

35537066

293 TAYLOR, ROGER W. 35049145 PFC. INF. EUROP.A (OHIO) 45 clw.

GWA

1 USMC HAMM PLOT: I ROW: 2 GRAVE: 27 DATE OF BURIAL 14/7/49 VERIFIED BY <i>Joseph J. Carr Jr.</i>		DISINTERMENT DIRECTIVE				DIRECTIVE NUMBER 6020 07525		DATE 15 02 49			
						SECTION A - GRS OFFICER NAME AND BURIAL LOCATION OF DECEASED		DAY MONTH YEAR			
NAME TAYLOR ROGER W		SERIAL NUMBER 35049145		GRADE PFC		ARM 1		RACE 1		RELIGION 1	
CEMETERY HAMM LUXEMBOURG		PLOT L		ROW 5		GRAVE 110		DISPOSITION OF REMAINS 6001 80 CODE DIST. CTR.			
SECTION B - CONSIGNEE AND NEXT OF KIN											
NAME AND ADDRESS OF CONSIGNEE HAMM, LUXEMBOURG						NAME AND ADDRESS OF NEXT OF KIN CLYDE TAYLOR (FATHER) RURAL DELIVERY #1 BELOIT, OHIO 17 JUL 1949 FLAG SENT:					
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									
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT											
NATURE OF BURIAL				CONDITION OF REMAINS							
OTHER MEANS OF IDENTIFICATION											
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)											
REMAINS PREPARED AND PLACED IN CASKET											
DATE				BY		EMBALMER (Signature)					
CASKET SEALED BY											
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											
ASN verified by OQMG ltr dtd 25/3/49 (Hq.AGRC)											
NAT FILE RECORDS ANNOTATED DATE 24 Aug '49 NAME <i>Bell</i> R & R BR.											

QMC FORM
REV 11 FEB 48 1194
 Received 14/2-49
 FINAL LETTER SENT 23 AUG 1949

667

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

NO WORK SHEET

DISINTERMENT DIRECTIVE

56-19
GA

OK

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

TAYLOR ROGER W

35537066 PFC

1

CEMETERY

DAY MONTH YEAR
DISPOSITION OF REMAINS

PLOT ROW GRAVE COUNTRY

L S 110 HAMM LUXEMBOURG

CODE DIST. PT.
CAUSE OF DEATH

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 DISINTERRED

ROGER W. TAYLOR

35537066

PFC

17 MAY 48

IDENTIFICATION TAG ON

☒ REMAINS☒ MARKER

ORGANIZATION

RELIGION

P

IDENTIFICATION VERIFIED BY

CHARLES L. WALLS

CAPT QMC

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

UNIFORM

CONDITION OF REMAINS

ADVANCED DECOMPOSITION - BODY COMPLETE

OTHER MEANS OF IDENTIFICATION

TWO SHIRTS WOOL OD HAD SERIAL "T - 7066" ON SHIRT COLOR

MINOR DISCREPANCIES

WORKSHEET & CROSS HAVE SERIAL "35049145"

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

DATE 18 MAY 48

BY

VESCHEL M. VIBBERT IDENT TECH

CASKET SEALED BY

V.M. Vibbert

W/O Disinfectant

EMBALMER (Signature)

CASKET BOXED AND MARKED

Everett Stroud

Clerk Recorder

SHIPPING ADDRESS VERIFIED BY

All packing 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

WILLARD B. OWEN CAPT INF

SIGNATURE OF GRS INSPECTOR

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

23 August 1949

243 Pfc Roger W. Taylor, ASN 35 049 145
 Plot I, Row 2, Grave 27
 Headstone: Cross
 Hamm (Luxembourg) U. S. Military Cemetery

Mr. Clyde Taylor
 Rural Delivery #1
 Beloit, Ohio

Dear Mr. Taylor:

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 headstones. 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,

W. H. MIDDLESWART
 Major General
 Acting The Quartermaster General

fat

Aug 23 12 28 PM '49
 U.S. M. G.
 MAIL & RECORDS BRANCH

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

049145
 Pfc. Roger W. Taylor, 35 537 056
 Plot L, Row 5, Grave 110,
 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

1. CLYDE TAYLOR

(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, Lux.*
- ☐ 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**Added 1-28-49**DD Proc. 2-8-49*

OQMG FORM 345 MILITARY

16-50411-1

PAGE 1

26 AUG 1948

Machine

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.)

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.

X Clyde Taylor (SIGNATURE OF NEXT OF KIN) RD #1 (STREET AND NUMBER)
Bellevue, Ohio (CITY AND STATE)
 (NAME PRINTED OR TYPED)

Subscribed and duly sworn to before me according to law by the above-named applicant this 13th day of July, 1945, at city (or town) of Sebring, county of McKean, and State (or Territory or District) of Ohio.

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

PAGE 2

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
GAIL W. WILLIAMS, Notary Public
 MY COMMISSION EXPIRES JANUARY 24, 1947
 (OFFICIAL TITLE)

16-50411-1

If you are the next of kin and you desire

I, THE _____, NAMED IN PART I OF THIS FORM, DO HEREBY NAME THE NEXT EXISTING PERSON IN THE LINE OF KINSHIP

LAST NAME
 RELATIONSHIP TO THE DECEASED
 NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE THE REMAINS

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

If you are NOT the next of kin authorized to direct the disposition of the remains

THIS IS TO NOTIFY YOU THAT I AM NOT NAMED ON PAGE 1 OF THIS FORM. THE REMAINS SHOULD BE DIRECTED.

LAST NAME
 RELATIONSHIP TO THE DECEASED
 NUMBER AND STREET

(SIGNATURE)

(NAME PRINTED OR TYPED)

16-50410-1

PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(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)

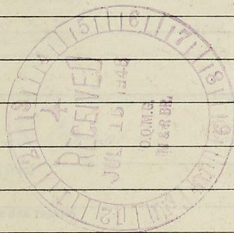
(STREET AND NUMBER)

(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.



THE AMERICAN NATIONAL RED CROSS

EASTERN AREA

Form HS-343
March 1948

TO: Repatriation Records Branch
Disinterment Locator Section
Office of the Quartermaster General
Department of the Army
Washington 25, D. C.

DATE: August 9, 1948

FROM: Director, Home Service

SUBJECT: TAYLOR, Roger W., Pfc.
35 537 066 35149145
Plot L, Row 5, Grave 110
United States Military Cemetery
Hamm, Luxembourg
Next of kin: Mr. Clyde Taylor, Father
Old Address: Rural Free Delivery #1, Box 52
Beloit, Ohio
New Address:

Your Reference: QMG MR 293

In compliance with your request of May 13, 1948 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

1. OQMG Form 345 _____ was submitted by _____, _____
(Name) (Relationship)
_____ will be submitted.
on _____
(Date)
2. _____
(Name) _____ has relinquished disposition authority.
_____ has remarried.
_____ is deceased.
_____ is incompetent.
3. _____ We have been unable to locate.

REMARKS: The Mahoning, Ohio, Chapter reports father will not cooperate in signing 345. They have called at the home and written him letters which he refuses to answer. We are returning Form 345 as you may wish to contact him by letter.

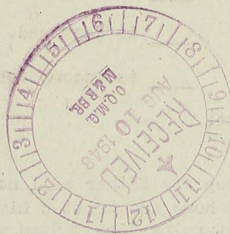
345 Rec. 19 July 48 - F-1

Pauline A. Rogers.

(Mrs.) PAULINE A. ROGERS
Director, Home Service
Eastern Area

12441
033048

file
18 Aug
C. Rush



DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

In Reply Refer To RR Br: QMCMR 293 Taylor, Roger W., Pfc., 35 537 066
Plot L, Row 5, Grave 110

IMPORTANT
Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the
official who signed the com-
munication.

United States Military Cemetery
Hamm, Luxembourg

13 May 1948

P R I O R I T Y

Mrs. Pauline A. Rogers, Home Service Director
Eastern Area, American Red Cross
615 North Saint Asaph Street
Alexandria, Virginia

Dear Mrs. Rogers:

The Next of Kin of the above captioned deceased father

(relationship)

Mr. Clyde Taylor

Rural Free Delivery #1, Box 52

Beloit, Ohio

(name)

(address)

has failed to return a Form 345 indicating disposition instructions for the remains.

It is respectfully requested that the attached QMCM Form 345 be properly accomplished by the Next of Kin and legal documents obtained through assistance of your representative if appropriate, be furnished this office. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request.

Sincerely yours,

JOHN O. HYATT
Colonel, QMC
Memorial Division

2 Incls. gtw

csb

MAY 19 1 49 PM '48
O. O. M. C.
MAIL & RECORDS BRANCH

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gk
Pfc. Roger W. Taylor, 35 537 066
Plot L, Row 5, Grave 110,
United States Military Cemetery
Hamm, Luxembourg

31 July 1947

Mr. Clyde Taylor
Rural Free Delivery #1, Box 52
Beloit, Ohio

Dear Mr. Taylor:

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

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Incls.

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ARC sent 13 May 48
609

293 Taylor, Roger W 35,049,145
R

1 October 1946

Mr. Clyde Taylor
Route #1, Box 52
Beloit, Ohio

Dear Mr. Taylor:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Roger Taylor, A.S.N. 35 537 066.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Hamm, plot L, row 5, grave 110. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

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

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

CI 1 4 5 11 13
MAIL & RECORDS BRANCH

JB.

INFORMATION GUIDE FOR CH/1 TO NOK

✓
USMC HAMPTON
COUNTRY LUXEMBOURG PLOT L ROW 5 GRAVE 110
NAME TAYLOR ROGER RANK PFC ASN 35-537066
W.
Next of Kin (Relationship) Father
Name Mr. Clyde Taylor
Street Route #1, Box 52
City & State Beloit, Ohio
Original Burial ☒ Reburial ☐
DATE 12 Sept 46 Name of Person Executing Form Hetta Brund
(First) (Last)
Photo Yes ☐ No ☐

all to Jones
9-17-46

SEP 19 10 37 AM '46
OFFICE OF THE
MILITARY RECORDS BRANCH

Ltr OQMG dtd 17 September 1946. QMGYG 293, sub: Burial Records.

RRE (Hamm L-5-110)

1st Ind.

RGP/WW/gg

HQ, AMERICAN GRAVES REGISTRATION COMMAND, EUROPEAN THEATER AREA,
APO 887, U.S. ARMY, 30 September 1946.

TO: The Quartermaster General, Washington 25, D.C. (going to be collected)

1. Basic communication complied with.

FOR THE COMMANDING OFFICER:

JOSEPH E. McCLUSKEY,
2nd Lt., Inf.,
Actg Asst Adj Gen



15 OCT 1946
FILE

Battle
man

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

IN REPLY REFER TO: QMGYG 293

Taylor, Roger W.
SN 35 049 145

WASHINGTON 25, D. C.

RECEIVED
OCT 14 1946
U. S. A. R.

4 39 PM '46
SECTION

17 September 1946

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, N. Y.



1. Request the burial report and grave marker for the following decedent, interred at the United States Military Cemetery, Hamm Luxembourg, be changed to read as underlined:

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE
Taylor, Roger W.	Pfc	35 049 145	L	5	110

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

VLO 887, N.Y. AREA, 30 September 1946

NO. VERIFICATION FOR THE QUARTERMASTER GENERAL: MD. EUROPEAN THEATER AREA

SEE (ATTN: P-2-TIO)

Jef Ing

NOV 1946

RECEIVED 13 SEPTEMBER 1946

Martin G. Riley
Major, QMC
Assistant

QMGYC 293
Taylor, Roger W.
SN 35 049 145

17 September 1946

SUBJECT: Burial Records

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, N. Y.

1. Request the burial report and grave marker for the following decedent, interred at the United States Military Cemetery, Hamm Luxembourg, be changed to read as underlined:

NAME	RANK/ GRADE	SERIAL NO.	PLOT	ROW	GRAVE
✓ Taylor, Roger W.	Pfc	<u>35 049 145</u> ✓	L	5	110 ✓

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

SEP 19 10 37 AM '46
MAIL & RECORDS BRANCH

JJ

jek

INFORMATION GUIDE FOR CR/1 TO NOK

243 CEMETERY USMC HAMM LUXEMBOURG PLOT 4 5 GRAVE 110 049145
 NAME TAYLOR ROGER RANK PFC ASN 35-537066
 Next of Kin (Relationship) Father
 Name Mr Clyde Taylor
 Street Route #1 Box 52
 City & State Bethel Ohio
 Original Burial ☒ Reburial ☐
 DATE 12 Sept 46 Name of Person Executing Form Petta Brand
 (First) (Last)
 Photo Yes ☐ No ☐

File

PATRIATION RECORDS BRANCH

12 Sept. 46
Date243
NAME

Taylor, Roger W.

SERIAL NO. 35 049 145CEMETERY USMC Hamm LuxembourgPLOT LRO. 5GRAVE 110LETTER TO: Field

Correct Records to Read:

Serial number has been changed to read35 049 145 instead of 35 537 066M. Lewis
Special Checker*file
18 Sept 46
J. M. A.*

to 243 Taylor, Roger H. ASN 35 537 066

Changes made in information on Burial
Reports are from source listed below:

1. A.G.O.
2. Telephone Report
3. _____
4. _____
5. _____

Officer's Initials M.G.R.

Serial number has been changed to read 35 049 145
instead of 35 537 066

✓
file
18 Sept 46
J. G. [unclear]
[unclear]

SPQYG 293
Taylor, Roger W.
SN 35 537 066

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

12 December 1945

Mr. and Mrs. Clyde Taylor
P.O. Box #52
Beloit, Ohio

Dear Mr. and Mrs. Taylor:

Your letter concerning your son, has been received in this office.

It is regretted that information about your son is not available at this time. When this information is received, a reply to your letter will be forwarded without delay.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

rab

K FLK

GRAVES REGISTRATION SECTION
DEC 12 2 52 PM '45
O.D.H.G.
& RECORDS BRANCH
MEMORIAL DIVISION

DEC 12 3 04 PM '45
MEMORIAL DIVISION

Beloit Ohio
Nov. 12, 1945

Dear Sir:

It is our understanding that you will communicate with us about returning the remains of our only child a son, Private First Class Roger W. Taylor (355,37066) who was killed June 6, 1945.

But, we want to be sure of having this body returned to us at the earliest possible date. And it is to be buried in our family lot.

Any boy, that had his life taken from him like this innocent boy did, surely ought to be buried where his parents and friends can at least put flowers on his grave.

Sincerely yours,
Mr. and Mrs. Clyde Taylor.

GRAVES REGISTRATION SECTION
NOV 15 9 47 PM '45
MEMORIAL DIVISION



NOV 13 4 44 PM '45
MEMORIAL DIVISION

GRAVES REGISTRATION
FORM NO. 1
(Revised 3 Sept. 1943)RESTRICTED
REPORT OF BURIAL

TM 10-630 AND AR 37-15

15 Jan 45

Date 35 049145

Serial No. 35537066

TAYLOR

Rogers

Pfc

134th Inf

35th Div

Luttrebois Belgium

UNK (Estimated 9 Jan 45)

G S W Left Side

1700 15 Jan 45

U S Military Cemetery Namur Luxembourg

Cause of Death

Time and Date of Burial
110

Row Number 5

Name of Cemetery
LName or Coordinates of Location
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:

JOHNSON

36988980

Pvt

CDT

134th Inf
35th Div

109

Deceased's Left:

STONE

36974306

UNKNOWN

35th Div

111

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:

ROGER W TAYLOR

35537066 T43 441

MILDRED TAYLOR

R.F.D. 1 BOX 52

BELOIT, OHIO

Emergency Addressee

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: _____
 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

2

1

Thumb

Right Hand

2

1

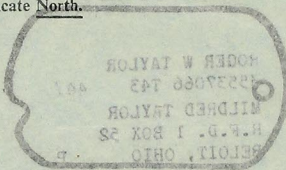
Thumb

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 C; fillings by F; Bridges by B; partial dentures by D; anchor teeth, replacements by artificial teeth X															

Name _____
 Address _____
 Religion _____
 List only Personal Effects Found on Body and disposition of same:



AG P BR HQ SOS

/22560

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)**RESTRICTED**
REPORT OF BURIAL895 15 Jan 45
Date

293
TAYLOR Roger W Pfc 35537066
Last Name First Initial Rank Serial No.
134th Inf 35th Div
Unit Organization
Luttrebois Belgium UNK (Estimated 9 Jan 45) G S W Left Side
Place of Death Date of Death Cause of Death
1700 15 Jan 45 U S Military Cemetery Hamm Luxembourg
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
110 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: Per. ltr. dtd. 31 Aug 45 (314.6 T/O European, Carnot
How were remains identified? Reports of (R.R.)

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.
JOHNSON	36988980	Pvt	134th Inf	109
Deceased's Right:			35th Div	
STONE	36974306	UNKNOWN	134th Inf	111
Deceased's Left:			35th Div	

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:

ROGER W TAYLOR
35537066 T43 44
MILDRED TAYLOR
R.F.D. 1 BOX 52
BELOIT, OHIO P

Emergency Addressee Name

Address

Religion Protestant

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

File
MAR 20 1945
A.S.C.

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

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: _____ Laundry Marks: _____
 Color of Eyes: _____ Number of Ribs: _____
 Color of Hair: _____ Wear Glasses? _____
 Race: _____ 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.

Disposition of Identification Tags: Buried with body Yes ☐ No ☐ Attached to Marker Yes ☐ No ☐
 How were remains identified? _____

What means of identification (photographs, letters, etc.) and probable organization of deceased, etc.:

Who is buried on: _____
 Deceased's Right: _____
 Deceased's Left: _____

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

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.

Emergency Address: _____
 Address: _____
 Religion: Protestant

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

Signature of Officer or other person receiving remains: _____
 For The Commanding Officer: _____
 CARL D. TRUAX
 1st Lt. OMC
 603th CM Gr Reg Co

AG P BR HQ 505 122560

RESTRICTED

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.Corrected report
Original forwarded
15 Mar 1945

REPORT OF DEATH

DATE

13 June 1945
~~XXXXXXXXXX~~

FULL NAME Taylor, Roger W:		ARMY SERIAL NUMBER 35 049 145	GRADE PTC
HOME ADDRESS Beloit, Ohio		ARM OR SERVICE Infantry	DATE OF BIRTH 15 Mar 1921
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 6 Jan 45
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 18 Feb 1943	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Mildred E. Taylor, mother, Rt #1 Box #52, Beloit, Ohio			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mildred Taylor, mother, same as above Glyde Taylor, father, RFD #1 Box #52 Beloit, Ohio			
INVESTIGATION MADE? YES NO	IN LINE OF DUTY YES NO	OWN MISCONDUCT YES NO	WAS DECEASED ON DUTY STATUS YES NO
YES NO	YES NO	YES NO	YES NO
AUTHORIZED ABSENCE YES NO		IN FLYING PAY STATUS YES NO	OTHER PAY STATUS (SPECIFY BELOW) YES NO
YES NO		YES NO	YES NO

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE ☐ NON-BATTLE

The individual named in this report of death is held by the War Dept to have been in a missing in action status from 6 Jan 45 until such absence was terminated on 28 Feb 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.

* Combat Infantryman SO #11 Hqs 134th Inf dtd 11 Jan 45

COPIES FURNISHED:

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

FILE
JUN 21 1945
[Signature]
ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

31

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

REPORT OF DEATH

DATE 15 March 1945

FULL NAME TAYLOR, ROGER W.		ARMY SERIAL NUMBER <u>27066</u> <u>35049-145</u>		GRADE <u>PFC</u>	
HOME ADDRESS Beloit, Ohio		ARM OR SERVICE Infantry		DATE OF BIRTH 15 March 24	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 6 Jan 45	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 18 Feb 43		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) Mrs. Mildred E. Taylor, mother, Rt. #1, Box #52, Beloit, Ohio					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mildred Taylor, mother, same as above Clyde Taylor, father, RFD #1, Box 52, Beloit, Ohio					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)		X			

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE ☐ NON-BATTLE

The individual named in this report of death is held by the War Dept to have been in a missing in action status from 6 Jan 45, until such absence was terminated on 28 Feb 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.

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

BY ORDER OF THE SECRETARY OF WAR.

File
10/24/45
YOB

ADJUTANT GENERAL

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

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

REPORT OF DEATH

DATE 15 March 1945

FULL NAME TAYLOR, ROGER W.		ARMY SERIAL NUMBER 35 049 145		GRADE PFC	
HOME ADDRESS Beloit, Ohio		ARM OR SERVICE Infantry		DATE OF BIRTH 15 March 24	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 6 Jan 45	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 18 Feb 43		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSES (NAME, RELATIONSHIP & ADDRESS) Mrs. Mildred E. Taylor, mother, Rt. #1, Box #52, Beloit, Ohio					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mildred Taylor, mother, same as above Glyde Taylor, father, RFD #1, Box 52, Beloit, Ohio					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)		X			

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE ☐ NON-BATTLE

The individual named in this report of death is held by the War Dept to have been in a missing in action status from 6 Jan 45, until such absence was terminated on 28 Feb 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.

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR.

FILE
MAR 23 1945
HSP

ADJUTANT GENERAL

WD AGO FORM 83-1
1 SEPTEMBER 1944THIS FORM SUPERSEDES WD AGO FORM 83-1, 29 MAY 1944, WHICH
STOCKS ARE EXHAUSTED.

KANSAS CITY QUARTERMASTER DEPOT
Army Effects Bureau
601 Hardesty Avenue
Kansas City 1, Missouri

Case # 372275
S-16 Jan 49
HOC/RB/sm
16 November 1948

TO: The Adjutant General, ~~St. Louis 20, Missouri~~ Washington 25, D. C.

Please complete and return to the Effects Quartermaster, Army Effects Bureau, Kansas City Quartermaster Depot, Kansas City 1, Missouri.

Notes:

If the ASN shown below is not assigned to the soldier named, or similarly named, it is requested this Bureau be furnished the desired information relating only to this soldier, with proper correction made of his ASN.

1. LAST NAME Taylor	2. FIRST NAME Roger	3. MIDDLE INITIAL W.	4. SERIAL NUMBER 35049148 35537066 (See Note Above)	5. GRADE Pfc
6. CASUALTY STATUS ☐ DECEASED ☐ PRISONER OF WAR ☐ MISSING ☐ INTERNEE ☐ UNKNOWN: PLEASE FURNISH		7. ORGANIZATION AND APO ADDRESS		
8. NAME OF BENEFICIARY KIA		9. RELATIONSHIP	10. ADDRESS	
11. ALTERNATE BENEFICIARY		12. RELATIONSHIP	13. ADDRESS	
14. EMERGENCY ADDRESSEE Mrs. Mildred E. Taylor		15. RELATIONSHIP Mother	16. ADDRESS Route 1, Box 52 Beloit, Ohio	
17. BAILEE		18. RELATIONSHIP	19. ADDRESS	
20. ACTION TAKEN				
CASUALTY BRANCH ☐ WD AGO FORM 43 ATTACHED ☐ NAME AND ADDRESS OF EA TRANSCRIBED FROM VISI-RECORD CARD ☐ NO RECORD IN CASUALTY BRANCH, TRANSFERRED TO ☐ ENLISTED BRANCH ☐ OFFICERS' BRANCH	ENLISTED BRANCH ☐ WD AGO FORM 43 ATTACHED ☐ NAME AND ADDRESS OF EA TRANSCRIBED FROM VISI-RECORD CARD ☐ NO RECORD IN ENLISTED BRANCH, TRANSFERRED TO DEMOBILIZED PERSONNEL BR.	OFFICERS' BRANCH ☐ WD AGO FORM 43 ATTACHED ☐ NAME AND ADDRESS OF EA TRANSCRIBED FROM VISI-RECORD CARD ☐ NO RECORD IN OFFICERS' BRANCH, TRANSFERRED TO DEMOBILIZED PERSONNEL BR.	DEMOBILIZED PERSONNEL BR. ☐ WD AGO FORM 43 ATTACHED ☐ NAME AND ADDRESS OF EA TRANSCRIBED FROM VISI-RECORD CARD ☐ NO RECORD IN DEMOBILIZED PERSONNEL BR.	

EFF OM FORM 20
20 FEB 47

Case Sec
19 Nov 48

ABC

any to this relative, with a good correction made in the
named, it is requested that Bureau be furnished the caption relating
If the USA shown below is not assigned to the individual, or similarly
Notes

1. LAST NAME		2. FIRST NAME		3. MIDDLE INITIAL		4. GRADE	
5. CASUALTY STATUS		6. PRISONER OF WAR		7. DECEASED		8. MISSING	
9. UNKNOWN		10. INTERVIEW		11. OTHER		12. ADDRESS	
13. RELATIONSHIP		14. ADDRESS		15. ADDRESS		16. ADDRESS	
17. ALTERNATE SECRETARY		18. ADDRESS		19. ADDRESS		20. ADDRESS	
21. ADDRESS		22. ADDRESS		23. ADDRESS		24. ADDRESS	
25. ADDRESS		26. ADDRESS		27. ADDRESS		28. ADDRESS	
29. ADDRESS		30. ADDRESS		31. ADDRESS		32. ADDRESS	
33. ADDRESS		34. ADDRESS		35. ADDRESS		36. ADDRESS	
37. ADDRESS		38. ADDRESS		39. ADDRESS		40. ADDRESS	
41. ADDRESS		42. ADDRESS		43. ADDRESS		44. ADDRESS	
45. ADDRESS		46. ADDRESS		47. ADDRESS		48. ADDRESS	
49. ADDRESS		50. ADDRESS		51. ADDRESS		52. ADDRESS	
53. ADDRESS		54. ADDRESS		55. ADDRESS		56. ADDRESS	
57. ADDRESS		58. ADDRESS		59. ADDRESS		60. ADDRESS	
61. ADDRESS		62. ADDRESS		63. ADDRESS		64. ADDRESS	
65. ADDRESS		66. ADDRESS		67. ADDRESS		68. ADDRESS	
69. ADDRESS		70. ADDRESS		71. ADDRESS		72. ADDRESS	
73. ADDRESS		74. ADDRESS		75. ADDRESS		76. ADDRESS	
77. ADDRESS		78. ADDRESS		79. ADDRESS		80. ADDRESS	
81. ADDRESS		82. ADDRESS		83. ADDRESS		84. ADDRESS	
85. ADDRESS		86. ADDRESS		87. ADDRESS		88. ADDRESS	
89. ADDRESS		90. ADDRESS		91. ADDRESS		92. ADDRESS	
93. ADDRESS		94. ADDRESS		95. ADDRESS		96. ADDRESS	
97. ADDRESS		98. ADDRESS		99. ADDRESS		100. ADDRESS	

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

372275

4465

-BATTLE CASUALTY REPORT

NAME TAYLOR ROGER W		SERIAL NUMBER 35537065	GRADE PFC	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY BELGIUM9	DATE OF CASUALTY DAY MONTH YEAR 06 JAN 45		FLYING OR JUMPING STAT	TYPE OF CASUALTY MIA	SHIPMENT NUMBER 017

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS-FIRST NAME-MIDDLE INITIAL-LAST NAME MRS MILDRED E TAYLOR	RELATIONSHIP MOTHER	DATE NOTIFIED 23 JANUARY 45 c11
NO. AND NAME OF STREET-CITY-STATE ROUTE NUMBER ONE BOX 52 BELOIT OHIO		

REMARKS:

☐ CORRECTED COPY

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED ☒ FORM 43 ☐ AG 201 REQ. ☐

CASUALTY BRANCH FILE ATTACHED ☐ OR CHARGED TO ☐ DATE ☐

PREVIOUSLY REPORTED NO ☒ YES ☐ (AS INDICATED BELOW)

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

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

REPORT NOT VERIFIED ☐ NO FORM 43 ☐ NO CAS. BR. FILE ☐ CHECKED BY *Leake* REVIEWED BY *Leake*

REVIEWED BY

DISTRIBUTION "A" ☒ 23 COPIES
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944,

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

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



SPQDX 314.6

RTB:JBS:hg
11 July 1945

SUBJECT: Transmittal of Reports of Burial

TO: The Quartermaster General
Memorial Division
Washington 25, D. C.Transmitted herewith Q.M.C. Forms 1 - G.R.S., Reports of Burial,
of:

Betts, Leonard J.	36076358	Pfc.	Infantry
Clark, Charles L.	32059292	Pfc.	Infantry
Drews, Robert K.	37573975	Pvt.	Infantry
Ferguson, Robert D.	35086101	Pvt.	
Grider, Louis	35161924	Pvt.	
Inman, Marshall J.	34897801		
Larue, Egbert R.	34860248	Pfc.	Infantry
Levine, Alfred	39015917	Pvt.	
Love, Walter H.	34722865	Pvt.	
Nitz, Raymond B.	35000472	Pfc.	
Reinmiller, Lawrence E.	33947386	Pvt.	Infantry
Robinson, Thomas C.	34989816	Pfc.	Infantry
Sargent, Thayne	39588591	Pvt.	Infantry
Sharp, Raymond H.	36619920	Pfc.	
Stumpf, Joseph D.	33508701	Pfc.	
Sturdivant, Clyde E.	34821322		Infantry
Taylor, Roger W.	35537066	Pfc.	Infantry
Taylor, Willie E.	35766526	Pfc.	
Thorahill, John H.	34950236	Pvt.	Infantry
Wolfenbarger, Wendell W.	37742173	Pvt.	Infantry

FOR THE EFFECTS QUARTERMASTER:

20 Incls--Q.M.C. Forms 1 - G.R.S.

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



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

IN REPLY REFER TO 372,275

RTB:JBS:jm
July 17, 1945

file

Mrs. Mildred E. Taylor
Route #1, Box 52
Beloit, Ohio

Dear Mrs. Taylor:

The Army Effects Bureau has received some additional property of your son, Private First Class Roger W. Taylor, consisting of funds in the amount of \$13.34.

I am inclosing a check for this sum herewith.

My action in forwarding these funds does not, of itself, vest legal title in you. The money is transmitted in order that you may safely keep it on behalf of the owner, pending his return.

I will appreciate your signing one copy of this letter in the space provided below and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which requires no postage.

Yours very truly,

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

2 Incls--
Check
Envelope

Receipt acknowledged:

Mrs. Mildred E. Taylor
(Signature of bailee)

July 23, 1945
(Date)

Case No. 372,275

RECEIVED
JUL 2 1965
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

1.0
b6
b7C



ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Mildred E. Taylor

Route #1, Box 52

Beloit, Ohio

Effects of:
Name Pfc. Roger W. Taylor

ASN 35537066

Case No. 372,275

Wt.

DATE 17 July 1945
J. Stewart:jm

FOR: Effects Quartermaster

REMARKS:

☒ Inclose Bureau Check
 Acct. No. 126284
 Amount \$13.34 *enc*
☐ Inclose "valuables" item
☐ Ship "valuables" item (s)

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

98994 emh

ROUTING:

☒ Accounting Branch
☐ Warehouse Division
☒ Files Branch, Adm. Div.

126284

372275

July 20

45

Mildred E. Taylor

13.34

Thirteen and 34/100

REMARKS

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

Shipping Clerk

Eff. Form 14 (26 Dec 44)

ARMY EFFECTS BUREAU
INVENTORY

372,275

JUL 15 1945
J.

CASE NO. _____

TYPED BY _____

DATE Ramsey _____

STATUS 6-4-45 _____

NAME deceased _____

A.S.N. Taylor, Robert W. _____

RANK 35537066 _____

ORGANIZATION Pfc. _____

AMOUNT Unk. _____

ACCOUNT NO. 126284 _____

LIST NO. \$13.34 FAID-Check No. 98994W _____

REMARKS F-203 _____

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

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

-(S-9-15-45)

GHG:MH:bo

July 9, 1945

In Reply Refer To: 372275

Mrs. Mildred E. Taylor
 Route #1, Box 52
 Beloit, Ohio

Dear Mrs. Taylor:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your son, Private First Class Roger W. Taylor:

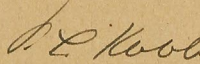
one package and contents

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

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

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

Yours very truly,



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

Incl--
 Envelope

Receipt acknowledged:

Mrs. Mildred E. Taylor
 (Signature of Bailee)

Eff. QM Form 205 (11 Apr 45)

July 23, 1945
 (Date)

RECEIVED
PROSPECTS BUREAU
KANSAS CITY, MO.
JUL 26 1945

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Mildred E. Taylor

SHIP TO:

Route #1, Box 52

Pfc. Roger W. Taylor

Beloit, Ohio

Effects of:

Name

35537066

ASN

372275 M

Case No.

Wt.

DATE 9 July 1945

GHG DH:bo

M. Boyer
FOR: Effects Quartermaster

REMARKS:

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

☐ Remove C.I.
☐ Note discrepancy in _____
☐ Films removed _____
☐ Diary removed _____
☐ Laundry removed _____

ROUTING:

☒ Accounting Branch
☒ Warehouse Division
☒ Files Branch, Adm. Div.

REMARKS:

SHIP DAMAGED PROPERTY

1 pkg
 FRANKED
 JUL 12 1945
 Franked _____
 Est. Exp. Chgs. _____
 Est. Frt. Chgs. _____
 No. of packages _____
 SH
 Shipping Clerk

JUL 3 1945

PACKAGE DESCRIPTION #1 Rg	ARMY EFFECTS BUREAU INVENTORY 372,275	DECEASED MISSING P.O.W. ABANDONED TALLY NO. 8895 INV. DATE 26 June 45 ORG. NO. OF PGS. BOX NO. 16 SHEET 1 OF 1 SHEETS ORGANIZATION 134 Inf 85 Div
NAME Roger W. Taylor A.S.N. 3543706 RANK Pfc		

Belt	TOWELS & WASHCLOTHS	KINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRAVEL
Cloth, wash	BRACELET IDENT.	ROLLFOLD, (NO MONEY)
Coats	brushes	Case
Footwear, Pr.	CAMERAS	Footlockers
Gloves, Pr.	Glasses	KIT, SEW, TLT, OR WRITING
Handkerchiefs	Knives	FOOLS
Headwear	Lighters	Books, Address
Jackets	MISC.	Books, Pilot Log
Overcoats	Pen, Fountain	DIARY (REMOVED FOR DUTY)
Scarfs	Pencil, Mechanical	FILMS
Shirts	Pipes	Letters
Socks, Pr.	RELIGIOUS ARTICLES	Papers, Personal
Ties	ETHEREALS, DECORATION	Photos
Towels	Rings	Shoe Shine Articles
Trousers, Pr.	Tobacco	SHORT SHORTER
Trunks, Pr.	Toilet Articles	SOUVENIRS
Underwear	WATCH	SOUVENIR MONEY
		Stationery
		TESTAMENTS
		U.S. MONEY (ANOTHER)

REMARKS: unknown Mildred Taylor Beloit, Ohio Rt. 1, Box 52 * 1 ring. Cut into, Bent C.A.T. none	ATTACHMENTS	FORM #54	FORM #100
WAREHOUSE SPACE 938	STORED BY SH	WEIGHT	G.I. REMOVED
INVENTORIED BY Hire	DATE SHIPPED		SHORTAGE ON REVERSE
PACKED BY Adams	CHECKED BY Adams		IDENT. TAGS REMOVED
			DIARY REMOVED
			LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED

EST. ON Form 11 (24 Feb 45)

DAMAGED

ADDITIONAL REMARKS

SHORTAGES

U. S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

563 francs
10 shilling Eng.

211-236

563 francs
10 shilling Eng.
from 138

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

W. A. H. H. H.
INVENTORY CLERK

Nolan
SUPERVISOR

G.I. REMOVED

LA FUE-KANSAS CITY 1-9-45-20M

NAME TAYLOR, ROBERT W. PFC 7066

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

Eff. QM Form 48

Serial No. 35537066 Name TAYLOR ROBERT
Grade PFC 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 _____

RESTRICTED

INVENTORY FORM

15 Jan 45

DATE

SUBJECT: Inventory of Personal Effects of:

TAYLOR

Roger

W

Pfc

35537066

(LAST NAME)

(FIRST NAME)

(M1)

(RANK)

(ASN)

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

The above named individual of 134th Inf

(UNIT)

35th Div

(ORGANIZATION)

was reported Deceased about UNK(Estimated 9 Jan 45) 1944.

STATUS (KIA, MIA, Hosp. etc.)

(DATE)

Designated Beneficiary if information readily accessible Mildred Taylor

R F D #1 ⁵⁰⁷ Box 52 Beloit Ohio

INVENTORY OF EFFECTS

13 Photos

1 Pen Knife

1 Ring Gold Color Broken

1 Fountain Pen Parker

9 English Coins 3 Shillings 10 Pence

1 Key

563 Francs

10 Shilling English

563 Francs

10 Shilling English

Money in the amount of 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 on 3 Feb 1945.

(RAIL, TRUCK, ETC.)

For The Commanding Officer

Name

CARL D. TRUAX

Rank & ASN

1st Lt O-1595875

Organization

609th QM Gr Reg Co

Any additional pertinent information: