293 HARDESTY, EDGAR R. 33 720 735 SGT. A.C. EUROP. A. (MD.)'45 clw.

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

(1)

109

No. A4 603300

DATE OF REQUEST 9-25-51 G

✓ 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. Hardesty, Edgar R 3372073S	REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE: Hawkins - Galosso	DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER: OQMG Navy
RETURN TO	Departmental Records Branch, AGO 2nd North Lee Street Alexandria, Virginia	DATE RETURNED / TO RETURN FILE, INITIAL HERE
INSTRUCTIONS	When 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.	

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DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE | SIGNATURE

Departmental Records Branch, AGO 2nd North Lee Street Alexandria, Virginia

WD AGO FORM 543 1 MAY 1946 Replaces WD AGO Form 06-33 which may be used until exha

No. A4 603300

TRANSFER COUPON

TO:

NOTE THAT FILE OF: 93 Hardesty, Edgar P.

HAS BEEN TRANSFERRED TO: (Name) Galisso

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO. Navy

DATE	SIGNATURE
9/26/51	

sted.

☆ U.S. GOVERNMENT PRINTING OFFICE 1950-896850

DEPARTMENT OF THE ARMY
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON

DEPARTMENTAL RECORDS BRANCH, A.G.O.

STORAGE

JEW

6

DISINTERMENT DIRECTIVE

293 Unk. Hollandt X-332 (Margraten)

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	4650 00218	15 (DAY) 04 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
293 Hardesty, Edgar, R. UNKNOWN X-00332	33720755		0	DAY / MONTH / YEAR

CEMETERY		DISPOSITION OF REMAINS
MARGRATEN - ARCHEN	0	4601 (CODE) 80 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
HH	5	110	HOLLAND	6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
MARGRATEN, HOLLAND (BY ADMINISTRATIVE ORDER)	

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	UNKNOWN		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES *1*

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (*Signature*)
CASKET BOXED AND MARKED 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 GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 **1194**

18 apr 49
Pay

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
American Graves Registration Division
1st Avenue & 58th Street
Brooklyn, N. Y.

THE FOLLOWING REPORT WILL BE COMPLETED BY ALL ESCORTS WHO ACCOMPANY REMAINS OF DECEASED PERSONNEL FROM THIS HEADQUARTERS TO THEIR FINAL DESTINATION.

UPON RETURN TO THE AMERICAN GRAVES REGISTRATION DIVISION, NYPE, THIS REPORT WILL BE DELIVERED BY THE ESCORT TO THE ESCORT CONTROL OFFICER FOR APPROVAL

1. James V. Mangiass Sgt ER-AF 12091637 accompanying the
(Name, rank, serial number of escort)

Hardesty Edgar R

remains of Edgar R. Hardesty. Sgt. 33720735.
(Name, rank, serial number)

2. Departed AGRD, NYPE, on 12, April (date) at 1600 hours

for Owings Maryland (destination - city and state) by Train (Gov't vehicle or train)

If train, give hour of departure from New York City and station

1330, 12, April Penn. Sta. Arrived at

Owings Maryland (destination) on 12, April (date) at 2200 hours

3. First contact was made with undertaker on 12, April (date) at 2200 hours

4. First contact was made with next of kin Walter J. Hardesty (Name)

Owings Maryland (address) on 12, April (date) at 2230 hours

5. I did/~~did not~~ attend the funeral services.

6. The funeral was held at 1000 hours, on 16, April

7. Escort's presence is/~~is not~~ desired at funeral services

Walter J. Hardesty

TCNYP(TDC) 18
Rev. 30 Nov 48

8. Burial honors ~~were~~/were not provided at the funeral.

9. Burial honors were not provided because Mother was ill And did not want any Military funeral.

10. Burial honors were provided by _____

11. Flag was presented to Nok Walter T. Hardesty.

12. The next of kin ~~did~~/did not bring up the subject of identity of the remains.

13. North Beach Hotel, North Beach Maryland 4 days
(Name, address of Hotel and length of stay where billeted)

14. Departed Owings, Maryland by Train (Govt. vehicle or train) on 16 April (date)

at 1200 hours Arrived at AGRD, NYPE on 16 April (date)

at 2230 hours.

15. REMARKS (Unusual occurrences): _____

16. RECEIPT OF TWENTY-ONE (21) ROUNDS OF BLANK AMMUNITION IS ACKNOWLEDGED (IF NO BLANKS WERE ISSUED WRITE "NONE" _____

Name of Receiver

Sgt. James V. Manglass
(Name, Rank, Serial Number of Escort)
ERHF12091659

Organization Det "5" 1300 ASC

(Organization

Date 16 April 1949

Date Received

OWINGS, M April 12, 1949

151312

WWT

PAID

M COMMANDING GENERAL, N. Y. P. E.
Attn: AGR Division
293: HARDESTY, EDGAR R
SGT 33720735

TO WILLIAM H. HUTCHINS & SONS, DR.

Funeral Directors

Phone: Prince Frederick 6-F-3

Residence: Mt. Harmony

For transporting remains of: 293:HARDESTY, EDGAR R.
SGT 33720735
from BOWIE, MARYLAND to OWINGS, MARYLAND 25 00

I certify that the above bill is correct and just; that payment therefor has not been received; that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to this transaction have been complied with; and that State or local sales taxes are not included in the amount billed.

W. H. Hutchins
W. H. Hutchins
Owner

J. C. Kovarik
Col., F. D.
Brooklyn, N. Y.

MAY 1949

Sym. 210-344
Sta. 625

FILE
C. T. POWELL
M. & R. BR.

OWINGS, MD. April 13, 1949

M COMMANDING GENERAL, N. Y. P. E.
Attn: AGR Division
293: HARDESTY, EDGAR R
SGT 33720735

PAID

TO WILLIAM H. HUTCHINS & SONS, DR.

Funeral Directors

Phone: Prince Frederick 6-F-3

Residence: Mt. Harmony

For transporting escort from OWINGS, MARYLAND to		
BOWIE, MARYLAND (return)	10	00

I certify that the above bill is correct and just; that payment therefor has not been received; that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to this transaction have been complied with; and that State or local sales taxes are not included in the amount billed.

W. H. Hutchins
W. H. Hutchins

Owner

FILE
C. T. POWELL
M. & R. DR.

RECEIPT OF REMAINS

HEADQUARTERS, NYPE
DISTRIBUTION CENTER #1, AGRS
58th ST. & 1st AVE.
BROOKLYN, NEW YORK

DISTRIBUTION CENTER

ROUTINE

REMAINS CONSIGNED TO:

HARRY HUTCHINS

OWINGS MD

REMAINS OF THE LATE 293 SGT EDGAR R HARDESTY 3ms ACCOMPANIED BY AN ESCORT ARE SCHEDULED TO LEAVE NEW YORK ON TRAIN NUMBER 129 PENNSYLVANIA RAILROAD AT ONE THIRTY PM EST ON TUESDAY 12 APRIL AND DUE TO ARRIVE AT BOWIE AT EIGHT TWENTY FOUR PM EST ON SAME DATE

PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

FILE
16 MAY 1949
... TRATION
BRANCH
MEM. DIV.

ESCORT: SGT JAMES V MANGLASS
AF (ER) 12 091 659
DET #5, 1300 ASU

G. H. BARE

COLONEL, QMC

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

THIS 12 DAY OF April MONTH, 19 49

Sgt. James V. Manglass
WITNESS (Escort)
ER-AF-12091659

Wm H. Hutchins
CONSIGNEE

QMC FORM 15 NOV 46 1193

16—52073-1 U. S. GOVERNMENT PRINTING OFFICE

FBJ

1

DISINTERMENT DIRECTIVE

4/1-21 mhv

~~316~~ (4)

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY MONTH YEAR)
4650 06837	15 11 48

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
HARDESTY EDGAR R	33720735	SGT	1	1	1

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS CODE	DIST. CTR.
MARGRATEN HOLLAND	HH	2	26	3100	01

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
HARRY HUTCHINS OWINGS, MARYLAND (F/B FRIENDSHIP, MARYLAND	WALTER J. HARDESTY (FATHER) OWINGS, MARYLAND

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	USAAF		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED SHEET

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (*Signature*)
CASKET BOXED AND MARKED 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

2836

QMC FORM REV 11 FEB 48 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC MARGRATEN, HOLLAND		TO ANTWERP PORT -PIER 140	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER L SMITH RA 15217970	
SIGNATURE OF SHIPPER HILLARD D OWEN CAPT INF 0538237	DATE 25/1/49	SIGNATURE OF RECEIVER R D Miller	DATE 25 JAN 1949

2. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USAT BARNEY KIRSCHBAUM	
KIND OF CONVEYANCE VC. 2		NAME OF CONVOYER J S Jefferies	
SIGNATURE OF SHIPPER R. D. MILLER, Lt. COL. T.C.	DATE 15 FEV 1949	SIGNATURE OF RECEIVER J S Jefferies	DATE 15 FEV 1949

3. SHIPPED

FROM		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER MAR 10 1949 W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE

4. SHIPPED

FROM NYPE		TO DSF#01	
KIND OF CONVEYANCE TRAILER		NAME OF CONVOYER H O Young	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE 3/14	SIGNATURE OF RECEIVER H. O. YOUNG Captain, QMC	DATE MAR 4 1949

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

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
HARDESTY EDGAR R	33720735	SGT	1	

CEMETERY	DISPOSITION OF REMAINS (CODE / DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
HH	2	26	MARGRATEN HOLLAND	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
EDGAR R. HARDESTY	33720735	SGT		17 AUG 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[ ] REMAINS [X] MARKER		UNK	FRITZ J. TOLTZIEN, 1/LT, MI (NAME AND TITLE)

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: REMNANTS OF MATTRESS COVER

CONDITION OF REMAINS: [Disturbing text redacted]

OTHER MEANS OF IDENTIFICATION: REPORT OF BURIAL FOUND WITH REMAINS

MINOR DISCREPANCIES *1*: NONE

REMAINS PREPARED AND PLACED IN CASKET — DATE: 23 AUG 48 — BY: JAMES L. SMITH, EMBALMER

CASKET SEALED BY: JAMES L. SMITH

EMBALMER (*Signature*): JAMES L. SMITH — James L. Smith

CASKET BOXED AND MARKED — DATE: 23 AUG 48 — BY: JOHN F. SIMMONS, CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY: XX ALL TAGS, MARKINGS & PLATES VERIFIED BY WILLARD B. OWEN, CAPT., INF

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

W B Owen
WILLARD B. OWEN, CAPT., INF

SIGNATURE OF GRS INSPECTOR

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

MW

QMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

CASE NO	INSPECTION CHECK LIST	SPACE NO.

NAME OF DECEASED (*Last, First, Middle Initial*)	BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE
HARDESTY EDGAR R	USAAF	W		M	

RANK OR GRADE	SERIAL NUMBER	CONSIGNEE
SGT	33720735	HARRY HUTCHINS OWINGS, MARYLAND.

SHIPPING CASE—GENERAL APPEARANCE (*Check ONLY Discrepancies*)		CONDITION OF SHIPPING CASE (*Check One*) ☑ SATISFACTORY ☐ UNSATISFACTORY
	FINISH (*Exterior*)	REMARKS
	FINISH (*Interior*)	
	HANDLES	
	HANDLE BOLTS	
✓	STENCILING—NAME PLATE Clean	
	HEALTH PERMIT MARKER	
	HEALTH PERMIT NUMBER NY 027RC	

CASKET—GENERAL APPEARANCE (*Check ONLY Discrepancies*)		CONDITION OF CASKET (*Check One*) ☑ SATISFACTORY ☐ UNSATISFACTORY
✓	FINISH (*Exterior*) Clean & polish	REMARKS
	HANDLES AND FASTENINGS	
	STENCILING—NAME PLATE	
✓	CAM LOCKS (*Sealing*) Touch up	
	ODOR OR MOISTURE	

ROUTED THROUGH

☐ MORTUARY OPERATING ROOM	☐ REPAIR SHOP
CONDITION OF REMAINS ☐ SATISFACTORY ☐ UNSATISFACTORY	CASKET REPAIRED ☐ YES ☐ NO
NECESSARY DISINFECTION (*Explain*)	CASKET EXCHANGED ☐ YES ☐ NO
	SHIPPING CASE REPAIRED ☐ YES ☐ NO
	SHIPPING CASE EXCHANGED ☐ YES ☐ NO
	REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
				4/8/49	Ray Polk E J Long

REMARKS

QMC FORM 4 MAR 48 **1251** Replaces QMC Form R-5054, which is obsolete.

16—54755-1 U. S. GOVERNMENT PRINTING OFFICE

RECEIVED

WI B122 13 COLLECT

1949 MAR 4 14 11

ANNAPOLIS MD MAR 3 852P

DISTRIBUTION CENTER ONE NEWYORK PORT OF EMBARKATION

NEWYORK NY

RECEIVED TELEGRAM NO CHANGE IN DELIVERY INSTRUCTIONS OF

SGT EDGARD R HARDESTY

WALTER J HARDESTY OWINGS MD

EDGARD

812A MAR 4.

DISTRIBUTION CENTER #1
NEW YORK PORT OF EMBARKATION
BROOKLYN, NEW YORK

I certify that this message is on official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest.

1949 FEB 26 19 46

JAMES McCARTHY
Major, TC
Admin O, AGR Div.

WALTER J. HARDESTY

OWINGS, MARYLAND.

USAT BARNEY KIRSCHBAUM

PLEASE BE ADVISED THE REMAINS OF THE LATE SGT. EDGAR R. HARDESTY. ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO HARRY HUTCHINS, OWINGS, MARYLAND.

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF FROM FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DELIVERY GIVING DATE AND TIME REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

RELEASED TO W U
3 MAR 49

G. H. BARE, COL, QMC

DOG

522

DISTRIBUTION CENTER #1
NEW YORK PORT OF EMBARKATION
BROOKLYN, NEW YORK

I certify that this message is on official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest.

JAMES MCCARTHY
MAJOR,
Adjtn & Mon Div.

PLEASE BE ADVISED THE REMAINS OF THE LATE

ARE ENROUTE TO THE UNITED STATES. NO. REQ. WILL INDICATE YOU WISH REMAINS DELIVERED

TO

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF FROM FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DELIVERY GIVING DATE AND TIME REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL REPUBLIC OR VETERANS ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM AT ONE DELIVERY INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE BY TELEGRAM COLLECT TO DISTRIBUTION CENTER #1, NEW YORK PORT OF EMBARKATION. SUBMIT NEW INSTRUCTIONS. IN EVENT IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS, PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. LEE, COL, QMC

RELEASED TO W U
3 MAR 49

DOC

142186

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE: A[illegible] 1 3 [illegible]

PAID

NAME OF DECEDENT (*Last, First, Middle Initial*)	BRANCH OF SERVICE	TO BE FILLED IN BY CLAIMANT
HARDESTY EDGAR R	USAAF	A. [X] INTERMENT EXPENSES (*Civilian or Private Cemetery*)
RANK OR GRADE: SGT	SERIAL NO.: 33720735	B. [ ] TRANSPORTATION EXPENSES (*National or Post Cemetery*)

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.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of $ 175.00 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:

NAME: Friendship Cemetery

CITY OR COUNTY: Arundel County

STATE: Maryland

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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*)

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

RETURN FOUR COPIES TO

SIGNATURE OF CLAIMANT: Walter J. Hardesty

ADDRESS (*Street number or RFD, City and State*): Owings Maryland

RELATIONSHIP TO DECEDENT: Father

REMARKS

J. C. Kovarik
Col., F. D.
Brooklyn, N. Y.

MAY 1949

Sym. 210-344
Sta. 625

QMC FORM REV 5 MAR 48 **1236** PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

16—54738-1

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.

U. S. GOVERNMENT PRINTING OFFICE 16—54738-1

ERE Form #39
13 Jul 45

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

HARDESTY	EDGAR	R	SGT	33720735
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Repatriated to the United States: 22 FEB 1946

STATION FILE

Incl #

OCQM GRAR Div

CHECK LIST FOR UNKNOWNS

UNKNOWN X 322
CEMETERY Margraten, Holland
Plot HH Row 2 Grave 26

Arrived at cemetery Disinterred for additional information 4 Sept 1945
(hour) (date) (collecting point)

Place of death Herrig XXXXXXXX Germany
(name)

Remains recovered by (coordinates and land-marks)

UNKNOWN
(name and organization)

Evacuated to cemetery by
(name and organization)

Is load list attached * Are names of deceased found in same area as this Unknown starred *
(yes-no)

Are circumstances described which may indicate organization the deceased *
(yes-no)

If only part of body was received, was a careful search made for other parts of unknown *
(yes-no)

If remains came from vehicle, plane, etc: *
(type of vehicle or plane, nickname, serial number, organization or symbols)

Crew list *
(names of other deceased and positions in which found)

In tank, which hatches were free and available for escape use *

If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information concerning vehicle or plane *

(parts of markings or symbols) (burned) (pierced by shell fire - where)

(found in town, field, by road, etc.) (damaged by mine explosion)

(name of men who escaped) description of other vehicles or planes in same area)

Detailed description of personal effects *
(indicate exact pocket or part of body where found)

UNKNOWN

Item	Markings	Size	Color	Insignia, unusual features, wear, tears, etc.
*Headgear (type)				
Raincoat				
Overcoat				
Jacket, Field				
Jacket, Combat				
Mackinaw				
Sweater				
Jacket, HBT				
*Shirt, Wool OD				
Undershirt, Wool				
Undershirt, Cotton				
Trousers, HBT				
*Trousers, Wool OD				
Belt, Web				
Drawers, Wool				
Drawers, Cotton				
Leggings				(note unusual lacing)
Socks Wool Cotton				
*Shoes (type) flying boots		Large		2 left boots and 1 right boot
Overshoes				
Web Equipment (type)				
pieces of burned clothing				
one OD glove.				

*If body is nude, size of these items should be computed by measuring the remains.

Chevrons or _____ Shoulder Patch _____

Insignia _____ (type of ornament, shoulder, jacket, coat, helmet)

Description of Remains _____

Age _____ Height _____ Weight _____ Description of wounds _____

Unknown or Approximate _____ (length, width, location)

UNKNOWN

Tattoos _____
(number, location - illustrate on sep. page)

Outstanding moles, warts or birthmarks _____
(yes-no) (description, location)

Sunburn or tan, other than hands and face _____

Tobacco stain on fingers or teeth _____
(designate where, extent)

Complexion _____ Build _____
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

Hair _____
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peak, distinctive cutting or other characteristics)

Sideburns _____ Mustache _____ Beard or goatee _____
(color, setting, shape) (color, size, shape) (length, heavy, light, color, extent)

Eyes _____ Eyebrows _____
(color, setting, shape) (color, bushiness, extend across nose)

Nose _____ Ears _____
(size, shape, straight) (size, set close to or far from head)

Forehead _____ Mouth _____ Lips _____
(high, wide wrinkled) (large, medium, small) (small, large, [illegible])

Teeth _____
(white, size, unevenness, spacing, noticeable crowns, fillings, extraction)

Chin _____ Cheekbones _____
(prominent, receding, pointed, dimple, double) (high, normal)

Jaw _____ Circumference of head in inches _____
(large, small, normal) (hat band)

Neck _____ Larynx _____ Shoulders _____
(size, long, short, normal, wrinkled) (prominent, normal) (broad straight, small, rounded)

Arms _____
(length) (muscular, color, extent & quantity of hair)

Hands _____
(vaccination scars, size of wrists) (large, small, normal, calloused noticeably)

(marks on fingers indicating that rings were worn)

_____

Page [illegible] Check List for Unknowns) **UNKNOWN**

UNKNOWN

Fingers _____
(short, thick, long, slender; size of knuckles) (missing fingers or joints)

Nails _____
(unusual characteristics of fingernails)

Chest _____
(Size at nipples; color, quantity & extent of hair; large, small, normal)

Back _____ Waist _____
(quantity and extent of hair) (size at navel, appendectomy, amount & color of hair)

Circumcised _____ Pubic hair _____ Herniaplasty _____
(yes-no) (color) (yes-no) (location)

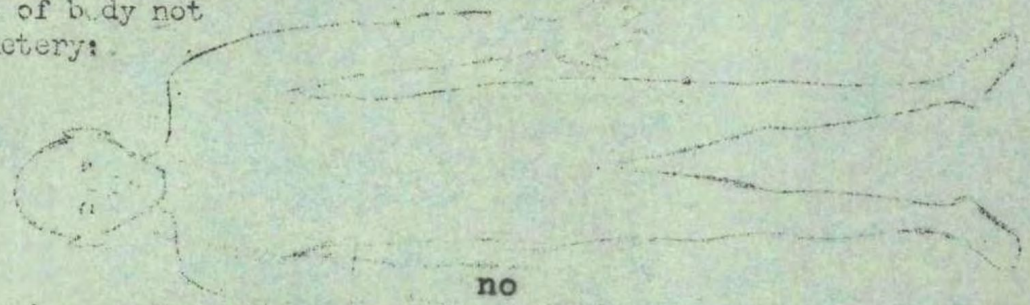
Legs _____
(inseam) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet _____ Toes _____
(size; corns, callouses; flat) (slender, straight, crooked, overlap)

UNKNOWN

Evidence of healed fractures _____
(nose, arms, legs, etc.)

Black out parts of body not received at cemetery:



Have photographs been made and attached no (if not, explain _____)
(yes-no)

Have fingerprints been placed on GPS #1 _____ If not, explain _____
Has tooth chart been prepared? yes (yes-no) partial
Has tooth chart been prepared? _____ If not, explain _____

[Disturbing text redacted]

Remarks: _____

Cleon E. Wells.
CLEON E. WELLS, 1st Lt., QMC
603rd QM Gr. Reg. Co.

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

5 Sept 1945
Date

Unknown X-322

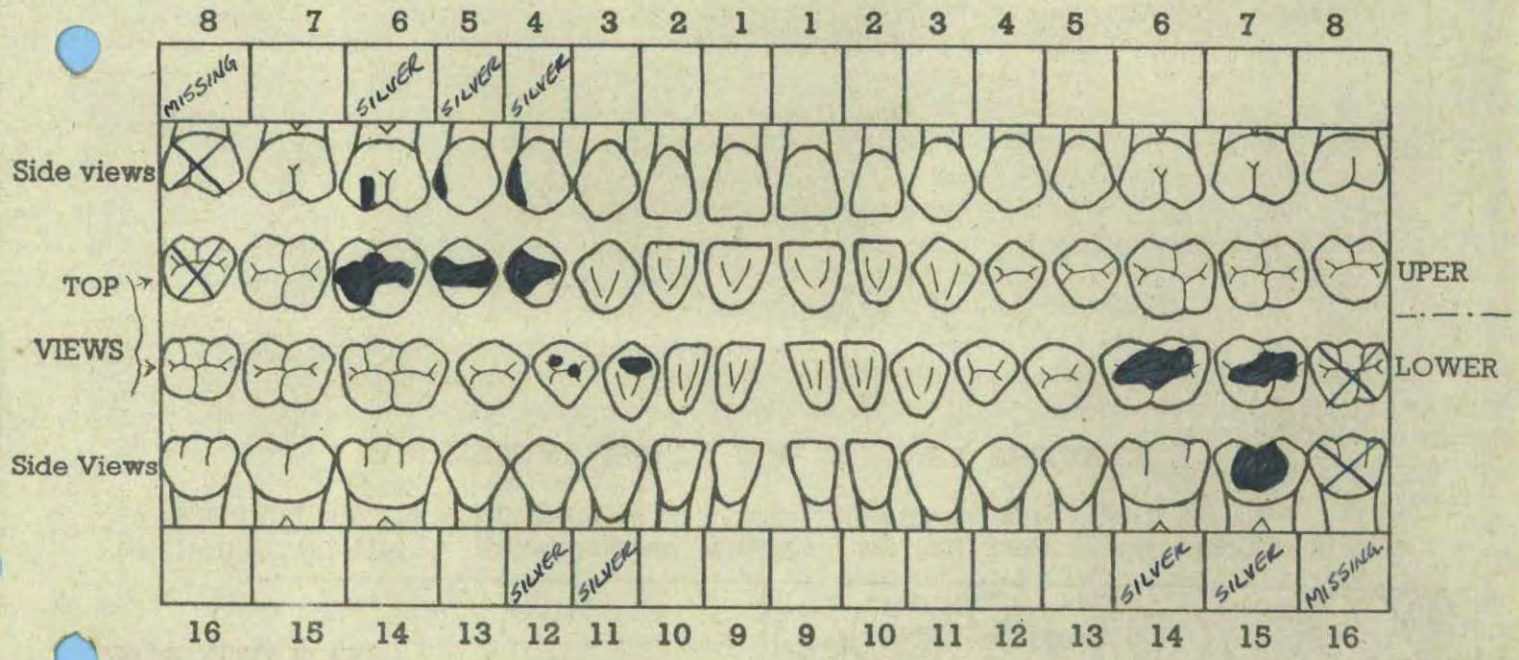
Last Name USAAF First Initial Rank Serial No.

Unit Vic of Herrig, Germany
Place of Death

Est. 2 March 1945
Date of Death

Organization COD KIA
Cause of Death

Right Left

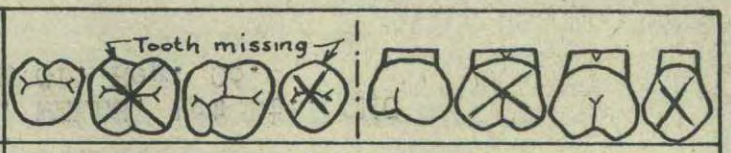
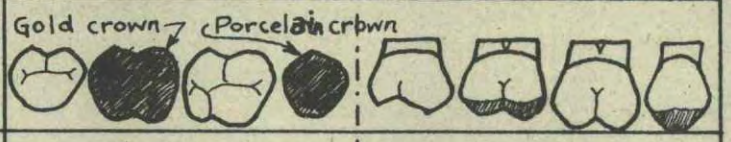
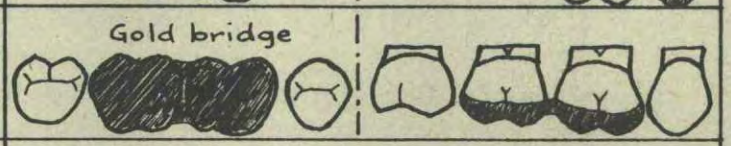
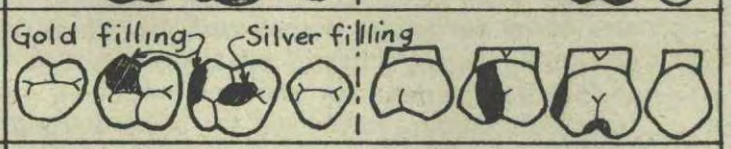
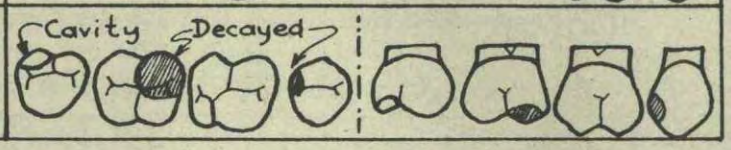


This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions : Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Cleon E. Wells
Signature of Officer or other person who prepared Tooth chart
CLEON E. WELLS, 1st Lt., QMC
603rd QM Gr. Reg. Co.

Verfield by G. R. S. Officer

GRAVES REGISTRATION
FORM N° 1-A

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :	
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :	
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
FILLINGS.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES). Outline location and size cavity, shade in thus :	

DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

SIP. 4-45/50M/77322

BUDGET BUREAU No. 49-R278

REQUEST FOR DISPOSITION OF REMAINS

NAME OF DECEASED AND REPORTED PLACE OF BURIAL

DATE:

7-27
BC
Specly

Sgt Edgar R. Hardesty, 33 720 735
Plot HH, Row 2, Grave 26,
United States Military Cemetery
Margraten, Holland

12 July 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 Civilian 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, Walter J. Hardesty
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- ☐ WIDOW
- ☐ WIDOWER
- ☐ SON OVER 21 YEARS OLD
- ☐ DAUGHTER OVER 21 YEARS OLD
- ☒ FATHER
- ☐ MOTHER
- ☐ BROTHER OVER 21 YEARS OLD
- ☐ SISTER OVER 21 YEARS OLD
- ☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

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

- ☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- ☒ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
  Friendship Cemetery, Friendship, Maryland
  (NAME AND LOCATION OF CEMETERY)
- ☐ 3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

LOCATED AT _____
(LOCATION OF CEMETERY SELECTED)

THE NAME OF THE DECEASED AND OTHER INFORMATION 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
Cures 7/20/48
NN + NC
11/29/48
Coded-11/8/48
H Jarman

3

Release
Dismissed

OQMG FORM 14 NOV 1946 **346 CIVILIAN**

11 AUG 1948

PART I (*Continued*)

If Option Number 2 or 3 as given on page 1 of this form has been selected, 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			
Harry Hutchins			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
	Owings		Maryland
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 CIVILIAN DEAD," IS—

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
Hardesty	Wilson	W	brother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
1312 Erskine Street	Takoma Park		Maryland

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

AS EXPLAINED IN THE PAMPHLET "DISPOSITION OF WORLD WAR II CIVILIAN 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.

Walter J. Hardesty
(SIGNATURE OF NEXT OF KIN)

Walter J. Hardesty
(NAME PRINTED OR TYPED)

(STREET AND NUMBER)

Owings, Maryland
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 12th day of July, 19 48, at city (or town) of Washington, District (County) of of Columbia, and State (or Territory or District) of

Irene L. Christy
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

NOTARY PUBLIC
My commission expires Jan. 31, 1950.
(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 _____ (PLEASE INSERT RELATIONSHIP), AS THE NEXT OF KIN OF THE DECEASED NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED. THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

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

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

(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)

Sgt Edgar R. Hardesty, 33 720 735
Plot HH, Row 2, Grave 26,
United States Military Cemetery
Margraten, Holland

3 December 1947

Mrs. Rose L. Hardesty
805 17th Street, Southeast
Washington, D. C.

Dear Mrs. Hardesty:

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,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

vb

16 September 1946

Mrs. Rose L. Hardesty
805 17th Street, Southeast
Washington, D. C.

Dear Mrs. Hardesty:

The War Department is most desirous that you be furnished information regarding the burial location of your husband, the late Sergeant Edgar R. Hardesty, A.S.N. 33 720 735.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot HH, row 2, grave 26. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

12 Sept.

Mrs. Hardesty - Ext. 3155, (Surgeon General's Office) telephoned requesting information concerning her husband - Sgt. Edgar R. Hardesty -- wanted to know if there was any information at this time. The file is attached.

D. M. Degen

4652 - Mrs. Dobson

ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: *(Name, organization, building)*	INITIALS		CONCURRENCE
1.			SIGNATURE
	DATE		NOTE AND RETURN
2.			NOTE AND FORWARD
			COMPLETE ACTION
			CIRCULATE
3.			INFORMATION
			FILE

FROM: *(Name, organization, building)*	DATE
	TEL.

AGASF FORM 895
1 OCT 1945

16—46173-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

CORRECTED COPY /sm

Graves Registration Form No. 1 (Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

13 May 1946
Date

Last Name	First	Initial	Rank	Serial No.
HARDESTY,	Edgar	R.	Sgt.	33720735

Unit: 416 Bomb Gp L. Organization

Place of Death: Vic.HERRIG, Germany — Date of Death: 25 February 1945 — Cause of Death: K I A

Time and Date of Burial: 1430 - 24 April 1945 — Name of Cemetery: MARGRATEN U.S.Military Cemetery — Name or Coordinates of Location: K - 645482

Grave Number: 26 — Row Number: 2 — Plot Number: H H — Type of Marker: Cross

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

If No Identification Tags Previously buried as Unknown X-322 (MARGRATEN)

How were remains identified? Identified through:

1) Remains of X-322 removed from a crashed A-26 (L) Bomber. Numbers taken from parts of wreckage were 1038383-1545805-1038405-1038608-1076047 and 1038512 which coincide with Serial No's of installed weapons of A/C 41-39238-A-26-B20.

What means of identification were buried with the body?

2) Est.date and place of death of X-322 in agreement with MACR for A/C 41-39238 of which Sgt.Hardesty was a crew member and only Enlisted Man.

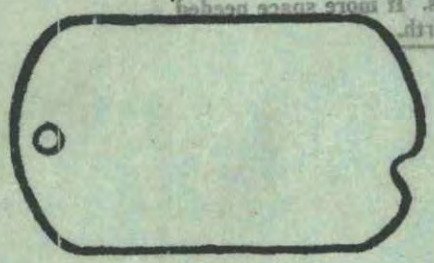
3) Lt. John J. Farley, 0-765240, pilot of A/C 41-39238 and only other crew member is identified.

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	BEGINNING		of	ROW.	
Deceased's Left:	MODEN	38679972	Pfc	28 Inf. Rgt	27

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



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

Emergency Addressee: Mrs. Rose L. Hardesty, wife ~~Unknown~~ (Name)

Address: 805 17th St., S. E. Washington, D. C.

Religion: Unknown

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

NONE

This corrected copy of Report of Burial, prepared in the office of the American Graves Registration Command.

Signature of Officer or other person reporting burial — N. J. SLOANE, Capt., QMC.

Verified by G.R.S. Officer

File 8/13/46

Malitz

18 Jul 46

19

IF DECEASED UNIDENTIFIED

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

Height:
Weight:
Color of Eyes:
Color of Hair:
Race:

Laundry Marks:
Number of Rifle:
Wear Glasses?
Is Tooth Chart Attached?

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

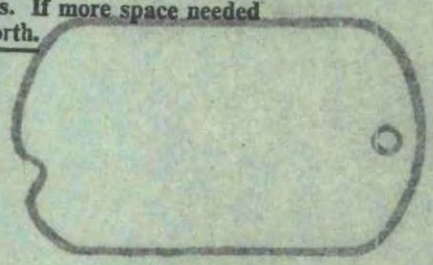
Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand — Right Hand

Thumb — Thumb

TOOTH CHART

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



Deceased's Left — Deceased's Right

Upper		Lower
8	8	8
7	7	7
6	6	6
5	5	5
4	4	4
3	3	3
2	2	2
1	1	1
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8

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

Characteristics:

Other Data:

AG P BR HQ SOS /22560

Graves Registration
Form No. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

RESTRICTED 360

24 April 1945
Date

Last Name	First	Initial	Rank	Serial No.
HARDESTY,	Edgar	R	Sgt	33720735

~~UNKNOWN X-922~~ (MARGRATEN) (AMERICAN) ~~UNKNOWN~~ ~~UNKNOWN~~

Unit: AAF

Organization: 25 February 45

Place of Death: Vic. Herrig, Germany

Date of Death: ~~Bet. 12 & March 1945~~

Cause of Death: KIA

Time and Date of Burial: 1430 24 April 1945

Name of Cemetery: U.S. Mil. Cem., Margraten, Holland

Name or Coordinates of Location: VK 645482

Grave Number: 26

Row Number: 2

Plot Number: HH

Type of Marker: Wooden Cross

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

If No Identification Tags
How were remains identified?

CASE (RX) IDENTIFIED BY FIELD AND APPROVED BY OQMG

What means of identification were buried with the body?

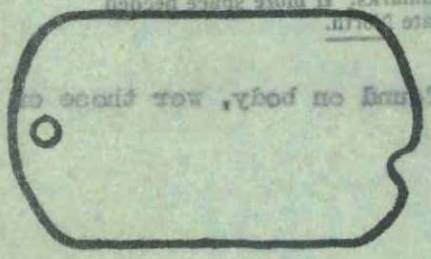
GRS Form # 1 and Embossed Plate

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

Who is buried on: BEGINNING OF ROW.

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Moden, Clayton F.	38679972	(Unknown)	Unknown	27
Deceased's Left:					

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



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

Emergency Addressee: Mrs. Rose L. Hardesty, wife
Name

805 17th St. SE., Washington, D. C.
Address

Religion: Unknown

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

NONE.

1232

Edwin J. Donovan
EDWIN J. DONOVAN
Signature of Officer or other person reporting burial
1st. Lt., QMC GRS Officer
~~611 QM Gas Reg. Co.~~
Verified by G.R.S. Officer

File 8/13/46
Melichi

4 MAY 1945

WP-135-27

RESTRICTED

360

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

(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.

[Disturbing text redacted]

Left Hand — Right Hand

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

This body and Unknown X-321 were recovered from an A-26 plane which crashed in the vicinity of Herrig, Germany on or about the 12 March 1945. Information taken from plaque that was found on door of plane is as follows: Airplane Model - A-26, DWG. or Part no. 5122153-1, Modification -(019), Change -(S62), Incorporated-(AN K355) Number on hinge was: 11277679. There were no personal effects, laundry marks or other identifying clues found on body.

Thumb — Thumb

TOOTH CHART: If Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

The remains of clothing found on body, wer those of an American Flyer.

Deceased's Left — Deceased's Right

Upper	Lower
8	8
7	7
6	6
5	5
4	4
3	3
2	2
1	1
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8

Indicate: missing natural teeth by X; crowns by O; fillings by ☐ Bridges by ⊂ linking anchor teeth; replacements by artificial teeth ⊏

Characteristics:

Other Data:

AG P BR HQ SOS /22560

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATH

DATE 17 Aug 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Hardesty, Edgar R.	33 720 735	Sgt gw
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
~~Washington, D.C.~~ Owings, Maryland	Air Corps	16 Apr 19

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
European Area	Killed in action	25 Feb 45

STATION OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE FOR PAY PURPOSES		
		YEARS	MONTHS	DAYS
European Area	13 Apr 43			

EMERGENCY ADDRESSEE (*Name, relationship, and address*)

Mrs. Rose L. Hardesty (Wife) 805 17th St. S.E., Washington D.C.

BENEFICIARY (*Name, relationship, and address*)
Rose L. Hardesty (Wife) Same as above.
Mrs. Bertha S. Hardesty (Mother) Owings, Maryland
Mr. Walter J. Hardesty (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	X	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] 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 Feb 45 until such absence was terminated on 14 Aug 45, when evidence considered sufficient to establish the fact of death was rec'd by the Secretary of War from a commander in the European Area.

FILE
AUG 25 1945

BY ORDER OF THE SECRETARY OF WAR

J A Lasky

ADJUTANT GENERAL

WD AGO FORM 52-1 1 JUN 1945 EDITION OF 1 FEBRUARY 1945 MAY BE USED.

SENSITIVE SURFACE - HANDLE EDGES ONLY

451,565

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

REPORT OF DEATH

DATE 17 Aug 45

FULL NAME	ARMY SERIAL NUMBER	GRADE
Hardesty, Edgar R.	33 720 735	Sgt gw
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
~~Washington, D.C.~~ Owings, Maryland	Air Corps	16 Apr 19

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Mr. Walter J. Hardesty (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	X	NO	YES	NO

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] 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 Feb 45 until such absence was terminated on 14 Aug 45, when evidence considered sufficient to establish the fact of death was rec'd by the Secretary of War from a commander in the European Area.

cw

BY ORDER OF THE SECRETARY OF WAR

J A Lasky

ADJUTANT GENERAL

WD AGO FORM 1 JUN 1945 52-1 EDITION OF 1 FEBRUARY 1945 MAY BE USED.

WP

451565

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

—BATTLE CASUALTY REPORT

NAME	SERIAL NUMBER	GRADE	ARM OR SERVICE	REPORTING THEATRE
HARDESTY EDGAR R	33720735	SGT	AC	ETO

PLACE OF CASUALTY	DATE OF CASUALTY DAY	MONTH	YEAR	FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
GERMANY9	25	FEB	45	H	MIA	065

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 ROSE L HARDESTY	WIFE	10Mar45 BCM

NO. AND NAME OF STREET—CITY—STATE
805 17th ST S E WASHINGTON D C

REMARKS:

☐ CORRECTED COPY

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

CASUALTY BRANCH FILE ATTACHED ✓ OR CHARGED TO ____ DATE ____

PREVIOUSLY REPORTED NO ✓ YES ____ (AS INDICATED BELOW):

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

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

REPORT NOT VERIFIED ____ NO FORM 43 ____ NO CAS. BR. FILE ____ CHECKED BY Mary 10 Mar45 REVIEWED BY Gilbert

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

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE DAY	MO.	YR.	MESSAGE NO.	LATEST CAS. DATE DAY	MO.	YR.	REFERENCE AREA	CREW POS.	RESIDENCE STATE	COUNTY	COMP	RACE
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" ☐ 34 COPIES
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

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

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

SAVE

file

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

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

(S-11-27-45)
RTB:DW:wp
September 21,1945

IN REPLY REFER TO 451565

REGISTERED MAIL

Mrs. Rose L. Hardesty
805 17th Street, S. E.
Washington, D. C.

Dear Mrs. Hardesty:

The Army Effects Bureau has received some personal property belonging to your husband, Sergeant Edgar R. Hardesty.

I am inclosing a check for $99.20, representing funds belonging to him. Also inclosed is a $10.00, Short Snorter Bill, and a United States Postal Money Order No. 161885, dated December 9, 1945, payable to Corporal Edgar Hardesty in the amount of $5.00, remitter, Mrs. Mollie P. Lonett. I understand the Third Assistant Postmaster General will furnish your local Postmaster necessary instructions for cashing the money order. The remainder of the property is being forwarded to you in one carton.

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

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

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

Yours very truly,

A. G. SCHUMACHER
Capt. QMC
Chief, Accounting Branch

4 Incls--
Check
Short Snorter Bill
Money Order
Envelope

Receipt acknowledged:

Rose L. Hardesty Oct. 9, 1945
(Signature of Bailee) (Date)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Rose L. Hardesty
805 17th Street, S. E.
Washington, D. C.

SHIP TO:
Sgt. Edgar R. Hardesty

Effects 98720735
Name

451565 M
ASN

Case No.

Wt.

DATE 21 Sept. 1945
RTB:DW:wp

Schreiber
FOR: Effects Quartermaster

REMARKS:

x Inclose Bureau Check
Acct. No. 138568
Amount $99.20 m D
x Inclose "Valuables" item
Ship "Valuables" item(s)

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

ROUTING:

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

147523 jf

138568

VALUABLES SHIPPED
DATE 9-25-45
BY

451565

September 24 45

Rose L. Hardesty 99.20

REMARKS:
Ninety-Nine and 20/100

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

SEP 27 1945

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

451565

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

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

STATUS	
DECEASED	
MISSING	X
P. O. W.	
ABANDONED	
UNKNOWN	

	BAGS, CLOTH OR TRAVEL		BELT		OVERCOATS		
	BELT, MONEY (NO MONEY)		BOOKS, ADDRESS		PAPERS, PERSONAL		
3	BILLFOLD (NO MONEY)		BOOKS, PILOT LOG		PENCIL, MECHANICAL		
	BOOKS		BRUSHES		PEN, FOUNTAIN		
	BRACELET, IDENT.		CASE		PHOTOS		
X	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		
X	SOUVENIR MONEY		HANDKERCHIEFS		TIES		
	SOUVENIRS		HEADWEAR		TOBAGCO		
X	TESTAMENTS		JACKETS		TOILET ARTICLES		
X	TOWELS & WASHCLOTHS		KITS		TOWELS		
	U. S. MONEY (AMOUNT)		KNIVES		TROUSERS, PR.		
	WATCH		LETTERS		TRUNKS, PR.		
	WINGS		LIGHTERS		UNDERWEAR		

CONTAINERS ADDRESSED TO

None

INFORMATION

Mrs. R.L. Hardesty
805-17th St. S.E.
Washington 3, D.C

NAME AND STATUS VARIATIONS

43 Chorus Edgar R
Hardeaty

CROSS REFERENCE

		REC'D BY				
	CHECK					BUREAU CHECK
X	MONEY ORDER		161885	NUMBER	X	TRANSMIT ORIGINAL (1)
	BOND			SYMBOL	X	ORIG. REG. MAIL (2)
	TRAV. CHECK					TO G. A. O.
	FOREIGN CURRENCY	US	$5 00	AMOUNT		MUTILATED
	U. S. CURRENCY					TO ISSUING AGENCY

DATE: Dec 9, 1944

(1)
BANK OR PLACE OF ISSUE: U.S.P.M.O Washington Benj. 7 N.Y. 9-15
PAYEE: Cpl. Edgar Hardesty N.Y.N.Y.
REMITTER OR DRAWER: Mollie P. Lonett
(2) $10 00 Short Snorter

VALUABLES SHIPPED
DATE 9-25-45
BY ML

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET / OF / SHEETS
1057	1	11 Sept 45	—	

NAME: EDGAR. R. HARDESTY
A. S. N.: 33720735
ORGANIZATION: 416th Bomb Gp
RANK: S9T
CASE NO.:

WAREHOUSE SPACE: 1624
EXAMINED BY: Mary Nicely
PACKED BY: Lipp
INSPECTED BY: P
STORED BY: RM

DIARY REMOVED
PHOTO FILM REMOVED
MOTION PICTURE FILM REMOVED

PACKAGE DESCRIPTION: # 1 ctn
WEIGHT:

SHIPPED
DATE: SEP 27 1945
BY WHOM: ML

EFF. QM FORM 11 (15 JUNE 45) 100M LA RUE, K. C. 7-9-45

ADDITIONAL REMARKS

REMOVALS (*other than G. I.*)	DAMAGES (*List type of damage-extent*)

SHORTAGES

$ 99.20
(4,917 Fr)
Form 38
FD 211-592
2 Cotton Undershirts
1 pr. Sneakers.

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

Nicley
INVENTORY CLERK

Fleming
SUPERVISOR

G. I. REMOVED

La Rue - Kansas City - 3-26-45—30M

NAME HARDEATY, EDGA R. SGT. 0735

BAY	PALLET	BOX	TALLY
17	1		1057

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
B. BAG		

Eff. QM Form 48

INVENTORY OF EFFECTS

(See AR 600-550)

Hardesty, Edgar R. 33720735
(Last name) (First name) (Middle initial) (Army serial number)

late a Sgt. 669th Bomb Sq 416th Bomb Gp
(Grade) (Organization or arm or service)

MIA
~~who died~~ on the 25th day of Feb, 1945

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

NUMBER	ARTICLES	*PACKAGE NUMBER
4	Bibles	
1	Pipe	
	Photographs	
14	Letters & Cards	
1	10-dollar Bill (short snorter)	

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

CLASS II—Other effects

NUMBER	ARTICLES
5	Wallets
1	Change Purse
2	Towels
17	Cotton Drawers
16	Cotton Undershirts (2)
14	Socks (pr)
1	(pr) Shoes (low quarters)
1	Cap, Garrison
1	Set, Comb & Brush
22	Handkerchiefs

16—21164

W.D., A.G.O. Form No. 54
July 1, 1933

CLASS II—Continued

NUMBER	ARTICLES
2	Shoe & Sewing Kits
4	Soap Dishes
8	Wash Towels
6	Sewing Kits
1	Mirror
20	Bars of Soap
1	Sleeveless Sweater
1	Set, Toilet
1	Electric Cord
1	Piece of Parachute Silk
1	(pr) Sneakers
1	Key
1	Brush
40	Envelopes
1	Jar Shoe Polish
1	Cloth, Polishing
2	Jars, Shoe Polish
1	Shoe Cloth
2	Writing Pads
1	Writing folder, leather
	Money { Specie ___ $ ___ / 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 _____
(Give name and degree of relationship; if legal representative or beneficiary named by the deceased, so state)

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

_____

_____

_____
(Station)

_____, 19____
(Date)

*Strike out words not applicable.

16—21164

INVENTORY OF EFFECTS

(See AR 600-550)

Hardesty, Edgar R. 33720735
(Last name) (First name) (Middle initial) (Army serial number)

late a Sgt. 669 Bomb Sq. 416 Bomb Gp (L)
(Grade) (Organization or arm or service)

~~killed~~ MIA on the 25th day of Feb, 1945

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

NUMBER	ARTICLES	*PACKAGE NUMBER
	Funds amounting to $99.20 (4,917 Fr) received by Major H. L. Strege, FD. 211-592 on 3 March 1945. WD FD Form 38 forwarded by separate letter to Effects QM, Communication Zone.	
	U S Money Order No. 161885, amount $5.00.	

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

CLASS II—Other effects

NUMBER	ARTICLES

W.D., A.G.O. Form No. 54
July 1, 1933

16—21164

CLASS II—Continued

NUMBER	ARTICLES
	Money { Specie $; 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, GM, Communication Zone
(Give name and degree of relationship; if legal representative

or beneficiary named by the deceased, so state)

~~the effects of the deceased were delivered to the~~
~~relative indicated on the deceased's record~~

John G. Napier
JOHN G. NAPIER
Lt. Col., AC
Commanding

APO 140, U S Army
(Station)

7 March, 1945
(Date)

*Strike out words not applicable.

16—21184

ARMY EFFECTS BUREAU
INVENTORY

BW

CASE NO. 451,565

TYPED BY HMC

DATE 7/14/45

STATUS MIA

NAME Edgar R. Hardesty

A.S.N. 33720735

RANK S/SGT

ORGANIZATION -

AMOUNT $99.20

ACCOUNT NO. 138568df.

LIST NO. F-259

PAID-Check No. 447523-71

REMARKS

ACCOUNTING INVENTORY

Eff. QM Form 11a (10 Feb 45)