

293

ANDERSON, EDWIN A.

S/SGT 31,324,736 EUR.AREA (CONN.) A.C. '44mnp

# CERTIFICATE

(AR 30-1830)

PAID

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

## PART A - CIVILIAN OR PRIVATE CEMETERY

<b>A</b>	<b>REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES</b>		
(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
ANDERSON EDWIN A.	S SGT	31324736	USAAF
<p>I certify that the sum of \$ <u>161<sup>00</sup>/<sub>00</sub></u> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.</p>			
INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE	
Trinity Cemetery	Seymour	Conn.	
INSTRUCTIONS TO PERSON SIGNING THIS FORM		SIGNATURE OF CLAIMANT	
<p>1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.</p> <p>2. Return four copies to: HEADQUARTERS NEW YORK PORT OF EMBARKATION D - C #1 AGR 1st Avenue &amp; 58th Street Brooklyn, N.Y.</p>		Polmar M Anderson	
		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
		RELATIONSHIP TO DECEDENT	DATE
		Father	July 20 1948

## PART B - NATIONAL OR POST CEMETERY

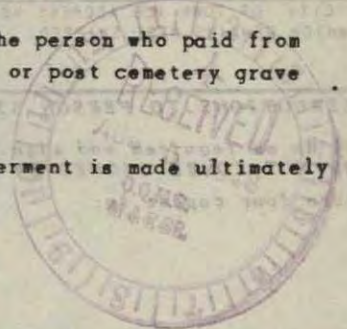
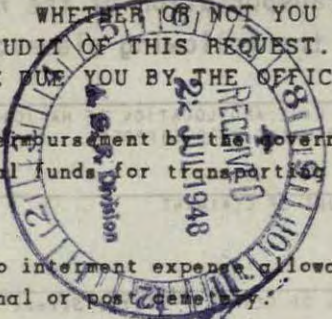
<b>B</b>	<b>REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES</b>		
(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)			
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
<p>I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:</p>			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED		
INSTRUCTIONS TO PERSON SIGNING THIS FORM		SIGNATURE OF CLAIMANT	
<p>1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.</p> <p>2. Return four copies to:</p>			
		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
		RELATIONSHIP TO DECEDENT	DATE

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.
2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.
3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.
4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2. below.
2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. **WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.**
3. Reimbursement by the government will be made only to the person who paid from his personal funds for transportation of the remains to the national or post cemetery grave site.
4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.



# RECEIPT OF REMAINS

HEADQUARTERS

NEW YORK PORT OF EMBARKATION  
DISTRIBUTION CENTER #1, AGRS

1st AVENUE & 50th STREET  
BROOKLYN, NEW YORK

DISTRIBUTION CENTER

ROUTINE

REMAINS CONSIGNED TO: THE W. L. WARD CO. FUNERAL DIRECTORS  
15 PINE STREET  
SEYMOUR, CONNECTICUT

REMAINS OF THE LATE S/SGT EDWIN A. ANDERSON ACCOMPANIED BY  
AN ESCORT WILL BE DELIVERED TO YOU BY MOTOR VEHICLE DURING THE AFTERNOON  
ON TUESDAY, 13 JULY. PLEASE MAKE ARRANGEMENTS TO ACCEPT  
REMAINS UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME  
OF ARRIVAL.

ESCORT: JORALEMON, ROBERT N, T SGT,  
ER-32588154, DET #5, 1300 ASU, G. H. BARE  
AF  
COLONEL, QMC

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

THIS 13 DAY OF July, 1948

1 Lt. Robert N. Joralemon  
WITNESS (Escort)

ER-32588154 - air force

The W. L. Ward Co.  
CONSIGNEE  
T. Bennett B. Lysen

RAF

FILE

RECORDS ANNOTATED

DATE Aug 19, 1948

NAME Lisbon

**DISINTERMENT DIRECTIVE**

CAM

1

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
1615 00092

DATE  
26 09 47  
DAY MONTH YEAR

NAME  
ANDERSON EDWIN A

SERIAL NUMBER  
31324736

RANK  
S SG 1

ARM  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
CAMBRIDGE

DISPOSITION OF REMAINS  
1 1100 01  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
K 3 1 BRITISH ISLES

CAUSE OF DEATH  
1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
THE W. L. WARD CO. FUNERAL DIRECTORS  
15 PINE STREET  
SEYMOUR, CONNECTICUT

NAME AND ADDRESS OF NEXT OF KIN  
MR. DOLMAR M. ANDERSON  
44 CULVER STREET  
SEYMOUR, CONNECTICUT

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED  
ANDERSON EDWIN A 31324736 S/Sgt 30 Jun 44 10 May 48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
668TH BMB SQ (L)  
416TH BMB GP (L)

RELIGION  
P

IDENTIFICATION VERIFIED BY  
JOHN CRAZEN, CAPTAIN QMC  
540 QM SV CO NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
UNIFORM: UK CASKET

CONDITION OF REMAINS  
[Disturbing text redacted]

OTHER MEANS OF IDENTIFICATION  
S/SGT'S CHEVRONS, AIR FORCE COLLAR INSIGNIA ON BLOUSE

MINOR DISCREPANCIES  
NONE

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 May 48 BY THOMAS A CONLEY

CASKET SEALED BY THOMAS A CONLEY EMBALMER (Signature) THOMAS A CONLEY, EMB

CASKET BOXED AND MARKED PETER GOWING SHIPPING ADDRESS VERIFIED BY DAVID W BROWN, 1ST LT INF

DATE 21 May 48 BY CLERK RECORDER  
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

DAVID W BROWN, 1ST LT INF

SIGNATURE OF GRS INSPECTOR

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

# RECORD OF CUSTODIAL TRANSFER

**1. SHIPPED**

FROM <b>USMC CAMBRIDGE ENGLAND</b>	TO <b>CARDIFF SOUTH WALES</b>
KIND OF CONVEYANCE <b>TRUCK RAIL</b>	NAME OF CONVOYER <b>CHARLES E HILTON T/4</b>
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>E J KOMYATI CAPT AF</b>	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>JUN 1948</b>
DATE <b>3 JUN 1948</b>	DATE <b>JUN 1948</b>

**2. SHIPPED**

FROM <b>AGRC CARDIFF</b>	TO <b>USAT LAWRENCE VICTORY</b>
KIND OF CONVEYANCE <b>ZEC</b>	NAME OF CONVOYER <b>J. S. GARROLL 1<sup>ST</sup> LT. C.</b>
SIGNATURE OF SHIPPER <b>J S TAYLOR JR. MAJ, TC</b>	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>16 JUN 1948</b>
DATE <b>16 JUN 1948</b>	DATE <b>16 JUN 1948</b>

**3. SHIPPED**

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER <b>N.Y.P.F.</b>
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>S. D. Walk</b>
DATE	DATE <b>JUN 28 1948</b>
	for <b>JAMES L. McKINNON COLONEL, T. C.</b>

**4. SHIPPED**

FROM <b>NYPE</b>	TO <b>DC # 01</b>
KIND OF CONVEYANCE <b>TRACTOR</b>	NAME OF CONVOYER
SIGNATURE OF SHIPPER <b>JAMES L. McKINNON COLONEL, T. C.</b>	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>M. MATISOFF Lt. Col. QMC</b>
DATE <b>JUN 29 1948</b>	DATE <b>JUN 28 1948</b>
	<b>PORT TRANSPORTATION OFFICER</b>

**5. SHIPPED**

FROM	TO <b>Operations Officer DC# 1</b>
KIND OF CONVEYANCE <b>SEAWORK CONNECTICAL</b>	NAME OF CONVOYER <b>SEAWORK CONNECTICAL</b>
SIGNATURE OF SHIPPER <b>THE M. C. MARD CO. GENERAL DIRECTORS</b>	SIGNATURE OF RECEIVER <i>[Signature]</i> <b>MR. EDGAR W. ANDERSON</b>
DATE	DATE

**6. SHIPPED**

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

**7. SHIPPED**

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

SPACE NO. 1322 EAY NO. \_\_\_\_\_

**INSPECTION CHECKLIST**  
(FOR USE AT DISTRIBUTION POINT)

*OK*

NAME <b>ANDERSON EDWIN A.</b>	RANK <b>S SGT</b>	SERIAL NUMBER <b>31324736</b>
----------------------------------	----------------------	----------------------------------

NEXT OF KIN <b>MR DOLMAR M ANDERSON</b>	ADDRESS <b>44 CULVER ST, SEYMOUR, CONN.</b>
--	--

<b>SHIPPING CASE - General Appearance</b> (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
---	--

FINISH (Exterior)	REMARKS
FINISH (Interior)	
HANDLES	
HANDLE BOLTS	
STENCILING - NAMEPLATE <i>clear</i>	

<b>CASKET - General Appearance</b> (Check ONLY Discrepancies)	CONDITION OF CASKET (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
--	---

FINISH (Exterior) <i>clear &amp; polish</i>	REMARKS
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
CAM LOCKS (Sealing) <i>tight up</i>	
ODOR OR MOISTURE	

**ROUTED THROUGH**

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
--	---

CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/>
---	---

NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input checked="" type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
	REMARKS <i>plastic wood damaging shipping</i>

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
				<i>3/8/48</i>	

REMARKS IF SHIPPING CASE DOES NOT REQUIRE REPLACEMENT, REMOVE STENCIL FROM INSIDE CASE AND DESTROY. IF CASE IS TO BE REPLACED, RE-STENCIL WITH STENCIL FOUND INSIDE CASE, THEN DESTROY STENCIL.

*Painted 7-8-48*

*Final Insp  
Ray Dobb  
E. Tracy*

*74A*

WU B29 19 5 EXTRA GOVT COLLECT

NEWHAVEN CONN JUN 24 1155A

DISTRIBUTION CENTER NUMBER ONE

NEWYORK PORT OF EMBARKATION

RECEIVED YOUR TELEGRAM REGARDING S/SGT EDWIN A ANDERSON

PLEASE PROCEED AS ORIGINALLY PLANNED

DOLMAR M ANDERSON 44 CULVER ST SEYMOUR CONN.

1218P.

RECEIVED  
LAWRENCE VICTORY

JUN 24 17 35 1948

SIGNAL CENTER  
NO. NY 112. 5111 N.Y.

IN

OUT

JUN 24 2 35 PM 1948

DC #1. AGRS  
NYPE

<b>MESSAGEFORM</b>		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR

LAWRENCE VICTORY

RECEIVED  
WAR DEPARTMENT  
TELEGRAPH OFFICE  
BROOKLYN BASE, NY

JUN 20 21 16

FROM: (Originator) SPACE ABOVE FOR SIGNAL CENTER ONLY

ACTION TO:

- MR DOLMAR M ANDERSON
- 44 CULVER STREET
- D SEYMOUR CONNECTICUT

INFORMATION TO:

SECURITY CLASSIFICATION	
PRECEDENCE FOR ACTION	PRECEDENCE FOR INFORMATION
<input type="checkbox"/> ORIGINAL MESSAGE	
REFERS TO ANOTHER MESSAGE IDENTIFICATION	REFERS TO ANOTHER MESSAGE CLASSIFICATION

PLEASE BE ADVISED THE REMAINS OF THE LATE **S SGT EDWIN A ANDERSON** ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO **THE W L WARD CO FUNERAL DIRECTORS 15 PINE STREET SEYMOUR CONN** PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE, HOWEVER, WE APPRECIATE YOUR DESIRE TO RECEIVE REMAINS AS SOON AS POSSIBLE AND ASSURE YOU EVERY EFFORT IS BEING MADE TO EXPEDITE DELIVERY. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DATE OF DELIVERY OF THE RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION AND HE WILL BE REQUESTED TO INFORM YOU SO THAT YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF THE DATE OF THIS MESSAGE BY TELEGRAM COLLECT TO DISTRIBUTION CENTER NUMBER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW INSTRUCTIONS. IT WILL NOT BE POSSIBLE TO COMPLY

SECURITY CLASSIFICATION		AUTHORIZATION	
ORIGINATING AGENCY		SIGNATURE	
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE	PAGE OF

309

D

AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED  
AFTER THE EXPIRATION OF THE FORTY EIGHT HOUR PERIOD. SUGGEST YOU ARRANGE WITH  
ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION IF YOU DESIRE MILITARY HONORS AT  
FUNERAL. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G H BARE  
COLONEL, QMC

REPATRIATION  
RECORDS BRANCH

1916 12 57 AM '98

MEMORIAL DIVISION

# REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

S/Sgt. Edwin A. Anderson, 31 324 736  
Plot K, Row 3, Grave 1,  
United States Military Cemetery  
Cambridge, England

5 March 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

## PART I

I, DOLMAR M ANDERSON  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

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

Trinity Cemetery Seymour Conn.  
(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO \_\_\_\_\_ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

- YES
- NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

None

Coded 7 Aug. 47  
Johnson Jr.

MAR 27

**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			
<i>The W. L. Ward Co. Funeral Directors</i>			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<i>15 Pine St.</i>	<i>Seymour</i>	<i>New Haven</i>	<i>Conn</i>
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
<i>N.Y.-N.H.+Hfd. Seymour</i>		<i>2021</i>	

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: **Mrs DOLMAR M ANDERSON**

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
<b>ANDERSON</b>	<b>HENRIETTA</b>	<b>C</b>	<b>MOTHER</b>
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<b>44 CULVER ST</b>	<b>SEYMOUR</b>	<b>NEW HAVEN</b>	<b>CONN</b>

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.

*Dolmar M Anderson* (SIGNATURE OF NEXT OF KIN)      **44 CULVER ST** (STREET AND NUMBER)  
**DOLMAR M ANDERSON** (NAME PRINTED OR TYPED)      **SEYMOUR CONN** (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this *20* day of *March*, 19*47*, at city (or town) of *Winter Haven*, county of *Polk*, and State (or Territory or District) of *Florida*

*M. R. Woodruff*  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 Notary Public, State of Florida at Large.  
 My commission expires April 1, 1948.  
 Bonded (OFFICIAL TITLE) Bonding & Ins. Co.

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

## PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

\_\_\_\_\_  
(SIGNATURE OF NEXT OF KIN)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(STREET AND NUMBER)

\_\_\_\_\_  
(NAME PRINTED OR TYPED)

\_\_\_\_\_  
(CITY AND STATE)

## PART III

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

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

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

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(STREET AND NUMBER)

\_\_\_\_\_  
(NAME PRINTED OR TYPED)

\_\_\_\_\_  
(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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



S/Egt. Edwin A. Anderson, 31 324 736  
Plot K, Row 3, Grave 1,  
United States Military Cemetery  
Cambridge, England

5 March 1947

Mr. Dolmar Anderson  
38 Culver Street  
Seymour, Connecticut

Dear Mr. Anderson:

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.

SM

mta

185  
att

QMGAR 293  
Anderson, Edwin A.  
A.S.N. 31 324 736

4 February 1947

g

Mr. Dolmar Anderson  
38 Culver Street  
Seymour, Connecticut

Dear Mr. Anderson:

Inclosed herewith is a picture of the United States Military Cemetery Cambridge, England, in which your son, the late Staff Sergeant Edwin A. Anderson, 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.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

G. A. HORKAN  
Brigadier General, QMC  
Assistant

1 Incl  
Photograph

743

FEB 6 2 26 PM '47

MAIL & RECORDS BRANCH

1014  
SPQYG 293  
Anderson, Edwin A.

23 January 1946

Mr. Dolmar Anderson  
38 Calver Street  
Seymour, Connecticut

Dear Mr. Anderson:

The War Department is most desirous that you be furnished the burial location of your son, the late Staff Sergeant Edwin A. Anderson, A.S.N. 31 324 736.

The records of this office disclose that his remains are interred in the Cambridge American Military Cemetery, plot K, row 3, grave 1.

This cemetery is located approximately forty-two miles northeast of London, England, just outside the university town of Cambridge, and is under the constant care and supervision of United States military personnel.

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

Sincerely yours,

C. L. CORBIN  
Major General, GAC  
Acting The Quartermaster General

MEMORIAL DIVISION

JAN 23 12 21 PM '46

GRAVES REGISTRATION SECTION

ORIGINAL DISPATCHED

as

8  
DMS

# RESTRICTED REPORT OF BURIAL

TM 10-630 AND AR 30-1815

6294  
1 July 1944  
Date

AUG 1 1944

293  
ANDERSON Edwin                                                                 
Last Name First Initial Rank Serial No.

668th Bomb Sq (I), 416th Bomb Gp (I)  
Unit Organization **539**

Cottesmore, Rutland County, England 30 June 1944 Aircraft Accident  
Place of Death Date of Death Cause of Death

1500 hrs 4 July 1944. Cambridge American Military Cemetery, NW Cambridge, Eng.  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location  
1 3 K Temp. Wooden 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?

*Impossible to take any fingerprints.*

What means of identification were buried with the body? Identification tag.

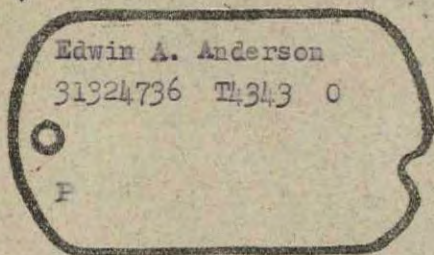
To determine Right or Left use Deceased's Right and Left.

Who is buried on: Smith, Harold W. 33568884, S/Sgt. 416 Bmb. Gp. 2  
Deceased's Right: Name Serial No. Rank Organization Grave No.

No grave to the left of this man.

Deceased's Left: Name Serial No. Rank Organization Grave No.

Joseph A. Harbuck 1st Lt USAC  
Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



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

Emergency Addressee Mrs Henrietta Anderson (Mother)  
Name

38 Culver Street, Seymour, Conn  
Address

Religion Congregationalist (Protestant)

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

None.

EDWIN A ANDERSON  
31324736 T43 43 C  
MR D ANDERSON  
38 CULVER ST  
SEYMOUR CONN E

*King*  
**20 SEP 1944**  
File

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

# RESTRICTED

File # 15

# RESTRICTED IF DECEASED UNIDENTIFIED

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

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

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

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

Impossible to take any fingerprints.

Impossible to take any fingerprints.

Left Hand

Right Hand

Thumb

Thumb

## TOOTH CHART

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

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

Characteristics: .....

Other Data: .....

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

# RESTRICTED

32

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

**REPORT OF DEATH**

DATE 18 July 1944

BSP/pmr/4627

FULL NAME 293 Anderson, Edwin A. <i>mp</i>		ARMY SERIAL NUMBER 31 324 736	GRADE S/Sgt.						
HOME ADDRESS Seymour, Connecticut		ARM OR SERVICE Air Corps	DATE OF BIRTH 14 Feb 1924						
PLACE OF DEATH England	CAUSE OF DEATH Aircraft Crash		DATE OF DEATH 30 Jun 1944						
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 20 Feb 43	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YEARS</th> <th style="width: 33%;">MONTHS</th> <th style="width: 33%;">DAYS</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">4</td> <td style="text-align: center;">11</td> </tr> </table>	YEARS	MONTHS	DAYS	1	4	11
YEARS	MONTHS	DAYS							
1	4	11							

**EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)**

Mrs. Henrietta Anderson, mother, 38 Culver St., Seymour, Conn.

**BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)**

Henrietta Anderson, mother, 38 Culver St., Seymour, Conn.  
 Dolmar Anderson, father, same address.

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	X	X			X	X				X			

**ADDITIONAL DATE AND/OR STATEMENT**

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

BATTLE  
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

*Final*  
 7-8 AUG 1944 *MLI*  
*mp*

*James W. Reinhart*  
 James W. Reinhart  
 ADJUTANT GENERAL

293

Anderson, Edwin A., Spgs 31324736

*[Signature]*



ANDERSON, Edwin A. S/Sgt. 31324726.

DECEASED

1 S. Ctn. D-2566. *Boxed in Case No 396*

Rec'd July 29th, 1944.

SHIPPED TO PORT QM, APO 507  
LIST EF..135...CHECK NO. 22591.

21 AUG 1944...TALLY OUT NO...680...

NAME

ANDERSON, EDWIN A.

S/Sgt.

BAY	PALLET	BOX	TALLY
56	87	-396	5962

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
Carton		<i>fill in myne</i>

STATE OF CONNECTICUT, SS  
COURT OF PROBATE, DISTRICT OF DERBY,

ANSONIA, August 15, 1944

F. Michael E. Sheehy, Judge of said Court, hereby certify that  
HENRIETTA ANDERSON of Seymour, Connecticut,

was named in the last will of

EDWIN A. ANDERSON late of, Seymour, in said District, deceased, as the Executrix thereof, and said will was duly admitted to probate in the Court of Probate for said District on the 15th day of August, 1944 and said Executrix having accepted said trust and executed Bond according to law (said appointment being unrevoked and in full force), is legally authorized to act as such Executrix said will and her acts as such are entitled to full credit.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Court the day and year first above written.

F. Michael E. Sheehy Judge

*Exhib of 2 of 4*

ANDERSON

CASH ACCOUNT

DEC 30/6/44

PW

INT

MIA

NAME ANDERSON, EDWIN A

RANK S/sgt ASN 31324736

CONTROL NO

26104

DATE

DETAILS

DOLLARS

STERLING

1	AUG 1 1944			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

CLOSED  
27 SEP 1944

Original Routing Date	Additional Routings	Remarks
AUG 1 1944		
Entry		<input checked="" type="checkbox"/> <del>WILL &amp; POWER OF ATTORNEY</del> SENT TO KANSAS CITY.
3/A Sheet		
Control Register		
Folder		
Visible Card		
Checked		
Assembled		
Acknowledged		
Maturity Book		
Audited		
Filed		
Liquidation		

CONTROL NO. 26104

L/asm.

107142

1st August

KANSAS CITY, MO.

S/Sgt. Edwin A. Anderson 31324736.  
668th Bomb Sq. 416th Bomb Gp.

Deceased

30th June

1

1. Last Will and Testament (original).

Army Effects Bureau, Kansas City  
Quartermaster Depot, 601 Hardisty  
Avenue, Kansas City 1, Mo.

Receipt acknowledged.

For the Effects Quartermaster.

G. E. CALVIN, JR.  
1st Lt. Q.M.C.  
Chief, Administrative Control Branch



7 July 1944  
Date

~~Headquarters, 416th Bombardment Group (L)~~  
(Organization and A.P.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-14, A.P.O. 507,  
U.S. Army.

Transmitted herewith in accordance with Adm. Cir. #80, dated 25 Oct. 1943, Hq, SOS, ETOUSA, is Inventory of effects concerning subject named below.

~~Anderson~~ ~~Ervin~~ ~~(MI)~~ ~~S Sgt~~ ~~31324736~~  
(Last Name) (First Name) (MI) (Rank) (ASN) (Control No)  
(For use of Effects QM ETOUSA)

Organization ~~668th Bomb Sq., 416th Bomb Gp (L)~~  
(Unit - - - - Not Branch or Service)

\*Status. (Deceased, Missing in Action, Prisoner of War) on the 30  
day of June 19 44.

Designated Beneficiary (With address)

**Mrs Henrietta Anderson (Mother)**  
**38 Culver St., Seymour, Conn.**

*file  
mjm*

Cl. II Assets: Cash found in effects, less cost of money order inclosed herewith

U.S.M.O. # None Amt \$ \_\_\_\_\_ U.S.M.O. # None Amt \$ \_\_\_\_\_  
U.S.M.O. # None Amt \$ \_\_\_\_\_ U.S.M.O. # None Amt \$ \_\_\_\_\_

U.S. Official Check # None Amt. \_\_\_\_\_ Bank \_\_\_\_\_  
(Name and Branch)

#Bank Accounts None

#Debtors None

#Creditors None

#Inclosed is Last Will and Testament  
(Will, Power of Attorney, War Bond, Travelers Checks.  
Describe fully)

\*Strike out words not applicable.  
#Negative report where applicable.

INVENTORY OF EFFECTS

- 9 Razor Blades ✓
- 3 Spools Thread ✓
- 1 Gunners Wings ✓
- 2 Harmonica ✓
- 1 Small Sissors ✓
- 1 Clothes Brush ✓
- 7 AAF Patches ✓
- 1 Pocket Knife ✓
- 1 Identification Bracelet ✓
- 1 Toilet Kit w/articles ✓
- 1 Shoe Shine Kit ✓
- 1 Leather Wallet ✓
- 1 Swimming Trunks ✓
- 2 Handkerchiefs ✓
- 1 pr. Shorts ✓
- 1 Towel Bath ✓
- 32 Snapshots ✓
- 1 Prayer Book ✓
- 2 Photographs ✓
- 1 Letter ✓

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects QM, ETOUSA, APO 507, C-14, U.S. Army, by delivering by \_\_\_\_\_ on \_\_\_\_\_ 1944.

\_\_\_\_\_  
JOSEPH A. HAUBRICH,  
1st Lt., Air Corps,  
Ass't Adjutant.

COPY  
KCQMD  
AEB : vbc

RESUME OF PERTINENT DATA TAKEN FROM WILL

Date of Making: November 18, 1943

Place of Making: Laurel, Mississippi

On the 18th day of November, 1943, Edwin A. Anderson named his mother, Henrietta Anderson, Executrix, without bond. If his mother predeceases him, he appoints his father, Dolmar M. Anderson, Executor.

/s/ Edwin A. Anderson (SEAL)

WITNESSES:

/s/ Harold P. Rezk, ?? 2006-33rd St. Everett, Wash.

/s/ Charles B. McNeil, P.O. Box 402, Blacksburg, Virginia

/s/ Fred L. Adair, Rushville, Missouri

*File  
vbc*

Parents of                      (107,142 D)  
STAFF. Sergeant  
Edwin A Anderson 31324736

Lolmar M Anderson

Henrietta C Anderson

38 Culver St.

Seymour, Conn.

5962

file  
2/16

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

10351

**NON BATTLE CASUALTY REPORT**

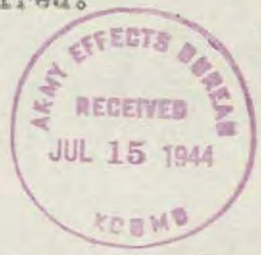
NAME <b>Anderson, Edwin A.</b>		SERIAL NUMBER <b>31,324,736</b>	GRADE <b>S/Sgt</b>	ARM OR SERVICE <b>AC</b>	REPORTING THEATRE <b>ETO</b>
PLACE OF CASUALTY <b>Cottesmore, England</b>		DATE OF CASUALTY DAY: <b>30</b> MONTH: <b>Jun</b> YEAR: <b>44</b>		FLYING OR JUMPING STAT <b>H</b>	TYPE OF CASUALTY <b>KNE</b>
SHIPMENT NUMBER <b>193029-CC-1X</b>					

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	RELATIONSHIP
<b>Mrs.</b>	<b>Henrietta</b>		<b>Anderson</b>	<b>Mother</b>
NO. AND NAME OF STREET		CITY	COUNTY	STATE
<b>38 Culver Street</b>		<b>Seymour</b>		<b>Connecticut</b>

REMARKS: **AG 201 (10 Jul 44)**  CORRECTED COPY **DO 12 July 1944**  
**Evidence of death recd in WD** **cause**  
**AG 81923 London. Gas msg #1731. In line of duty. FINAL destruction of**  
**vital parts incurred when aircraft crashed and fired.**



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  
 \_\_\_\_\_  
 \_\_\_\_\_  
 REPORT NOT VERIFIED \_\_\_\_\_ NO FORM 43 \_\_\_\_\_ NO CAS. BR. FILE \_\_\_\_\_ CHECKED BY Linchard 11 July 44 REVIEWED BY \_\_\_\_\_

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION

COPIES FURNISHED:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AIR ADJUTANT GENERAL                | <input type="checkbox"/> CHIEF, WAR BOND DIVISION                 | <input type="checkbox"/> OFFICERS BRANCH, A.G.O.                  |
| <input type="checkbox"/> AMERICAN RED CROSS                  | <input type="checkbox"/> CHIEF, WAR BOND OFFICE                   | <input type="checkbox"/> P.O.W. INFO. BUREAU, O.P.M.G.            |
| <input type="checkbox"/> ARMY EFFECTS BUREAU                 | <input type="checkbox"/> C.G., ARMY GROUND FORCES                 | <input type="checkbox"/> SEAMEN'S RECORDS & WELFARE UNIT U.S.C.G. |
| <input type="checkbox"/> ASST. CHIEF OF STAFF, G-1           | <input type="checkbox"/> C.G. SERVICE COMMAND                     | <input type="checkbox"/> SOCIAL SECURITY BOARD                    |
| <input type="checkbox"/> BUREAU OF PUBLIC RELATIONS          | <input type="checkbox"/> DIR. OF SPECIAL SERVICES DIV.            | <input type="checkbox"/> SURGEON GENERAL                          |
| <input type="checkbox"/> CASUALTY PAY RECORDS BR., O.F.D.    | <input type="checkbox"/> DIRECTOR, W.A.G.                         | <input type="checkbox"/> THE ADJUTANT GENERAL                     |
| <input type="checkbox"/> CHIEF OF ARM OR SERV. CONCERNED     | <input type="checkbox"/> ENLISTED BRANCH, A.G.O.                  | <input type="checkbox"/> U.S. EMPLOYEE'S COMPENS. COMM.           |
| <input type="checkbox"/> CHIEF OF STAFF                      | <input type="checkbox"/> FINANCE OFFICER, U. S. ARMY, WASH., D.C. | <input type="checkbox"/> WAR SHIPPING ADMINISTRATION              |
| <input type="checkbox"/> CHRONOLOGICAL UNIT, CAS. BR.        | <input type="checkbox"/> MACHINE RECORDS BRANCH, A.G.O.           | <input type="checkbox"/> WILLS UNIT, CASUALTY BRANCH              |
| <input type="checkbox"/> CHIEF, P.O.W. BR., M.I.S., W.D.G.S. | <input type="checkbox"/> OFFICE OF DEPENDENCY BENEFITS            |   |

107142

Oct 6 1944

Dear Sir, On July 12 1944 I received notice from the Adjutant General's Office that my son  
S/SGT Edwin A Anderson 31324736  
668 Bomb. Sqdn. 416 Bn. Group  
was killed in an air plane crash in England. on June 30 1944.

Will you please tell me if his Personal Effects were recovered and if so when we may expect them. We are particularly anxious to get his wings and Air Medal which he wrote that he had been awarded and affixe.

Volmar M Anderson

38 Culver St.

Seymour, Conn.

filed



OCT 10 1944



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

IN REPLY REFER TO: 107,142

JRM:MD:py  
February 7, 1945

Mrs. Henrietta Anderson  
38 Culver Street  
Seymour, Connecticut

Dear Mrs. Anderson:

The Army Effects Bureau has received from overseas some personal effects of your son, S/Sgt. Edwin A. Anderson.

These effects are being forwarded to you in one carton.

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

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

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

Inclosed herewith is the Letter of Testamentary which you so kindly forwarded for examination.

Yours very truly,

*at 69*  
*wh*

F. A. ECKHARDT  
Captain Q.M.C.  
Assistant

1 Incl--  
Letter of Testamentary



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

IN REPLY REFER TO 107,142 D

JRM:HA:vbc  
 October 18, 1944

Mr. and Mrs. Dolmar M. Anderson  
 38 Culver Street  
 Seymour, Connecticut

Dear Mr. and Mrs. Anderson:

This refers to your recent letter inquiring about the personal effects of your son, Staff Sergeant Edwin A. Anderson.

There is inclosed a Will which is the only property of your son received at this Bureau to date. Please acknowledge receipt of the Will by signing one copy of this letter in the space provided below and returning that copy to this Bureau. It is requested that Mrs. Anderson acknowledge receipt of the Will.

There is inclosed an information circular which will give you some idea of the time which may elapse before personal effects arrive here from overseas.

You will note from Paragraph 3 of the circular that this Bureau needs certain information in order to make disposition of property. You may furnish the necessary information at this time, if you wish, so that your son's effects may be forwarded promptly upon receipt here.

For your convenience, there is inclosed a self-addressed return envelope which requires no postage.

I wish to express my sincere regret of the circumstances prompting this correspondence.

Yours very truly,

*A. F. Timms*

A. F. TIMMS  
 Administrative Assistant  
 Army Effects Bureau

*file  
 vbc*

3 Incls-  
 Will  
 Form 76  
 Envelope

Receipt acknowledged

Signature Hensetta P. Anderson

Date Oct 23 /44



KANSAS CITY QUARTERMASTER DEPT  
401 MARKET AVENUE  
KANSAS CITY 1, MISSOURI

October 18, 1944

NOV 14 1944

Mr. and Mrs. Palmer M. Anderson  
35 Driver Street  
Beverly, Connecticut

Dear Mr. and Mrs. Anderson:

This refers to your recent letter inquiring about the personal effects of your son, Staff Sergeant Edwin A. Anderson.

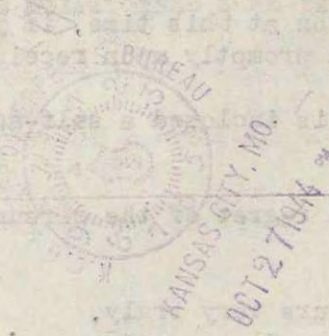
There is enclosed a bill which is the only property of your son received at this Bureau to date. Please acknowledge receipt of the bill by returning one copy of this letter in the space provided below and retaining that copy to this Bureau. It is requested that Mr. Anderson acknowledge receipt of the bill.

There is enclosed an information circular which will give you some idea of the items which may elapse before personal effects arrive here from overseas.

You will note that paragraph 3 of the circular states that this Bureau needs certain information in order to make a list of property for you. In view of the necessary information at this time, it is requested that your own effects may be forwarded through the Bureau.

If you have any questions, please refer to the enclosed information circular which contains the Bureau's policy.

I wish to express my sincere appreciation for your cooperation in this correspondence.



A. E. Tison  
Administrative Assistant  
Army Effects Bureau

2 Encls -  
Bill  
Form 76  
Envelope

Receipt acknowledged

Signature: Edwin A. Anderson  
Date: 10/18/44

107142 ✓

RTB:JS:fj  
November 1, 1945

Mrs. Henrietta Anderson, Executrix  
Estate of Edwin A. Anderson  
38 Culver Street  
Seymour, Connecticut

Dear Mrs. Anderson:

Since our previous correspondence with you, the Army Effects Bureau has received additional property of your son, Staff Sergeant Edwin A. Anderson, consisting of a Flight Record.

This record is transmitted herewith.

Yours very truly,

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

1 Incl—  
Flight Record



SHEET	SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED	<input checked="" type="checkbox"/>
BOX NO.		ORIGINAL NUMBER OF PACKAGES	1	MISSING	
TALLY NUMBER	5962 ✓	INVENTORY DATE	11-Jan-1945	P.O.W.	
EFFECTS OF	EDWIN A. ANDERSON ✓	CASE NUMBER	107142	ABANDONED	
A.S.N.	31324734 ✓	ORGANIZATION	669 BOMB Sq. 416 BOMB GP.		
PACKAGE DESCRIPTION					
<i>* 1 ch</i>					

CLOTHING	PERSONAL ITEMS	CONTAINERS
BELT	BRACELET, IDENTIFICATION ✓	BAGS, CLOTH
BELT, MONEY (NO MONEY)	BRUSHES ✓	BAGS, TRAVEL
CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY) ✓
COATS	GLASSES	CASE,
FOOTWEAR, PR.	KNIVES ✓	FOOTLOCKER
GLOVES, PR.	LIGHTERS	KIT, SEWING ✓
<input checked="" type="checkbox"/> HANKERCHIEFS ✓	MISC. INSIGNIA ✓	KIT, TOILET ✓
HEADWEAR	MISC. ITEMS ✓	KIT, WRITING
JACKETS	PEN, FOUNTAIN	PAPERS AND MISC.
OVERCOATS	PENCIL, MECHANICAL	BOOKS
SCARFS	PIPES	BOOKS, ADDRESS
SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE
SOCKS, PR.	RIBBONS, DECORATION	BOOKS, PILOT LOG
TIES	RINGS ✓	DIARY (REMOVED FOR DURATION)
<input checked="" type="checkbox"/> TOWELS ✓	TOBACCO	FILMS
TROUSERS, PR.	TOILET ARTICLES ✓	<input checked="" type="checkbox"/> LETTERS ✓
<input checked="" type="checkbox"/> TRUNKS, PR. ✓	WATCH	PAPERS, PERSONAL
<input checked="" type="checkbox"/> UNDERWEAR ✓	WINGS ✓	<input checked="" type="checkbox"/> PHOTOS ✓
		SHOE SHINE ARTICLES
		SHORT SNORTER
		SOUVENIRS
		SOUVENIR MONEY
		STATIONERY
		<input checked="" type="checkbox"/> TESTAMENTS ✓
		U.S. MONEY (AMOUNT)

*2 Harmonic ✓*

*file major*

REMARKS: *mother*  
*Mrs Henrietta Anderson*  
*38 Culver St. Seymour, Conn.*

ATTACHMENTS: *Inventory of Effects ✓*

\* Chain broken from tag -

C.A.T.	WEIGHT	GI REMOVED
		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE ✓
		IDENT. TAGS REMOVED
		DIARY REMOVED
WAREHOUSE SPACE	STORED BY	LOCKED STORAGE
<i>1909</i>	<i>JCM</i>	
INVENTORIED BY	DATE SHIPPED	LAUNDRY REMOVED
<i>B m Smith</i>	<i>FEB 29 1945</i>	
PACKED BY	CHECKED BY	FILM REMOVED
<i>[Signature]</i>	<i>[Signature]</i>	
	#43 OR ADDITIONAL ✓	