

293 Brown, Daniel M. 35514148 S/Sgt. AC European Area (OHIO) 45 cmt.

Army 10 ul  
848

AMERICAN GRAVES REGISTRATION DIVISION  
COLUMBUS GENERAL DISTRIBUTION DEPOT  
COLUMBUS 15, OHIO

SUMMARY SHEET OF CLAIM OR POTENTIAL CLAIM BY FUNERAL DIRECTORS

In accordance with letter Office of the Quartermaster General dated 25 August 1948, file QMGMO, Subject: Discrepancies in Permanent 293 Files, the following information is furnished

To be filled in if claim has been received

1. Name and serial number of deceased: S/Sgt. Daniel M. Brown, 35514148  
Lakewood 7, Ohio
2. Name of claimant: Daniels Funeral Home, Inc., 15800 Detroit Ave.,
3. Amount claimed: 15.00
4. Amount allowed (if any): 15.00
5. Purchase order number (if any): SP-7767-49

To be filled in if a potential claim exists

1. Name of potential claimant: \_\_\_\_\_
2. For transportation of remains of \_\_\_\_\_  
Serial \_\_\_\_\_ from \_\_\_\_\_  
to \_\_\_\_\_ and return escort to railhead  
if necessary.

18 May 1949  
Date

F. F. Appiano  
FRANCIS FAYLAMO  
Capt, QMC  
OIC, Administrative Branch

FILED

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

NAME OF DECEDENT (Last, First, Middle Initial)

BRANCH OF SERVICE

TO BE FILLED IN BY CLAIMANT

Brown, Daniel M

Air Corps

RANK OR GRADE

SERIAL NO.

A.  INTERMENT EXPENSES (Civilian or Private Cemetery)

B.  TRANSPORTATION EXPENSES (National or Post Cemetery)

S/Sgt

35514143

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

136  
24  
120

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

I certify that the sum of \$ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

NAME: of cemetery, Riverside Cemetery

TO: (Name and Location of National or Post Cemetery)

CITY OR COUNTY: Cleveland

STATE: Ohio.

RETURN FOUR COPIES TO

SIGNATURE OF CLAIMANT

AMERICAN GRAVES REGISTRATION DIVISION  
COLUMBUS GENERAL DEPOT  
COLUMBUS 15, OHIO

ADDRESS (Street number or RFD, City and State)

RELATIONSHIP TO DECEDENT

REMARKS

SIGN ORIGINAL ONLY

PAID ON VOUCHER 120559  
MAY 5 1949

W. KNOBELOCH, Lt. Col. F. D.

SYMBOL NO. 211-943

PART A

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the Government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the Government toward interment expenses includes but is not limited to the payment of one or more of the following items: Hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the Government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

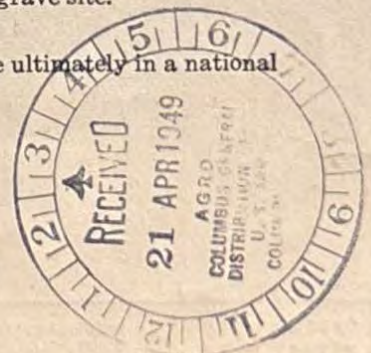
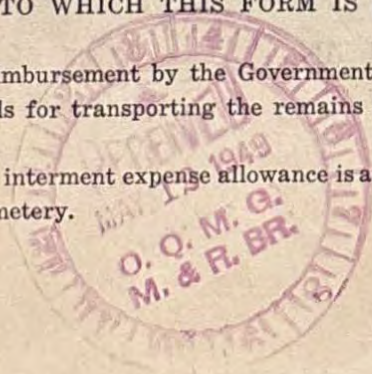
PART B

1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2 below.

2. Reimbursement of transportation expenses is allowed only when the cost to the Government to deliver the remains to you is LESS than what it would have cost the Government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the Government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. **WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.**

3. Reimbursement by the Government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.



18001

# RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DEPOT COLUMBUS OHIO

ROUTINE 13 APRIL 1949

REMAINS CONSIGNED TO:  
DANIELS FUNERAL HOME  
15800 DETROIT AVENUE  
LAKEWOOD OHIO

FROM QMDCG \_\_\_\_\_ BARDEN

REMAINS OF THE LATE S SGT DANIEL M BROWN ASN 35514148 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER 426 NEW YORK CENTRAL RAILROAD LEAVING COLUMBUS OHIO 12:15 PM EIGHTEEN APRIL AND DUE TO ARRIVE LINNDALE OHIO 3:12 PM RAILROAD TIME EIGHTEEN APRIL. REQUEST YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN. REQUEST FURTHER YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND TRANSPORT REMAINS AND ESCORT TO CARL R BROWN AT LAKEWOOD OHIO AND RETURN ESCORT TO RAILROAD STATION. YOU SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM LINNDALE OHIO STATION TO LAKEWOOD

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

THIS 18 DAY OF Apr MONTH, 19 49

*James W. Shugart*  
WITNESS (Escort)

*Daniels Funeral Home*  
CONSIGNEE  
*Pv Roy A Daniels Vice Pres*

RAT  
FILE  
RECORDS ANNOTATED  
MAY 7 1949  
D A MATTEWS

# DISINTERMENT DIRECTIVE

27 12-111

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1225 00325

DATE

15 07 48  
DAY MONTH YEAR

NAME  
BROWN DANIEL M

SERIAL NUMBER  
35514148

RANK  
S SC 1

ARM  
1

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
FOY BASTOGNE

DISPOSITION OF REMAINS  
1 5300 07  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
E 11 254 BELGIUM

CAUSE OF DEATH  
1

## SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
DANIELS FUNERAL HOME  
15800 DETROIT AVENUE  
LAKEWOOD, OHIO  
(F/B: CLEVELAND, OHIO)

NAME AND ADDRESS OF NEXT OF KIN  
CARL R. BROWN (FATHER)  
1096 KENNETH DRIVE  
LAKEWOOD, OHIO

## SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
DANIEL M BROWN

SERIAL NUMBER  
35514148

RANK  
S/SGT

DATE OF DEATH

DATE DISTINTERRED

21 SEPTEMBER 1948

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER EMB

ORGANIZATION  
USAAF

RELIGION  
P

IDENTIFICATION VERIFIED BY  
VERNON N HOYT, 1LT, INF.  
NAME AND TITLE

## SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
UNIFORM

CONDITION OF REMAINS  
[Disturbing text redacted]

OTHER MEANS OF IDENTIFICATION  
IDENTIFICATION TAG FOUND WITH REMAINS WHILE PROCESSING

MINOR DISCREPANCIES  
NONE

REMAINS PREPARED AND PLACED IN  CASKET  TRANSFER BOX

DATE 23 SEPTEMBER 1948 BY THEODOR R HARRISON JR. (EMBALMER)

CASKET SEALED BY  
RICHARD N CONRAD, EMB. SUPV.

EMBALMER (Signature)  
RICHARD N CONRAD, EMB. SUPV.

CASKET BOXED AND MARKED  
15/12/48 BY CHARLES R CARDER  
CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY ALL MARKINGS, PLATES & TAGS VERIFIED BY:  
F.R. MAC DONALD, CAPT. QMC.

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

EXCEPT CASKETING

*Vernon N. Hoyt 1st Lt. Inf.*  
VERNON N HOYT, 1LT, INF

SIGNATURE OF GRS INSPECTOR

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

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

*Raymond G Johnson 1st Lt Inf*

## RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	TO		
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER	DATE	DATE
FROM: <b>USMC HENRI CHAPELLE</b> KIND OF CONVEYANCE: <b>TRUCK / RAIL</b> SIGNATURE OF SHIPPER: <i>G. Hoffman</i> <b>GUSTAV HOFFMAN</b> <b>RAVENS LINE, 0233702</b> DATE: <b>7/12/48</b>	TO: <b>ANTWERP PORT, PIER 140</b> NAME OF CONVOYER: <b>CPL STANLEY J DUDA, RA 32308467</b> SIGNATURE OF RECEIVER: <i>[Signature]</i> DATE: <b>8 DEC 1948</b>		
2. SHIPPED			
FROM	TO		
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER	DATE	DATE
FROM: <b>AGHC ANTWERP BELGIUM</b> KIND OF CONVEYANCE: <b>VC 2</b> SIGNATURE OF SHIPPER: <i>[Signature]</i> <b>LE Butler Lt Col Inf</b> DATE: <b>MAR 1949</b>	TO: <b>USAT HAITI VICTORY</b> NAME OF CONVOYER: <b>A. S. KIMBERLIN 1st Lt. INF.</b> SIGNATURE OF RECEIVER: <i>[Signature]</i> DATE: <b>MAR 1949</b>		
3. SHIPPED			
FROM	TO		
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER	DATE	DATE
FROM: <b>NYPE</b> KIND OF CONVEYANCE: <b>NYPE</b> SIGNATURE OF SHIPPER: <i>[Signature]</i> <b>W. W. PRELISCH</b> <b>LIEUT. COLONEL, TC.</b> <b>PORT TRANSPORTATION OFFICER</b> DATE: <b>MAR 15 1949</b>	TO: <b>NYPE</b> NAME OF CONVOYER: <i>[Signature]</i> <b>W. W. PRELISCH</b> <b>LIEUT. COLONEL, TC.</b> <b>PORT TRANSPORTATION OFFICER</b> DATE: <b>MAR 15 1949</b>		
4. SHIPPED			
FROM	TO		
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER	DATE	DATE
FROM: <b>NYPE</b> KIND OF CONVEYANCE: <b>TRAIN</b> SIGNATURE OF SHIPPER: <i>[Signature]</i> <b>W. W. PRELISCH</b> <b>LIEUT. COLONEL, TC.</b> <b>PORT TRANSPORTATION OFFICER</b> DATE: <b>MAR 17 1949</b>	TO: <b>dc #07</b> NAME OF CONVOYER: <i>[Signature]</i> <b>W. W. PRELISCH</b> <b>LIEUT. COLONEL, TC.</b> <b>PORT TRANSPORTATION OFFICER</b> DATE: <b>MAR 17 1949</b>		
5. SHIPPED			
FROM	TO		
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER	DATE	DATE
FROM: <b>EVKEMOOD, OHIO</b> KIND OF CONVEYANCE: <b>EVKEMOOD, OHIO</b> SIGNATURE OF SHIPPER: <i>[Signature]</i> <b>EVKEMOOD, OHIO</b> <b>108 KENNETH DRIVE</b> <b>CARL B. BROWN (FATHER)</b> DATE: <b>MAR 17 1949</b>	TO: <b>EVKEMOOD, OHIO</b> NAME OF CONVOYER: <i>[Signature]</i> <b>EVKEMOOD, OHIO</b> <b>108 KENNETH DRIVE</b> <b>CARL B. BROWN (FATHER)</b> DATE: <b>MAR 17 1949</b>		
6. SHIPPED			
FROM	TO		
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER	DATE	DATE
FROM: <b>AGHC ANTWERP BELGIUM</b> KIND OF CONVEYANCE: <b>AGHC ANTWERP BELGIUM</b> SIGNATURE OF SHIPPER: <i>[Signature]</i> <b>AGHC ANTWERP BELGIUM</b> DATE: <b>MAR 17 1949</b>	TO: <b>AGHC ANTWERP BELGIUM</b> NAME OF CONVOYER: <i>[Signature]</i> <b>AGHC ANTWERP BELGIUM</b> DATE: <b>MAR 17 1949</b>		
7. SHIPPED			
FROM	TO		
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER	DATE	DATE
FROM: <b>AGHC ANTWERP BELGIUM</b> KIND OF CONVEYANCE: <b>AGHC ANTWERP BELGIUM</b> SIGNATURE OF SHIPPER: <i>[Signature]</i> <b>AGHC ANTWERP BELGIUM</b> DATE: <b>MAR 17 1949</b>	TO: <b>AGHC ANTWERP BELGIUM</b> NAME OF CONVOYER: <i>[Signature]</i> <b>AGHC ANTWERP BELGIUM</b> DATE: <b>MAR 17 1949</b>		

# MESSAGEFORM

MESSAGE CENTER No.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

*N4026 R*

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

*OK*

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

WESTERN UNION

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

SECURITY CLASSIFICATION

GOVT PD

ACTION TO:

**CARL R BROWNE**  
**DLR AND REPORT ANY CHARGES**

**1096 KENNETH DRIVE**

**LAKEWOOD OHIO**

INFORMATION TO: FROM QMDCG *19251-c* BARDEN

PRECEDENCE FOR

ACTION

INFORMATION

DAY LETTER

 ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE IDENTIFICATION

CLASSIFICATION

WE HAVE BEEN ADVISED REMAINS OF THE LATE **STAFF SERGEANT**

**DANIEL M BROWN**

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED

TO **DANIELS FUNERAL HOME 15800 DETROIT AVENUE LAKEWOOD OHIO**

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL

INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS.

BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION

SYMBOL

ORIGINATING AGENCY

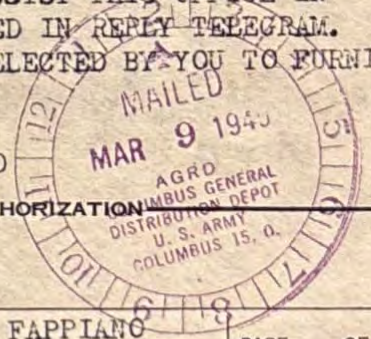
DATE-TIME GROUP

OFFICIAL TITLE

FRANCIS FAPPIANO

CAPT, QMC, Asst AGR Div

PAGE OF



WUA1.47 RX 32 COLLECT DL 5 EXTRA CLEVELAND OHIO MAR 10 159P  
COMMANDING OFFICER COLUMBUS GENERAL DIST  
MESSAGE RECEIVED THAT REMAINS OF LATE STAFF SERGEANT DANIEL  
M BROWN ARE ENROUTE STOP WE CONFIRM ORIGINAL INSTRUCTIONS  
STOP NO MILITARY HONORS REQUIRED AT FUNERAL STOP  
CARL R BROWN 1096 KENNETH DRIVE LAKEWOOD OHIO

259P

1096

INSPECTION CHECKLIST

AC

(FOR USE AT DISTRIBUTION CENTER)

NAME <b>Brown, Daniel M</b>	RANK <b>S/Sgt</b>	SERIAL NUMBER <b>35514148</b>
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SOURCE <i>779026 R</i>	CONSIGNEE <b>Daniels Funeral Home 15800 Detroit Avenue Lakewood, Ohio</b>
---------------------------	--

SHIPPING CASE - GENERAL APPEARANCE (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	
HEALTH PERMIT MARKER	
HEALTH PERMIT NUMBER	

CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)	CONDITION OF CASKET (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
---	---

FINISH (EXTERIOR)	REMARKS <i>OK</i>
HANDLES AND FASTENINGS	
STENCILING - NAMEPLATE	
CAM LOCKS (SEALING)	
ODOR OR MOISTURE	

ROUTED THROUGH

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

CONDITION OF REMAINS <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
NECESSARY DISINFECTION (EXPLAIN)	CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO
	REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
			<i>1045</i>	<i>Sept 14</i>	<i>[Signature]</i>

REMARKS

*[Signature]*

# REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 6/25

S/Sgt Daniel M. Brown, 35 514 148  
 Plot E, Row 11, Grave 254,  
 United States Military Cemetery  
 Foy, Belgium

5 January 1948

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, Carl R. Brown (Please indicate relationship to the deceased by placing an "X" in the proper box.)  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

Riverside Cemetery, 3607 West 25 Street, Cleveland, Ohio  
(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO \_\_\_\_\_, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_  
(FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_  
(LOCATION OF NATIONAL CEMETERY SELECTED)

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

- YES       NO

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

None

*DP* JUL 23 1948

*Coded by plane 7-6-48*

86 MAY 1948

*M. Hill*

**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 ✓ Daniels Funeral Home,			
NUMBER AND STREET 15800 Detroit Avenue	CITY OR TOWN Lakewood <sup>07</sup>	COUNTY OR PROVINCE Cuyahoga	STATE OR TERRITORY OF U. S. A., OR COUNTRY Ohio
EXPRESS OFFICE (Nearest railroad passenger station) Cleveland	TELEGRAPH ADDRESS 15800 Detroit Avenue		TELEPHONE No. Bo 5149

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 Brown	FIRST NAME ALICE	MIDDLE INITIAL M.	RELATIONSHIP TO DECEASED MOTHER
NUMBER AND STREET 1096 Kenneth Dr	CITY OR TOWN Lakewood	COUNTY OR PROVINCE Cuyahoga	STATE OR TERRITORY OF U. S. A., OR COUNTRY Ohio

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.

✓ Carl R. Brown  
(SIGNATURE OF NEXT OF KIN)  
Carl R. Brown  
(NAME PRINTED OR TYPED)

1096 Kenneth Drive  
(STREET AND NUMBER)  
Lakewood, Ohio  
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 5th day of February, 1947, at city (or town) of Lakewood, county of Cuyahoga, and State (or Territory or District) of Ohio

Mary Steel  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public  
(OFFICIAL TITLE)

\*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.

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

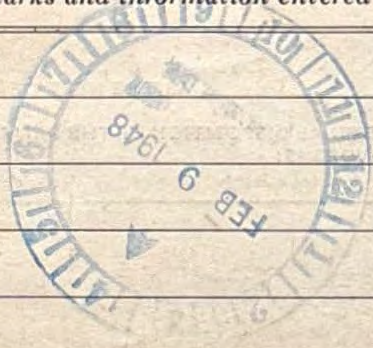
\_\_\_\_\_  
(STREET AND NUMBER)

\_\_\_\_\_  
(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.*



S/Sgt Daniel M. Brown, 35 514 148  
Plot E, Row 11, Grave 254,  
United States Military Cemetery  
Foy, Belgium

5 January 1948

Mr. Carl R. Brown  
1096 Kenneth Drive  
Lakewood, Ohio

Dear Mr. Brown:

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

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

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

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

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

8  
Incls.  
JRM

QNGYO 293  
Brown, Daniel M.

293 Brown, Daniel M. (35 514 148)

15 July 1946

Mr. Carl R. Brown  
1096 Kenneth Drive  
Lakewood, Ohio

Dear Mr. Brown:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Staff Sergeant Daniel M. Brown, A.S.N. 35 514 148.

The records of this office disclose that his remains are interred in the United States Military Cemetery Foy, plot E, row 11, grave 254.

This cemetery is located four miles north of Bastogne, Belgium, 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 your feasible wishes 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 you with full information and solicit your detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

enc

EWZ

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

85739

13 Feb 45

Date

*293*  
BROWN

Last Name

Daniel

First

M.

Initial

Unk

Rank

35514148

Serial No.

9th Bomber Div.

Unit

*416 Bomb. Hq.*

Organization

Manderfeld Bel

Place of Death

~~Unk (Estimated to be 23 Dec 44)~~

Date of Death

legs missing.  
FC Skull. Both

Cause of Death

12 Feb 45 1500

Time and Date of Burial

U S Mil Cem #1 Foy Bel

Name of Cemetery

Name or Coordinates of Location

254

Grave Number

11

Row Number

E

Plot Number

Cross

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?

One ID Tag supported by clothing mark on woolen underwear with name of Brown 35514148. ID Tag found around soldiers neck. Body brought to cemetery along with that of Francis H Bensiel and R G Meredith all from crashed A 20 GRS #1 and embossed plate. G Serial No 321717.

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

Who is buried on:

Deceased's Right:

BRACCIANTE

Name

Pvt

Serial No.

42125882

Rank

Co G 345

Organization

Inf 87 Div 253

Grave No.

Deceased's Left:

SIMPSON

Name

33764798

Serial No.

*W23*  
Pvt

Rank

Unk

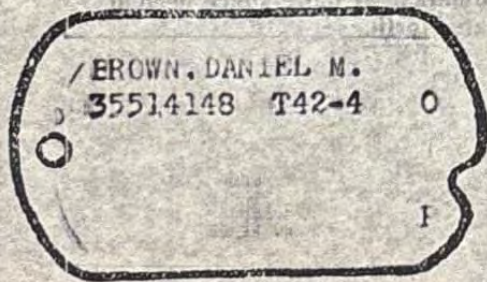
Organization

255

Grave No.

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

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



Emergency Addressee Unk

Name

Address

Religion P

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

No Personal Effects.

*W E Samson*

WILLIAM E. SAMSON

Signature of Officer or other person reporting burial

1st Lt QMC

3043 QMGR CO.

Verified by G.R.S. Officer

*Inc #8*

*July 4/11/45 - nk*

# REPORT OF BURIAL IF DECEASED UNIDENTIFIED

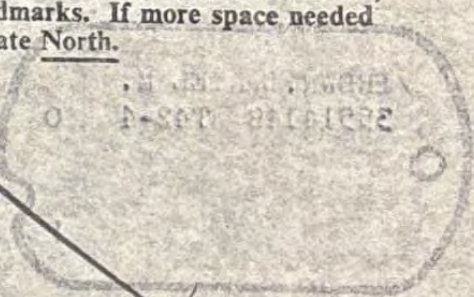
Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

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

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

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

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.



Left Hand

Right Hand

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

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

Characteristics:

Other Data:

WILLIAM E. SAMSON  
 3033 OXBR CO.  
 1st Lt OMC

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

REPORT OF DEATH

DATE 17 Jan 45

FULL NAME <i>293</i> Brown, Daniel M.		ARMY SERIAL NUMBER 35514148	GRADE S/Sgt.										
HOME ADDRESS Lakewood, Ohio		ARM OR SERVICE Air Corps	DATE OF BIRTH 14 Sept 20										
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action.		DATE OF DEATH 25 Dec 44										
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 30 Sept 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Alice M. Brown, mother, 1096 Kenneth Dr., Lakewood, Ohio													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Alice Miller, Brown, mother, Same as above. Carl R. Brown, father, Same as above.													
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			NO X

ADDITIONAL DATA AND/OR STATEMENT  BATTLE  NON-BATTLE

The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 25 Dec 44, until such absence was terminated on 6 Mar 45, when evidence considered sufficient to establish the fact of death was rec'd by the Secretary of War from the Commanding General, European Area.

FILE  
MAR 23 1945

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

BY ORDER OF THE SECRETARY GENERAL  
*James Penhax*  
ADJUTANT GENERAL

Final

293

Brown,

Daniel M.

Sgt.

35514148

J.W.

**GENERAL PROPERTIES, INC.**

REAL ESTATE INVESTMENTS  
822 WILLIAMSON BUILDING  
CLEVELAND 14, OHIO

12/26  
D.L.

CARL R. BROWN  
PRESIDENT

December 21, 1945.

TELEPHONE  
CHERRY 0197

*C*

INQUIRY CLERK

349,051  
L.L.

Effects Quartermaster  
Army Effects Bureau  
Kansas City, Mo.

Re: Staff Sergeant Daniel M. Brown, Deceased  
#3,874,455  
AAF 170, APO 140, United States Army

Gentlemen:

We were informed early this year that the deceased, who was our son, was killed over Germany December 25th 1944.

We were later advised the personal effects would be forwarded to us through your office but that this might take as much as six months time. Thus far we have not heard any more and it is now nearly one year's time.

Will you kindly look this up at your early convenience and advise us.

CRB-G

Very truly yours,

*Carl R. Brown*

*[Handwritten signature]*





AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
	NAME	SHIP VALUABLES	<input checked="" type="checkbox"/> CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	<input checked="" type="checkbox"/> RANK		FORM 20

Mr. Carl R. Brown  
 1096 Kenneth Drive  
 Lakewood, Ohio  
 S/Sgt. Daniel M. Brown  
 35514148  
 349051 D

LETTER
NO. & TYPE OF CONTAINER
ENVELOPE
<input checked="" type="checkbox"/> CARTONS
PACKAGE
FOOT LOCKER

SPECIAL INSTRUCTIONS
REMOVE GI
SHIP BLOODSTAINED
SHIP DAMAGED
REMOVE BL'DSTAINED
REMOVE DAMAGED
FILMS REMOVED
DIARY REMOVED

RTB:LK:geh      SUMMARY COURT DATA

DATE OF FINDING	APPLICANT
1-24-46	Carl R. Brown

DATE ACTION TAKEN
1-28-46
MAIL REVIEWER (initials)
ER

REMARKS

SHIPPED
FRANKED
EXPRESS
FREIGHT
DATE SHIPPED
JAN 20 1946
SHIPPING CLERK
ROUTING
ACCOUNTING BRANCH
<input checked="" type="checkbox"/> WAREHOUSE
<input checked="" type="checkbox"/> FILE

ORDER FOR ACTION

349,051

# EFFECTS INVENTORY ARMY EFFECTS BUREAU

*DL*

### ATTACHMENTS

X	INBOUND INVENTORY
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
1	TALLY IN FORM 43

### STATUS

DECEASED
MISSING
P. O. W.
ABANDONED
UNKNOWN

BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS
BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL
BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL
BOOKS	BRUSHES	PEN, FOUNTAIN
BRACELET, IDENT.	CASE	PHOTOS
CAMERAS	CLOTH, WASH	PIPES
X CLOTHING	COATS	RINGS
X MISC. ARTICLES	FOOTLOCKER	SCARFS
RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS
RIBBONS, DECORATION	GLASSES	SOCKS, PR.
SHORT SNORTER	GLOVES, PR.	STATIONERY
SOUVENIR MONEY	HANDKERCHIEFS	TIES
SOUVENIRS	HEADWEAR	TOBACCO
TESTAMENTS	JACKETS	TOILET ARTICLES
TOWELS & WASHCLOTHS	KITS	TOWELS
U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.
WATCH	LETTERS	TRUNKS, PR.
WINGS	LIGHTERS	UNDERWEAR

### CONTAINERS ADDRESSED TO

*None*

### INFORMATION

1215 Ethel ave.,  
Lakewood 7, Ohio  
*Information from letter*  
Mrs W. L. Thomas Jr.  
1266 Edwards ave.  
Lakewood, Ohio  
*Relationship unknown*

### NAME AND STATUS VARIATIONS

### CROSS REFERENCE

*File  
1-25  
AH*

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL
BOND		AMOUNT	ORIG. REG. MAIL
TRAV. CHECK		DATE	TO G. A. O.
FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	MUTILATED
U. S. CURRENCY		PAYEE	TO ISSUING AGENCY

*bel 23*

TALLY NO. <i>6260</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>15 Jan 46</i>	BOX NO.	SHEET OF SHEETS
-----------------------	--------------------	---------------------------------	---------	-----------------

NAME <i>DANIEL M. BROWN</i>	A. S. N. <i>35514148</i>
ORGANIZATION	RANK <i>Sgt</i> CASE NO.

WAREHOUSE SPACE <i>235</i>	EXAMINED BY <i>Bower</i>	DIARY REMOVED
PACKAGE DESCRIPTION <i>#1 ctn</i>	PACKED BY <i>Whitworth</i>	PHOTO FILM REMOVED
WEIGHT	INSPECTED BY	MOTION PICTURE FILM REMOVED
	STORED BY <i>BC</i>	SHIPPED
		DATE <i>JAN 30 1946</i>





CLASS II—Continued

NUMBER	ARTICLES
1	Pr Athletic Shoes
3	Novels
1	Can Shoe Polish
1	Pack Envelopes
1	Mirrow
1	Tooth Brush
1	Christmas Card
Money	{ Specie... \$ _____ NONE Notes... \$ _____

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 Effects CM, Depot, Communication Zone.

(Give name and degree of relationship; if legal representative

APO 513

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.~~

*Robert F. Price*

ROBERT F. PRICE  
 Major, Air Corps  
 Commanding

APO 140, US Army

(Station)

5 January 1944, 19\_\_

(Date)

\*Strike out words not applicable.

349051

RTB:LK:cms  
January 4, 1946

Dear Mr. Brown:

This acknowledges your recent letter relative to the personal effects of your son, Staff Sergeant Daniel M. Brown.

3

We have carefully checked our records and regret to state that we have not received any information regarding his belongings.

54

You may be assured that in the event any of his property is received here at a later date, prompt disposition will be made.

15

I wish to express my sympathy in the loss of your son.

23

Sincerely yours,

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

*ekj*  
1-4-46

9 FEB 1945

APO 140, U S Army  
5 Feburary 1945

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects QM, Personal Effects & Baggage, APO 513, U S Army.

In accordance with Par 15 b (3) (c), ETO SOP No 26, "Burials and Effects", dated 9 June 1944, as amended, transmitted herewith Inventory of Effects, WD AGO Form 54, for following named Enl. Man :

- a. Brown, Daniel M. S/Sgt 35 514 148  
(Name) (Rank) (ASN)
- b. 668th Bombardment Squadron (L), 416th Bombardment Group (L)  
(Organization)
- c. Missing in Action d. 25 December 1944  
(Status) (Date)
- e. Mrs. Alice M. Brown (Mother), 1096 Kenneth Drive, Lakewood, Ohio  
(Designated Beneficiary, Relationship, and Address)
- f. None  
(Class II Assets)
- g. None  
(Debtors)
- h. None  
(Creditors)
- i. Effects shipped by Govt Meter Transport on  
2 Feburary 19 45, to Q 256
- j. Remarks: None

For the Commanding Officer:

349,051

*Joseph A. Haubrich*  
JOSEPH A. HAUBRICH  
Captain, Air Corps  
Ass't Adjutant

1 Incl:  
Incl 1 - WD AGO Form 54.

WAR DEPARTMENT

349051

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 17 Jan 45

FULL NAME Brown, Daniel M.		ARMY SERIAL NUMBER 35514148	GRADE S/Sgt.
HOME ADDRESS Lakewood, Ohio		ARM OR SERVICE Air Corps	DATE OF BIRTH 14 Sept 20
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action.		DATE OF DEATH 25 Dec 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 30 Sept 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  
Mrs. Alice M. Brown, mother, 1096 Kenneth Dr., Lakewood, Ohio

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)  
Alice Miller, Brown, mother, Same as above.  
Carl R. Brown, father, Same as above.

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

ADDITIONAL DATA AND/OR STATEMENT  BATTLE  NON-BATTLE

The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 25 Dec 44, until such absence was terminated on 6 Mar 45, when evidence considered sufficient to establish the fact of death was rec'd by the Secretary of War from the Commanding General, European Area.

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

BY ORDER OF THE SECRETARY OF WAR  
*James B. Penhance*  
ADJUTANT GENERAL

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

3 051 4702

**-BATTLE CASUALTY REPORT**

NAME		SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
BROWN DANIEL M		35514148		S SG	AC	ETO
PLACE OF CASUALTY		DATE OF CASUALTY		PLACED OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
GERMANY 9		DAY	MONTH	YEAR		
		25	DEC	44	I MIA	003

**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	DATE NOTIFIED
MRS ALICE M BROWN	MOTHER	10 JAN 45 MP
NO. AND NAME OF STREET-CITY-STATE		
1096 KENNETH DRIVE LAKEWOOD OHIO		

REMARKS:

CORRECTED COPY


  
 SECTION  
 CASUALTY BRANCH, A.G.O.  
 JAN 9 8 39 PM '45  
 RECEIVED

**ACTION BY PROCESSING AND VERIFICATION SECTION:** REPORT VERIFIED  FORM 43  AG-201 REG. \_\_\_\_\_

CASUALTY BRANCH FILE ATTACHED \_\_\_\_\_ OR CHARGED TO \_\_\_\_\_ DATE \_\_\_\_\_

PREVIOUSLY REPORTED NO.  YES \_\_\_\_\_ (AS INDICATED BELOW):

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

FORWARDED TO  SPEC. IDEN.  TELEGRAM  WOUNDED  LETTER  CORRES.  S. S. & D.  CERTIF.  H. & W.  NON-DEL.

REPORT NOT VERIFIED NO. FORM 43 \_\_\_\_\_ NO CAS. BR. FILE.  CHECKED BY *Robert J. Gorbunoff*

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			RESIDENCE 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 "A"  29 COPIES

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

DISTRIBUTION "B"  COPIES

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

BROWN, DANIEL M.

SGT

4148

BAY

PALLET

BOX

TALLY

TYPE PKG

6260

CTN

