

$$\begin{array}{r} 16 \\ 16 \\ \hline 32 \\ 32 \\ \hline 64 \end{array}$$

4 hr
1.5
1.5

SECM

$$\begin{array}{r} 8 \\ 32 \\ \hline 60 \end{array}$$

70-A1

32 35

Ø9-18-40-3-3

FOIA

EXPEDITE

FREEDOM OF INFORMATION ACT INQUIRY

THIS COVER SHEET WILL REMAIN ATTACHED TO
INQUIRY UNTIL COMPLETED ACTION IS DISPATCHED

AGUZ Form 1
2 Feb 75 1975

86 JUL 8 - AM 8:03

Suspense: 30 July 98
Date: 2 July 98

TAPC-ALP-A (25-55a)

MEMORANDUM FOR TAPC-PED-F

SUBJECT: FOIA Request/ Nagel Log # 7-9

1. Attached is a FOIA request for the IDPF information as indicated in enclosure 1.
2. Please complete attached DD Form 2086, Record of Freedom of Information (FOI) Processing Cost Sheet (encl 2), according to instructions on reverse of form, and return with your reply.
3. Request you provide documents/information upon which to base a reply to this office by suspense date indicated above.

2 Encls
as


ROBERT DICKERSON
Freedom of Information
and Privacy Act Officer

24.06.1998

Christian Nagel
Trierer Straße 48
66636 Tholey
West- Germany

Department of the Army
U.S. Total Army Personnel Command
Mr. Robert Dickerson
ATTN: TAPC FOIA- ALP-A
200 Stovall Street
Alexandria, VA 22332 - 0405
U.S.A.

Dear Mr. Dickerson:

I'm very interested in our small village history. We some friends and I decided to write a chronicle of our village. In the WW II crashed an americ. plane here. The members of that plane died. Now I'm need your help to find more informations about the men who flew this plane. Therefore I need documents from your archives. The pilot of this plane was:

1 st Lt. John W. Kehoe ; died dec. the 25th 1944 ; tag No.: o758184

The gunner of this plane was:

Cpl. Robert F. Graham ; he died also dec. the 25th 1944 ; tag No.: 19091471

I request this documents under the provision of the Freedom of Information Act (FOIA).

Thank you for your help.
If there are any costs I will defray.

Sincerely

Christian Nagel



RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST

Please read instructions on reverse before completing form.

1. REQUEST NUMBER	2. TYPE OF REQUEST (X one)		3. DATE COMPLETED (YYMMDD)
	a. INITIAL	b. APPEAL	
Nage L (7-9)			
4. CLERICAL HOURS (E-9/GS-8 and below)			
TOTAL HOURS (1)	HOURS RATE (2)	COST (3)	
a. SEARCH			
b. REVIEW/EXCISING			
c. CORRESPONDENCE AND FORMS PREPARATION	X	\$ 12.00	=
d. OTHER ACTIVITY	2		24
5. PROFESSIONAL HOURS (0-1-0-GS-9 - GS/GM-15)			
TOTAL HOURS (1)	HOURS RATE (2)	COST (3)	
a. SEARCH			
b. REVIEW/EXCISING			
c. COORDINATION/ APPROVAL/ DENIAL	X	\$ 25.00	=
d. OTHER ACTIVITY	1		25
6. EXECUTIVE HOURS (0-7/GS/GM-16/ES 1 and above)			
TOTAL HOURS (1)	HOURS RATE (2)	COST (3)	
a. SEARCH			
b. REVIEW/EXCISING	X	\$ 45.00	=
c. COORDINATION/ APPROVAL/ DENIAL			
7. COMPUTER SEARCH			
TOTAL HOURS (1)	HOURS RATE (2)	COST (3)	
a. MACHINE HOURS			
b. PROGRAMMER/ OPERATOR TIME	X		=
(1) Clerical		\$ 12.00	=
(2) Professional		\$ 25.00	=
8. OFFICE COPY REPRODUCTION			
NUMBER (1)	RATE (2)	COST (3)	
a. PAGES REPRODUCED	X	.15	=
9. MICROFICHE REPRODUCTION			
NUMBER (1)	RATE (2)	COST (3)	
a. MICROFICHE REPRODUCED	X	.25	=
10. PRINTED RECORDS			
TOTAL PAGES (1)	RATE (2)	COST (3)	
a. FORMS			
b. PUBLICATIONS	X	.02	=
c. REPORTS			
11. COMPUTER COPY			
NUMBER (1)	ACTUAL COST (2)	COST (3)	
a. TAPE			
b. PRINTOUT	X		=
12. AUDIOVISUAL MATERIALS			
NUMBER (1)	ACTUAL COST (2)	COST (3)	
a. MATERIALS REPRODUCED	X		=
13. For FOI Office Use Only*			
a. SEARCH FEES PAID		f. TOTAL COLLECTABLE COSTS	
b. REVIEW FEES PAID		g. TOTAL PROCESSING COSTS	
c. COPY FEES PAID		h. TOTAL CHARGED	
d. TOTAL PAID		i. FEES WAIVED/ REDUCED (X one)	Yes No
e. DATE PAID (YYMMDD)		* Chargeable to all requesters after application of all waiver criteria.	
		** Chargeable only to commercial requesters.	

ACCELERATED RELEASE OF INFORMATION

DATE Dec 5, 1994

RE: GRAHAM, ROBERT F. CPL SERVICE NO./SSN: 19 091 471

NOTE: BE SURE TO ENCLOSE THIS DOCUMENT (OR A COPY) IF YOU WRITE TO US AGAIN ON THIS SUBJECT. OUR ADDRESS IS:
 COMMANDER, U.S. TOTAL ARMY PERSONNEL COMMAND, ATTN: TAPC-PED-F, ALEXANDRIA, VIRGINIA 22331-0482

ENCLOSED, AS REQUESTED, IS A COMPLETE COPY OF _____ INDIVIDUAL
 DECEASED PERSONNEL FILE. THIS IS ALL THE INFORMATION WE HAVE.

____ ENCLOSED, AS REQUESTED, IS/ARE THE DOCUMENT(S) YOU SEEK ON THE ABOVE
 INDIVIDUAL(S) FROM HIS/THEIR INDIVIDUAL DECEASED PERSONNEL FILE(S).

____ ENCLOSED ARE TWO COPIES OF THE REPORT OF DEATH. THIS WAS THE ONLY
 DOCUMENT ISSUED AS PROOF OF DEATH FOR A SERVICEMEMBER DURING WORLD WAR II AND THE
 KOREAN WAR. THE DOCUMENTS BEAR THE RAISED SEAL OF THIS COMMAND ATTESTING TO THEIR
 AUTHENTICITY.

____ REPEATED ATTEMPTS TO OBTAIN AN INDIVIDUAL DECEASED PERSONNEL FILE FOR THE ABOVE
 INDIVIDUAL/GROUP FROM THE WASHINGTON NATIONAL RECORDS CENTER WERE UNSUCCESSFUL;
 THEREFORE, WE ARE UNABLE TO PROVIDE THE INFORMATION YOU REQUESTED.

ITEMS OF PERSONAL INFORMATION PERTAINING TO PERSONS OTHER THAN THE DECEASED HAVE
 BEEN REDACTED FROM THE PROVIDED MATERIAL IN ORDER TO PROTECT THEIR PRIVACY.

____ WE HAVE NO RECORDS FOR SOLDIERS WHO DIED PRIOR TO WORLD WAR II. RECORDS FOR
 SOLDIERS WHO DIED DURING THAT PERIOD ARE UNDER THE JURISDICTION OF THE MILITARY
 REFERENCE BRANCH, NATIONAL ARCHIVES AND RECORDS ADMINISTRATION, WASHINGTON, DC
 20408. PLEASE WRITE DIRECTLY TO THEM FOR ANY INFORMATION THEY MAY BE ABLE TO
 PROVIDE.

____ INFORMATION CONCERNING AWARDS AND DECORATIONS MAY BE AVAILABLE FROM THE COMMANDER,
 U.S. ARMY RESERVE PERSONNEL CENTER, ATTN: AARP-PAS-A, 9700 PAGE BOULEVARD,
 ST. LOUIS, MISSOURI 63132-5200. PLEASE ADDRESS YOUR REQUEST TO THAT OFFICIAL.

THE FOLLOWING AGENCIES MIGHT HAVE INFORMATION; HOWEVER, THEY REQUIRE THE SERVICE
 NUMBER OF THE INDIVIDUAL. ADDITIONALLY, THE PRIVACY ACT MAY PREVENT THEM FROM
 RELEASING ANY INFORMATION.

NATIONAL PERSONNEL RECORDS CENTER
 9700 PAGE BOULEVARD
 ST. LOUIS, MISSOURI 63132-5200

____ DEPARTMENT OF VETERANS AFFAIRS
 810 VERMONT AVENUE, NORTHWEST
 WASHINGTON, DC 20420

____ DEPARTMENT OF THE NAVY
 BUREAU OF MEDICINE & SURGERY (332)
 OFFICE OF DECEDENT AFFAIRS
 23D & E STREETS, NORTHWEST
 WASHINGTON, DC 20372-5120

____ INFORMATION ABOUT ACTIVITIES OF UNITS OR AIRCRAFT LOST IN COMBAT MAY BE OBTAINED
 BY WRITING TO:

____ U.S. AIR FORCE HISTORIAN
 HQ USAF/CHOR
 BOLLING AFB
 WASHINGTON, DC 20332-6098

____ AIR FORCE HISTORICAL RESEARCH AGENCY
 MAXWELL AFB, ALABAMA 36112-6677

____ UNLESS YOU CAN PROVIDE THE CORRECT NAME AND MILITARY SERVICE NUMBER OF THE SOLDIER,
 WE CANNOT FURTHER ASSIST OR REFER YOU TO ANOTHER AGENCY WHICH MAY ASSIST YOU.

COMMENTS:

CASE MANAGER: _____

Gisele M. Courduff
 GISELA M. COURDUFF
 MSG, USA

FILE COPY

Department of the Army
U.S. Total Army Personnel Command
Attn: John F. Manning
Assistant Chief
Monetary Affairs and Casualty
Support Division
2461 Eisenhower Avenue
Alexandria, Virginia, 22331-0482
U.S.A.

Heerlen, May 9, 1994

Dear Sir, Mr. Manning,

Would it be possible to send me all the information you have on the late Cpl. Robert F. Graham. His army number is 19091471. He is buried at the military cemetery at Margraten Holland. I am an acquaintance of his mother, Mrs. Kathryn M. Graham who lives in California. We have adopted his grave at Margraten.

With many thanks in advance

Mrs. Slegjen
Pastoor Steinbushstraat 48
6321 BZ. Wijkse
Holland The Netherlands



Department of the Army
U.S. Total Army Personnel Command
Attn: John F. Manning
Assistant Chief
Mortuary Affairs and Casualty
Support Division
2461 Eisenhower Avenue
Alexandria, Virginia, 22331-0482
U.S.A.

Mrs. Steijpen

Past. Steunburchstraat 48

6321 B& Wylere

Holland

B6

B4

76

QUEST FOR DISPOSITION OF REMAINS

28/25/48

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

DATE:

Cpl Robert F Graham, 19 091 471 *are*
 Plot KK, Row 11, Grave 257
 United States Military Cemetery
 Margraten, Holland

28 JUL 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, Leo A. Graham

(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. **THIS IS MY FIRST CHOICE PROVIDING THE CEMETERY IS NOT IN GERMANY. WILL YOU PLEASE LET ME KNOW IF HE HAS TO BE INTERRED IN GERMANY SO I CAN SUBMIT A CHANGE OF PLANS? PLEASE NO INTERMENT IN GERMANY.**
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

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

cannot remember his number

11/12/48
19/27/48
B Russell

17 SEP 1948

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 <i>6801 JUL 88</i>	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.

Leo A. Graham (SIGNATURE OF NEXT OF KIN) 684 Cypress (STREET AND NUMBER)
Leo A. Graham (NAME PRINTED OR TYPED) Colton, California (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 20th day of August, 1948, at city (or town) of San Bernardino, county of San Bernardino, and State (or Territory or District) of California

My Commission Expires December 9, 1951

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

Atlee Schuch (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
ATLEE SCHUCH
SAN BERNARDINO COUNTY

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)
_____	_____ (CITY AND STATE)
(NAME PRINTED OR TYPED)	

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)
_____	_____ (CITY AND STATE)
(NAME PRINTED OR TYPED)	

ADDITIONAL REMARKS AND INSTRUCTIONS

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



QMGMF 293
Graham, Robert F.
SN 19 091 471

10 September 1948

Mr. Leo A. Graham
684 Cypress
Colton, California

Dear Mr. Graham:

We have received and accepted the "Request for Disposition of Remains" form, in regard to the final interment of the remains of your son, the late Corporal Robert F. Graham.

I am gratified to inform you that the United States Military Cemetery Margraten, Holland, has been designated as a permanent American Military Cemetery, dedicated in grateful remembrance of the Dead of World War II.

As an American Military Cemetery, it will be beautified, maintained, and permanently cared for by the American Battle Monuments Commission as a shrine to the memory of our heroic dead. The remains of your beloved son may repose forever in this hallowed ground.

All necessary arrangements for burial, military honors and religious services will be completed and provided by the Government. Please rest assured that although you have no responsibilities and cannot be present, every detail will be accomplished with all the reverence and dignity traditional for our honored dead.

You will receive notification of the date of burial and the exact location of the grave. The flag used to drape the casket of your son during the burial ceremony will also be sent to you.

Please be assured of my continued sympathy in your great loss.

Sincerely yours,

JAMES F. SMITH
Major, QMC
Memorial Division

cc: to Mr. Arrowsmith

RRE Form #43
20 Sep 48

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

M

<u>GRAHAM</u>	<u>ROBERT</u>	<u>F</u>	<u>CPL</u>	<u>19091471</u>
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Subject remains have been permanently interred overseas in the United States Military Cemetery MARGRATEN

STATION FILE

Incl #

ON ROBERT F ^G BRAHAM 19091471 RACE WHITE HT 67 1/2 IN
WT 157 LBS ALSO SHOWN 148 LBS FRAME MED EYES BLUE HAIR BLACK COMPLEXION
RUDDY BORN 1 SEP 21 SHOE SIZE 8 FORM 52B DATED 19 JULY 45 SHOWS BODY
MANGLED MULTIPLE FRACTURES DISINTERRED AT MUNSTEREIFEL GERMANY REINTERRE
MARGRATEN HOLLAND



243

ON ROBERT F GRAHAM 19091471 DENTAL CHART AT CALL TO AD 25 MAR
43 TEETH MISSING R 8 16 L 8 16 RESTORABLE CARIOUS TEETH R 7
L 6 2 FORMS 79 AND 1 FLYING PERS DENTAL IDENT FORM BEING SENT

FILE

APR 18 1949
G. W. Rogers
Capt., QMC
Identification Branch



APR 18 1949
G. W. Rogers
Capt. GWO
Identification Board

CHECK LIST FOR DISINTERMENTS
To accompany Report of Reburial

Only Part I should be completed if identification tags are available
Both Part I & II should be completely filled out if identification tags
are not available.

If information is unavailable, so indicate,

PART I
(Positive Identification)

1. GRAHAM, ROBERT F. cpl. 19091471 416 Bomb Gp. (1), AAF
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached 2 tags found on small chain on chest, under clothing
3. Give exact location from which disinterred, furnishing coordinates and map series used Honor Cemetery, Munstereifel, Germany, (F-312178, Euskirchen Sheet #40, scale 1:50,000, G.S.G.S. #4507)
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IF WITH PERMANENT LANDMARKS.
4. Full name of cemetery (if buried in an organized cemetery) Honor Cemetery
5. Approximate or established date of burial (give basis for date established) 19 January 1945 - from Cemetery records
6. Approximate or established date of death (state which & give basis for date selected) 25 December 1944 - information contained in disinterment order giving status of deceased
7. Manner in which graves were marked and all information that was on the marker black wooden cross, lettered "Unknown"
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned none
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) Cemetery caretaker and Sister-in Charge of former Marieheim Hospital, Munstereifel, Germany

(Doubtful or Undetermined)

PART II

(Doubtful or Undetermined Identification)

10. Fill in any information available regarding name, rank, ASN, or organization (Check cemetery records and office)
11. (Est. Height) (Est. Weight) (Color of Eyes) (Color of Hair)
12. Give description of facial features and body characteristics if possible, including the presence of scars, moles, circumcision, tattoos, length of hair, presence of mustache or beard, etc.

13. Give as detailed description as possible of condition and amount of remains

14. Give probable cause of death, type & location of wounds (is there evidence that body was burned)

15. Give minute description of all effects, clothing & shoes, including clothes markings & sizes, as well as shoe size. List each item of clothing, with a description of any unusual cuts, design markings, pockets, colors, patches, etc. Also list, with detailed descriptions, all effects without intrinsic value, such as gum, food, soap, papers, letters, tobacco, etc., giving brands when applicable:

16. Give description of any vehicle found in the area that could be connected with the death of the deceased

 (Type) (WD Serial No.) (Organization) (Serial No. & Type of each gun)
17. Give exact location of remains in vehicle before removal

18. If buried in a coffin; give description and markings

19. List names of all other deceased persons buried in the vicinity. Also give available information concerning the cause & place of death of each that may assist in identification of those remains

20. Other pertinent information which would aid in establishing identity

ROBERT E. BARRY, 1st Lt., OMC, O-1594017, 612th OMC Reg. Co.
 9 (Individual in Charge of Disinterment) (Rank) (ASI) (Organization)

19 July 1945

(DATE)

9-7-45

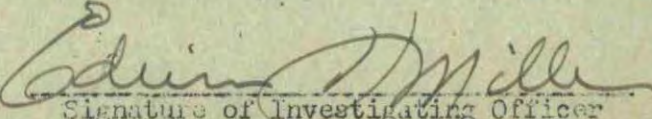
REPORT OF INVESTIGATION AREA SEARCHING

To be completely filled out and attached to each copy of
GR Form 1, "Report of Burial" when disinterment is accomplished.

1. Graham, Robert F. Cpl 19091471 416 Bomb Gr. (1) AAF
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached 2 tags found on small chain of chest under clothing
3. Give exact location from which disinterred, furnishing coordinates and map series used Honor Cemetery, Munstereifel, Germany F-312178, Euskirchen Sheet #40, scale 1:50,000, GSGS #4507
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (include plot, row and grave if organized cemetery) Honor Cemetery, Munstereifel, Germany
5. Approximate or established date of death (state which and give basis for date selected) 19 Jan 1945 - from Cemetery records
6. Approximate or established date of burial (give basis for date established) status 25 Dec 1944 - information contained in disinterment order giving
7. Manner in which grave was marked and all information contained on the marker black wooden cross, lettered "Unknown"
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned
none
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)
Cemetery caretaker and Sister in Charge of former Marieheim Hospital, Munstereifel, Germany
10. buried in a coffin, give description and markings
Unk
11. Action taken
- Disinterment approved by _____
Disinterment and ~~reburial~~ corial made by 612th Q. Gr. Reg. Co.
Date of ~~burial~~ reburial 20 July 1945
Place of ~~burial~~ reburial US Military Cemetery, Margraten, Holland
Plot KK Row 11 Grave 257

NOTE: Additional particulars regarding investigation will be placed on reverse side.

*Cross cut word not applicable


Signature of Investigating Officer
EDWIN H. MILLER, 1st Lt., QMC
603rd QM Gr. Reg. Co.
Rank ASN

J



THE AMERICAN NATIONAL RED CROSS
PACIFIC AREA
~~CONFIDENTIAL~~
SAN FRANCISCO 1, CALIFORNIA
1550 SUTTER STREET

VIA AIR MAIL

cto

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

DATE: August 25, 1948

Your Reference: QMGMR 293

FROM: (Miss) Cathryn Henna

Re: GRAHAM, Robert F. Cpl., 19 091 *172*
Plot KK, Row II, Grave 257
U.S. Military Cemetery
Margraten, Holland

F-1
R 8-25-48

In compliance with your request of July 28, 1948 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

1. OQMG Form 345 has been submitted by Mr. Leo A. Graham, father
(Name) (Relationship)
684 Cypress Street, Colton, California, on or about August 17
(Address) (Date) 1948
2. OQMG Form 345 will be submitted by _____, _____
(Name) (Relationship)
_____ on or about _____
(Address) (Date)
3. Remarks:

Gertrude T. Parker
(Mrs.) Gertrude T. Parker
Home Service Correspondent

Cathryn Henna
(Miss) Cathryn Henna
Director, Home Service
Pacific Area

*File
Cypress Barker
9-7-48
Sam Con 182*



THE AMERICAN NATIONAL RED CROSS
 PACIFIC AREA
 SAN FRANCISCO 1, CALIFORNIA
 1850 BUTTE STREET

Registration Records Branch
 Disarmament Locator Section
 Office of the Quartermaster General
 Department of the Army
 Washington 25, D. C.

DATE: August 25, 1948

Your Reference: WCMR 203

Re: CHAIN, Robert E. Cpl., 19 021 421
 U.S. Military Cemetery
 Margraten, Holland

FROM: (Miss) Catherine Hanna

In compliance with your request of July 28, 1948 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:



1. (Name) _____
 (Relationship) _____
 on or about _____
 (Date) _____

2. (Name) _____
 (Relationship) _____
 on or about _____
 (Date) _____

3. Remarks:

Catherine Hanna

(Miss) Catherine Hanna
 Director, Home Service
 Pacific Area

Gertrude T. Farber

(Mrs.) Gertrude T. Farber
 Home Service Correspondent

293 FILE		DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED			
NAME (Last, First, Middle Initial) 43 Graham, Robert F. <i>arf</i>			GRADE Corporal	PRESENT SERIAL NUMBER 19 091 471	
ORGANIZATION Air Corps		RACE White	CREED Catholic	FORMER SERIAL NUMBER (If Applicable) None	
DATE OF DEATH/DOE 25 December 44	CAUSE OF DEATH KIA		PLACE OF DEATH OR PLACE LAST SEEN IF MIA Died in Marieheim Hospital Munstereifel, Germany		
DATE OF FOD					
HEIGHT 67½"	WEIGHT 148 - 157 (med frame)	COLOR EYES Blue	COLOR HAIR Black	SHOE SIZE 8	
DENTAL CHART					
UPPER RIGHT			UPPER LEFT		
8 7 6 5 4 3 2 1			1 2 3 4 5 6 7 8		
LOWER RIGHT			LOWER LEFT		
16 15 14 13 12 11 10 9			9 10 11 12 13 14 15 16		
X = Extracted		O = Cavious		I = Cavious Non-Restorable	
FRACTURES AND/OR BREAKS Not of Record			TATTOOS AND/OR BIRTHMARK Not of Record		
ADDITIONAL INFORMATION					
Date of Birth - 1 September 1921					
Dental Data Attached: 1 FPDIF dtd 30 Aug 44 1 Form 79 dtd March 43 1 Form 79 dtd 22 May 44					
<i>File 15 Oct 51 Dillon Dental Sec.</i>					

FLYING PERSONNEL DENTAL IDENTIFICATION FORM
Office of the Dental Surgeon

101

AAF BIA 236; APO 639

Station

293

Graham, Robert E.

Cpl
Rank

19091471
ASN

3rd Repl & Tng Sq
Organization

22
Age

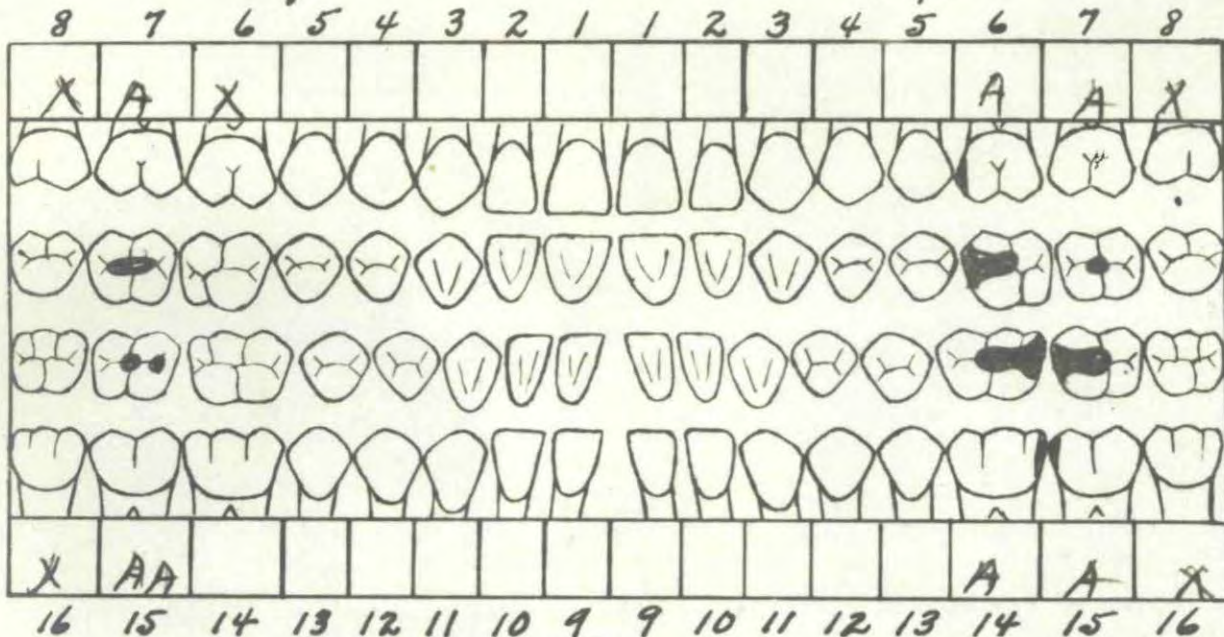
2 Yrs
Service

30 Aug 1944
Date

AG
Aeronautical Rating

Right

Left



CLASS IV

OCCUSION Good CALCULUS S PERIODONTOCLASIA - FOCI SUSPECTED -

ANOMALIES, OTHER CONDITIONS, REMARKS:

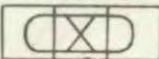
2 m m space between R1 and L1

OUTLINE CARIES ON DIAGRAM OF TEETH
CHART FILLINGS ON TEETH, INITIAL THE TYPE IN SPACE ABOVE AND BELOW
AS G-gold, A-amalgam, S-synthetic, O-oxypophosphate

CHART ALL SUBSEQUENT FILLINGS
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X
TEETH REPLACED BY DENTURE



TEETH REPLACED BY FIXED BRIDGE



APPROVED Robert A. Cunningham
Station Dental Surgeon

Robert A. Cunningham
Examining Dental Officer

file
APR 18 1949
G. W. Rogers
Capt., DMC
1620 Jefferson Blvd

ROBERT A. CUNNINGHAM CAPT DC

ROBERT A. CUNNINGHAM CAPT DC

15-N

REQUEST FOR INFORMATION

TO: PENTAGON LIAISON SECTION, MEMORIAL DIVISION		DATE: 6 March 1951	
FROM (Branch and Section) Identification Branch Identification Section	REQUESTED BY Dorothy L. Davis	TEL. EXT. 72993	ROOM NO. 1424-B
NAME OF DECEDENT (Last, First, Middle Initial) GRAHAM, Robert F.	RANK Cpl.	SERIAL NUMBER 19 091 471 ✓	

INFORMATION REQUIRED

1. Height
2. Weight
3. Hair
4. Shoe size
5. Fractures and/or breaks

INFORMATION FURNISHED

Attached herewith a TWX pertaining to Robert F. Graham, 19 091 471.



PENTAGON LIAISON SECTION OFFICER (Signature)

D. A. DEWEE
 MAJOR, QMG
 QM PENTAGON LIAISON

File
 15 Oct 51
 J.A. Co.

REQUEST FOR INFORMATION

DATE		PENTAGON LIAISON SECTION, MEMORIAL DIVISION	
6 March 1951		PENTAGON LIAISON SECTION, MEMORIAL DIVISION	
ROOM NO.	TEL. EXT.	REQUESTED BY	FROM (Branch and Section)
1A2A-B	72993	Dorothy L. Davis	Identification Branch
SERIAL NUMBER		MARK	Identification Section
19 001 471		Cpl.	NAME OF DECEDENT (Last, Middle Initial)
			Graham, Robert B.

- INFORMATION REQUIRED
1. Height
 2. " " " " " "
 3. Hair
 4. Shoe size
 5. Fractures and/or breaks

Attached herewith a TWX pertaining to Robert B. Graham, 19 001 471.



PENTAGON LIAISON SECTION OFFICER (Signature)

USMC MARGRATEN

LH

Plot I, K 18, Grave 1
 Date of Burial: 2 Feb 49
 Verified by GRS officer
 Willard B Owen, Capt. Inf.

I CERTIFY that the typed names appearing above are the same as the original signature on the No. 3 copy of G-1194 concerning

DISINTERMENT DIRECTIVE

RAYMOND T RODRIGUEZ

SECTION A—
NAME AND BURIAL LOCATION OF DECEASEDDIRECTIVE NUMBER
4650 06327DATE
15 10 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
GRAHAM ROBERT F	19091471	CPL	1	1	2

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
MARGRATEN HOLLAND	KK	11	257	4601 80 CODE DIST. CTR.

SECTION B— CONSIGNEE AND NEXT OF KIN Flag sent: 31 Jan 49

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
MARGRATEN, HOLLAND	MR. LEO A. GRAHAM (FATHER) 684 CYPRESS COLTON, CALIFORNIA

SECTION C— DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	USAAF		

SECTION D— PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

DATE	BY	SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAN

QMC FORM
REV 11 FEB 48 1194

FINAL LETTER SENT

6 APR 1949

3220

RECORD OF CUSTODIAL TRANSFER

8 8 8
 1974
 1974
 1974
 1974

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME: **GRAHAM ROBERT F** SERIAL NUMBER: **19091471** RANK: **CPL** ARM: **1**

CEMETERY: **KK 11 257 MARGRATEN HOLLAND**

DISPOSITION OF REMAINS: **CODE** **DIST. PT.**

CAUSE OF DEATH:

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: _____

NAME AND ADDRESS OF NEXT OF KIN: _____

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: **ROBERT F. GRAHAM** SERIAL NUMBER: **19091471** RANK: **CPL** DATE OF DEATH: **24 AUG 1948**

DATE DISTINTERRED: **24 AUG 1948**

IDENTIFICATION TAG ON: REMAINS MARKER

ORGANIZATION: _____ RELIGION: **C** IDENTIFICATION VERIFIED BY: **EDWARD E. STOUT, 1/LT., CE.**

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **UNIFORM**

CONDITION OF REMAINS: **[Disturbing text redacted]**

OTHER MEANS OF IDENTIFICATION: **NONE**

MINOR DISCREPANCIES: **1 NONE**

REMAINS PREPARED AND PLACED IN CASKET

DATE: **11 OCTOBER 1948** BY: **LEON J. CECIL, EMBALMER**

CASKET SEALED BY: **LEON J. CECIL, EMBALMER**

EMBALMER (Signature): **LEON J. CECIL.**

CASKET BOXED AND MARKED

DATE: **11 OCT. 48** BY: **JAMES J. DOYLE, CLERK RECORDER**

SHIPPING ADDRESS VERIFIED BY: **ROBERT W. GANSEL, 1/LT., QMC.**

ALL TAGS, MARKINGS, PLATES VERIFIED BY:

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

SIGNATURE OF GRS INSPECTOR: **ROBERT W. GANSEL, 1/LT., QMC.**

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

CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of 1194 concerned.

Raymond E. Johnson
1st Lt. Inf

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

SECTION B - C6. SHIPPED AND NEXT OF KIN

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

1949 MAR 17 18 32

2669

FPA069

RR UEFC

FM UFPO 23/171416Z

TO OQMG WASHDC

GRAVES GRNG

*293 GRS - Europe
dl*

FROM HQ AGRC PARTS

MSG NO. AGRC 1845

D. T. G. 171416Z

ACTION QMG

MG IN NO. 72754

REF AGRC ONE EIGHT FOUR FIVE

PASS TO MEMORIAL DIV

REQUEST THIS OFFICE BE FURNISHED ALL LATEST DENTAL INFORMATION CONCERNING

THE FOLLOWING NAMED DECEDENTS CLN JOHN S CORFIELD OMA THREE NINE SEVEN

ZERO NINE SEVEN FIVE EIGHT OMA FRED A LIPPETT OMA THREE NINE EIGHT

ONE ZERO NINE SIX FOUR OMA ARTUR WILSON OMA THREE TWO ONE SIX SEVEN

ONE TWO FIVE OMA ROBERT F GRAHAM OMA ONE NINE ZERO NINE ONE FOUR SEVEN

ONE OMA PATRICK J KEENAN OMA THREE ONE ONE FIVE NINE EIGHT SIX THREE

OMAS THOMAS PRICE OMA THREE EIGHT ONE ZERO EIGHT TWO EIGHT THREE OMA

HARRY BYERMAN OMA THREE FIVE FIVE ZERO SIX FOUR NINE FIVE AND JACK

B PAINTER OMA ZERO DASH SEVEN NINE TWO ONE FOUR FIVE PD END AGREE

PECKHAM

OPN CORFIELD LIPPITT WILSON GRAHAM KEENAN PRICE BYERMAN PAINTER

17/1455Z MAR

File
13 copies 1939
G. W. ROGERS
Capt., QMC
Identification Branch

AIRMAIL

QMOMS 293
GRS (European)

(Ident)

13 April 1949

C SUBJECT: Additional Information

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

1. Reference is made to your radio AGRC 1845 dated 17 March 1949.
2. Forwarded herewith are dental Forms 79, covering all dental information available this Office for the following:

Corfield, John S.	39 709 758
Lippitt, Fred A.	39 810 964
<i>243</i> <u>Graham, Robert F.</u>	<u>19 091 471</u>
Keenan, Patrick J.	31 159 863
Price, Thomas	38 108 283
Byerman, Harry	35 506 495
Painter, Jack B.	0 792 145

3. No Forms 79 found for Arthur Wilson, 32167125. DSS Form 221 dated 7 August 1941 shows teeth missing: Right 6, 8, 14 and Left 14.

FOR THE QUARTERMASTER GENERAL:

7 Incls
Incls 1-7 Forms 79

T. H. METZ
Lt. Colonel, QMC
Memorial Division

AIRMAIL

293
6 April 1949

Mr. Leo A. Graham
684 Cypress
Colton, California

Cpl. Robert F. Graham, ASN 19 091 471
Plot I, Row 18, Grave 1
Headstone: Cross
Margraten (Holland) U. S. Military Cemetery

Dear Mr. Graham:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN
Major General
The Quartermaster General

APR 7 3 51 PM '49
eh1

MG
QMGMP 293
Graham, Robert F.
SN 19 091 471

10 September 1948

Mr. Leo A. Graham
684 Cypress
Colton, California

Dear Mr. Graham:

We have received and accepted the "Request for Disposition of Remains" form, in regard to the final interment of the remains of your son, the late Corporal Robert F. Graham.

I am gratified to inform you that the United States Military Cemetery Margraten, Holland, has been designated as a permanent American Military Cemetery, dedicated in grateful remembrance of the Dead of World War II.

As an American Military Cemetery, it will be beautified, maintained, and permanently cared for by the American Battle Monuments Commission as a shrine to the memory of our heroic dead. The remains of your beloved son may repose forever in this hallowed ground.

All necessary arrangements for burial, military honors and religious services will be completed and provided by the Government. Please rest assured that although you have no responsibilities and cannot be present, every detail will be accomplished with all the reverence and dignity traditional for our honored dead.

You will receive notification of the date of burial and the exact location of the grave. The flag used to drape the casket of your son during the burial ceremony will also be sent to you.

Please be assured of my continued sympathy in your great loss.

Sincerely yours,

JAMES F. SMITH
Major, QMC
Memorial Division

cc: to Mr. Arrowsmith



10 September 1948

GRAPHAM, ROBERT F.
28 12 02 147

Mr. Leo A. Graham
588 Cypress
Colton, California

Dear Mr. Graham:

We have received and accepted the "Request for Disposition of Remains" form, in regard to the final interment of the remains of your son, the late Corporal Robert F. Graham.

I am gratified to inform you that the United States Military Cemetery Margaret, Holland, has been designated as a permanent American Military Cemetery, dedicated in grateful remembrance of the dead of World War II.

As an American Military Cemetery, it will be beautified, maintained and permanently cared for by the American Battle Monuments Commission as a shrine to the memory of our heroic dead. The remains of your beloved son may repose forever in this hallowed ground.

All necessary arrangements for burial, military honors and religious services will be completed and provided by the Government. Plans rest assured that although you have no responsibilities and cannot be present, every detail will be accomplished with all the reverence and dignity traditional for our honored dead.

You will receive notification of the date of burial and the exact location of the grave. The flag used to drap the casket of your son during the burial ceremony will also be sent to you.

Please be assured of my continued sympathy in your great loss.

Sincerely yours,

JAMES F. SMITH
Major, GPO
Memorial Division



cc: to Mr. Arrowsmith

SEP 10 5 21 PM '48

CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle)

PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
---	------	-----	-------

PRESENT BURIAL LOCATION (Cemetery and Country) <i>MARGRATEN, Holland</i>	PLOT <i>KK</i>	ROW <i>11</i>	GRAVE <i>257</i>
---	-------------------	------------------	---------------------

ADDRESSEE <i>Leo A. Graham</i>	ADDRESS (Street, City, State) <i>684 Cypress Colton, Calif.</i>
RELATIONSHIP <i>father</i>	

PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS
-----------------------	---------------------------------

145I - and accepted

*56-A Par. #1 -
Using Margraten, Holland, located —*

*#2
Don, omit "the late" (line 4).
Omit "if you, as his not, etc." (line 5)*

113B Par. #1

#2

166M

GRADE

SERIAL NUMBER

ANALYST INITIALS AND DATE <i>R B 9/2/48</i>	TYPIST INITIALS	REVIEWER INITIALS AND DATE
--	-----------------	----------------------------

Graham, Robert J.

Col

19 091 H 71

November 8, 1945

Quartermaster General,
Washington 25, D. C.

Dear Sir:

293 Since receiving the notification of the death of my son,
Cpl. Robert F. Graham, ASN 19 091 471, which death occurred on
25 December 1944, and which notification stated a letter would
follow, I have received no further information.

It is requested that I be furnished, if possible, the
exact location of my son's grave and information as to how the
body was identified as being that of my son.

Your courtesy in this matter will be greatly appreciated.

Very truly yours,

Mrs Kathryn Marie Graham

Mrs. Kathryn Marie Graham
684 Cypress St., Box 61P
RFD #1, Colton, California

P.S. Also would like to know what was done
with his extra flying equipment if he had
any.

MEMORANDUM DIVISION
NOV 14 5 21 AM '45

MEMORANDUM DIVISION
NOV 14 5 21 AM '45
OFFICE OF THE QUARTERMASTER GENERAL



November 8, 1945

Quartermaster General
Washington 25, D. C.

Dear Sir:

Since receiving the notification of the death of my son,
Cpl. Robert E. Green, USMC, 471, which was received on
28 October 1945, and which definitely stated that my son
died, I have received no further information.

It is requested that you investigate the circumstances of my son's death and determine if the body was identified as being that of my son.

Your courtesy in this matter will be greatly appreciated.

Very truly yours,

Walter R. Green

474
474
474

*It is also worth like to know what was done
with his extra flying equipment if he had
any.*

MEMORIAL DIVISION
NOV 14 9 57 AM '45

GRAVES REGISTRATION SECTION
NOV 14 2 55 PM '45
MEMORIAL DIVISION



FLYING PERSONNEL DENTAL IDENTIFICATION FORM
Office of the Dental Surgeon

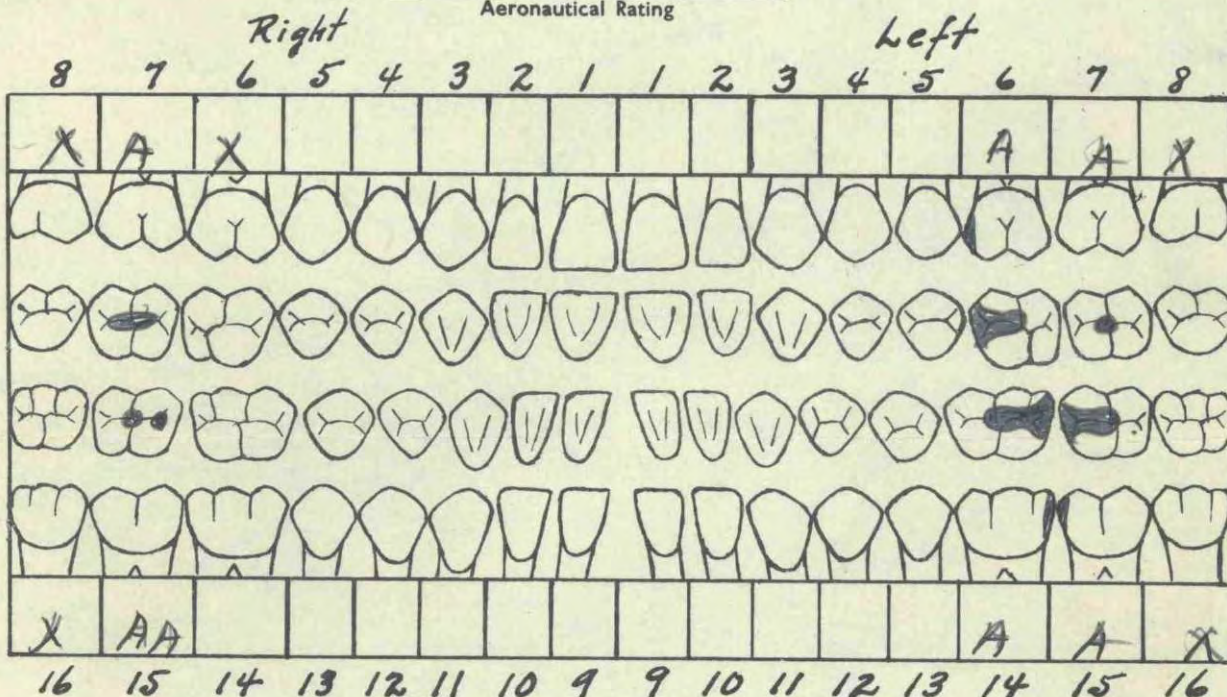
101

AAF STA 236; APO 639

Station

293
Graham, Robert F. Cpl 19091471
 Name Rank ASN
 3rd Repl & Tng Sq 22 2 Yrs 30 Aug 1944
 Organization Age Service Date

AG
 Aeronautical Rating



CLASS IV

OCCUSION Good CALCULUS S PERIODONTOCLASIA - FOCI SUSPECTED -
 ANOMALIES, OTHER CONDITIONS, REMARKS:

2 mm space between R1 and L1

OUTLINE CARIES ON DIAGRAM OF TEETH
 CHART FILLINGS ON TEETH, INITIAL THE TYPE IN SPACE ABOVE AND BELOW
 AS G-gold, A-amalgam, S-synthetic, O-oxiphosphate
 CHART ALL SUBSEQUENT FILLINGS
 NONRESTORABLE CARIOUS TEETH BY /

MISSING NATURAL TEETH BY X
 TEETH REPLACED BY DENTURE X X X

TEETH REPLACED BY FIXED BRIDGE C X D

APPROVED Robert A. Cunningham
 Station Dental Surgeon

Robert A. Cunningham
 Examining Dental Officer

file
APR 18 1949
G. W. Rogers
 Capt., OMC
 Reception Branch

SPQYG 293
Graham, Robert F.
S. N. 19 091 471

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

3 December 1945

Mrs. Kathryn Marie Graham
684 Cypress Street
Box 61P RFD #1
Colton, California

Dear Mrs. Graham:

Acknowledgment is made of your letter requesting information regarding your son, the late Corporal Robert F. Graham.

The official report of interment reveals that the remains of your son were interred in the United States Military Cemetery, Margraten, Holland, Plot KK, Row LL, Grave 257. This cemetery is located approximately twelve miles northwest of Aachen, Germany, and eight miles southeast of Maastricht, Holland.

In case of the death of any of our military personnel, one identification tag is buried with the body and the other attached to the grave marker for future identification. The official records of this office show that your son was identified by his identification tags.

With reference to your inquiry concerning your son's extra flying equipment, all clothing worn by enlisted personnel is Government issue and at the time of death all but one uniform, used to cloth the remains, are extracted from the personal effects and are not forwarded to the next of kin.

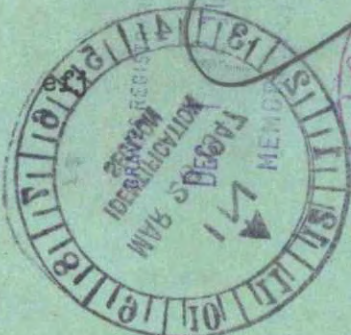
Please accept my sincere sympathy in the loss of your son.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PENN
Major, QMC
Assistant

DEC 1 1 09 PM '45
MEMORIAL DIVISION



JRB
PLK

Handwritten notes:
12/6/45
JRB

2000 223
Graham, Robert F.
27. N. 19 00 00

3 December 1947

Attention: General Division
THE QUARTERMASTER GENERAL
address reply to

Mrs. Kathryn Marie Graham
604 Cypress Street
Box 619, KFD 41
Colton, California

Dear Mrs. Graham:

As requested in one of your letters requesting information regarding your son, the late Corporal Robert F. Graham.

The official report of interment reveals that the remains of your son were interred in the United States Military Cemetery, Wiesbaden, Germany, Row 11, Grave 257. This cemetery is located approximately twelve miles northwest of Aachen, Germany, and eight miles southeast of Homburg, Holland.

In case of the death of any of our military personnel, an identification tag is buried with the body and the other attached to the grave marker for future identification. The official records of this office show that your son was identified by his identification tag.

With reference to your inquiry concerning your son's extra flying equipment, all clothing worn by enlisted personnel in Government issue and at the time of death all but one uniform, used to cloth the remains, are extracted from the personal effects and are not forwarded to the next of kin.

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

FOR THE QUARTERMASTER GENERAL

Sincerely yours

JAMES L. PHIN
Major, GSC
MEMORIAL DIVISION
DEC 1 10 26 AM '47



PH
PI

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

In Reply Refer To RR Br: QMGR 293 Graham, Robert F., Cpl., 19 091 471
Plot RR, Row 11, Grave 257
United States Military Cemetery
Margraten, Holland

IMPORTANT

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

P R I O R I T Y

28 JUL 1948

Miss Cathryn Henna, Home Service Director
Pacific Area, American Red Cross
1550 Sutter Street
San Francisco 1, California

Dear Miss Henna:

The Next of Kin of the above captioned deceased father
(relationship)
Mr. Leo A Graham 684 Cypress Street
(name) (address)
Golden, California

has failed to return a Form 345 indicating disposition instructions for the
remains. The form was dispatched 3 December 1947.

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

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

Sincerely yours,

JOHN O. HYATT
Colonel, QMG
Memorial Division

cj

27 JUL 1948
ab

JUL 28 10 03 AM '48
O. O. M. G.
MAIL & RECORDS BRANCH

Cpl Robert F. Graham, 19 091 471
Plot KK, Row 11, Grave 257,
United States Military Cemetery
Margraten, Holland

3 December 1947

Mr. Leo A. Graham
684 Cypress Street
Colton, California

Dear Mr. Graham:

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. 2
8
✓

DEC 5 2 12 PM '47
MAIL & RECORDS BRANCH

gwf

arc sent 27 JUL 1948 *as*

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

14
20 July 1945

Graham, Robert F.

Last Name

First

Initial

Gpl

Rank

19091471

Serial No.

416 Bomb Gp. (1) AAF

Unit

Organization

Munstereifel, Germany

Place of Death

Date of Death

Plane crash

Cause of Death

1400 20 July 1945

U.S. Mil. Cemetery, Margraten, Hol.

VK 645492

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

257

LL

KK

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 *x Per ltn. d. 13 Dec. 45 (314.6 7/3 European Com. Reports of Bn) 23*
How were remains identified?

REBURIAL

What means of identification were buried with the body?

Previously buried in isolated grave located at Honor Cemetery Munstereifel, Germany F 312178

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

Who is buried on:

Byerman, 35506495

256

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Williams, 0-823499

258

Deceased's Left:

Name

Serial No.

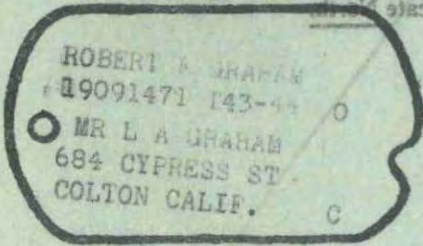
Rank

Organization

Grave No.

Signature of 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

Name

Address

Religion Cath.

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

None found

Edwin H. Miller
Signature of Officer or other person reporting burial

EDWIN HL MILLER, 1st Lt.
603rd QM Gr. Reg. Co.

Verified by G.R.S. Officer

00	00
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14
15	15
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95	95
96	96
97	97
98	98
99	99
00	00

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

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

- Height: _____
- Weight: _____
- Color of Eyes: _____
- Color of Hair: _____
- Race: _____
- Laundry Marks: _____
- Number of Rifle: _____
- Wear Glasses? Yes No
- Is Tooth Chart Attached? Yes No

(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.

Date: 30 July 1945

Serial No.: 19091471

Place of Death: _____

Time and Date of Burial: 30 July 1945

Row Number: 557

Grave Number: _____

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

Left Hand: _____

Right Hand: _____

Thumb: _____

Deceased's Left: _____

Deceased's Right: _____

Who is buried on: _____

To determine Right or Left use Deceased's Right and Left: _____

What means of identification were used? _____

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

Grave No.: 558

Organization: _____

Rank: _____

Name: Williams, 0-822499

Grave No.: 558

Organization: _____

Rank: _____

Name: Byerman, 35506498

TOOTH CHART

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

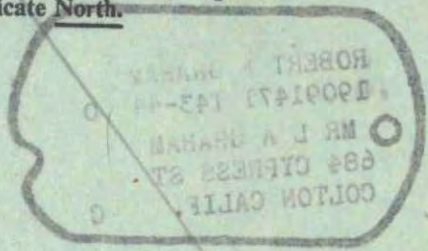
Deceased's Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Upper															
Deceased's Left	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Lower															

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

Characteristics: _____

Other Data: _____

List only Personal Effects Found on Body and disposition of same: None found



Signature of Officer or other person handling: EDWIN H. MILLER
 Verified by: _____
 Date: _____

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

REPORT OF DEATH

DATE 13 September 1945 -saj

FULL NAME Graham, Robert F.		ARMY SERIAL NUMBER 19 091 471	GRADE Cpl.
HOME ADDRESS Colton, California		ARM OR SERVICE Air Corps	DATE OF BIRTH 1 Sept 1921
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 29 Aug 1942	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Kaythryn R. Graham (mother) 684 Cypress St., Colton, California.			
BENEFICIARY (Name, relationship, and address) Mrs. Kaythryn R. Graham (mother) same as above Leo A. Graham (father) same as above			
INVESTIGATION MADE		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	
YES	NO	YES	NO
IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO	YES	NO
ADDITIONAL DATA AND/OR STATEMENT			
		<input checked="" type="checkbox"/> BATTLE	<input type="checkbox"/> NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 25 December 1944 until such absence was terminated on 11 September 1945 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

BY ORDER OF THE SECRETARY OF WAR

J A Lasky

SEP 22 1945
ADJUTANT GENERAL

ADDITIONAL CHECKS

NUMBER	SYMBOL	NUMBER	SYMBOL
AMOUNT	DATE	AMOUNT	DATE
PLACE OF ISSUE		PLACE OF ISSUE	
PAYEE		PAYEE	
REMITTER		REMITTER	

REMOVALS (Other than GI)

DAMAGES

GI REMOVALS

SHORTAGES

VALUABLE

OTHER

CHECK SHORTAGES

NUMBER	DATE	SYMBOL	AMOUNT

ATTACHMENTS

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

I CERTIFY THAT THE ABOVE ITEMS WERE NOT IN THE CONTAINERS INVENTORIED BY ME.

INVENTORY CLERK

SUPERVISOR

9-1-45

REPORT OF INVESTIGATION AREA SEARCHING

To be completely filled out and attached to each copy of
GR Form 1, "Report of Burial" when disinterment is accomplished.

- 293
- Graham, Robert F. Cpl 19091471 416 Bomb Gd. (1) AAF
(Full name of deceased) (Rank) (ASN) (Organization)
 - State if identification tags were attached to remains, how many, and where attached 2 tags found on small chain of chest under clothing
 - Give exact location from which disinterred, furnishing coordinates and map series used Honor Cemetery, Munstereifel, Germany F-312178, Euskirchen Sheet #40, scale 1:50,000, GSGS #4507
- NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
- Full name of cemetery (include plot, row and grave if organized cemetery) Honor Cemetery, Munstereifel, Germany
 - Approximate or established date of death (state which and give basis for date selected) 19 Jan 1945 - from Cemetery records
 - Approximate or established date of burial (give basis for date established) status 25 Dec 1944 - information contained in disinterment order giving
 - Manner in which grave was marked and all information contained on the marker black wooden cross, lettered "Unknown"
 - List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individual concerned none
 - Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information) Cemetery caretaker and Sister in Charge of former Marieheim Hospital, Munstereifel, Germany
 - Was buried in a coffin, give description and markings Unk
 - Action taken

Disinterment approved by _____

Disinterment and ~~reburial~~ made by 612th Q. Gr. Reg. Co.Date of ~~reburial~~ 20 July 1945Place of ~~reburial~~ US Military Cemetery Margraten, HollandPlot KK Row 11 Grave 257

NOTE: Additional particulars regarding investigation will be placed on reverse side.

*Cross out word not applicable

Edwin Miller
Signature of Investigating Officer

EDWIN H. MILLER, 1st Lt., QMC

603rd QM Gr. Reg. Co.

Rank

ASN

File
4-24-45
MR

*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 _____

Occlusion _____: Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date _____, 19____

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)
---	---	---

*REPORT OF DENTAL SURVEY

99A

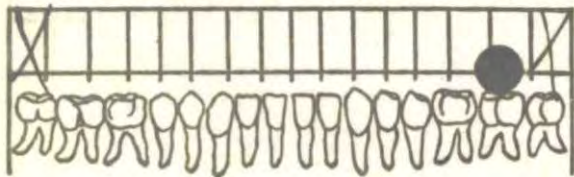
UPPER TEETH

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



LOWER TEETH

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



CLASS 2

Occlusion n: Calculus: Slight, Medium, Heavy

Periodontoclasia none

Dental foci suspected: Yes No C

Other conditions none

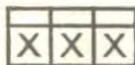
Rem. Calculus

Date 22 May, 1944

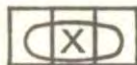
Charles L. Ritey
Dental Corps, U. S. A.

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

Teeth replaced by denture
(horizontal line)



Teeth replaced by fixed bridge
(oval to include abutments)



REGISTER OF DENTAL PATIENTS AT STA. HOSP. FAAF, FLORENCE, S. C.

2669

(1) SURNAME Graham, Robert F		(2) CHRISTIAN NAME 19091471	
(3) RANK Cpl	(4) COMPANY Sec S	(5) REGIMENT OR STAFF CORPS RTU -	
(6) AGE, YEARS 22	(7) RACE W	(8) NATIVITY Kan.	(9) SERVICE, YEARS 1 10/12

Davis

									(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
									C
									CR
									Major
									Admir
									1914
									5/22
									5/22
									5/22
									CR
									Nathan Siegel
									Charles L. Ritchey
									Survey CI-2
									CI-2-4 CIR

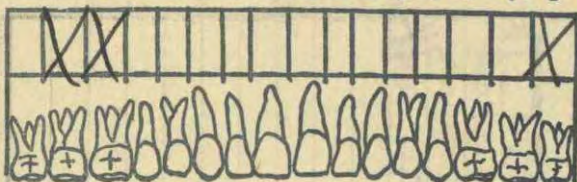
Charles L. Ritchey
 Major
 Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

99A

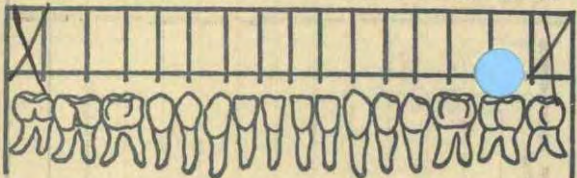
UPPER TEETH

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



LOWER TEETH

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



CLASS 2

Occlusion n: Calculus: Slight, Medium, Heavy

Periodontoclasia none

Dental foci suspected: Yes No C

Other conditions none

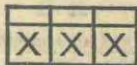
Rem. Calculus ✓

Date 22 May, 1944

Charles L. Ritey
Dental Corps, U. S. A.

*Restorable carious teeth by 0
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture (horizontal line)



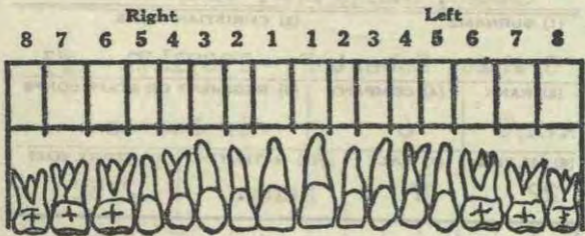
Teeth replaced by fixed bridge (oval to include abutments)



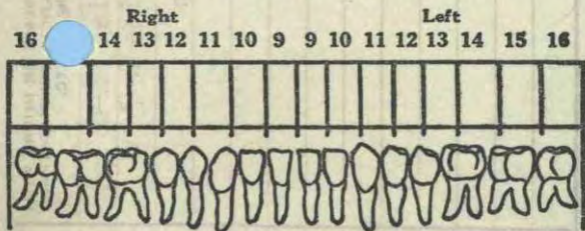


*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS -----

Occlusion -----: Calculus: Slight, Medium, Heavy

Periodontoclasia -----

Dental foci suspected: Yes No

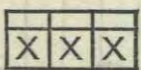
Other conditions -----

Date -----, 19-----

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)



Teeth replaced by fixed bridge
 (oval to include abutments)



GRAHAM, Robert F. 19091471

BAY

PALLET

BOX

TALLY

987

TYPE PKG.

I.D.Tag

WW II

**14 Dec 55
APO 757**

No. A3 775507

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

243 Graham, Robert F
HAS BEEN TRANSFERRED TO: (Name)
Dams

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE
3/1/57

SIGNATURE
[Signature]

Departmental Records Branch, AGO
219 North Lee Street
Alexandria, Virginia

usted.

CAUTION: THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY. DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED. RETURN THEM PROMPTLY.

TRANSFER SLIP

No. A3 775507

DATE OF REQUEST

2/28/51

RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293 Graham, Robert F 1909/471									REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE Hawkins - Davis				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER O & MG A					
RETURN TO	Departmental Records Branch, AGO 219 North Lee Street Alexandria, Virginia						DATE RETURNED		TO RETURN FILE, INITIAL HERE	
INSTRUCTIONS	Transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.									

No. A3 775507

TRANSFER COUPON

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

Departmental Records Branch, AGO
219 North Lee Street
Alexandria, Virginia

349288

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

REPORT OF DEATH

DATE 13 September 1945 -sa

FULL NAME Graham, Robert F.		ARMY SERIAL NUMBER 19 091 471		GRADE Cpl.											
HOME ADDRESS Colton, California		ARM OR SERVICE Air Corps		DATE OF BIRTH 1 Sept 1921											
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 29 Aug 1942		LENGTH OF SERVICE FOR PAY PURPOSES YEARS. MONTHS. DAYS											
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Kaythryn R. Graham (mother) 684 Cypress St., Colton, California.															
BENEFICIARY (Name, relationship, and address) Mrs. Kaythryn R. Graham (mother) same as above Leo A. Graham (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 <input checked="" type="checkbox"/>	NO	YES	NO		
ADDITIONAL DATA AND/OR STATEMENT												<input checked="" type="checkbox"/> BATTLE		<input type="checkbox"/> NON-BATTLE	

The individual named in this report of death is held by the War Department to have been in a missing in action status from 25 December 1944 until such absence was terminated on 11 September 1945 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

BY ORDER OF THE SECRETARY OF WAR

J A Lasky

ADJUTANT GENERAL

—



—



—

76

WAR DEPARTMENT

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

349288 4411

BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
GRAHAM ROBERT F		19091471		CPL	AC	ETO
PLACE OF CASUALTY		DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
GERMANY 9		DAY	MONTH	YEAR	I	MIA
		25	DEC	44		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 KATHRYN R GRAHAM	MOTHER	10 Jan 45 rsw
NO. AND NAME OF STREET-CITY-STATE		
684 CYPRESS STREET COLTON CALIFORNIA		

REMARKS:

CORRECTED COPY



MAIL & MESSAGE SECTION
CASUALTY BRANCH, A.G.O.

JAN 9 8 57 PM '45

RECEIVED

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

CASUALTY BRANCH FILE ATTACHED _____ OR CHARGED TO _____ DATE _____

PREVIOUSLY REPORTED NO. YES _____ (AS INDICATED BELOW):

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

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

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY Cleveland 9 Jun 45 REVIEWED BY Kelly

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 "A" 37 COPIES E.L.S.

(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.

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

(S-12-4-45)
RTB:WA:pp
September 28, 1945

In Reply Refer To: 349288

Mrs. Kathryn R. Graham
Box 61 P, Route #1
Colton, California

Dear Mrs. Graham:

The Army Effects Bureau has received and is forwarding to you the following additional property of your son, Corporal Robert F. Graham:

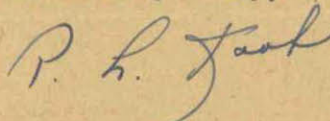
1 carton and contents

As previously indicated, my action in forwarding such effects does not, of itself, vest title in you. The property is transmitted in order that you may safely keep it on behalf of the owner, pending change in his status.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau.

For your convenience, there is inclosed an addressed envelope which needs no postage.

Yours very truly,



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

Incl--
Envelope

Receipt acknowledged:

Mrs Kathryn R Graham
(Signature of Bailee)

Oct 13 - 45
(Date)

KANSAS CITY MO.

OCT 18 1895

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Kathryn R. Graham

Box 61 ^P, Route #1

Colton, California

SHIP TO:

Cpl. Robert F. Graham

Effects of:
Name

19091471

ASN

349288 M

Case No.

Wt.

DATE 28 September 1945

RTB:WA:pp

H. Arthur
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

Franked
Est. Chgs.
Est. Int. Chgs.
No. of packages

Shipping Clerk

mks

OCT 4 1945

349, 288

ATTACHMENTS	EFFECTS INVENTORY ARMY EFFECTS BUREAU	STATUS
<input checked="" type="checkbox"/> INBOUND INVENTORY		DECEASED
<input type="checkbox"/> G. R. OR SUB GR LABEL		MISSING X
<input type="checkbox"/> WILL OR POWER OF ATTY.		P. O. W.
<input checked="" type="checkbox"/> TALLY IN FORM 43		ABANDONED
		UNKNOWN

<input type="checkbox"/> BAGS, CLOTH OR TRAVEL <input checked="" type="checkbox"/> BELT, MONEY (NO MONEY) <input checked="" type="checkbox"/> BILLFOLD (NO MONEYSW/C) <input type="checkbox"/> BOOKS <input type="checkbox"/> BRACELET, IDENT. <input type="checkbox"/> CAMERAS <input checked="" type="checkbox"/> CLOTHING <input checked="" type="checkbox"/> MISC. ARTICLES <input type="checkbox"/> RELIGIOUS ARTICLES <input type="checkbox"/> RIBBONS, DECORATION <input type="checkbox"/> SHORT SNORTER <input type="checkbox"/> SOUVENIR MONEY <input type="checkbox"/> SOUVENIRS <input type="checkbox"/> TESTAMENTS <input type="checkbox"/> TOWELS & WASHCLOTHS <input type="checkbox"/> U. S. MONEY (AMOUNT) <input type="checkbox"/> WATCH <input type="checkbox"/> WINGS	<input type="checkbox"/> BELT <input type="checkbox"/> BOOKS, ADDRESS <input type="checkbox"/> BOOKS, PILOT LOG <input type="checkbox"/> BRUSHES <input type="checkbox"/> CASE <input type="checkbox"/> CLOTH. WASH <input type="checkbox"/> COATS <input type="checkbox"/> FOOTLOCKER <input type="checkbox"/> FOOTWEAR, PR. <input type="checkbox"/> GLASSES <input type="checkbox"/> GLOVES, PR. <input type="checkbox"/> HANKERCHIEFS <input type="checkbox"/> HEADWEAR <input type="checkbox"/> JACKETS <input type="checkbox"/> KITS <input type="checkbox"/> KNIVES <input type="checkbox"/> LETTERS <input type="checkbox"/> LIGHTERS	<input type="checkbox"/> OVERCOATS <input type="checkbox"/> PAPERS, PERSONAL <input type="checkbox"/> PENCIL, MECHANICAL <input type="checkbox"/> PEN, FOUNTAIN <input type="checkbox"/> PHOTOS <input type="checkbox"/> PIPES <input type="checkbox"/> RINGS <input type="checkbox"/> SCARFS <input type="checkbox"/> SHIRTS <input type="checkbox"/> SOCKS, PR. <input type="checkbox"/> STATIONERY <input type="checkbox"/> TIES <input type="checkbox"/> TOBACCO <input type="checkbox"/> TOILET ARTICLES <input type="checkbox"/> TOWELS <input type="checkbox"/> TROUSERS, PR. <input type="checkbox"/> TRUNKS, PR. <input type="checkbox"/> UNDERWEAR	
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CONTAINERS ADDRESSED TO <p style="text-align:center; font-size: 1.2em;">none</p>	INFORMATION <p style="text-align:center; font-size: 1.2em;">A.C. Christensen 665 Rancho Ave Colton, Calif.</p>
NAME AND STATUS VARIATIONS	CROSS REFERENCE <p style="text-align:center; font-size: 1.5em;">def 9-24</p>

<input type="checkbox"/> CHECK	REC'D BY	NUMBER	<input type="checkbox"/> BUREAU CHECK
<input type="checkbox"/> MONEY ORDER		SYMBOL	<input type="checkbox"/> TRANSMIT ORIGINAL
<input type="checkbox"/> BOND		AMOUNT	<input type="checkbox"/> ORIG. REG. MAIL
<input type="checkbox"/> TRAV. CHECK		DATE	<input type="checkbox"/> TO G. A. O.
<input type="checkbox"/> FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	<input type="checkbox"/> MUTILATED
<input type="checkbox"/> U. S. CURRENCY	PAYEE	<input type="checkbox"/> TO ISSUING AGENCY	
	REMITTER OR DRAWER		

TALLY NO. 9997	ORIG. NO. OF PKGS. 1	EXAMINING DATE 10-Aug-45	BOX NO.	SHEET OF SHEETS 1
NAME ROBERT F. GRAHAM			A. S. N. 19091471	
ORGANIZATION 669 B. Sq(L) 416 B Sq(L)			RANK Cpl	
WAREHOUSE SPACE 2358			CASE NO. 349288	
EXAMINED BY Healy			<input type="checkbox"/> DIARY REMOVED	
PACKED BY Newberry			<input type="checkbox"/> PHOTO FILM REMOVED	
INSPECTED BY			<input type="checkbox"/> MOTION PICTURE FILM REMOVED	
STORED BY Newberry			SHIPPED	
PACKAGE DESCRIPTION Hilton		WEIGHT	DATE OCT 4 1945	BY WHOM M...

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

SHORTAGES

U. S. GOV'T CHECK SHORT

Aprt. 26.23

Sym # 211-592

form # 38

3 Jan. 1944

form # 38

Notes 26.23 (1,3007r)

NUMBER

DATE

SYMBOL

AMOUNT

CONSIGNEE REFERRED TO

THEORY

NAME	POSITION
MILCH	RECEIVER
D. S. WONEA (UNKNOWN)	RECEIVER
LOMETS P. M. V. S. T. O. S. I. N. G.	RECEIVER
LEZIVNENIS	RECEIVER
ZODAKIIB	RECEIVER
ZODAKIIB WONEA	RECEIVER
ZNOBI ZNOBIER	RECEIVER
RIBBONS' DECOMBITION	RECEIVER
BEFICIONS V. B. I. C. E. R.	RECEIVER
WISC' V. B. I. C. E. S.	RECEIVER
EFOIHING	RECEIVER
CVNEVVS	RECEIVER
BVUCETEL' IDEM'	RECEIVER
BOOFZ	RECEIVER
BILTEDO (NO WONEA)	RECEIVER
BELE' WONEA (NO WONEA)	RECEIVER
BVVS' CTOIN' OR' BVAAG	RECEIVER

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

Healy
INVENTORY CLERK

Curley
SUPERVISOR

G. I. REMOVED

NAME	POSITION
WITTE IN 1088 42	RECEIVER
WITTE OF BOMER DE VISA	RECEIVER
C. O. DE 200 24 1782	RECEIVER
INBOMER INBENTON	RECEIVER
Y. H. Y. H. Y. H. Y.	RECEIVER

NAME GRAHAM, ROBERT CPL. 1471

BAY	PALLET	BOX	TALLY
18	17		9997

TYPE OF PKG.

WHSE. SPACE

INVENTORIED

BOX

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

(S-10-5-45)
RTB:BT:bw
September 10, 1945

In Reply Refer To 349288

Mrs. Kathryn R. Graham
684 Cypress Street
Colton, California - *Box 61 EIP #1*

Address

Dear Mrs. Graham:

I am inclosing a check for \$26.23 representing funds of your son, Corporal Robert F. Graham.

No other property belonging to him has been received at the Army Effects Bureau to date.

My action in forwarding these funds does not, of itself, vest title in you. The money is transmitted in order that you may safely keep it on behalf of the owner, pending his return. In the event he later is reported as a casualty, the funds should be distributed according to the laws of the state of his legal residence. I sincerely hope that such distribution will not be necessary.

Please acknowledge receipt of the check by signing one copy of this letter in the space provided below and returning that copy to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

All War Department agencies have instructions to forward the personal effects of military personnel to this Bureau for disposition. Money, as a rule, is converted to a check and sent, by mail, in advance of other property. Any of his property received here will be forwarded promptly. Therefore, I ask that you please notify this Bureau in the event of a change in your address.

Yours very truly,

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

Incls--
Check
Envelope

Receipt acknowledged:

file
Mrs Kathryn R. Graham Sept 19-45-
(Signature of Beneficiary) (Date)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of:

Name Cpl. Robert F. Graham

Mrs. Kathryn R. Graham

ASN 19091471

684 Cypress Street

Case No. 349288 M

Colton, California

Wt.

DATE 10 September 1945

Graham
FOR: Effects Quartermaster

RTB:BT:bw

REMARKS:

x Inclose Bureau Check
Acct. No. 121780
Amount \$26.23 *ms*
Inclose "Valuables" item
Ship "Valuables" item(s)

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

ROUTING:

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

141472 hmc

121780

349288

September 12

45

Kathryn R. Graham

26.23

Twenty-Six and 23/100

REMARKS:

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

Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

349,288^{BW}

CASE NO.

TYPED BY

lc

DATE

6-25-45

STATUS

unk.

NAME

Robert F. Graham

A.S.N.

19091471

RANK

Cpl.

ORGANIZATION

unk.

AMOUNT

ACCOUNT NO.

26.23

121780 mlv

LIST NO.

F-252

PAID-CHECK NO. 141472ms.

REMARKS

ACCOUNTING INVENTORY

OK
7-25