHIS DIVISION

JUN 23 1949
RECEIVED

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

1. DATE

(Read Explanation on Reverse Side before completing form)

X

4 June 49

2. NAME OF DECEDENT (Last, First, Middle Initial)

STONE, ROBERT L.

3. BRANCH OF SERVICE

ARMY

6. A. ☐ INTERMENT EXPENSES
(Civilian or Private Cemetery)B. ☐ TRANSPORTATION EXPENSES
(National or Post Cemetery)

4. RANK OR GRADE

PFC

5. SERIAL NO.

36974306

7. ☒ IF WORLD WAR II DECEASED, CHECK BOX.
IF CURRENT DECEASED, ENTER DATE OF DEATH.

INSTRUCTIONS TO INITIATING INSTALLATION

Fill in items 1 through 7 and item 10.

Cross out item 8 or item 9, whichever is not applicable.

Stamp "Ribbon" copy "ORIGINAL."

Stamp carbon copies "COPY."

FORWARD COPY

TO OFFICE OF

QUARTERMASTER GENERAL, WASHINGTON 25, D. C.

ATTN: HDQRS., A. G. R. S.

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

This form is to be signed by the claimant and NOT by the funeral director.

Complete the original and three copies. JUN 14 1949

SIGN ORIGINAL ONLY. CLAIM VALID-REPATRIATION

8. 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 Little Rockington

CITY OR COUNTY: Williamston

STATE: Michigan

10. RETURN THE ORIGINAL AND THREE COPIES TO:

COMMANDING OFFICER
CHICAGO QUARTERMASTER DEPOT
1819 WEST PERSHING ROAD
CHICAGO 9, ILLINOIS
ATTN: AGR DIVISION

9. 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)

10. (Name and location of National or Post Cemetery)

11. SIGNATURE OF CLAIMANT

MR. BRIGG L. STONE

12. ADDRESS (Street number or RFD, City and State)

R. F. D. #2 OKEMOS, MICHIGAN

13. RELATIONSHIP TO DECEDENT

REMARKS:

U.S. ARMY, CHICAGO, ILL
JUN 29 1949
ACCOUNTS OF E. G. DOVEY
Number 210-537

207603

(DO NOT SIGN THIS)

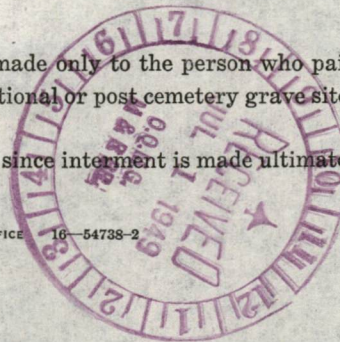
COPY

EXPLANATION OF BOX "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.

EXPLANATION OF BOX "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.



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

L 3/11/49

Rev R-9/18/47

Pfc Robert L. Stone, 36 974 306
 Plot L, Row 5, Grave 111,
 United States Military Cemetery
 Hamm, Luxembourg

15 February 1949

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, BRIG G L. STONE

(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

LITTLE ARLINGTON — LANSING, MICHIGAN
 (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.)

none Coded 3-15-49

J. Williams

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.

Brigg L. Stone (SIGNATURE OF NEXT OF KIN)
 R.F.D #1 (STREET AND NUMBER)

BRIGG L. STONE (NAME PRINTED OR TYPED)
 OKEMOS MICH. (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 8th day of March, 1949, at city (or town) of Williamston, county of Ingham, and State (or Territory or District) of Michigan

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

Colin W. Hayward
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
COLIN W. HAYWARD
 Notary Public, Ingham County, Mich.
 My Commission Expires May 10, 1952
 (OFFICIAL TITLE)

PART II- RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

(SIGNATURE OF NEXT OF KIN)

(DATE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

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

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

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

(SIGNATURE)

(DATE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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



MEMORIAL DIVISION
MAR 14 12 05 PM '49

REPAIRS BRANCH
RECORDS BRANCH



JK
Pfc Robert L. Stone, 36 974 306
Plot L, Row 5, Grave 111,
United States Military Cemetery
Hamm, Luxembourg

15 February 1949

Mr. Brigg L. Stone
Route #1
Okemos, Michigan

Dear Mr. Stone:

The records in this office have been amended to show you as the next of kin of the above-named decedent, and the person authorized to request disposition of the remains.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your wishes in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your wishes as indicated thereon.

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.

It is urged that you complete the "Request for Disposition of Remains" form, and return it to this office without delay in order that prompt action may be taken toward the final disposition of the remains. A self-addressed envelope which requires no postage is inclosed for your convenience.

Sincerely yours,

JAMES F. SMITH
Major, QMC
Memorial Division

AIR MAIL

8
Incls. *Mr. Stone*

new
FEB 15 1949
O.C.M.C. SERVICE
MAIL & RECORDS DIVISION

new **EX-1 SENT** FEB 15 1949 *to Jack. Mr. S.*

REQUEST FOR NEW LETTER OF INQUIRY

TO LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM PR	
NAME OF DECEDENT (First, Middle, Last) Robert L. Stone ✓		GRADE Pfc ✓	SERIAL NUMBER 36974306 ✓
GRAVE LOCATION			
CEMETERY Hamm ✓	PLOT 2 ✓	ROW 5 ✓	GRAVE 111 ✓
LETTER OF INQUIRY TO BE SENT TO: MR. ☒ MISS ☒ MRS. ☐ Briggs L. Stone		RELATIONSHIP Father ✓	
ADDRESS			
STREET Rt. #1 ✓		CITY AND STATE Okemos, Mich. ✓	
AUTHORITY FOR LETTER OF INQUIRY AND REMARKS widow Re-M			
<i>new</i> L.O.I. SENT FEB 15 1949 <i>of father m 9</i>			
DATE 2-10-49		CLERK'S SIGNATURE B. Little Unit #2	

STATE OF MICHIGAN, } ss.

County of MidlandI, Benj. E. Voorhees, Jr. Stone, R. L. Pte
369 7430 6
Hammer 2-5-111 Clerk

of the County of Midland and of the Circuit Court thereof, the same being a court of record having a seal, do hereby certify that the following is a copy of the record of marriage of Earl Bassett and Evelyn Stone now remaining in my office, and of the whole thereof, viz:

Record Number	Date of License			Full Name of Bridegroom and Bride, and Maiden Name of Bride if a Widow	Age of Each In Years	White, Black Mulatto, Etc.	Residence of Each
	Month	Day	Year				
8744	May	20	1946	Earl Bassett	41	White	Route 3, Midland, Michigan
				Evelyn Stone	23	White	Shafisburg, Michigan

Birthplace of Each	Occupation of Each	Name of Father of Each	Maiden Name of Mother of Each
<u>Midland County, Michigan</u>	<u>Crane Operator</u>	<u>Volney Bassett</u>	<u>Elizabeth Frisch</u>
<u>Shafisburg, Michigan</u>	<u>House Work</u>	<u>Clarence Hettinger</u>	<u>Thelma Hammond</u>

Times Previously Married	Date of Marriage			Place of Marriage	Name and Official Station of Person by Whom Married	WITNESSES TO MARRIAGE	
	Month	Day	Year			Names	Residences
None	May	20	1946	Lansing, Ingham County Michigan	Rev. C. A. Bruch Pastor	Stanley Paul Evert Elizabeth Mae Pettit	Lansing, Michigan East Lansing, Michigan

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court, the 3rd day of September A. D. 19 47

Benj. E. Voorhees, Jr. Clerk
Ann Moore - Deputy Clerk

Record No. 8744

Certified Copy of Record of Marriage

Earl Bassett

TO

Evelyn Stone

293 Stone, Robert L. 36974306 *en*

OQMG FORM 381
11 MAR 47

NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED

RANK

SERIAL NUMBER

NAME OF NEXT OF KIN

RELATIONSHIP

OLD ADDRESS

NEW ADDRESS

REMARKS

293 Stones Robert L.

Noted
File
W/9/11/47
JF

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300
(GPO)



OFFICE OF THE QUARTERMASTER GENERAL
MEMORIAL DIVISION, R. R. BRANCH
WASHINGTON 25, D. C.

--QUEST FOR DISPOSITION OF REM

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

DATE:

Pfc. Robert L. Stone, 36 974 306
 Plot 1, Row 5, Grave 111,
 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, EVELYN L. STONE (BASSETT)

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

- ☒ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- ☐ 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 _____

(FOREIGN COUNTRY)

(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

FILE
 Name Mr. Jones
 Action NA
 Date 2-21-49
 Acceptance Section
 Family Corres. Branch

201 father 2/10/49
 1592

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 (<i>Nearest railroad passenger station</i>)	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 (<i>Nearest railroad passenger station</i>)	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.

Evelyn L. Stone (Bassett)
(SIGNATURE OF NEXT OF KIN)
Evelyn L. Stone (Bassett)
(NAME PRINTED OR TYPED)

4402 W. Maple St.
(STREET AND NUMBER)
Midland, Mich.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 10th day of September, 1947, at city (or town) of Midland, county of Midland, and State (or Territory or District) of Michigan.

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

Atta Thompson
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)

PART II - RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____ (SIGNATURE OF NEXT OF KIN)	_____ (DATE)
_____ (NAME PRINTED OR TYPED)	_____ (STREET AND NUMBER)
	_____ (CITY AND STATE)

PART III

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

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

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

_____ (SIGNATURE)	_____ (DATE)
_____ (NAME PRINTED OR TYPED)	_____ (STREET AND NUMBER)
	_____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

RECORDS BRANCH
SEP 18 3 54 PM '47
MEMORIAL DIVISION



Pfc. Robert L. Stone, 36 974 306
Plot L, Row 5, Grave 111,
United States Military Cemetery
Hamm, Luxembourg

31 July 1947

Mrs. Evelyn L. Stone
Box 42
Shaftsbury, Michigan

Dear Mrs. Stone:

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

8 Incls.
R

teh

L. O. I. SENT FEB 15 1949

ms
REF 293

Stone, Robert L. 36 974, 306 Lt

1 May 1946

Mrs. Evelyn L. Stone
Box #42
Shaftsbury, Michigan

Dear Mrs. Stone:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Private First Class, Robert L. Stone, A.S.N. 36 974 306.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Hamm, Luxembourg, plot L, row 5, grave 111.

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

11-12-46
T. B. LARKIN
RECORDS BRANCH
kbt
mc

LMS

RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 20-15

15 Jan. 1945

Date

STONE

Robert

L.

Unknown

36974306

Last Name

First

Initial

Rank

Serial No.

134th Inf..

35th Div.

Unit

Organization

Luttrebois, Belgium

Unk. (estimate 4 Jan. 1945)

S. W. lt. side

Place of Death

Date of Death

Cause of Death

1700 15 Jan. 1945

U.S. Military Cemetery

Hamm, Luxembourg

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

111

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:

TAYLOR

35537066

Pfc. 134th Inf. 35th Div.. 110

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

SAHLI

35588131

Cpl. 134th Inf. 35th Div. 112

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:

ROBERT L STONE

36974306 T44 A

Emergency Addressee

Unknown

Name

Address

Religion

Protestant

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

19 NOV 1945
FILE

Signature of Officer or other person reporting burial

For the Commanding Officer

CARL D. TRUAX

1st Lt.

QMC

Verified by G.R.S. Officer

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

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

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

Left Hand	4				Right Hand	4			
	3					3			
	2					2			
	1					1			
	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.

Decceased's Right	8	7	6	5	4	3	2	1	2	3	4	5	6	7	8
	Upper														
Decceased's Left	8	7	6	5	4	3	2	1	2	3	4	5	6	7	8
	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
REPORT OF BURIAL

TM 10-630 AND AR 204 15

61 15 Jan. 1945

Date

STONE

Robert

E.

Unknown

36974306

Last Name

First

Initial

Rank

Serial No.

134th Inf

Regt

9

35th Div.

Unit

Organization

Luttrebois, Belgium Unk. (estimate 4 Jan. 1945) S. W. lt. side

Place of Death

Date of Death

Cause of Death

1700 15 Jan. 1945

U.S. Military Cemetery

Hamm, Luxembourg

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

111

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:

TAYLOR

35537066

Pfc. 134th Inf. 35th Div.. 110

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

SAHLI

35588131

Cpl. 134th Inf. 35th Div. 112

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:

ROBERT L STONE
36974306 T44 A

Emergency Addressee Unknown

Name

Address

Religion Protestant

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

Signature of Officer or other person reporting burial

For the Commanding Officer

CARL D. TRUAX

1st Lt.

QMC Verified by G.R.S. Officer

609th QM Gr. Reg. Co.

RESTRICTED

File
3-9-45
mga

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand

2

1

Thumb

Right Hand

2

1

Thumb

TOOTH CHART

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

Deceased's Left								Deceased's Right							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ∩; flaking anchor teeth; replacements by artificial teeth X															

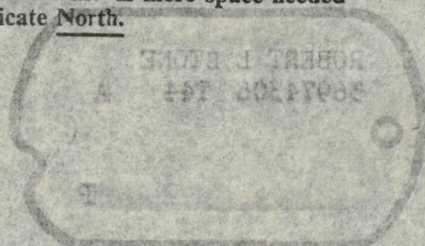
Characteristics: _____

Other Data: _____

Religion: Protestant

Address: _____

Emergency Address: _____



WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE **2 Feb 1945** **srh**

FULL NAME Stone, Robert L.				ARMY SERIAL NUMBER 36974306				GRADE PFC									
HOME ADDRESS Mason, Mich.				ARM OR SERVICE Inf				DATE OF BIRTH 27 May 1920									
PLACE OF DEATH European Area				CAUSE OF DEATH Killed in Action				DATE OF DEATH 9 Jan 1945									
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 28 Apr 1944				LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">YEARS</td> <td style="width: 33%;">MONTHS</td> <td style="width: 33%;">DAYS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				YEARS	MONTHS	DAYS			
YEARS	MONTHS	DAYS															
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Evelyn L. Stone, wife, Box 42, Shaftsburg, Mich.																	
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Evelyn L. Stone, wife, same as above. Brigg L. Stone, son, same as above Mrs. Ella M. Stone, Route #1, Okemus, Mich. (mother).																	
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 STATE

☒ BATTLE ☐ NON-BATTLE

Bene. continued:
Mr. Brigg L. Stone, father, same as mother.

Combat Infantryman (Authorization furnished when available)

The individual named in this report of death is held by the War Department to have been in a missing in action status from 5 Jan 1945 until such absence was terminated on 30 Jan 1945, when evidence considered sufficient to establish the fact of death on 9 Jan 1945 was received by the Secretary of War from a commander in the European Area.

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

BY ORDER OF THE SECRETARY OF WAR:

[Signature]

ADJUTANT GENERAL

Audit

8 FEB 1945

7 files

wif

372,236

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

2 Feb 1945 srb

REPORT OF DEATH

DATE

FULL NAME Stone, Robert L.				ARMY SERIAL NUMBER 36974306		GRADE PFC	
HOME ADDRESS Mason, Mich.				ARM OR SERVICE Inf		DATE OF BIRTH 27 May 1920	
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in Action			DATE OF DEATH 9 Jan 1945	
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 28 Apr 1944		LENGTH OF SERVICE FOR PAY PURPOSES	
						YEARS	MONTHS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Evelyn L. Stone, wife, Box 42, Shaftsbury, Mich.							
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Evelyn L. Stone, wife, same as above. Brigg L. Stone, son, same as above Mrs. Ella M. Stone, Route #1, Okemus, Mich. (mother).							
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS	
YES	NO	YES	NO	YES	NO	YES	NO
						YES	NO
						IN FLYING PAY STATUS	
						YES	NO
							X
						OTHER PAY STATUS (SPECIFY BELOW)	
						YES	NO
						X	

ADDITIONAL DATA AND/OR STATE

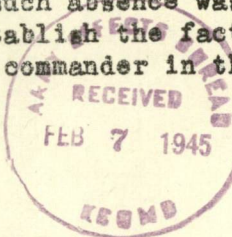
☒ BATTLE
 ☐ NON-BATTLE

Bene. continued:

Mr. Brigg L. Stone, father, same as mother.

Combat Infantryman (Authorization furnished when available)

The individual named in this report of death is held by the War Department to have been in a missing in action status from 5 Jan 1945 until such absence was terminated on 30 Jan 1945, when evidence considered sufficient to establish the fact of death on 9 Jan 1945 was received by the Secretary of War from a commander in the European Area.



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

BY ORDER OF THE SECRETARY OF WAR:

ADJUTANT GENERAL

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

372236

3569

—BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
STONE ROBERT L		36974306		PFC	INF	ETO
PLACE OF CASUALTY	DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER	
BELGIUM9	DAY	MONTH	YEAR	V	MIA	015

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR. MRS. MISS FIRST NAME-MIDDLE INITIAL-LAST NAME	RELATIONSHIP	DATE NOTIFIED
MRS EVELYN L STONE	WIFE	23 JAN 45
NO. AND NAME OF STREET-CITY-STATE		DMB
BOX 42 SHAFTSBURG MICHIGAN		

REMARKS:

☐

CORRECTED COPY



ARMY EFFECTS BUREAU
JAN 29 1945

JAN 27 9 29 AM '45

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ☒ FORM 48 ☒ AS FOR REG. DATE

CASUALTY BRANCH FILE ATTACHED ☐ OR CHARGED TO ☐

PREVIOUSLY REPORTED ☒ YES ☐ NO (AS INDICATED BELOW)

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

REPORT NOT VERIFIED ☐ NO FORM 48 ☐ NO CAS. BR. FILE ☒ CHECKED BY *Laverne J. Jones* REVIEWED BY *Christy*

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

AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			RESIDENCE AREA	CARR. POS.	RESIDENCE		COST	BACK
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY		
36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59						

DISTRIBUTION "A" ☐ 23 COPIES

ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944

DISTRIBUTION "B" ☐ COPIES

WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO
ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944

572236

RTB:LB:dw
July 24, 1945

Mrs. Evelyn L. Stone
Box 42
Shaftsbury, Michigan

Dear Mrs. Stone:

The Army Effects Bureau has received additional property of your husband, Private First Class Robert L. Stone, consisting of funds in the amount of \$1.98. A check for this sum is inclosed.

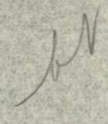
As previously indicated, such property is forwarded for distribution in accordance with the laws of the state of the soldier's legal residence.

Sincerely,

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

1 Incl—
Check

51-7



ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Evelyn L. Stone

Box 42

Shaftsbury, Michigan

Effects of:

Name Pfc. Robert L. Stone

ASN 36974306

Case No. 372236 D

Wt.

DATE 24 July 1945

RTB:IB:dw

Taylor
FOR: Effects Quartermaster

REMARKS:

X Inclose Bureau Check
Acct. No. 126285
Amount \$1.98 *me*
Inclose "Valuables" item
Ship "Valuables" item(s)

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

103152 bt

ROUTING:

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

126285

372236

July 26

45

Evelyn L. Stone

1.98

One and 98/100

REMARKS:

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

Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

372236
JUL 13 1945
[Signature]

CASE NO.

TYPED BY

DATE

Ramsey

STATUS

6-4-45

NAME

deceased

A.S.N.

Stone, Robert L. ✓

RANK

36974306 ✓

ORGANIZATION

Unk

AMOUNT

Unk

126280 *ev*
ACCOUNT NO.

LIST NO.

\$1.98

PAID-Check No. 103152 *ff*

REMARKS

F-203

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

*file
1/14*

372236

GHG:IB:rt
July 9, 1945

Mrs. Evelyn L. Stone
Box 42
Shaftsbury, Michigan

Dear Mrs. Stone:

The Army Effects Bureau has received from overseas some personal effects of your husband, Private First Class Robert L. Stone.

These effects are being forwarded to you in one package. Regrettably, the ring and one souvenir bracelet were damaged prior to receipt at this Bureau.

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

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

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

Yours very truly,

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

BN

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Evelyn L. Stone

SHIP TO:

Box 42

Shaftsbury, Michigan

PFC Robert L. Stone

Effects of:

Name

36974306

ASN

372236 D

Case No.

Wt.

DATE 9 July 1945

GHG:IB:rt

YB. Tusk
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

24 JUL 1945

REMARKS:

SHIP DAMAGED ITEMS

14 pkgs
Franked

FRANKED

Est. Exp. Chgs. _____

Est. Frt. Chgs. _____

No. of packages _____

N.K.
Shipping Clerk

PACKAGE-DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASED
MISSING
P.O.W.
ABANDONEDTALLY
NO. 8895INV.
DATE 26-June-45ORIG. NO.
OF PKGS. 1BOX
NO. 16SHEET
OF 1 SHEETS

ORGANIZATION

134 inf
35 Sib.

NAME Robert L. Stone

A.S.N. 36974306 RANK

Belt

BELT, MONEY (NO MONEY)

Cloth, Wash

Coats

Footwear, Pr.

Gloves, Pr.

Handkerchiefs

Headwear

Jackets

Overcoats

Scarfs

Shirts

Socks, Pr.

Ties

Towels

Trousers, Pr.

Trunks, Pr.

Underwear

TOWELS & WASHCLOTHS

CLOTHING

BRACELET IDENT.

Brushes

CAMERAS

Glasses

Knives

Lighters

MISC.

Pen, Fountain

Pencil, Mechanical

Pipes

RELIGIOUS ARTICLES

RIBBONS, DECORATION

Rings

Tobacco

Toilet Articles

WATCH

WINGS

BAGS, CLOTH OR TRAVEL

BILLFOLD, (NO MONEY) W/C

Case

Fork/cker

KIT, SEW, ILL. OR WRITING

BOOKS

Books, Address

Books, Pilot Log

DIARY (REMOVED FOR DUP)

FILMS

Letters

Papers, Personal

Photos

Shoe Shine Articles

SHORT SNORTER

SOUVENIRS

SOUVENIR MONEY

Stationery

TESTAMENTS

U.S. MONEY (AMOUNT)

REMARKS Found on photo.

ATTACHMENTS

FORM #54

FORM #100

William M. Intyre
924 West Euclid
San Juan Apt 305. Detroit
Mich.* Broken into
stones in one souvenir bracelet
loose.

C.A.T.

WAREHOUSE SPACE

STORED BY

INVENTORIED BY

PACKED BY

CHECKED BY

WEIGHT

G.I. REMOVED

SHORTAGE
ON REVERSEIDENT. TAGS
REMOVEDDIARY
REMOVEDLOCKED
STORAGELAUNDRY
REMOVED

FILM REMOVED

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

\$2.00 U.S.

\$2.00

Sym 211-226. Form 38

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

Harmon

INVENTORY CLERK

Nolan

SUPERVISOR

G.I. REMOVED

NAME STONE, ROBERT L.

4306

BAY	PALLET	BOX	TALLY
	6	16	8895
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
GRB			

Serial No. 36974306 Name STONE ROBERT L.
Grade Unk. Rank _____
Organization _____
Address _____
Nearest Relative _____
Address _____
Killed in Action _____ Died of Disease _____
Date _____ Hospital _____
Battle Area _____ Information _____

Place of Burial _____
Point of Coordination _____
Description of Body _____

Members Missing _____

Signed _____

111-5-2

Gamm

RESTRICTED
INVENTORY FORM

15 Jan. 1945
DATE

SUBJECT: Inventory of Personal Effects of:

STONE

(LAST NAME)

Robert

(FIRST NAME)

L.

(MI)

Unknown

(RANK)

36974306

(ASN)

TO: Effects Quartermaster, Communications Zone, APO 507 US Army

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

was reported Deceased about Unk. (estimate 4 Jan. 1945) 1944.
STATUS (KIA, MIA, Hosp. etc.) (DATE)

Designated Beneficiary if information readily accessible Unknown

INVENTORY OF EFFECTS

1 Photo
1 Wallet, brown
2 Souvenir bracelets
1 Ring, gold color, broken
3 English coins, 4 pence

\$2.00 U.S.

Money in the amount of \$2.00 has been turned into Chas. S. McCormick Jr. Lt. Col.
(NAME OF FINANCE OFFICE AND

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

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

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by Truck on 3 Feb. 1945.
(RAIL, TRUCK, ETC.)

For the Commanding Officer

Name

CARL D. TRUAX

Rank & ASN 1st Lt. 0-1595875

Organization 609th QM Gr. Reg. Co.

Any additional pertinent information:

SPQR 514.3

RTB:VCM:rw
7 July 1946

SUBJECT: Transmittal of Reports of Serial

: The Quartermaster General, Memorial Division, Washington 25, D.C.

Transmitted herewith GM Form No. 1, Reports of Serial, of:

Benik, Wilbur E.	20607912	4/Sgt.	
Carson, Charles D.	57611161	Pfc.	Infantry
Carruthers, Grant L.	30928902	Pvt.	Infantry
Chandler, Arthur F.	33292774	Pvt.	Infantry
Fish, Ralph S.	O-1012853	1st Lt.	
Frost, Boyd W.	38621174	Pfc.	Infantry
Goldfarb, Milton M.	32765990	T/Sgt.	
Jagger, Albert M.	O-1180967	2nd Lt.	
Katern, Louis J.	35257433		
Malone, Charles S.	12230855	Pvt.	Infantry
Mazaretian, John	31028096	T/Sgt.	Infantry
Nichols, Louis S.	30296460	Pvt.	
Pepper, Fred J.	36662152	Sgt.	Infantry
Plova, Benjamin J.	42124353	T/S	
Smith, Russell L.	51519165	Sgt.	Infantry
Stone, Robert L.	30974304		Infantry
Troxel, Arthur L.	34526823	Pvt.	Infantry
Turbett, Loren E.	37536461	Pvt.	Infantry
Wise, Robert B.	38373609	O/Sgt.	P.A. Co.
Woolwine, William A.	35648804	Pvt.	Infantry

FOR THE EFFECTS QUARTERMASTER:

20 Incls--GM Form No. 1

R. T. BROWN
1st Lt., GSC
Chief, Adm. Division

*File
man*

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

JRM:IB:rt
Case No. 372236
Date 9 July 1945

SUBJECT: Report of transaction in disposing of the effects of

Robert L. Stone, 36974306 late a
(Name of decedent) (Army Serial Number)
Private First Class, Infantry who died
(Grade) (Organization, Army or Service)
on the 9 day of January, 19 45 at European Area

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 5 July 1945, pursuant to Special Orders 228, Headquarters KCM Depot, dated 25 September 1943, the application or affidavit of Mrs. Evelyn L. Stone 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. Evelyn L. Stone of
(Name of person found entitled)
Box 42, Shafsbury State of
(Number, Street or Avenue) (City, Town or Village)
Michigan is the Widow of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN P. MURPHY, Colonel, QMC

(Name, Rank, Organization)
SUMMARY COURT MARTIAL