

293 KAMISCHKE, ROBERT J. 36590630 SGT. AC. EUROPEAN AREA (MICH.)

'45RO

10 NOV 1948 LIST

WORLD WAR II DECEASED

DUPLICATE

CHECK TYPE REQUIRED (See Instructions attached)		APPLICATION FOR HEADSTONE OR MARKER (Please make out and return in duplicate)		
<input type="checkbox"/> UPRIGHT MARBLE HEADSTONE	ENLISTMENT DATE	SERIAL No.		EMBLEM (Check)
<input checked="" type="checkbox"/> FLAT GRANITE MARKER	DISCHARGE DATE	36590630		<input checked="" type="checkbox"/> CHRISTIAN
<input type="checkbox"/> BRONZE MARKER (NOTE RESTRICTIONS)		PENSION No.		<input type="checkbox"/> HEBREW
				<input type="checkbox"/> NONE
NAME (Last, First, Middle Initial)		STATE	RANK	COMPANY
Kamischke, Robert J.		Michigan	Sgt.	9 th AIR FORCE
U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION				
DATE OF BIRTH (Month, Day, Year)		USAAF		
August 30, 1924		LOCATION (City and State)		
DATE OF DEATH (Month, Day, Year)		Saginaw Michigan		
March 21, 1945		NEAREST FREIGHT STATION (City and State)		
NAME OF CEMETERY		Saginaw Michigan		
Forest Lawn		POST OFFICE ADDRESS OF CONSIGNEE		
SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)		1503 So. Hamilton		
Mrs. Walter J. Kamischke (SIGNATURE OF CONSIGNEE)		I certify this application is submitted for a stone for the unmarked grave of a veteran.		
DO NOT WRITE HERE		I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.		
FOR VERIFICATION		Mrs. Walter J. Kamischke Oct 31, 1948		
ORDERED		APPLICANT'S SIGNATURE DATE OF APPLICATION		
B/L		ADDRESS (Street, City, State)		
SHIPPED		1503 So. Hamilton St. Saginaw Michigan		



I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

W F Arnold

(Signature of superintendent, sexton, or caretaker)

Date 11/1/48

16-11453-4

Return to: OFFICE OF THE QUARTERMASTER GENERAL,
MEMORIAL DIVISION,
WASHINGTON 25, D. C.

B
ORIGINAL ORDER

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

FLAT ~~MARBLE~~ MARKER

Gray Granite

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat marble marker you ordered. CHECK IT CAREFULLY before the stone is manufactured. Check the INSCRIPTION, NAME AND LOCATION OF CEMETERY. Check with CEMETERY OFFICIALS and make sure a government flat marble marker will be allowed at grave. Check NAME AND ADDRESS OF THE PERSON to whom stone is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which requires no postage.

UNTIL YOU RETURN THIS SLIP THE FLAT MARBLE MARKER CANNOT BE ORDERED. DO NOT DELAY-SIGN & RETURN TODAY.

INSCRIPTION: LATIN CROSS

ROBERT J KAMISCHKE / MICHIGAN / SGT 416 AAF BOMB GP /
WORLD WAR II / AUG 30 1924 MARCH 21 1945

SHIP TO:

MRS WALTER J KAMISCHKE
1503 SO HAMILTON ST
SAGINAW
MICHIGAN

R. R. STATION:

FOR:

R. R. STATION:

APPLICANT:

J. Green
FILE 17 DEC 1948

CEMETERY:

NOV 18 1948
FOREST LAWN
SAGINAW
MICHIGAN

m8
LAD

OQMG FORM
Rev. 1 NOV. 45 312a

APPROVAL AND ACCEPTANCE

Mr. Walter J. Kamischke
SIGNATURE

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

Gray Granite

Below you will find a copy of the inscription taken from the OFFICIAL RECORDS as it will appear on the flat marble marker. CAREFULLY check the DESCRIPTION, NAME AND LOCATION OF CEMETERY before the stone is manufactured. CHECK IT against the ADDRESS OF THE PERSON to whom you wish to have the stone set. Check name and address of the person to whom stone is to be shipped. After you have CORRECTED ANY ERRORS, sign and return promptly in the inclosed envelope which has no postage required. UNLESS YOU RETURN THIS WITH THE FLAT MARBLE MARKER CANNOT BE ORDERED.

Check name and address of the person to whom you wish to have the stone set. Check name and address of the person to whom you wish to have the stone set.

CEMETERIA RANCO

INSCRIPTION: LATIN CROSS

ROBERT J KAMI SCHKE / MICHIGAN / SET
WORLD WAR II / AUG 30 1924 / MARCH 21 1942

R. R. STATION:

MRS WALTER J KAMI SCHKE
1503 SO HAMILTON ST
SAGINAW
MICHIGAN

SHIP TO:

R. R. STATION:

FOR:

NOV 18 1948

CEMETERY: FOREST LAWN
SAGINAW
MICHIGAN

APPLICANT:

FILE 15 DEC 1948

Wm. W. ...
SIGNATURE

APPROVAL AND ACCEPTANCE



12544

RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DEPOT

COLUMBUS 15 OHIO

ROUTINE 21 OCTOBER 1948

REMAINS CONSIGNED TO: W L CASE & COMPANY FUNERAL HOME
413 ADAMS
SAGINAW MICHIGAN

FROM QMDCG _____ BARDEN

REMAINS OF THE LATE SGT ROBERT J KAMISCHKE ASN 36590630 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER 333 NEW YORK CENTRAL RAILROAD LEAVING COLUMBUS 11:20 PM TWENTY SIX OCTOBER AND DUE TO ARRIVE SAGINAW MICHIGAN 11:36 AM RAILROAD TIME TWENTY SEVEN OCTOBER. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

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

THIS 27th DAY OF October, 1948
DAY MONTH

1st Sgt. Basil Gulysa
WITNESS (Escort) *a/c*

W. L. Case and Co.
CONSIGNEE
W. L. Case

NAT
FILE
RECORDS ANNOTATED
DATE 11/17/48
NAME E. Danell

15-13 ✓

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 4650 08427

DATE 15 04 48 DAY MONTH YEAR

NAME KAMISCHKE ROBERT J

SERIAL NUMBER 36590630

RANK SGT

ARM 1

DATE OF DEATH DAY MONTH YEAR

CEMETERY MARCRATEN - AACHEN

1

DISPOSITION OF REMAINS CODE 6200 DIST. PT. 07

PLOT U ROW 6 GRAVE 134 COUNTRY HOLLAND

CAUSE OF DEATH 1

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE W. L. CASE & COMPANY 413 ADAMS SAGINAW, MICHIGAN

NAME AND ADDRESS OF NEXT OF KIN MR. WALTER J. KAMISCHKE (FATHER) 1503 SOUTH HAMILTON SAGINAW, MICHIGAN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME ROBERT J KAMISCHKE

SERIAL NUMBER 36590630

RANK SGT

DATE OF DEATH

DATE DISTINTERRED 25 JULY 1948

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION USAAF

RELIGION P

IDENTIFICATION VERIFIED BY FRITZ J. TOLTZIEN, 1ST.LT, MI NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL BLANKET AND MATTRESS COVER

CONDITION OF REMAINS

[Disturbing text redacted]

OTHER MEANS OF IDENTIFICATION NONE

MINOR DISCREPANCIES NONE

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX DATE 29 JULY 1948 BY

LEON J. CECIL, EMBALMER

CASKET SEALED BY JOHN A. BRICKLEY, EMB. SUPV.

EMBALMER (Signature)

JOHN A. BRICKLEY, EMB. SUPV.

CASKET BOXED AND MARKED ORVILLE W. BILLINGS DATE 24/8/48 BY CLERK RECORDER

SHIPPING ADDRESS VERIFIED BY ALL PLATES, TAGS & MARKINGS

VERIFIED BY: R. E. LEWIS, CAPT. CAV.

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

ROGER N. LETOURNEAU, CAPT., FA., SIGNATURE OF GRS INSPECTOR

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

9 27

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC MARCRATH, HOLLAND	TO ANTWERP PORT PIER 140
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER M/SGT ORMA C PATTERSON, RA 612170
SIGNATURE OF SHIPPER <i>[Signature]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE 17/8/48	DATE 19 AOUT 1948

2. SHIPPED

FROM AGRC ANTWERP BELGIUM	TO USAT CARROLL VICTORY
KIND OF CONVEYANCE ZEC	NAME OF CONVOYER K. W. WHEREOTT CAPT. T. C.
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE 16 SEP 1948	DATE 16 SEP 1948

3. SHIPPED

FROM	TO <i>[Signature]</i>
KIND OF CONVEYANCE	NAME OF CONVOYER <i>[Signature]</i>
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER L. MCKINNON COLONEL, T. C.
DATE	DATE 8 OCT 1948

4. SHIPPED

FROM <i>[Signature]</i>	TO De #07
KIND OF CONVEYANCE	NAME OF CONVOYER PIC Carmelo Zimmitti
SIGNATURE OF SHIPPER L. MCKINNON COLONEL, T. C.	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE OCT 15 1948	DATE OCT 1 1948

5. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER M. T. CVSE & COMPANY	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE	DATE

6. SHIPPED

FROM A. E. J. HOTTARD	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>[Signature]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE	DATE

7. SHIPPED

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

MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

NY-017-R

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

WESTERN UNION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

OR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

SECURITY CLASSIFICATION
GOVT PD

ACTION TO:

MR WALTER J KAMISCHKE
DLR AND REPORT ANY CHARGES
1503 SOUTH HAMILTON
SAGINAW MICHIGAN

PRECEDENCE FOR

ACTION
DAY LETTER

INFORMATION

 ORIGINAL MESSAGEREFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

FROM QMDCG 54323-A BARDEN

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE SERGEANT

ROBERT J KAMISCHKE

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED
TO W L CASE & COMPANY

413 ADAMS SAGINAW MICHIGAN

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

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

BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION



ORIGINATING AGENCY

DATE-TIME GROUP

OFFICIAL TITLE

FRANCIS FAPLANO
CAPT, QMC, Asst AGR Dir

SYMBOL

WUB249 21 GOVT COLLECT 4 EXTRA SAGINAW MICH OCT 2 1123A

BOWMAN COLS GEN DIST DEPOT

SHIPPING INSTRUCTIONS CONCERNING LATE SGT ROBERT J

KAMISCHKE CORRECT AMERICAN LEGION OT HAVE CHARGE OF SERVICE

WALTER J KAMISCHKE 1503 SOUTH HAMILTON ST

1503

138P

INSPECTION CHECKLIST
(For use at Distribution Center)

U.S. Corps

NAME *7-1017A* **Kamischke, Robert J.**
~~Kamischke, Robert J.~~ RANK **Sgt.** SERIAL NUMBER **36590630**

SOURCE **CONSIGNEE**
W.D. Case & Company Funeral Home
413 Adams, Seginaw, Michigan

SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES) **CONDITION OF SHIPPING CASE (CHECK ONE)**
 SATISFACTORY **UNSATISFACTORY**

6

FINISH (EXTERIOR)
FINISH (INTERIOR)
HANDLES
HAND BOLTS
STENCILING - NAMEPLATE
HEALTH PERMIT MARKER
HEALTH PERMIT NUMBER

REMARKS
Touched up

CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES) **CONDITION OF CASKET (CHECK ONE)**
 SATISFACTORY **UNSATISFACTORY**

FINISH (EXTERIOR)
HANDLES AND FASTENINGS
STENCILING - NAMEPLATE
GUM LOGS (SEALING)
ODOR OR MOISTURE

REMARKS
Painted new

ROUTED THROUGH

MORTUARY OPERATING ROOM

MORTUARY REPAIR SHOP

CONDITION OF REMAINS
 SATISFACTORY **UNSATISFACTORY**

CASKET REPAIRS
 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
			1035	10/24/45	<i>W...</i>

REMARKS
*Casket Touched up
By Slave OK*

REPATRIATION
RECORDS BRANCH

NOV 12 3 53 PM '48

MEMORIAL DIVISION

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

Oct. 31-1948

NAME OF DECEDENT (Last, First, Middle Initial)

Kamischke, Robert J.

BRANCH OF SERVICE

Air Force

TO BE FILLED IN BY CLAIMANT

A. INTERMENT EXPENSES
(Civilian or Private Cemetery)

B. TRANSPORTATION EXPENSES
(National or Post Cemetery)

RANK OR GRADE

Sgt.

SERIAL NO.

36590630

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

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ 84.00 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: of Cemetery: Forest Lawn

CITY OR COUNTY: Saginaw

STATE:

I certify that the sum of \$ 84.00 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

AMERICAN GRAVES REGISTRATION DIVISION
COLUMBUS GENERAL DEPOT
COLUMBUS 15, OHIO

SIGNATURE OF CLAIMANT

Mrs. Walter J. Kamischke

ADDRESS (Street number or RFD, City and State)

1503 So Hamilton Saginaw Mich

RELATIONSHIP TO DECEDENT

Mother

REMARKS

PAID ON VOUCHER 60333
12/18 ACCOUNTS OF
W. KNOBELOCH, Lt. Col. F. D.
SYMBOL NO. 211-943

PART A

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

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

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

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

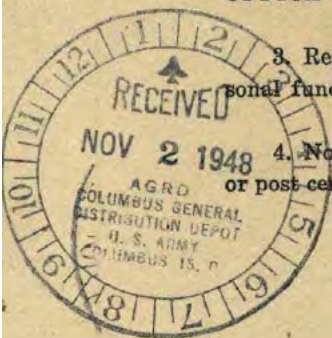
PART B

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

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

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

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



13 Jul 48

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

KAMISCHKE	ROBERT	J	Sgt	36590630
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

25 SEP 1948

Repatriated to the United States: _____

STATION FILE

Incl #

ROBERT J KAMISCHKE
36590630 T43-44

R E S T R I C T E D
I N V E N T O R Y F O R M

22 March 1945
Date

SUBJECT: Inventory of Personal Effects of:

Kamischke, Robert J. Unknown 36590630
(Last Name) (First Name) (MI) (Rank) (ASN)
887

TO: Effects Quartermaster, Communications Zone, APO _____ US Army

The above named individual of A. C.
(Unit) (Organization)

was reported N B C about 20 March 1945 1944.
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Unknown

I N V E N T O R Y O F E F F E C T S

- 1 Souvenir Coin
- 1 Finger Nail Clipper
- 1 Key
- 1 Knife

Money in the amount of NONE has been turned into _____
(Name of finance office and symbol number)
Form WDFD 38 enclosed.

Names and addresses of any Banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by _____ on _____ 194____.
(Rail, Truck, etc.)

Name EDWIN J. DONOVAN
Rank & ASN 1st Lt., OMC 0-1595473
611th QM Gr. Reg. Co.
Organization _____

Any additional pertinent information:

REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 3-9-48

333-P

JMB

Sgt Robert J. Kamischke, 36 590 630
Plot U, Row 6, Grave 134,
United States Military Cemetery
Margraten, Holland

28 November 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

1. Walter J. Kamischke

(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
Forest Lawn Cemetery South Washington Ave. Saginaw, Mich.
(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.)

None

23 April 48

Adel R Jones

4/15/48

BR Little

PART I (Continued)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR <i>W. R. Case & Co.</i>			
NUMBER AND STREET <i>413 Adams</i>	CITY OR TOWN <i>Saginaw</i>	COUNTY OR PROVINCE <i>Saginaw</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Mich</i>
EXPRESS OFFICE (Nearest railroad passenger station) <i>Saginaw, Mich</i>	TELEGRAPH ADDRESS <i>Saginaw, Mich</i>	TELEPHONE No. <i>3-5441</i>	

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

LAST NAME Ethel <i>Kamischke</i>	FIRST NAME <i>Ethel</i>	MIDDLE INITIAL <i>C</i>	RELATIONSHIP TO DECEASED <i>Mother</i>
NUMBER AND STREET <i>1503 So. Hamilton</i>	CITY OR TOWN <i>Saginaw</i>	COUNTY OR PROVINCE <i>Saginaw</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Mich</i>

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

Please notify undertaker as soon as remains reach the U.S.

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.

Walter J. Kamischke (SIGNATURE OF NEXT OF KIN) *1503 So Hamilton* (STREET AND NUMBER)
Walter J. Kamischke (NAME PRINTED OR TYPED) *Saginaw, Mich.* (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 23 day of Dec., 1947 at city (or town) of Saginaw, county of Saginaw, and State (or Territory or District) of Michigan

J. Carl Peters, Notary Public
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Saginaw Co. Mich. M. J. Comm. Exp.
 (OFFICIAL TITLE)
 Dec 3 - 1950

*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.

(SIGNATURE OF NEXT OF KIN)

(DATE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

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

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

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

(SIGNATURE)

(DATE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

RECORDS BRANCH
DEC 30 10 28 AM '17
MEMORIAL DIVISION



Sgt Robert J. Kamischke, 36 590 630
Plot U, Row 6, Grave 134,
United States Military Cemetery
Margraten, Holland

28 November 1947

Mr. Walter Kamischke
1503 Hamilton Street
Saginaw, Michigan

Dear Mr. Kamischke:

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.

gmk

DEC 1 2 35
MAIL & RECORDS DIV.

31 October 1946

Mr. Walter Kamischke
1503 Hamilton Street
Saginaw, Michigan

Dear Mr. Kamischke:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Sergeant Robert J. Kamischke, A.S.N. 36 590 630.

29 3
The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot U, row 6, grave 134. 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,

F. B. LARKIN
Major General
The Quartermaster General

RECEIVED
OCT 31 11 07 AM '46
MAIL & RECORDS BRANCH

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

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

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

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

Left Hand

Right Hand

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

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

Thumb

Thumb

To determine Right or Left use Deceased's Right and Left.
 Who is buried on:
 Deceased's Right: _____
 Deceased's Left: _____

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 ⊕; linkings anchor teeth; replacements by artificial teeth X.

Characteristics:

Other Data:

Name: _____
 Address: _____
 Religion: _____
 Emergency Address: _____



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

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

REPORT OF DEATH

DATE 17 April 1945 mh

FULL NAME Kamischke, Robert J.		ARMY SERIAL NUMBER 36 590 630	GRADE Sgt			
HOME ADDRESS Saginaw, Michigan		ARM OR SERVICE Air Corps	DATE OF BIRTH 30 Aug 24			
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in Action		DATE OF DEATH 21 Mar 45			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 27 Mar 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Ethel H. Kamischke (mother) 1503 Hamilton Street, Saginaw, Michigan						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Ethel Kamischke (mother) same as above Mr. Walter Kamischke (father) same as above						
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
					X	

ADDITIONAL DATA AND/OR STATEMENT

 BATTLE
 NON-BATTLE

Evidence of death rec'd in WD 2 April 1945

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR

28 APR 1945

file VB
ADJUTANT GENERAL

M.

480031

mm

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

REPORT OF DEATH

DATE 17 April 1945 mh

FULL NAME Kamischke, Robert J.		ARMY SERIAL NUMBER 36 590 630	GRADE Sgt
HOME ADDRESS Saginaw, Michigan		ARM OR SERVICE Air Corps	DATE OF BIRTH 30 Aug 24
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in Action		DATE OF DEATH 21 Mar 45
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 27 Mar 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Ethel H. Kamischke (mother) 1503 Hamilton Street, Saginaw, Michigan			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Ethel Kamischke (mother) same as above Mr. Walter Kamischke (father) same as above			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES	NO		

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

Evidence of death rec'd in WD 2 April 1945

RB

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
S. O. G. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 301 FILE

BY ORDER OF THE SECRETARY OF WAR

J. P. Coul

ADJUTANT GENERAL

480031

RTB:HL:po
September 12, 1945

Mr. Walter Kamischke
1503 Hamilton Street
Saginaw, Michigan

Dear Mr. Kamischke:

The Army Effects Bureau has received some additional property of your son, Sergeant Robert J. Kamischke.

These effects, contained in two cartons, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me and tracer will be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the soldier's legal residence.

Sincerely yours,

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

hl

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Walter Kamischke
1503 Hamilton Street
Saginaw, Michigan

Effects of:

Name **Sgt. Robert J. Kamischke**
ASN **36590630**
Case No. **480031 D**
Wt.

DATE 12 Sep 1945
RTB:HL:po

FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

2 - ctus m - 8-27-45

REMARKS:

SHIP DAMAGED PROPERTY ✓

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

SEP 19 1945

Ex

Shipping Clerk

480,031

ATTACHMENTS		EFFECTS INVENTORY		STATUS	
<input checked="" type="checkbox"/>	INBOUND INVENTORY	EFFECTS INVENTORY ARMY EFFECTS BUREAU		<input checked="" type="checkbox"/>	DECEASED
<input checked="" type="checkbox"/>	G. I. OR SUB GR LABEL			<input type="checkbox"/>	MISSING
<input checked="" type="checkbox"/>	WILL OR POWER OF ATTY.			<input type="checkbox"/>	P. O. W.
<input checked="" type="checkbox"/>	TALLY IN FORM 43			<input type="checkbox"/>	ABANDONED
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	UNKNOWN
<input checked="" type="checkbox"/>	BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS		
<input checked="" type="checkbox"/>	BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL		
<input checked="" type="checkbox"/>	BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL		
<input checked="" type="checkbox"/>	BOOKS	BRUSHES	PEN, FOUNTAIN		
<input checked="" type="checkbox"/>	BRACELET, IDENT.	CASE	PHOTOS		
<input checked="" type="checkbox"/>	CAMERAS	CLOTH, WASH	PIPES		
<input checked="" type="checkbox"/>	CLOTHING	COATS	RINGS		
<input checked="" type="checkbox"/>	MISC. ARTICLES	FOOTLOCKER	SCARFS		
<input checked="" type="checkbox"/>	RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS		
<input checked="" type="checkbox"/>	RIBBONS, DECORATION	GLASSES	SOCKS, PR.		
<input checked="" type="checkbox"/>	SHORT SNORTER	GLOVES, PR.	STATIONERY		
<input checked="" type="checkbox"/>	SOUVENIR MONEY	HANDKERCHIEFS	TIES		
<input checked="" type="checkbox"/>	SOUVENIRS	HEADWEAR	TOBACCO		
<input checked="" type="checkbox"/>	TESTAMENTS	JACKETS	TOILET ARTICLES		
<input checked="" type="checkbox"/>	TOWELS & WASHCLOTHS	KITS	TOWELS		
<input checked="" type="checkbox"/>	U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.		
<input checked="" type="checkbox"/>	WATCH	LETTERS	TRUNKS, PR.		
<input checked="" type="checkbox"/>	WINGS	LIGHTERS	UNDERWEAR		

9/10

CONTAINERS ADDRESSED TO

none

INFORMATION

Etchel Kamischke
1314 Irving
Saginaw Mich.

NAME AND STATUS VARIATIONS

tallied in as Kamischke R.J.

CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL
BOND		AMOUNT	ORIG. REG. MAIL
TRAV. CHECK		DATE	TO G. A. O.
FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	MUTILATED
U. S. CURRENCY		PAYEE	TO ISSUING AGENCY
		REMITTER OR DRAWER	
TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.
9700	1	27 Aug. 45	
NAME	ORGANIZATION	A. S. N.	RANK
ROBERT J. KAMISCHKE	670 BS. (L) 416 Bg (L)	36590630	Sgt.
WAREHOUSE SPACE	EXAMINED BY	DIARY REMOVED	CASE NO.
7-846	Probit	PHOTO FILM REMOVED	
PACKAGE DESCRIPTION	PACKED BY	MOTION PICTURE FILM REMOVED	SHIPPED
	INSPECTED BY	DATE	BY WHOM
	STORED BY	SEP 19 1945	EX

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

1-pr. scissors broken
 1-pipe broken
 1-pocket knife rusty -

SHORTAGES

U. S. GOV'T CHECK SHORT

1 ea. m.o. # 21580
 to Miss Mary W Russell
 amt \$25.00

NUMBER

DATE

SYMBOL

AMOUNT

1 ea. money O. no. 21581
 to Mrs W. Kamischke
 amt \$25.00

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

Probit.

INVENTORY CLERK

Nolan

SUPERVISOR

G. I. REMOVED

NAME KMISCHKE, R. J. SGT 0630

BAY	PALLET	BOX	TALLY
45	101		9700

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
BOX		

INVENTORY OF EFFECTS

(See AR 600-560)

KAMISCHKE, ROBERT J. 36590630
(Last name) (First name) (Middle initial) (Army serial number)

late a **SGT. 670 BS (L), 416 BG (L)**
(Grade) (Organization or arm or service)

who died on the **21** day of **MARCH**, 19**45**

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

NUMBER	ARTICLES	*PACKAGE NUMBER
5 EA.	FOUNTAIN PENS ✓	
1 EA.	WALLET ✓	
1 EA.	TESTAMENT ✓	
1 EA.	FOLDER, LEATHER, W/STATION- ERY AND ENVELOPES ✓	
1 EA.	CIGARETTE CASE ✓	
3 EA.	GUNNERS WINGS ✓	
1 EA.	ETO BAR ✓	
1 EA.	SHARPSHOOTER'S MEDAL ✓	
1 EA.	MECHANIC'S MEDAL ✓	
1 EA.	BRACELET; W/COINS ✓	
	66¢ AMERICAN COINS ✓	
	ENGLISH COINS ✓	
	FRENCH COINS, SOUVENIRS ✓	
1 EA.	ENVELOPE W/IDENT., CARDS ✓	
1 EA.	ENVELOPE W/CURRENCY ✓	
	160 FRANCS, \$1:00, U.S. ✓	
	1 ENGLISH, LB. NOTE, SOUV'RS. ✓	

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

CLASS II—Other effects

NUMBER	ARTICLES	
3 PR.	SHOES, LOW-CUT ✓	
2 EA.	CAPS, GARRISON ✓	
1 EA.	PIPE ✓	
2 EA.	TOOTH-BRUSHES ✓	
1 EA.	BOOK, DANCING ✓	
1 EA.	BOX, W/CONTENTS, STATION- ARY, 1 GAME, 3 COMBS, 19 PKS. RAZOR BLADES ✓	
1 PR.	SHORTS, ATHLETIC ✓	
1 EA.	BAG ✓	

480031

RTB:LK:blm
September 5, 1945

Mr. Walter Kamischke
1503 Hamilton Street
Saginaw, Michigan

Dear Mr. Kamischke:

The Army Effects Bureau has received from overseas some personal effects of your son, Sergeant Robert J. Kamischke.

I am inclosing two money orders for the amount of \$25.00 each, payable to Miss Mary Wressell and Mrs. W. Kamischke, remitted by Sergeant Kamischke. The remainder of the property is being forwarded to you in one package.

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

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

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

Yours very truly,

A. G. SCHUMACHER
1st Lt., QMC
Chief, Accounting Branch

2 Incls--
Money orders

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Walter Kamischke

1503 Hamilton Street

Saginaw, Michigan

Effects of:

Name **Sgt. Robert J. Kamischke**

ASN **36590630**

Case No. **490031-D**

Wt.

DATE **5 Sep 45**

LK:blm

FOR: Effects Quartermaster

REMARKS:

 Inclose Bureau Check
 Acct. No.
 Amount

 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.

VALUABLES SHIPPED

DATE 9/15/45

BY [Signature]

REMARKS

Franked SEP 8 1945
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of package 1

 Shipping Clerk

480,031 ^{BA}

6 June

See below \$50.00

See below

See below

Deceased

Sgt Kamischke, Robert J. 36590630 \$50.00

Request acknowledgement of receipt by indorsement hereon.

U.S. Postal Money Order No. 21580, \$25.00 Office No. X6390.
APO 580, N.Y.C., Payable to: Miss Mary Wressell/ *Saginaw Mich*

U.S. Postal Money Order No. 21581, \$25.00 Office No. X6390.
APO 580, N.Y.C., Payable to: Mrs. W. Kamischke. *Saginaw Mich*

Both dated 15 March 1945
" Rem - Sgt R. Kamischke

LS 7/11/45
my

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

Receipt acknowledged.

JUL 11 1945

For The Effects Quartermasters

VALUABLES SHIPPED

DATE

BY

9/5/45
ESJ

INVENTORY

Q-290

40,031

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

S.P.

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

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

CONTAINERS ADDRESSED TO

None

NAME AND STATUS VARIATIONS

INFORMATION

rechecked
No information

CROSS REFERENCE

file
8984

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

TALLY NO. 387	ORIG. NO. OF PKGS. 1	EXAMINING DATE 22-Aug-45	BOX NO. 2	SHEET OF 1 SHEETS
NAME ROBERT J KAMISCHKE		A. S. N. 36590630		
ORGANIZATION AC		RANK	CASE NO.	
WAREHOUSE SPACE 143A	EXAMINED BY Williams	DIARY REMOVED		
PACKAGE DESCRIPTION	PACKED BY S. Palmer	PHOTO FILM REMOVED		
WEIGHT	INSPECTED BY M	MOTION PICTURE FILM REMOVED		
	STORED BY RC	SHIPPED DATE SEP 8 1945		BY WHOM EK

WT

ROBERT J KAMISCHKE
36590630 T43-44

R E S T R I C T E D
I N V E N T O R Y F O R M

22 March 1945
Date

SUBJECT: Inventory of Personal Effects of:

Kamischke, Robert J. Unknown 36590630
(Last Name) (First Name) (MI) (Rank) (ASN)
887

TO: Effects Quartermaster, Communications Zone, APO _____ US Army

The above named individual of A. C.
(Unit) (Organization)

was reported NBC about 20 March 1945 1944.
Status (KIA, MIA, Hosp. etc.) (Date)

Designated Beneficiary if information readily accessible Unknown

I N V E N T O R Y O F E F F E C T S

- 1 Souvenir Coin ✓
- 1 Finger Nail Clipper ✓
- 1 Key ✓
- 1 Knife ✓

Money in the amount of NONE has been turned into _____
(Name of finance office and

_____ Form WDFD 38 enclosed.
symbol number)

Names and addresses of any Banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of
the above named individual and that they were forwarded to the Effects Depot
by _____ on _____ 194____.
(Rail, Truck, etc.)

Name _____
EDWIN J. DONOVAN
Rank & ASN 1st Lt., GMC O-1595473
611th QM Gr. Reg. Co.
Organization _____

Any additional pertinent information:

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

WFM:LR:blm

Case No. 180081
Date 6 September 1945

SUBJECT: Report of transactions in disposing of the effects of

Robert J. Kamischke late a 36590630
(Name of deceased) (Army Serial Number)
Sergeant who died
(Grade) (Organization, Army or Service)
on the 01st day of March, 1945, at European Area

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

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

a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate \$ none, of which the sum of \$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. .)

c. Decedent owed undisputed local creditors the sum of \$ none, which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt , Incl.)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 30 August 1945, pursuant to Special Orders 228, Headquarters, KQCM Depot, dated 25 September 1943, the application or affidavit of Walter Kamischke for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Walter Kamischke of (Name of person found entitled)

1503 Hamilton Street, Saginaw State of (Number, Street or Avenue) (City, Town or Village)

Michigan, is the father of the (Relationship or Capacity)

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

(Signature of Summary Court Officer)

W. F. FREEMAN, Major QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL