

175-X JS

1

USMC HENRI CHAPPELLE
PLOT: B ROW: 14 GRAVE: 20
DATE OF BURIAL 12 Jul 48
VERIFIED BY GRS OFF CER
LEFT IMPICONT, PAUL E.
35062747
LEFT TESTER, GLEN W.
39336062

BROTHERS

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 0530 01339
DATE 03 03 48
DAY MONTH YEAR

NAME 293 TESTER ROBERT D
SERIAL NUMBER 36003276
RANK SGT
ARM 1
DATE OF DEATH
DAY MONTH YEAR
CEMETERY EL ALIA
DISPOSITION OF REMAINS 1201 80
CODE DIST. PT.
CAUSE OF DEATH 1

SECTION B — CONSIGNEE AND NEXT OF KIN
NAME AND ADDRESS OF CONSIGNEE HENRI-CHAPELLE, BELGIUM
NAME AND ADDRESS OF NEXT OF KIN ELIZA C. TESTER (MOTHER)
TELFORD, TENNESSEE
FLAG SENT 24 Jul 48

SECTION C — DISINTERMENT AND IDENTIFICATION
NAME ROBERT D. TESTER
SERIAL NUMBER 36003276
RANK Sgt
DATE OF DEATH Unknown
DATE DISTINTERRED 27 February 1948
IDENTIFICATION TAG ON REMAINS NO
MARKER NO
ORGANIZATION USAGF
RELIGION Unknown
IDENTIFICATION VERIFIED BY ALGIERS SECTOR
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT
NATURE OF BURIAL Shroud
CONDITION OF REMAINS Skeletonized
OTHER MEANS OF IDENTIFICATION None
MINOR DISCREPANCIES 1 None
REMAINS PREPARED AND PLACED IN CASKET
DATE 31 March 1948
BY HOMER J. LESLIE, Embalmer
CASKET SEALED BY HOMER J. LESLIE, Embalmer
EMBALMER (Signature) HOMER J. LESLIE
CASKET BOXED AND MARKED
DATE 31 Mar 48 BY GEORGE H. BRAMI
SHIPPING ADDRESS VERIFIED BY HOMER J. LESLIE, Embalmer

NAT
FILE
RECORDS ANNOTATED
DATE 9 Sep 48
NAME R & R R.

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

ANTHONY J. DANIELS, 1st Lt., F.A.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. RESERVE GRAVE FOR SIDE-BY-SIDE BURIAL WITH BROTHERS, PFC. GLEN W. TESTER, 39336062, EPINAL, FRANCE, 2E-23-4443; SGT. JAMES E. TESTER, 34491470, HENRI-CHAPELLE, BEL., C-8-156.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM Algiers Sector		TO Port Morgue Storage Djebel Djelloud	
KIND OF CONVEYANCE Airplane		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>H Mead Capt.</i>	DATE 28 Apr 48	SIGNATURE OF RECEIVER <i>Norman E. Roberts</i> NORMAN E. ROBERTS, Capt., MSC	DATE 21 Mar 48

2. SHIPPED

FROM Port Morgue Storage Djebel Djelloud		TO	
KIND OF CONVEYANCE By truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER NORMAN E. ROBERTS, Capt., MSC	DATE	SIGNATURE OF RECEIVER <i>Oliver G. Stutzman</i> OLIVER G. STUTZMAN, Capt., QMC	DATE 6 Apr 48

3. SHIPPED

FROM PORT MORGUE STORAGE, TUNIS, TUNISIA		TO USMC LYNES, FRANCE	
KIND OF CONVEYANCE BY AIR		NAME OF CONVOYER	
SIGNATURE OF SHIPPER OLIVER G. STUTZMAN, CAPT., QMC	DATE 6 Apr 48	SIGNATURE OF RECEIVER <i>Frederick J. Hicks</i> FREDERICK J. HICKS, CAPT., QAV	DATE 6 Apr 48

4. SHIPPED

FROM USMC Lynes, France		TO USMC Epinal, France	
KIND OF CONVEYANCE US Govt vehicle		NAME OF CONVOYER Tec 5 George A. Husmann	
SIGNATURE OF SHIPPER <i>Frederick J. Hicks</i> FREDERICK J. HICKS, Capt, INF	DATE 9 Apr 48	SIGNATURE OF RECEIVER <i>Elmer C. Mosum</i> ELMER C. MOSUM	DATE 12 Apr 48

5. SHIPPED

FROM U.S.M.C. St Avoild, France		TO OIC Casketing Point, Antwerp, Belgium	
KIND OF CONVEYANCE Rail		NAME OF CONVOYER T/5 Elwood R Lewis, 14197490	
SIGNATURE OF SHIPPER <i>H Mead</i> H MEAD, Capt CWS	DATE 28/4/48	SIGNATURE OF RECEIVER <i>Elmer C. Mosum</i> ELMER C. MOSUM	DATE 3 May 48

6. SHIPPED

FROM AGRC, ANTWERP, BELGIUM		TO USMC HENRI CHAPELLE	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER SGT. VINCENT C. GUERRA RA 35244996	
SIGNATURE OF SHIPPER <i>Vincent C. Guerra</i> VINCENT C. GUERRA	DATE 21/5/48	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

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

jcw

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
AFRICA MIDDLE EAST ZONE
APO 497, N.Y., N.Y.

293 Tester, Robert D., Sgt., 36003276. *MB* 20 April 1948

SUBJECT: OQMG FORM 37I

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

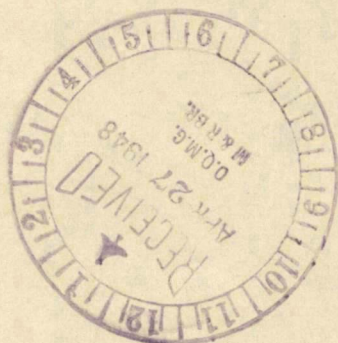
I. OQMG Form 37I received this Headquarters for subject deceased.

2. Remains of subject deceased are presently interred for record purpose Grave 97, Row 5, Plot 12-N U.S. Military Cemetery El-Alia.

FOR THE COMMANDING OFFICER:

Max M. Misener
MAX M. MISENAR
Captain, QMC
Adjutant

NAN
File
27 APR 48
K. Hospital
Id. BR



293 FILE

DATA ON REMAINS NOT YET REC RED OR IDENTIFIED

NAME (Last, First, Middle Initial)

Tester, Robert D.

GRADE

PRESENT SERIAL
NUMBER

36003276

ORGANIZATION

Co. I
INF 320 Inf

RACE

white

CREED

Protestant

FORMER SERIAL
NUMBER (If applicable)

DATE OF DEATH/MIA

26 Nov 43

DATE OF FOD

CAUSE OF DEATH

D01

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

ABOARD SHIP OFF

BOUGIE, TUNISIA

HEIGHT

72

WEIGHT

142

COLOR EYES

Blue

COLOR HAIR

Black

SHOE SIZE

10 1/2 C

Cnl. INDUCTION DENTAL CHART

DATE 12 Jan 42

UPPER RIGHT

X 7 6 5 4 3 2 1

UPPER LEFT

1 2 3 4 5 X 7 X

LOWER RIGHT

16 X X 13 12 11 10 9

LOWER LEFT

9 10 11 12 13 X X 16

X = Extracted

O = Carious

1 = Carious Non-Restorable

FRACTURES AND/OR BREAKS

none

TATTOOS AND/OR BIRTHMARK

none

ADDITIONAL INFORMATION

3 forms 79 attached

DATA ON REMAINS NOT YET RECORDED OR IDENTIFIED

NAME (Last, First, Middle Initial) Tetter, Robert D.		GRADE 30003270		PRESENT ADDRESS NUMBER	
ORGANIZATION		RACE	CREED	FORMER SERIAL NUMBER (if applicable)	
DATE OF DEATH		CAUSE OF DEATH		PLACE OF DEATH OR PLACE LAST SEEN MIA	
DATE OF BIRTH		WEIGHT		COLOR EYES	COLOR HAIR
HEIGHT		SHOE SIZE			

EXAMINATION DENTAL CHART

DATE	UPPER RIGHT	UPPER LEFT	LOWER RIGHT	LOWER LEFT
	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12
TATTOOS AND/OR BIRTHMARK				
SCARS AND/OR BIRTHMARK				
ADDITIONAL INFORMATION				



74 9234-9
 REGISTER OF DENTAL PATIENTS AT
 TROOP AREA NO. 1 DENTAL CLINIC
 SHENANGO, P. R. D.

(1) SURNAME <i>Tester</i>		(2) CHRISTIAN NAME <i>Ruehl</i>	
(3) RANK <i>Sgt</i>	(4) COMPANY <i>H</i>	(5) REGIMENT OR STAFF CORPS <i>3-5</i>	
(6) AGE, YEARS <i>32</i>	(7) RACE <i>W</i>	(8) NATIVITY <i>TENN</i>	(9) SERVICE, YEARS <i>3.425</i>

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
<i>Car 213 Do R3Di</i>	<i>1st Exam 9/12 1943</i> <i>A, A 9/17</i>	<i>OK -</i> <i>OK</i>

Lloyd E. Weighman
 Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X						0							X		X

LOWER TEETH

Right								Left							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
		X	X									X	X	X	

CLASS II

Occlusion 7: Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date Sept 7, 1943

Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture
(horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge
(oval to include abutments)

(	X	)
---	---	---

REGISTER OF DENTAL PATIENTS AT

Transferred from command
Sta. Hosp., Ft. Brady, Michigan

(1) SURNAME	(2) CHRISTIAN NAME	(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS	(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS	(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Pester, Robert	36003276	Epl	I	131st Inf	32	W	Tenn	2		Exam 1/14 1/16 2/10	P- II P Failed Transferred from Command.

William Pickett
WILLIAM PICKETT, 1st Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right										Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
X												0		X	X		

LOWER TEETH

Right										Left					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	X	X										0	X		X

CLASS II

Occlusion None Calculus: Slight, Medium, Heavy

Periodontoclasia no

Dental foci suspected: Yes No

Other conditions

Filling Def L15
OTR PR L Serviceable

Date 1-14, 1943

Milton V. Anderson
 Dental Corps, U. S. A.

*Restorable carious teeth by 0 *Cap 00*

Nonrestorable carious teeth by /

Missing natural teeth by X

Teeth replaced by denture
 (horizontal line)

X	X	X
---	---	---

Teeth replaced by fixed bridge
 (oval to include abutments)

	X	
--	---	--

Date 11-4 1942

Report of Dental Survey

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

LOWER TEETH

Right								Left							
16	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

CLASS II

O Tooth crowned / Missing tooth
O/O Fixed bridge / / / Partial denture

Occlusion Normal Periodontoclasia _____

*Caries R-13 L-13

Calculus: Slight, Medium, Heavy.

Decay foci suspected: Yes No

Other conditions _____

Ortho R/L - Serviceable

Milton V. Pander
Dental Officer.

1. FILE UNDER NO.

293 - TESTER, Robert D. 36 003 276

SYNOPSIS

2. TYPE OF DOCUMENT:

Letter

3. DATE:

3 Sept 48

4. FROM:

OQMG

5. TO:

Mrs. Eliza C. Tester, Telford, Tennessee

6. SUBJECT:

Notification of side by side interment of remains.

7. DOCUMENT FILED
UNDER NO.

293 - TESTER, James E. 34 491 470

mfs

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.



1. FILE UNDER NO. 293 - TESTER, Robert D. 3600 3276

SYNOPSIS

2. TYPE OF DOCUMENT: Letter

3. DATE: 12 Apr 48

4. FROM: Hdqtrs., American GRS, Africa Middle East Zone, APO 497, NY, NY

5. TO: OQMG, Mem. Div.

6. SUBJECT: Remains, AMEZ Deceased Transferred to EA.

7. DOCUMENT FILED 314.6 - GRS, Africa Middle East (Disint. Directives)
 UNDER NO.

mfs

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

CF
293 Tester, Robert D. 1st Ind. *MB*

*and at growth.
3-11-48*
HQ., AGRS AMEZ, Algiers, APO 497, c/o Postmaster, N.Y., N.Y. 25 March 48.

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

1. Receipt of directives and instructions are acknowledged.
2. AGRC-EA cabled this date concerning transfer of subject remains to their command.

FOR THE COMMANDING OFFICER:

1 Incl - W/D

Max M. Misener
MAX M. MISENAR
Captain, QMC
Adjutant.



*NAW
3/17/48
F.C. Moore
Open memo*



MEMORIAL DIVISION
MAR 30 4 42 PM '48

DEPARTMENT OF THE ARMY
~~WAR DEPARTMENT~~

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

IN REPLY REFER TO QMGMO 293

Tester, Robert D., Sgt.
36003276

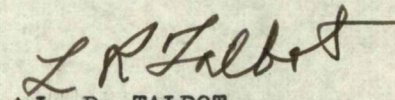
11 March 1948

SUBJECT: Transfer of Remains to European Area

TO: Commanding Officer
American Graves Registration Service
Africa-Middle East Zone
APO 497, c/o Postmaster
New York, New York

1. Inclosed are copies 1 through 4 of disinterment directive 0530-01339 for Sgt. Robert D. Tester, 36003276, now interred in El Alia, Algeria.
2. Upon disinterment and casketing of these remains, at the appropriate time, they will be transferred to AGRC, European Area, for permanent reinterment beside the remains of two brothers in the permanent cemetery at Henri Chapelle, Belgium.
3. AGRC, European Area has been directed to reserve a grave for the remains to be transferred from your zone.
4. Request acknowledgment of receipt of this communication and coordinate all details with AGRC-European Area.

BY COMMAND OF MAJOR GENERAL LARKIN:


L. R. TALBOT
Colonel, QMC
Memorial Division

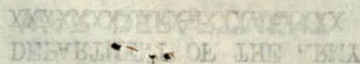
1 Incl
DD 0530-01339 (in quad)

AIR MAIL

RECEIVED
OCT 11 1948

11 1 20 PM '48

O. Q. M. G.
MAIL & RECORDS BRANCH



DEPARTMENT OF THE ARMY
XXXXXXXXXXXXXXXXXXXX

QMGMO 293
Tester, Robert D., Sgt.
36003276

11 March 1948

SUBJECT: Transfer of Remains to European Area

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American Graves Registration Service
Africa-Middle East Zone
APO 497, c/o Postmaster
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4. Request acknowledgment of receipt of this communication and coordinate all details with AGRC-European Area.

BY COMMAND OF MAJOR GENERAL LARKIN:

L. R. TALBOT
Colonel, QMC
Memorial Division

CRA

1 Incl
DD 0530-01339 (in quad)

MAR 11 1 50 PM '48
O.D.M.C.
MAIL & RECORDS BRANCH

MAR 11 1 07 PM '48
MEMORIAL DIVISION

AIR MAIL

ROR RECORD ONLY: (ELLIOTT - 4458)

1. NOK of the three Tester Brothers has requested that they be interred in Henri Chapelle side by side.

2. Actions being taken:

a. Ltr to AGRS-AMEZ requesting the transfer of one brother to AGRC-EA.

b. Ltr to AGRC-EA requesting that upon receipt of the remains from AGRS-AMEZ the three brothers be interred side by side.

3. Coordinated with Fam Cor Branch informally.

AIR MAIL

FOR RECORD ONLY: (ELLIOTT - 4458)

1. NOK of the three Tester Brothers has requested that they be interred in Henri Chapelle side by side.

2. Actions being taken:

a. Ltr to AGRS-AMEX requesting the transfer of one brother to AGRC-EA.

b. Ltr to AGRC-EA requesting that upon receipt of the remains from AGRS-AMEX the three brothers be interred side by side.

3. Coordinated with Fam Cor Branch informally.

AIR MAIL

QUEST FOR DISPOSITION OF REMAINS

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

DATE:

Sgt. Robert D. Tester, 36 003 276
 Plot B, Row 1, Grave 9,
 American Cemetery Constantine
 Constantine, Algeria

20 August 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, ELIZA C. Tester

(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

Father Deceased

☐ 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. HENRI-CHAPELLE BEL
- ☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Henri-Chapelle, Belgium
 (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 Bro: PFC Glen W. Tester 39 336 062

Epinal, Fr 2 E-23-4443

Bro: Sgt James E. Tester 34 491 470

Henri-Chapelle Bel. C-8-156

2002 3000 48 mlt WW 2nd 3 Mar 48

PART I (Continued)

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

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

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

OR

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

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Eliza C. Tester (SIGNATURE OF NEXT OF KIN)
ELIZA C. Tester (NAME PRINTED OR TYPED)
Telford, Tennessee (STREET AND NUMBER)
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 13th day of Sept., 1947, at city (or town) of Jonesboro, county of Washington, and State (or Territory or District) of Tennessee

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

John B. Shanks
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)
My Commission Expires April 5, 1949

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

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

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

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

PART III

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

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

I also had two other sons killed in service. If possible, I would like to have all three boys buried side by side; if not, I would like to have them buried in the same cemetery.

They are:

Sgt. James E. Tester, 34 491 470

Plot C, Row 8, Grave 156

United States Military Cemetery

Henri-Chapelle, Belgium

Pfc. Glenn W. Tester, 39 336 062

Plot 2E, Row 23, Grave 4443

United States Military Cemetery

Epinal, France

293 FILE		DATA ON REMAINS NOT YET RECORDED OR IDENTIFIED							
NAME (Last, First, Middle Initial) <i>TESTER, ROBERT D.</i>						GRADE <i>SCT.</i>		PRESENT SERIAL NUMBER <i>36003276</i>	
ORGANIZATION <i>CO. I 320TH INF REGT.</i>				RACE <i>W</i>		CREED <i>PROT.</i>		FORMER SERIAL NUMBER (If applicable)	
DATE OF DEATH/MIA <i>26 NOV 43</i>		CAUSE OF DEATH <i>K I A</i>				PLACE OF DEATH OR PLACE LAST SEEN IF MIA <i>SINKING OF TROOPSHIP "ROHNA" OFF BOUGIE, TUNISIA</i>			
DATE OF FOD									
HEIGHT <i>72"</i>		WEIGHT <i>142</i>		COLOR EYES <i>BLUE</i>		COLOR HAIR <i>BLACK</i>		SHOE SIZE <i>10 1/2 C</i>	
DENTAL CHART									
UPPER RIGHT 8 7 6 5 4 3 2 1					UPPER LEFT 1 2 3 4 5 6 7 8				
LOWER RIGHT 16 15 14 13 12 11 10 9					LOWER LEFT 9 10 11 12 13 14 15 16				
X = Extracted O = Carious 1 = Carious Non-Restorable									
FRACTURES AND/OR BREAKS					TATTOOS AND/OR BIRTHMARK NONE				
ADDITIONAL INFORMATION									

FILE 6 APR 1948

Lt. Col. Campbell
Deputy Br.

Sgt. Robert D. Tester, 36 003 276
Plot 12N, Row 5, Grave 97,
El-Alia Military Cemetery
Algeria

15 September 1947

Mr. Millard F. Tester
Route #1, Box 131
Telford, Tennessee

Dear Mr. Tester:

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.

His remains were originally interred in the American Cemetery Constantine, Constantine, Algeria, a temporary cemetery, but have been moved to the El-Alia Military Cemetery, Algeria, where due care and surveillance can be exercised.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls. 8

SEP 19 1947
OQMG
4-38-47

293

DATE: 11 August 1947

NAME: Tester, Robert D

RANK: Sgt/

ASN : 36 003 276

BURIAL INFORMATION FOR RECONCENTRATIONS AS SHOWN ON CEMETERY FIELD ROSTER:

"PRESENT BURIAL LOCATION"

El-Alia 12-N 5 97
"CEMETERY" "PLOT" "ROW" "GRAVE"

"PREVIOUS BURIAL LOCATION"

Constantine B 1 9
"CEMETERY" "PLOT" "ROW" "GRAVE"

REMARKS: _____

FILE: x

N.A.T. x

DATE: 11 August 1947

NAME: P. R. ACS
F/S & C SUB-SECT.

Sgt. Robert D. Tester, 36 003 276
Plot B, Row 1, Grave 9,
American Cemetery Constantine
Constantine, Algeria

20 August 1947

Mr. Millard F. Tester
Route #1, Box 131
Telford, Tennessee

Dear Mr. Tester:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls. *8*

AB
AUG 20 3 05 PM '47
COMM M&R BR

QMBF 293
Tester, James E.
SN 34 491 470

20 August 1947

Mrs. Eliza K. Tester
Route #1
Telford, Tennessee

Dear Mrs. Tester:

We have received the "Request for Disposition of Remains" form regarding the final interment of the remains of your son, the late Sergeant James E. Tester, and are returning it for further information.

The Secretary of War has established the order of precedence among a decedent's relatives for the purpose of determining the person having the right to designate the final resting place of his remains. In accordance with this precedence, the father, if living, has precedence over the mother, unless he elects to waive his right. Since the records for your son, Robert D. Tester, disclose that the father is his next of kin, it was necessary for us to amend our records to show him as the next of kin of your son, James E. Tester.

Inasmuch as you have completed the form for your son, James, your husband, if he desires, may complete Part II, at the top of page 3, relinquishing his right to you. In this way, official action can then be taken on the decision rendered by you.

I have noted you selected Option 1, indicating you desire the remains of your loved one left overseas; however, I must inform you that it is not possible to inter his remains in the Suresnes Cemetery in France, as this is one of the permanently established World War I cemeteries and there is no grave space available in those cemeteries for the interment of any who gave their lives in this last war.

Since the time the form was mailed to you, the United States Military Cemetery, Henri-Chapelle, Belgium, in which the remains of your son now rest, has been designated as a permanent military cemetery for the interment of World War II Dead and the remains of your loved one may rest permanently in the quiet beauty of this cemetery. It may be necessary to rebury his remains in another part in accordance with the final plan for the cemetery, but you may be sure the exact location, together with other pertinent information, will be communicated to you at a later date.

X 293 Tester, Robert D. - Set - SN 36 003 276

QMCMT 293 Tester, James E. - SN 34 491 470

20 August 1947 (Cont'd)

A "Request for Disposition of Remains" form was sent to the widow of your son, the late Private First Class Glen W. Tester, on 15 July 1947; another form is being sent to your husband for completion in regard to the final disinterment of your son, Robert D. Tester. It is important that the request for burial of all three of your sons in adjoining graves, or in the same cemetery, be repeated on the forms completed by each of the next of kin for each of your sons.

While we cannot give you a definite answer at this time, as to the possibility of granting your request for the burial of your three sons side by side in the same cemetery, the War Department is making every effort to comply with all feasible wishes of the next of kin. Please be assured of our desire to assist you in every possible manner.

When the three forms have been returned to us, completed, we will inform you of the action taken in regard to this special request. An envelope, which requires no postage, is inclosed for your convenience in returning the form.

Sincerely yours,

2 Incls:

#1 QMC Form 345 - 3 March 47

#2 Franked Envelope

RICHARD B. COOMBS
Major, QMC
Memorial Division

VG

rlc

QMMMR 293
Tester, Robert D.
A.S.N. 36 003 276

1 April 1947

Mr. Millard F. Tester
Route #1, Box 131
Telford, Tennessee

Dear Mr. Tester:

Inclosed herewith is a picture of the American Cemetery Constantine, Algeria, in which your son, the late Sergeant Robert D. Tester, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

Sincerely yours,

1 Incl
Photograph

G. A. HORKAN
Brigadier General, QMC
Chief, Memorial Division

der *web*

Log sent to father 20 August 1947
DB

24 September 1946

Mr. Millard F. Tester
Route #1, Box 131
Telford, Tennessee

Dear Mr. Tester:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Sergeant Robert D. Tester, A.S.N. 36 003 276.

293 The records of this office disclose that his remains are interred in the American Cemetery Constantine, plot B, row 1, grave 9. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located in the suburbs northwest of the city of Constantine, Algeria, 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

CONFIDENTIAL

Q.M.C. Form 1 - GRS

SOS NATOUSSA

July 1943

REPORT OF ~~KORIK~~ REBURIAL

AR 30-1815 & TM 10-630

MAR 7 1944

9 January 1944

Date Report Filled Out
White

36003276

Tester

Robert

D

(Serial No.)

(Race)

(Last Name)

(First Name)

(Middle Initial)

U.S.

Sgt.

Co I 320th Inf.

Inf.

(Rank)

(Organization)

(Branch)

(Country)

Washed ashore, Algeria

26 Nov 1943

KIA Drowning

Unknown Prot.

(Place of Death)

(Date of Death)

(Cause of Death)

(Religion : P, C, H, etc.)

MEANS OF IDENTIFICATION IDENTIFICATION ACCEPTED

Identification Tags found on body : Yes () ; No (X).

Initial Soldier's Individual

If no identification tags, other means used to identify body (identification card, letters, etc.)

Record. Letter post marked Aug. 23, 1943 Addressed to Co I 320th Inf which name checked with Soldiers pay Record.

Complete fingerprint chart of both hands on reverse side if body cannot be identified.

Complete tooth-chart on reverse side and list anatomical characteristics and other data if fingerprints cannot be taken.

If unidentified, give circumstances :

List of Personal Effects found on Body and disposition of same : Articles found on the deceased as follows : Soldier's individual pay Record. One Dollar Defense Savings Bond Book. Two small notes. And letter post marked Aug 23, 1943, Rockford, Ill (2:30PM) Addressed to Co I 320th Inf which checked with Soldiers pay record, forwarded to PE Warehouse, [redacted].

Mrs. Tester (Mother)

Rt 1 Box 131 Rockford, Ill.

(Name of Emergency Addressee)

(Name of Emergency Addressee)

JAMES E. CORRIGAN, CAPT. M.C.

(Signature (or Name) of Person furnishing above data when other than the Officer reporting burial.)

1330 Hrs 9 January 1944

American Cemetery Constantine Algeria, Map of Algeria

(Time and Date of Burial)

(Location, Name, & No. of Cemetery) L-952-829 1/50,000

IF BURIAL OTHER THAN IN ESTABLISHED CEMETERY FURNISH SKETCH AND MAP REFERENCE REVERSE SIDE THIS FORM

B

1

9

Wooden cross

Catholic

(Plot No.)

(Row No.)

(Grave No.)

(King Grave Markers)

(Type of Religious Ceremony)

Identification Tag buried with body () ; Identification Tag attached to marker (no).

If identification Tags not present, what other identification data were buried with the body and in what kind

container ? QMC FORM 1-GRS sealed in shell and buried one foot below marker at head of

Bodies buried on either side (See paragraph 4 on reverse side this form.)

Right side : Myercheck Tony E Pvt.

35306553

Unknown

10

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

Left side :

Unknown

Unknown

Unknown

Unknown

8

(Name)

(Rank)

(ASN)

(Organization)

(Grave No.)

Chaplain Raymond I McCreary

(Signature of Officer Reporting Burial)

(Verified by unit G.R.S. Officer)

T.L. HEDERSON CAPT. QMC.

INSTRUCTIONS FOR FILLING OUT BURIAL REPORT : Make out QMC Form 1 - GRS in quadruplicate for U.S. dead, one additional copy for allied and enemy dead. Sign all copies. Submit report to nearest member of Graves Registration Service. Graves Registration Service will forward the original and two copies through at least one higher administrative headquarters (to be checked against Casualty Registration Officer of that headquarters) to Base Section Graves Registration Service Officer. OVER FOR BURIAL INSTRUCTIONS.

CONFIDENTIAL

13 JUN 1944 FILE

H.Q. - 160-q. - 743 - 200

INSTRUCTIONS FOR BALANCE

1. PREPARATION OF BODY : Have body examined by member of Medical Department whenever possible (to attach E.M.T. Form 52b.) Remove all personal property; remove one identification tag, leave other on body in protected position (in case of enemy dead, leave $\frac{1}{2}$ tag on body, forward $\frac{1}{2}$ with personal effects.) If no tag present, make notation of identifying data on form, protect in sealed bottle, canteen, spent shell, or best available container and bury with remains. If unidentified, take fingerprints of both hands; if this not possible, fill out tooth-chart and note height, weight, color of eyes and hair tattoo marks, birthmarks, etc., and other data as serial no. of weapon, laundry marks, where body found, etc. Wrap body in shelter half, mattress cover, or blanket when available.

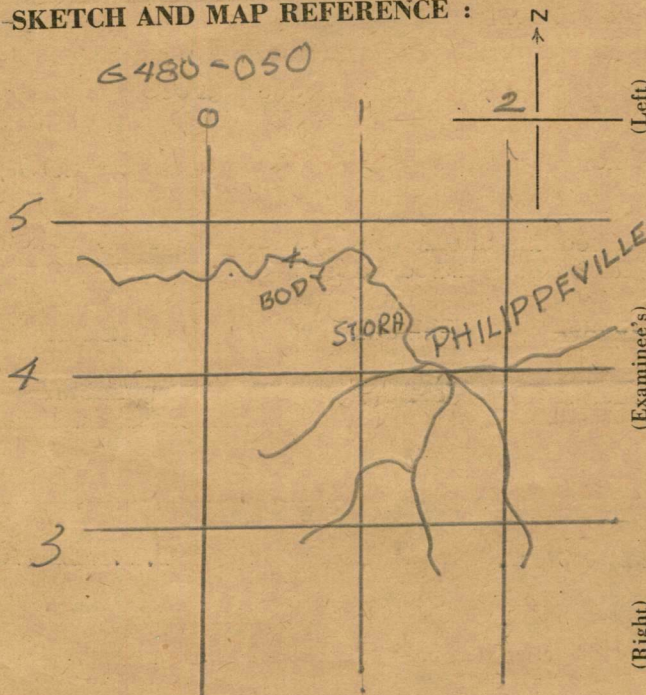
2. BURIAL : Dig grave to a depth five feet hasty battlefield burials, to sufficient depth to prevent elements from exposing the body.) *Place only one body in a grave. Dig graves side by side, row behind row.*

3. MARKING OF GRAVE : Fasten identification tag to temporary name peg and place at head of grave. For enemy dead, write data on peg. When pegs are not available copy data on a piece of paper, place in bottle, spent shell, or other receptacle, seal tightly and place so as to mark and identify grave. If identification tag cannot be fastened to peg or placed in container, do not leave at grave but forward with report of burial. If only one tag is found on body, it should be buried with body. The information thereon should be written on marker or placed in container at head of grave. Do not use weapons or helmets to mark graves.

4. LOCATION OF GRAVE : Report burials in established cemeteries by plot, row, and grave number (or show on cemetery map). For all other burials prepare sketch in space provided below; and give location by means of map references, or by reference to prominent permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

5. **PERSONAL EFFECTS** : List only personal effects taken from body on the Burial Report form. Place these with information as to identity of owner, organization, emergency addressee, in personal effects bag, or wrap in handkerchief, towel, or other available material and turn over to Grave Registration Service Personnel with report of burial. Government property is not to be included in personal effects but is to be turned in to Salvage Collecting Point.

-SKETCH AND MAP REFERENCE :



TOOTH-CHART

(Right)	(Examinees)										(Left)				
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

INDICATE : missing natural teeth by X; crowns by O;
fillings by ; bridges by 
replacements by denture  (horizontal line.)

Characteristics :

Other Data :

26700

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON
REPORT OF DEATH

287

28 January 1944
DATE
Freeman/Jones 4628

FULL NAME Tester, Robert D.		ARMY SERIAL NO. 36 003 276
GRADE Sgt.	ARM OR SERVICE Infantry	DATE OF BIRTH 25 Dec 1910
HOME ADDRESS Telford, Tennessee		
DATE OF DEATH 26 Nov 1943	PLACE OF DEATH North African Area	CAUSE OF DEATH Result of injuries rec'd in action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Mrs. Eliza C. Tester, (mother), Rt. # 1, Box 131, Telford, Tennessee		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Mrs. Eliza C. Tester, (mother), Rt. # 1, Box 131, Telford, Tennessee Millard F. Tester, (father), Rt. # 1, Box 131, Telford, Tennessee.		

BY ORDER OF THE SECRETARY OF WAR:

(OVER) **J. A. MARSHALL**

ADJUTANT GENERAL

ADDITIONAL DATA: (CONFIDENTIAL)

287

STATION OF DECEASED

North African Area

JAN 29 12 05 PM '44

MEMORIAL DIVISION

The individual named on the obverse side of this report is shown by the records of the War Department to have been absent in a missing in action status on and subsequent to 26 November 1943 and until such absence was terminated by the receipt in the War Department of evidence of death transmitted by Algiers, date of said termination being 20 January 1944.

266 98

REPORT OF DEATH
MEMORIAL DIVISION
U.S. DEPARTMENT OF THE ARMY
WASHINGTON, D.C.

581

m.d.

Sgt

293 Tester, Robert L

36 003 276

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

Case No. 70722 A
Date 9 November 1944

SUBJECT: Report of transactions in disposing of the effects of

Robert D. Tester

(Name of deceased)

36003276

(Army Serial Number)

late a

Sergeant

(Grade)

Infantry

(Organization, Army or Service)

, who died

on the 26 day of November, 1943, at North African Area

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

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

a. No legal representative or widow of decedent being present at 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 April 28, 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Eliza C. Tester 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. Eliza C. Tester of _____ (Name of person found entitled)

Route #1, Box 131

(Number, Street or Avenue)

Telford, 1

(City, Town or Village)

State of

Tennessee

is the

mother

of the

(Relationship or Capacity)

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

(Signature of Summary Court Officer)

W. F. HEHMAN, Major Q.M.C.

(Name, Rank, Organization)

SUMMARY COURT MARTIAL



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

(S-11-6-44)

JFM:HA:mlm

October 6, 1944

IN REPLY REFER TO 70722-D

Mrs. Eliza C. Tester
Route #1, Box 131
Telford, Tennessee

Dear Mrs. Tester:

Thank you for executing the receipt covering the shipment of personal effects of your son, Sergeant Robert D. Tester.

The Army Effects Bureau has just received some additional property of your son, consisting of two billfolds, personal papers and cards, and four souvenir coins.

This property is being forwarded to you for proper distribution according to law and should reach you in the near future.

When you receive the package, please acknowledge receipt in the space provided below. A self-addressed envelope which requires no postage is inclosed.

Yours very truly,

file 43

A. F. Timms

A. F. TIMMS
Administrative Assistant
Army Effects Bureau

1 Incl--Envelope

Receipt acknowledged:

Mrs. Eliza C. Tester
Signature

Oct. 13 1944
Date

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Ship to:

Mrs. Eliza C. Tester

Route #1, Box 131

Telford, Tennessee

Effects Of

Name **Sgt. Robert D. Tester**

ASN **36,003,276**

Case No. **70722-D**

Wt.

Ship Via

Franked

G B/L No.

Date

October 6, 1944

JRM:HA:mlm

G. H. Homan
For the Effects Quartermaster

PACKAGES SHIPPED

1 pkg.

Franked

Est. Exp. Chgs.

Est. Frt. Chgs.

TOTAL

1

WT.

Date Shipped

OCT 10 1944

OCT 7 1944

REMARKS:

file g's

A J
(Shipping Clerk)

Sheet 1 Sheets
Box No.

ARMY EFFECTS BUREAU

INVENTORY

Deceased x
Missing
P.O.W.
Abandoned

SHOWN ON TALLY-IN AS Sgt. Robert D. Tester ORIGINAL NO. OF PKGS. 1 *bw*
TALLY-IN NO. 4915 INVENTORY DATE 9-21-44 CASE NO. 70722
EFFECTS OF ROBERT D. TESTER RANK Sgt.
A.S.N. 36003276 ORG. Co. I., 320th Infantry

PACKAGE DESCRIPTION: *1 pfg*

ARTICLE DESCRIPTION

2 Billfolds *✓* no money *✓*

Personal Papers & Cards *✓*

4 Souvenir Coins *✓*

REMARKS:

Relationship Unknown:

Mrs. Eliza C. Tester *✓*
Route # 1-- Box 131
Telford, Tenn.

1 Form 54 *✓*

ATTACHMENTS:

1 GR Label *✓*

NO CORRESPONDENCE *✓*

SHORTAGE ON REVERSE *✓*

NO G. I. ON REVERSE *✓*

NO C.A.T. AVAILABLE

STORAGE) *839*
SPACE)

SAFE STORAGE *101244*
VAULT STORAGE

WEIGHT *AD*
SHIPPED *OCT 10 1944*

Inventoried by *Nolan*

Packed by *Charles Planty*

Eff, QM Form 11 (Rev. 6-10-44)

bw *SEP 30 1944*

1 US Treasury Check No. 10,196,765
dated 22 May 1944
Amount: Specie: \$11.78

Inventory Clerk

Nolan

Inventory Clerk

Supervising Officer

LUCKY™ DESCRIPTION:

— 22 —

CHIEF, 1887

YONGLOU

502

1

1766267

INVENTORY OF EFFECTS

(See AR 600-550)

TESTER Robert D. 36003276
 (Last name) (First name) (Middle initial) (Army serial number)

late a Sgt Co I, 320th Infantry
 (Grade) (Organization or arm or service)

who died on the 26th day of Nov, 19 43

CLASS I. — Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Black Wallet w/Robert D. Tester imprinted on inside & outside	
1	Membership card Sergeant's club 320th Infantry	
5	Photographs	
1	Brown Wallet w/Operator's license, State of Illinois, year 1942, #1681699	
1	Social Security Card #559-24-4672	

*To be filled out only in case of shipment to The Adjutant General.

~~CLASS II~~ — Other effects

NUMBER	ARTICLES
1	Souvenir Coins
1	Civilian Identification tag
1	Identification Card
1	D.S.S. Form 2
1	FD. Form No. 38, PTA

CLASS II. — Continued

[illegible]

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that ~~the effects were delivered~~

10 Mrs. Eliza C. Tester

(Give name and degree of relationship; if legal representative

Route 1, Box 131 - Telford, Tenn.

or beneficiary named by the deceased, so state)

*The effects of class I have been forwarded to The Adjutant General and those of class II been sold.

JOHN P. MITTENDORF

MAJOR. Q. M. C.

AFPO 782, U.S. ARMY

(Station)

22 May, 1944 (Date)

*Strike out words not applicable.

H.Q. - M.B.S. - 4-43 - 50,000

INVENTORY OF EFFECTS

(See AR 600-550)

TESTER Robert D. 36003276
 (Last name) (First name) (Middle initial) (Army serial number)
 late a Sgt. Co. A 33rd Repl. Bn. (Over)
 (Grade) (Organization or arm or service)

who died on the _____ day of _____, 19____

CLASS I. — Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Black Wallet w/ Robert D. Tester imprinted on inside & outside; 1 Membership Card Sergeant's club 320th Infantry; 5 Photographs	
1	Brown Wallet w/1 Operator's license, State of Illinois, year 1942, #1681699; 1 Social security card #559-24-4672; 4 Souvenir Coins; 1 Civil identification tag; 1 Identification Card; 1 D.S.S. Form 2; 1 FD. Form No. 38 PTA for \$75; Miscellaneous papers, 1 WD AGO Form No. 39	

*To be filled out only in case of shipment to The Adjutant General.

CLASS II. — Other effects

NUMBER	ARTICLES

CLASS II. — Continued

[illegible]

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that *~~the effects were delivered~~

Mrs. Eliza C. Tester

(Give name and degree of relationship; if legal representative

Route 1 Box 131, Telford, Tenn.

or beneficiary named by the deceased, so state)

The effects of class I have been forwarded to The Adjutant General and those of Class II been sold.

JOHN P. MITTENDORF

MAJOR, Q.M.C.

APO 782. U. S. ARMY

(Station)

10 May 19 44

(Date

*Strike out words not applicable.

Serial No. 36003276 Name ROBERT D. TESTER
Grade _____ Rank _____
Organization _____
Address _____
Nearest Relative MRS. ELIZA C. TESTER
Address TELFORD, TENN.
Killed in Action _____ Died of Disease _____
Date _____ Hospital _____
Battle Area _____ Information _____

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

Members Missing #7

Contents Belonged To A _____
Signed _____

DECEASED SOLDIER

Of Sentimental Value to Family

T-1453



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

(S-8-14-44)
JRM:HA:nms
June 14, 1944

IN REPLY REFER TO: 70722 D

Mrs. Eliza C. Tester
Route #1 Box 131
Telford, Tennessee

Dear Mrs. Tester:

Thank you for executing the signed receipt covering the personal effects of your son, Sergeant Robert D. Tester, which were forwarded to you by the Army Effects Bureau.

Since our letter to you of May 5th, this Bureau has received money in the amount of \$11.78, belonging to your son, check for which amount is inclosed. Please acknowledge receipt of the check on the bottom of this letter. For your convenience, there is inclosed an addressed envelope which needs no postage.

As previously stated the forwarding of property or funds by this Bureau does not, of itself, vest title in you. It is forwarded merely in order that distribution may be made in accordance with the laws of the state of your son's legal residence.

Yours very truly,

O M Darnall

O. M. DARNALL
Administrative Assistant
Army Effects Bureau

2 Incls.
Check
Envelope

Receipt acknowledged

Mrs Eliza C. Tester
Signature

June 20 1944
Date

REQUEST FOR INCLOSURES

Case No. 70722 D

14 June 1944
JRM:HA;nms

To:

Locked Storage for:

X Accounting Branch for Check

Account No. 21815 Amount \$ 11.78

Payable to

Mrs. Eliza C. Tester

Route #1 Box 131

Telford, Tennessee

Correspondent Helen Alexander

Check No. 16123

Initials EW

21815

70722 D

JUNE 15

44

MRS. ELIZA C. TESTER

11.78

ELEVEN AND 78/100

MAJOR Q.M.C.
ASST.

DS:ml

Eff QM Form 49 (Rev. 11/16/43)

6/14

RESTRICTED

HEADQUARTERS
PENINSULAR BASE SECTION
OFFICE OF THE QUARTERMASTER
A.P.O. # 782

293 BPSUP

JPM/rgs
23 May 1944

SUBJECT: Transmittal of Personal Funds

TO : Effects Quartermaster, Army Effects Bureau, Kansas City
Quartermaster Depot, 601 Hardesty Avenue,
Kansas City, 1, Missouri.

1. Transmitted herewith one (1) United States Treasury check
drawn as Personal Effects for the following deceased.

<u>LAST NAME</u>	<u>FIRST NAME & INITIAL</u>	<u>A. S. N.</u>
TESTER	Robert D.	36003276

2. Request acknowledgement of receipt by indorsement hereon.

For the Quartermaster:

T. JANOF
Lieut. Col., QMC,
Administrative Officer

Incl: a/s

OK
e

Army Effects Bureau, Kansas City
Quartermaster Depot, 601 Hardesty
Avenue, Kansas City 1, Missouri

Receipt acknowledged.

For The Effects Quartermasters:

100-3444
RECEIVED

file
h

RESTRICTED

RESTRICTED

RECEIVED
JUN 10 1944

TO: DIRECTOR, FBI
FROM: SAC, KANSAS CITY
SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

KANSAS CITY, MO.
JUN - 3 1944 M
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

ARMY HEADQUARTERS, KANSAS CITY
OFFICE OF THE ADJUTANT GENERAL
ATTENTION: [Illegible]

RE: [Illegible]

FOR THE EFFECTS OF [Illegible]

RESTRICTED

DJB

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

In reply refer to SPQDK 250.414

JRM:HA:nh
22 May 44

SUBJECT: Report of transactions by Summary Courts-Martial
Army Effects Bureau

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

There are submitted herewith reports of transactions by the Summary Courts-Martial at the Army Effects Bureau, in the disposition of the personal effects of the following named deceased military personnel:

<u>Case No.</u>	<u>Name</u>	<u>Rank</u>	<u>Army Serial No.</u>
33649	Weeks, Hobart W.	Sgt.	15010337
35534	DiFidi, Anthony	Pvt.	32762822
64867	McNabb, John P.	F/O	T-190704
69834	D'Aleo, Anthony	S/Sgt.	32435128
70722	Tester, Robert D.	Sgt.	36003276

For the Commanding Officer:

W. F. HEHMAN
Major Q.M.C.
Asst. Effects Quartermaster

5 Incls.

Incl. 1--Report case #33649
Incl. 2--Report case #35534
Incl. 3--Report case #64867
Incl. 4--Report case #69834
Incl. 5--Report case #70722 ✓

DS:ml

Eff QM Form No. 23 (Rev. 4/6/44)

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

nh
Case No. 70722'D
(Date) 22 May 44

Subject: Report of transactions in disposing of the effects of

Robert D. Tester, 36003276, late a
(Name of deceased soldier) (Army Serial No.)
Sergeant, Infantry who died
(Grade) (Organization, Arm or Service)
on the 26 day of November, 1943, at North African Area

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

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

a. No legal representative or widow of the decedent being present at his camp or quarters, his effects 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 ~~and assets~~ (less the amount 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 28 April, 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application and/or affidavit of Mrs. M. F. Tester (Name of Tester for the effects of the above-named deceased soldier, now (Claimant) in the possession of the United States, together with other relevant evidence, were duly considered:

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112 Mrs. M. F. Tester (Name of person found entitled)

of Route #1, Box 131 Telford, Tennessee, State of
(Number, Street or Avenue) (City, Town or Village)

Tennessee, is the mother of the above-
(Relationship or Capacity)

named deceased soldier and appears to be entitled to receive his effects.

(Signature of Summary Court Officer)
W. F. HEHMAN, Major Q.M.C.
(Name, Rank, Organization)
SUMMARY COURT-MARTIAL

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

(S-6-5-44)
JRM:HAM
May 5, 1944

IN REPLY REFER TO: #70722 D

Mrs. M. F. Tester
Rt. #1, Box 131
Telford, Tennessee

Dear Mrs. Tester:

Thank you for sending the Army Effects Bureau the information needed in connection with disposal of the property of your son, Sergeant Robert D. Tester, which consists of \$2.00 in Defense Savings Stamps, two notebooks and one letter.

Regrettably, Sergeant Tester's property had been damaged by water prior to arrival at this Bureau; however, we felt sure you would want to receive these items, regardless of their condition. This property has been forwarded by parcel post. When you have received the package, please acknowledge receipt in the space provided below. For your convenience, there is inclosed an addressed envelope which needs no postage.

My action in sending such effects does not, of itself, vest title in you. These effects are transmitted only in order that some responsible person receive them, so that distribution may be made in accordance with the laws of the state of Sergeant Tester's legal residence.

Your cooperation in returning the signed receipt will be appreciated.

Please accept my sympathy in the loss of your son.

Yours very truly,

G. H. GALVIN, JR.
1st Lt. Q.M.C.
Chief, Adm. Control Branch

1 Incl.
Envelope

Receipt acknowledged

Mrs M F Tester
Signature

May 8 1944
Date

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

JRM:HA:ew

ORDER FOR SHIPMENT

MAY 2 1944

Suspense 13 May 1944

Case No. #70722-D

Date 29 April 1944

MEMORANDUM TO Warehouse Branch:

Please see that the personal effects on the above mentioned case are packed, weighed and ready for shipment promptly so that they may be readily picked up. Bills of Lading and all other papers will be marked with the case number and can be identified thereby. The original of this form should be returned to the Administrative Branch after completion.

Effects of: Sgt. Robert D. Tester Serial No. 36003276

Ship to: Mrs. M. F. Tester

Street and Number Rt. #1, Box 131

City and State Telford, Tennessee

Ship Via: Frank Gov't B/L No. _____

E. B. Barton
For the Effects Quartermaster

LIST OF PACKAGES SHIPPED

1 pkg

Franked Mail -- 4¢ or less ✓

Parcel Post Charges _____

Estimated Express Charges _____

Estimated Freight Charges _____

Total Number of Pieces: 1

Weight of Shipment: 1

Shipping Clerk ms

Date MAY 1 1944

ML:mp

Effects QM Form 14 (Rev. 10/15/43)

Deceased X
Missing _____
A.W.O.L. _____
P.O.W. _____
Abandoned _____

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

Sheet 1 of 1 Sheets
Folio 1 Box

INVENTORY

Shown on Tally In as _____

TALLY IN NO. 3490 INVENTORY DATE 4/3/44 CASE NO. 10722

EFFECTS OF ROBERT D. TESTER RANK Set

ARMY SERIAL NO. 36003276 ORG. Co. I. 320th. Inf.

CONSIGNOR T. O. Norfolk, Va.

DELIVERING CARRIER	G B/L NO.	G B/L DATE

[illegible]

Warehouse Space 1025 Inventoried By Denby

Locked Storage Space Packed By LaFevers 4/5/44 GTM:sc

APR 7 1944

MSB

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

(S-5-20-44)
JRM:HA:cms
April 20, 1944

IN REPLY REFER TO: #70722 D

ia.

Mr. Millard F. Tester
Rt. #1, Box 131
Telford, Tennessee

Dear Mr. Tester:

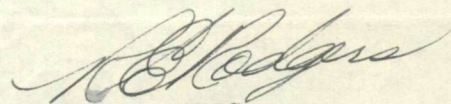
The Army Effects Bureau has received from overseas some personal property of your son, Sergeant Robert D. Tester.

To make proper disposition of such property, it is necessary that this Bureau have certain information regarding the family of your son. If he was married, please state the name and address of his widow.

If your son left a will which has been probated, please furnish the original or a certified copy of the letters of administration. Any papers submitted will be returned to you as soon as possible.

Please mail your reply in the inclosed self-addressed envelope which needs no postage, as this will accelerate disposal of the property.

Yours very truly,


R.E. RODGERS
2nd Lt. Q.M.C.
Assistant

1 Incl
Envelope

Telford, Tenn.

April 25 1944

Quarter Master Depot
Kansas City, Mo.

IMMEDIATE ACTION

Dear Sirs,

In reply to your inquiry in regard
to my son, Robert D. Tester, He was single
and left no will His Father Millard F.
Tester died June 5 1942.

Mrs. M. F. Tester

Jul
H

Serial No. 36003276 Name ROBERT D TESTER
Grade SGT. Rank SGT
Organization Co. I 320TH INF.
Address UNKNOWN
Nearest Relative MRS. TESTER - MOTHER
Address ROUTE 1 BOX 131 ROCKFORD, ILL.
Killed in Action YES Died of Disease NO
Date UNKNOWN Hospital _____
Battle Area AT SEA Information _____

Place of Burial AMERICAN CEMETERY CONSTANTINE
Point of Coordination ALGERIA L-952-829 750,000
Description of Body DECOMPOSED

Members Missing _____

Contents Belonged To A _____

DECEASED SOLDIER

Of Sentimental Value to Family

INVENTORY OF EFFECTS

(See AR 600-550)

Tester Robert D 36003276
(Last name) (First name) (Middle initial) (Army serial number)

late a. Sgt. Co. I 320th Inf.
(Grade) (Organization or arm or service)

who died on the Unknown day of Unknown, 19

CLASS I — Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
-1	Defense Saving Bond Book	
-2	1\$ Defense Saving Stamps	
-2	Small Note Books	
-1	Letter Posted marked Aug. 23,43 Rockford, Ill addressed to Co.I 320th Inf.	

* To be filled out only in case of shipment to The Adjutant General

CLASS II — Other effects

[illegible]

CLASS II — Continued

[illegible]

I **CERTIFY** that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that *the effects were delivered to _____

(Give name and degree of relationship; if legal representative

or beneficiary named by the deceased, so state)

*the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.

T.L. Hederson
T.L. HEDERSON
Captain QMC

2664th Depot

(Station)

10 January, 1944

. 19

(Date)

*Strike out words not applicable.

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON
REPORT OF DEATH

70722

DATE 28 January 1944
Freeman/Jones 4628

FULL NAME Tester, Robert D.		ARMY SERIAL NO. 36 003 276
GRADE Sgt.	ARM OR SERVICE Infantry	DATE OF BIRTH 25 Dec 1910
HOME ADDRESS Telford, Tennessee 70722		
DATE OF DEATH 26 Nov 1943	PLACE OF DEATH North African Area	CAUSE OF DEATH Result of injuries rec'd in action
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Mrs. Eliza C. Tester, (mother), Rt. # 1, Box 131, Telford, Tennessee		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Mrs. Eliza C. Tester, (mother), Rt. # 1, Box 131, Telford, Tennessee Millard F. Tester, (father), Rt. # 1, Box 131, Telford, Tennessee.		

BY ORDER OF THE SECRETARY OF WAR:

THIS COPY FOR ARMY EFFECTS BUREAU

J. A. MARSHALL

ADJUTANT GENERAL

IN ORDER OF THE DEPARTMENT OF WAR

NAME OF DEATH

NAME OF DEATH

NAME OF DEATH

NAME OF DEATH

NAME OF DEATH

NAME OF DEATH

The individual named on the obverse side of this report is shown by the records of the War Department to have been absent in a missing in action status on and subsequent to 26 November 1943 and until such absence was terminated by the receipt in the War Department of evidence of death transmitted by Algiers, date of said termination being 20 January 1944.

BEFORE OF DEATH

WASHINGTON

THE UNITED STATES DEPARTMENT OF WAR

WAR DEPARTMENT

CASUALTY MESSAGE

TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

FROM WAR DEPARTMENT

BUREAU A G O

CHG. APPROPRIATION **MLG 3836**

AG 201 **TESTER, ROBERT D**
ASN **36 003 276**

(21 DEC 43)

SPXPC-N **357002-37 (23) 28 DECEMBER**
MESSAGE NO. DATE **1943**

MRS MILARD F TESTER

ROUTE NUMBER ONE BOX 131

TELFORD TENNESSEE

THE SECRETARY OF WAR DESIRES ME TO EXPRESS HIS DEEP REGRET THAT YOUR

SON

SERGEANT

ROBERT D TESTER

(RELATIONSHIP)

(GRADE)

(NAME)

HAS BEEN REPORTED MISSING **IN ACTION SINCE**

TWENTY SIX NOVEMBER IN THE NORTH AFRICAN AREA

(DATE)

(AREA)

PERIOD IF FURTHER

DETAILS OR OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY NOTIFIED PERIOD

ULIO

OFFICIAL:

THE ADJUTANT GENERAL

ADJUTANT GENERAL

BATTLE

* THIS COPY FOR ARMY EFFECTS BUREAU

Not to be delivered by phone except when authorized by the sender.
Not to be delivered between the hours of 10 PM and 7 AM.

