

493 MILLER, ROBERT L.

S/SGT.

( 18-163-422)

EUROPEAN AREA ( ORLA.) /5dmt

REV. 18B

WESTERN UNION

RECEIPT OF REMAINS

DELIVER AND REPORT ANY CHARGES

DISTRIBUTION CENTER 1810 W. PERSHING RD., CHICAGO 9 ILL. ROUTINE

DAY LETTER

REMAINS CONSIGNED TO:  
MUSGROVE FUNERAL HOME  
102 WEST 5TH STREET  
CLAREMORE, OKLAHOMA

*Forward this copy with 293 file on the receipt book the green copy with him instead of the white original. Sold*

REMAINS OF THE LATE S/SGT. ROBERT L. MILLER, SN 18163442

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 3

STL&SF RR

DUE TO ARRIVE CLAREMORE, OKLA., 9:24 AM (ST) THURS. 4 AUG. 1949

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS

TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 26692

THOS. O. CALL  
MAJOR, Q.M.C.

FILE  
22 SEP 1949  
REPATRIATION  
BRANCH

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased

this 3 day of August, 1949  
(Day) (Month)

*Musgrove Funeral Home  
G. L. Musgrove*

*James Bludney*  
(Witness (Escort))

*[Signature]*  
(Consigned)

<div style="font-size: 2em; color: red; font-weight: bold;">1</div> <div style="font-size: 2em; color: black; font-weight: bold;">4</div>		X-4 <b>DISINTERMENT DIRECTIVE</b>				RL 36-98
		SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6020 08438		DATE 15 03 49 DAY MONTH YEAR
NAME MILLER ROBERT L		SERIAL NUMBER 18163442S	GRADE SG	ARM 1	RACE 1	RELIGION 1
CEMETERY HAMM LUXEMBOURG		PLOT GG 11	ROW 258	GRAVE 8400		DISPOSITION OF REMAINS CODE DIST. CTR. 0810
SECTION B — CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE MUSGROVE FUNERAL HOME 102 WEST 5TH STREET CLAREMORE, OKLAHOMA				NAME AND ADDRESS OF NEXT OF KIN NEIHER J. MILLER (FATHER) 508 11TH STREET CLAREMORE, OKLAHOMA		
SECTION C — DISINTERMENT AND IDENTIFICATION						
NAME IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		SERIAL NUMBER	GRADE	DATE OF DEATH		DATE DISINTERRED
ORGANIZATION USAAF		RELIGION	IDENTIFICATION VERIFIED BY		NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL			CONDITION OF REMAINS			
OTHER MEANS OF IDENTIFICATION <div style="text-align: center; font-size: 1.5em; font-weight: bold;">SEE ATTA. SHEET</div>						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE BY			EMBALMER (Signature)			
CASKET SEALED BY			SHIPPING ADDRESS VERIFIED BY			
DATE BY			SIGNATURE OF AGRS INSPECTOR			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.						
REMARKS AND SPECIAL INSTRUCTIONS						

1569

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM <b>USMC HAMM</b>	TO <b>ANTWERP, BELGIUM</b>
KIND OF CONVEYANCE <b>TRAIN</b>	NAME OF CONVOYER <b>SGT FRED HILL</b>
SIGNATURE OF SHIPPER <i>[Signature]</i> <b>ORVILLE R STEFFER, Capt INF</b>	DATE <b>28/5/49</b>
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>29 JUN 1949</b>

2. SHIPPED

FROM <b>AGRC ANTWERP BELGIUM</b>	TO <b>USAT GARROLL VICTORY</b>
KIND OF CONVEYANCE <b>VC. 2</b>	NAME OF CONVOYER <b>R. A. SALVADOS, CAPT. INF.</b>
SIGNATURE OF SHIPPER <b>R. D. MILLER, Lt. COL. T.C.</b>	DATE <b>18 JUN 1949</b>
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>18 JUN 1949</b>

3. SHIPPED

FROM	TO <b>N Y P E</b>
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>JUN 28 1949</b>

4. SHIPPED

FROM <b>N Y P E</b>	TO <i>[Signature]</i>
KIND OF CONVEYANCE <b>TRAIN</b>	NAME OF CONVOYER <i>[Signature]</i>
SIGNATURE OF SHIPPER <b>LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER</b>	DATE <b>JUL 15 1949</b>
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>7/19/49</b>

5. SHIPPED

FROM	TO
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <b>STAVENOB 2 OKTANOVY</b>	DATE
SIGNATURE OF RECEIVER <b>STAVENOB 2 OKTANOVY</b>	DATE

6. SHIPPED

FROM	TO <b>(EVILED)</b>
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

NO WORK SHEET *Form X-445*

**1**

*ok* DISINTERMENT DIRECTIVE *18-32A*

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE	
NAME <b>MILLER, ROBERT, L.</b>				SERIAL NUMBER <del>UNKNOWN X-0004450</del> <b>18163422</b>		RANK <b>S/SGT</b>	
CEMETERY				ARM		DATE OF DEATH DAY MONTH YEAR	
PLOT <b>GG 11</b>				ROW <b>258</b>		GRAVE <b>HAMM LUXEMBOURG</b>	
COUNTRY				CODE		DIST. PT.	
CAUSE OF DEATH				DISPOSITION OF REMAINS		YEAR	

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 <b>ROBERT L. MILLER</b>	SERIAL NUMBER <b>18163422</b>	RANK <b>S/SGT</b>	DATE OF DEATH	DATE DISTINTERRED <b>13 MAY 1948</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <b>GRS</b>	RELIGION <b>UNK</b>	IDENTIFICATION VERIFIED BY <b>FREDERICK L. FRITSCHER</b> CAPT, CE NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>UNIFORM &amp; MATTRESS COVER</b>	CONDITION OF REMAINS <b>MULTIPLE FRACTURES OF UPPER &amp; LOWER EXTREMITIES.</b>
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OTHER MEANS OF IDENTIFICATION  
**REPORT OF BURIAL LISTING "UNIDENTIFIED X-445"**

MINOR DISCREPANCIES /  
**NONE**

REMAINS PREPARED AND PLACED IN ~~CASKET~~ **TRANSFER BOX**  
DATE **14 MAY 1948** BY **RICHARD S. HOLIVER, EMBALMER**  
*Richard S. Holiver*

CASKET SEALED BY **V.M. Vibbert**  
**W/O Disinfectant**  
CASKET BOXED AND MARKED **Everett Stroud**  
**Clerk Recorder**  
DATE **7 July 48** BY  
SHIPPING ADDRESS VERIFIED BY **R.E. Lewis**  
**Plates verified by R.E. Lewis Capt Cav.**  
*V.M. Vibbert*

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**  
*Antonio Teixeira*  
**ANTONIO TEIXEIRA, 2ND LT, INF**  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

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

INSPECTION CHECKLIST

NAME <b>MILLER, ROBERT L</b>		RANK <b>S SG</b>	SERIAL NO. <b>18163442</b>	ARM OR SERVICE <b>AAF</b>	DIRECTIVE DATE	
RACE <b>WHITE</b>		RELIGION <b>PROT</b>	SEX <b>MALE</b>	DIRECTIVE NO. <b>6020 08438</b>		
CONSIGNEE AND ADDRESS <b>MUSGROVE FUNERAL HOME 102 WEST 5TH STREET CLAREMORE, OKLAHOMA</b>			NEXT-OF-KIN ADDRESS <b>NEIHMER J. MILLER (FATHER) 508 11TH STREET CLAREMORE, OKLAHOMA</b>			
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)			CONDITION OF SHIPPING CASE (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior)			REMARKS:			
FINISH (Interior)						
HANDLES						
HANDLE BOLTS						
STENCILING - NAMEPLATE						
			INSPECTED BY:			
CASKET - General Appearance (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior)			REMARKS:			
HANDLES AND FASTENINGS						
STENCILING - NAMEPLATE						
CAM LOCKS (Sealing)						
ODOR OR MOISTURE						
			INSPECTED BY: <i>79</i>			
ROUTED THROUGH						
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input type="checkbox"/> MORTUARY REPAIR SHOP			
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			CASKET REPAIR <input type="checkbox"/>			
NECESSARY DISINFECTION (Explain)			CASKET EXCHANGED <input type="checkbox"/>			
			SHIPPING CASE REPAIRED <input type="checkbox"/>			
			SHIPPING CASE EXCHANGED <input type="checkbox"/>			
			REMARKS:			
TIME	DATE	SIGNATURE OF MORTICIAN		TIME	DATE	SIGNATURE OF INSPECTING OFFICER
STORAGE LOCATION				PASS. LIST NO.		CONTROL NUMBER
FLOOR	SECTION	BAY	STORAGE NUMBER			
						031 26692
STAMP INCOMING OR OUTGOING						

<h1>MESSAGEFORM</h1>		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT			
		CALLS V	STA. SER. No. NR	PRECEDENCE <b>PRIORITY</b>	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS		GROUP COUNT GR	
SPACE ABOVE FOR SIGNAL CENTER ONLY							
FROM: (Originator)			SECURITY CLASSIFICATION				
ACTION TO: <ul style="list-style-type: none"> <li>• MRS. THELMA BARNETT</li> <li>• 2228 NORWOOD DRIVE</li> <li>• ORANGE, TEXAS</li> </ul> INFORMATION TO:			PRECEDENCE FOR				
			ACTION			INFORMATION	
			<input type="checkbox"/> ORIGINAL MESSAGE			REFERS TO ANOTHER MESSAGE	
			IDENTIFICATION	CLASSIFICATION			
THE REMAINS OF THE LATE S/SGT. ROBERT L. MILLER BEING SHIPPED TO MUSGROVE FUNERAL HOME, 102 WEST FIFTH STREET, CLAREMORE, OKLAHOMA, TO ARRIVE THERE 9:24 AM (ST) THURSDAY 4 AUGUST 1949.							
THOS. O. CALL MAJOR, QMC AUG 2 4 19 PM '49 RE SIG R							
SECURITY CLASSIFICATION			AUTHORIZATION				
ORIGINATING AGENCY			SIGNATURE				
SYMBOL	DATE-TIME GROUP AUG 2 1949		OFFICIAL TITLE C. M. ODENWALDER CAPT., QMC		PAGE OF		

WU A032 22 6 EXTRA COLLECT

CLAREMORE OKLA JUNE 25 1949 1:40 P

QUARTERMASTER DEPOT AGRD

FUNERAL DIRECTOR MUSGROVE 102 WEST 5TH CLAREMORE OKLA REMAINS  
OF S SGT ROBERT L MILLER

NEIHMER J MILLER 508 EAST 11TH ST CLAREMORE OKLA

JUN 26 2 50 PM '49  
RECEIVED  
SIGNAL CENTER



WU A035 25 8 EXTRA COLLECT

CLAREMORE OKLA PHONE 25 1949 150P

QUARTERMASTER DEPT AGRD

FUNERAL DIRECTOR MUSGROVE 102 WEST 5TH CLAREMORE OKLA REMAINS

OF 2 SGT ROBERT L MILLER

NEIHMER J MILLER 208 EAST 11TH ST CLAREMORE OKLA



AAF 18163442 gw

AG DIV., CHICAGO QUARTERMASTER DEPOT  
1819 W. PERSHING RD., CHICAGO 9, ILL.

WESTERN UNION  
DAY LETTER DELIVER AND REPORT ANY CHARGES

MR. NEIHMER J. MILLER  
508 11TH STREET  
CLAREMORE, OKLAHOMA

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE

S SG ROBERT L. MILLER ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO

MUSGROVE FUNERAL HOME 102 WEST 5TH STREET CLAREMORE, OKLAHOMA

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. DELIVERY OF REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY SEVERAL WEEKS. AT LEAST THREE DAYS PRIOR TO SHIPMENT OF REMAINS ACCOMPANIED BY MILITARY ESCORT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF METHOD OF TRANSPORTATION AND TIME OF ARRIVAL AND REQUESTED TO NOTIFY YOU. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK LOCAL VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. IN REPLY REFER TO CONTROL NO. 26692

THOS. O. CALL  
Major, QMC

JUN 24 1949

JUN 24 8 22 PM '49  
RECEIVED  
SIGNED

C. M. ODENWALDER  
Capt., QMC

4A-1 and 4E-1  
Combined and Revised

031



C# 26692 gw  
W.W.H

**REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES**  
(Read Explanation on Reverse Side before completing form)

I. DATE  
8/5/49

2. NAME OF DECEDENT (Last, First, Middle Initial) <b>MILLER, ROBERT L.</b>		3. BRANCH OF SERVICE <b>AAF</b>	6. A. <input type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) B. <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)
4. RANK OR GRADE <b>S. SG</b>	5. SERIAL NO. <b>18163442</b>	7. <input checked="" type="checkbox"/> IF WORLD WAR II DECEASED, CHECK BOX. IF CURRENT DECEASED, ENTER DATE OF DEATH.	

**INSTRUCTIONS TO INITIATING INSTALLATION**

Fill in items 1 through 7 and item 10.  
 Cross out item 8 or item 9, whichever is not applicable. **FORWARD COPY TO OFFICE OF QUARTERMASTER GENERAL, WASHINGTON 25, D. C. ATTN: HDQRS., A. G. R. S.**  
 Stamp "Ribbon" copy "ORIGINAL."  
 Stamp carbon copies "COPY."

**INSTRUCTIONS TO PERSONS SIGNING THIS FORM**

This form is to be signed by the claimant and NOT by the funeral director.  
 Complete the original and three copies. **AUG 17 1949**  
**SIGN ORIGINAL ONLY. CLAIM VALID-REPAYMENT REC**

8. <b>FILL IN THIS STATEMENT IF BOX "A" IS CHECKED</b> I certify that the sum of \$ <b>72.00</b> 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 <b>WOODHAWN</b> CITY OR COUNTY: <b>CLAREMORE</b> STATE: <b>OKLA</b>	9. <b>FILL IN THIS STATEMENT IF BOX "B" IS CHECKED</b> I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped) _____ (Name and location of National or Post Cemetery)
--	---

10. RETURN THE ORIGINAL AND THREE COPIES TO: <b>COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT 1819 WEST PERSHING ROAD CHICAGO 9, ILLINOIS ATTN: AGR DIVISION</b>	11. SIGNATURE OF CLAIMANT <b>MR. NEIHNER J. MILLER</b>
	12. ADDRESS (Street number or RFD, City and State) <b>508 11TH STREET CLAREMORE, OKLAHOMA</b>
	13. RELATIONSHIP TO DECEDENT <b>WIFE</b>

REMARKS:

**PAID ON MONEY ACCOUNTS OF M. L. JOHNSON**  
**F. O. D. S. ARMY, CHICAGO, ILL.**  
**SEP 1 1949**  
**23339**  
**INDEXED**  
**Number 215-101**

(DO NOT SIGN THIS)  
**COPY**

EXPLANATION OF BOX "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.

EXPLANATION OF BOX "B"

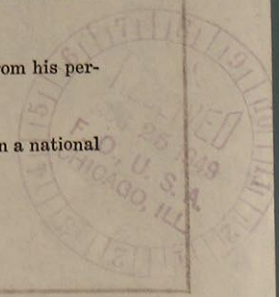
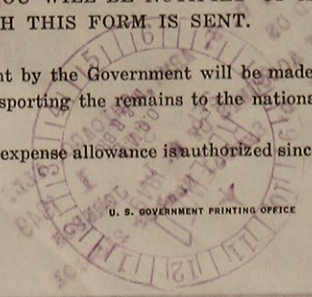
1. When the remains are delivered to you at Government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for 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.

COPY



DDMG FORM 638  
REV 1 APR 48

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Chief Resol Sec Repat Br Mem Div	Chief Opns Br Mem Div ATTN: Mrs. West	2 Aug 49	<p style="text-align: center;"><i>243</i></p> <p><b>SUBJECT: S/Sgt. Robert L. Miller, 18 163 422</b> USMC Hamm, Luxembourg Plot GG, Row 11, Grave 258</p> <p>1. Reference is made to telephone conversation this date regarding the above-named decedent.</p> <p>2. It is requested that DC 08 be requested to suspend shipment of the remains of S/Sgt. Miller. The Form 345 which was received from the father was accepted in this Section and the remains were returned to the United States on the Carroll Victory, which arrived on 28 June 1949.</p> <p>3. The mother, Mrs. Thelma Barnett, now states that the father is not the next of kin. The suspension is requested, pending clarification of the next of kin. Request file be returned immediately for telephone call.</p> <p>2 Incls: <i>CAMPBELL</i> 1-293 file 2-Form 345 recd from mother</p> <p style="text-align: right;"><i>ARROWSMITH</i> 5057</p> <p><i>not file A.C. desk open - mem</i></p> <p><i>Case ret'd (hand carried) to Mr. Arrowsmith</i></p> <p><b>FILE</b> Name <i>Slawson</i> Action <i>N.A.D.</i> Date <i>3 Aug 49</i> Acceptance Section Family Corres. Branch</p>

GA

TWY STATION  
MEMORIAL DIVISION

PLS GET MR ARDNT TO THE MACHINE PLS

AUG 2 4 47 PM '49

HERE HE IS GA

CG-1747 V WA 285 SVC 2040Z BW  
FM MIDDLESWART OQMG WASH DC  
TO CO CGQMD CHICAGO ILL  
ATTN MR ARDNT

*293*

RE S/SGT ROBERT L MILLER 18163422 DISCUSSED IN SVC MSG 1947Z THIS  
DATE REQUEST REMAINS BE SHIPPED AS ORIGINALLY SCHEDULED PD REQUEST  
HOWEVER MRS THELMA BARNETT 2228 NORWOOD DRIVE ORANGE TEXAS /MOTHER/

BE NOTIFIED IN ADDITION TO LEGAL NOK TO PERMIT HER ATTENDANCE AT  
FUNERLAL PD TELEPHONE CONV WITH MOTHER SILL STILL INDICATES FATHER  
IS LEGAL NOK PD GA PLS

OK WE WILL SHIP AS SCHEDULED IF WE CAN GET THE RESERVATIONS BACK  
AGAIN WE CANCELLED THEM BUT WILL TRY TO GET THEM THRU AGAIN  
HAS THE MOTHER BEEN ADVISED AT ALL THAT SHIPMENT WAS SHECKXX  
SCHEDULED FOR TOMORROW AND ARRIVAL FOLLOWING DAY 4 AUG GA PLS  
NO SHE WAS TOLD THAT SHE WOULD BE ADVISED BY DC OS GA

OK WE WILL SEND HERE AXXX HER A TG TNIXXX TODAY YET IF WE GET  
THERXX THE RESERVATION BACK IF NOT WILL INFORM HER WHEN DATE  
IS REESTABLISHED OK

OK TKS END

PLS ACK FOR 1 SVC 2046Z

RECD ONE SVC OK AT CG 1747 2 AUG GAA TU

*File  
2 Aug 49  
A. C. Zant*

TWX STATION  
MEMORIAL DIVISION  
AUG 2 4 05 PM '45

CG-1747 V WA 285 SVC 1947Z BW  
FM MIDDLESWART OQMG WASH DC  
TO CO CGQMD CHICAGO ILL  
ATTN MR ARDNT  
PLS HAVE MR ARDNT COME TO THE MACHINE  
OK GA  
THIS IS MR ARDNT GA PLS

293

REQUEST SHIPMENT OF REMAINS OF S/SGT ROBERT L. MILLER 18163422  
SHMPT NY-031-R BE SUSPENDED IF THEY HAVE NOT ALREADY BEEN SHIPPED  
WILL YOU PLS CHECK TO DETERMINE GA PLS  
WILL DO MIN PLS

SUB 2

WREUR TWX 7/26 RE SGT JAMES F MILNES 161475 42 THI S OFFICE IN RECEIPT  
OF TELEGRAM FROM MR FLOYD MILNES FATHER OF DECEASED 4542 NORTH RACINE  
STREET CHIAGO ILL PD REQUEST ADVANCE TELEGRAM AGAIN BE FORWARDED MR  
MILNES AT ABOVE ADDRESS PD GA PLS REQUEST FURTHER THAT MRS ELTA J  
THOMPSON BOX 107 FRANKLI N, ILL /MOTHER OF DECEASED/ BE NOTIFIED  
IN SUFFICIENT TIME TO PERMIT HER ATTENDANCE AT FUNERAL PD GA PLS

ON ROBERT MILLER THE REMAINS ARE SCHEDULED TO LEAVE HERE TOMORROW  
3 AUG AND ARRIVE DESTINATION 4 AUG WE WILL CANCEL THE DELIVERY  
HAS NOK BEEN ADVISED OR SHOULD WE TELL THEM THAT SCHEDULED DELIVERY  
HAS BEEN CANCELLED THEY WERE ADVISED ON 27 JULY ONXX OF DELIVERY  
DATE GA PLS SOME QUESTION HAS ARRISIN IN THIS OFFICE AS TO  
WHOM IS LEGAL NOK THIS OFFICE WILL ADVISE BOTH PERSONS CONSCEREDPD  
OK

ON SUBJECT TWO WE WILL ATTEMPT DELIVERY AGAIN OF MSG AT THE  
ADDRESS ON RACINE AVE O HOWEVER WESTUXXX WESTERN UNION DID

ON ROBERT MILLER THE REMAINS ARE SCHEDULED TO LEAVE HERE TOMORROW  
 3 AUG AND ARRIVE DESTINATION 4 AUG WE WILL CANCEL THE DELIVERY  
 HAS NOK BEEN ADVISED OR SHOULD WE TELL THEM THAT SCHEDULED DELIVERY  
 HAS BEEN CANCELLED THEY WERE ADVISED ON 27 JULY ONXX OF DELIVERY  
 DATE GA PLS SOME QUESTION HAS ARRISEN IN THIS OFFICE AS TO  
 WHOM IS LEGAL NOK THIS OFFICE WILL ADVISE BOTH PERSONS CONSCEREDPD  
 OK

ON SUBJECT TWO WE WILL ATTEMPT DELIVERY AGAIN OF MSG AT THE  
 ADDRESS ON RACINE AVE O HOWEVER WESTUXXX WESTERN UNION DID  
 ADVISE THAT THE PARTY WAS UNKNOWN THERE WAS YOUR TG FROM THE  
 FATHER VERY RECENT GA PLS  
 FLWG TELEGRAM DATED 1 AUG 49 RECEIVED QUOT W REGARDING JAMES F  
 MILNES REQUEST INFORMATION IMMEDIATELY REGARDING WHERE REMAINS ARE  
 UNQUOTE GA PLS OK HE MUST BE THERE THEN IF THAT IS THE ADDRESS  
 HE GAVE IN HIS TG IF WESTERN UNION SERVICES SAME WE WILL CALL  
 THEM ON PHONE ADN XX AND ADVISE THAT TXX HE MUST BE THERE IN VIEW  
 OF TG HE SENT YOUR OFFICE  
 TO WHOM AM I SPEAKING PLS GA  
 MRS WEST FROM OPNS BR OIC MR GALWAY ISNT AROUND IS HE HE  
 WAS TO CALL ME BACK ON A SVC I SENT A SHORT TIME AGO GA  
 MIN PLS THIS IS MRS WEST AGAIN MR GALWAY WILL FURNISH REPLY YOUR  
 SERVICE CALL TOMORROW GA PLS OK WILL LOOK FOR IT THEN IS THAT  
 ALL NOW ON THE ABOVE WE HAVE CANELLED SHIPMENT OF REMAINS OF MILLER  
 PENDING FURTEHER INSTRUCTIONS OF YOUR OFFICE AND WILL ATTEMPT  
 TO CONTACT OTHER NOK AT RXX RA CINE ADDRESS AGAIN ALSO WILL  
 NOTIFY THE OTHER PERSON INTERESTED OK GA  
 TKS VERY MUCH APPRECIATE YOUR COOPERATION END  
 ACK FOR 1 SVC AND 1 MSG TU BW  
 RECED ONE SVC OK AT CG 1747 2 AUG AND YOUR WELCOME  
 M V 2005Z

*File  
 2 Aug 49  
 A.C. that  
 open memo*

*ju*

RRE Form #39  
13 Jul 48

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

<i>293</i> MILLER	ROBERT	L	S SG	18163442
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

*3* RePatriciated to the United States: 20 JUN. 1949

Incl #

ORIGINAL FILE

REQUEST FOR DISPOSITION OF REMAINS

*R 3/23/49*

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

DATE:

S/Sgt Robert L. Miller, 18 163 422  
Plot GG, Row 11, Grave 258  
USMC Hamm, Luxembourg

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. *Neilmer J. Miller*

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

- (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)
- WIDOW                       WIDOWER                       SON OVER 21 YEARS OLD                       DAUGHTER OVER 21 YEARS OLD  
 FATHER                       MOTHER                       BROTHER OVER 21 YEARS OLD                       SISTER OVER 21 YEARS OLD  
 RELATIONSHIP OTHER THAN ABOVE (Specify) \_\_\_\_\_

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

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.  
 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY  
Woodlawn Cemetery - Claremore (Rogers Co.) Oklahoma  
(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.)

*7MB*  
*Coded 3-29-49*  
*J. Williams*  
*None*

MAR 23 1949

*Taylor*

*Kuaguo*

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			
Musgrave Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
102 W 5th Street	CLAREMORE	Rogers	OKLAHOMA
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
CLAREMORE, OKLA	CLAREMORE, OKLA	1003J	

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
<del>Libbie</del> Ree Mibler	Libbie	R.	Stepmother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
508 E 11th Street	CLAREMORE	Rogers	OKLAHOMA


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

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

X Neitmer J. Miller 508 E. 11th Street  
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)  
Neitmer J. Mibler CLAREMORE, OKLAHOMA.  
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 17th day of MARCH, 1949, at city (or town) of CLAREMORE, county of ROGERS, and State (or Territory or District) of OKLAHOMA

  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
NOTARY PUBLIC  
(OFFICIAL TITLE)

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

**PART II - RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

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

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

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

_____	_____ (DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
_____	_____ (CITY AND STATE)
(NAME PRINTED OR TYPED)	

**PART III**

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

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

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

_____	_____ (DATE)
(SIGNATURE)	(STREET AND NUMBER)
_____	_____ (CITY AND STATE)
(NAME PRINTED OR TYPED)	

ADDITIONAL REMARKS AND INSTRUCTIONS

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

RECORDS DIVISION

MAR 25 3 47 PM '49

MEMORIAL DIVISION

REPAIRS BRANCH  
RECORDS DIVISION  
MAR 25 9 10 AM '49  
MEMORIAL DIVISION

RECEIVED  
MAR 22 1949  
REPAIRS BRANCH

RECEIVED  
MAR 21 1949  
REPAIRS BRANCH

REPAIRS BRANCH  
MAR 25 10 59 AM '49  
MEMORIAL DIVISION

QMGMF 293  
Miller, Robert L.  
SN 18 163 422

11 March 1949

Mr. Neikmer J. Miller  
508 East 11th Street  
Claremore, Oklahoma

Dear Mr. Miller:

Your letter pertaining to the remains of your son, the late Staff Sergeant Robert L. Miller, has come to my attention.

The records of this office disclose that the remains of your son have been casketed and are being held at the United States Military Cemetery Hamm, Luxembourg, pending disposition instructions from the next of kin, either for return to the United States or for permanent burial in an overseas cemetery.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition Form on which you may indicate your desires in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will endeavor to comply with your instructions as indicated thereon.

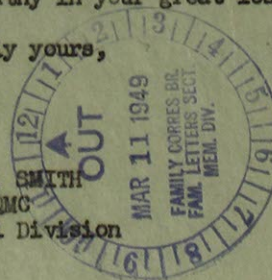
In order that this office may take immediate action toward the final disposition of the remains of your son, it is urged that you complete the inclosed form, "Request for Disposition of Remains", and mail it to this office, without delay, in the inclosed self-addressed envelope which requires no postage.

Our records have been amended to show your change of address from 222 East First Street, Claremore, Oklahoma, to 508 East 11th Street, Claremore, Oklahoma. In the event that you should change your mailing address again, it is respectfully requested that you notify this office immediately.

May I assure you of my continued sympathy in your great loss.

Sincerely yours,

JAMES F. SMITH  
Major, QMG  
Memorial Division



*8 Incls*

*cc: [initials]*

Plot GG, Row 11, Grave 258

USMC Hamm Luxembourg

*Spec L.O.I. SENT MAR 11 1949*

*2 folders*

JFS

CORRESPONDENCE ACTION SHEET			
PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
ADDRESSEE MR. <input type="checkbox"/> MRS. <input type="checkbox"/>	ADDRESS (Street, City, State)		
RELATIONSHIP			
PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS		
165-A	<p>The records of this office disclose that the remains of your son have been casketed and are being held at the USMC Hamm, Luxembourg pending disposition instructions from the next of kin, either for return to the U.S. or for permanent burial in an overseas cemetery.</p> <p>There are inclosed informational pamphlets regarding the Return of WW II Dead Program, including a Disposition Form on which you may indicate your desires in this matter. Upon receipt of the properly completed form, you may be assured that the Dept. of the Army will endeavor to comply with your instructions as indicated thereon.</p> <p>In order that this office may take immediate action toward the final disposition of the remains of your son, it is urged that you complete the inclosed form, "Request for Disposition of Remains", and mail it to this office, without delay, in the inclosed self-addressed envelope which requires no postage.</p> <p>Our records have been amended to show your change of address from 222 E. First St., Claremore, Oklahoma to 508 E. 11th St., Claremore, Oklahoma. In the event that you should change your mailing address again, it is respectfully requested that you notify this office immediately.</p> <p style="text-align: center;">-over-</p>		
ANALYST INITIALS AND DATE	TYPIST INITIALS	REVIEWER INITIALS AND DATE	
2/9/49 Bennett			

NAME OF DEPENDENT (Last, First, Middle)  
 Miller, Robert D.  
 GRADE  
 Capt  
 SERIAL NUMBER  
 1165422

May I assure you of my continued sympathy in your great loss.

INCLS:

2 copies to FR

RECEIVED  
MAY 11 1965

TO: _____		FROM: _____	
SUBJECT: _____		DATE: _____	
CLASSIFICATION: _____		AUTHORITY: _____	
APPROVED: _____		DATE: _____	
REMARKS: _____		_____	
_____		_____	
_____		_____	

CORRESPONDENCE ACTION SHEET

REQUEST FOR INFORMATION  
ON DISPOSITION OF REMAINS

TO: REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH		FROM: FAMILY LETTERS SECTION FAMILY CORRESPONDENCE BRANCH	
NAME OF DECEDENT (Last, First, Middle) <i>Miller, Robert L</i>		GRADE <i>Sgt</i>	SERIAL NUMBER <i>18163425</i>
CEMETERY <i>Hamm, Ludenburg</i>	PLOT <i>C-6</i>	ROW <i>11</i>	GRAVE <i>258</i>

The attached correspondence pertains to the disposition of the remains of the above named decedent. It is requested that information on items checked below be furnished this office in order to reply to correspondence.

<input type="checkbox"/> HAS OQMG FORM 345 BEEN DISPATCHED?	<i>L 01 - Sent 3 Mar 48</i>
<input checked="" type="checkbox"/> HAS OQMG FORM 345 BEEN RECEIVED AND ACCEPTED?	<i>Nothing Rec'd</i>
<input type="checkbox"/> WHAT OPTION WAS SELECTED?	
<input checked="" type="checkbox"/> BY WHOM WAS OQMG FORM 345 EXECUTED?	
<input type="checkbox"/> DID ROSTER INDICATE RELINQUISHMENT OF DISPOSITION AUTHORITY?	
<input type="checkbox"/> CHANGE OF DECISION	
<input type="checkbox"/> FORWARDED FOR YOUR INFORMATION AND ANY ACTION DEEMED NECESSARY.	

REMARKS  
*Send L.O. to Father*

ANALYST (Signature) <i>[Signature]</i>	DATE <i>7 Mar 48</i>
---	-------------------------

Claremore, Okla. Feb. 28, 1949.

297  
Re: Miller, Robert L. \_\_\_\_\_  
SN 18 163 422

Office of the Quartermaster  
General,  
Washington D.C.

Plot GG Row 11 Grave 258  
U.S. Cemetery, Hamm  
Luxembourg

Att: Richard B. Coombs,  
Major, QMC  
Memorial Division.

Dear Sir,

Will you please send me the form that I  
will need to have my son's remains returned to his home here  
in Claremore.

Yours truly,

*Neikmar Jackson Miller*  
Neikmar Jackson Miller,  
~~222 east First Street,~~ 508 E. 11<sup>th</sup> St  
Claremore, Okla.

Olathe, Mo., Feb. 28, 1949.

Mr. Miller, Robert L.  
2818 133 Ave

Post Office Box 11 Olathe Mo  
U.S. Post Office  
Olathe, Mo.

Office of the Quartermaster  
General,  
Washington D.C.

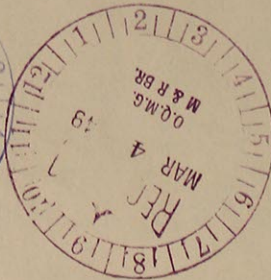
Attn: Richard B. Tompkins,  
Major, USA  
Memorial Division.

Dear Sir:

Will you please send me the form that I  
will need to have my son's remains returned to his home here  
in Olathe.

Yours truly,

William Jackson Miller,  
2818 133 Ave  
Olathe, Mo.



*g.w.*

1. FILE UNDER NO. 293 - MILLER, Robert L. 18163422

SYNOPSIS

2. TYPE OF DOCUMENT: **TELETYPE** 3. DATE: **23 Apr 1948**  
 4. FROM: **CGMC**  
 5. TO: **CG AGRC PARIS FRANCE**  
 6. SUBJECT: **W C L - 48466**

**RE MAJ DISCREPANCIES USMC HAMM: ROSTER FORM 355 SHOULD READ X-248 IN PLOT G  
 ROW 2 GRAVE 32; IN PLOT EE ROW 10 GRAVE 236, 2ND IF JACK S GRANDELL, O-814656;  
 ... S/SGT ROBERT L MILLER, 18163422..... DELETE COL WILLIAM DAWSON,  
 O-500130, CURRENT DEATH**

**AGRC 1974 MC IN 52059 (5 APR 48)**

7. DOCUMENT FILED UNDER NO. **314.6 - G R S, European (Burial Discrepancies)**

**rtb**

- INSTRUCTIONS.—Enter after the above headings information as follows:
1. File classification under which this cross-index sheet is to be filed.
  2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
  3. Date of Document.
  - 4 and 5. Enter either or both, as applicable.
  6. Brief and comprehensive synopsis of the content or subject matter.
  7. File classification under which the document is filed.

DDMG FORM 381  
11 MAR 47

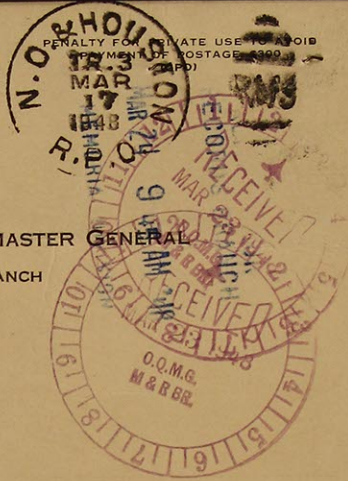
NOTICE OF CHANGE IN ADDRESS

NAME OF DECEASED ROBERT L. MILLER	RANK S/Sgt.	SERIAL NUMBER 18 163 422
NAME OF NEXT OF KIN Mrs. Thelma Barnett	RELATIONSHIP Mother	
OLD ADDRESS P.O. Box 851 Tryon, Oklahoma		
NEW ADDRESS P.O. Box 1044 Orange, Texas		
REMARKS  <i>File 3070441 MAN 11/11/47</i>		

U. S. GOVERNMENT PRINTING OFFICE 16-51922-1

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

OFFICE OF THE QUARTERMASTER GENERAL  
MEMORIAL DIVISION, R. R. BRANCH  
WASHINGTON 25, D. C.



OQMG FORM 638  
1 SEP 1946

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

**INTEROFFICE REFERENCE SHEET**

*293 Miller, Robert L. 18163422*

DUE, HOUR AND DATE

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
5	Capt Snedigar	Major Coombs	25 Feb 48	Request dispatch of Grave Location Letter on MILLER, ROBERT L. Return file to Capt. Snedigar.  <i>[Signature]</i> SNEDIGAR 5198
6	Major Coombs	Capt Snedigar	26 Feb 48	Forwarded for Necessary Action, <i>Father is NOK</i> <i>[Signature]</i> COOMBS
7	Capt Snedigar	Mr Snowden	27 Feb 48	Forwarded for LOI. Return file to Capt. Snedigar.  <i>[Signature]</i> SNEDIGAR 5198
8	LOI Section, R/R Br. Mem. Div.	Capt. Snedigar	2 March 1948	LOI has been sent. Copy is attached.  <i>[Signature]</i> SNOWDEN 6535
9	Capt Snedigar	Col Hickey	4 Mar 48	Records corrected in Records Section. Grave Location Letter and LOI have been dispatched.  <i>[Signature]</i> SNEDIGAR 5198

LOI SENT 2 MAR 1948

*Not file  
4 March 48  
Col. Hickey  
By [Signature]*

OQMG FORM 638  
1 SEP 1946

OFFICE OF THE QUARTERMASTER GENERAL THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
3	Chief Id Br Mem Div	Chief RR Br Attn Colonel Hickey  IN TURN  Chief Family Corres Attn Major Coombs	24 Feb 1948	<p>1. Attached case file forwarded for necessary correction of records.</p> <p>1. For necessary Graves Location Letter to NOK.</p> <p><i>Mr Toland for</i></p> <p>Incls: n/c      METZ 74059      SLOANE 2462</p>
4	Exec. Officer R/R Br. Mem Div	Chief, Rec. Sec. Mem Div	24 Feb	<p>1. For correction of necessary records including A-z and 333 Cards.</p> <p>2. Hand carry to F/C Branch for Grave Location Letter.</p> <p style="text-align: right;"><i>[Signature]</i> HICKEY 72963</p>

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

UNITED STATES DEPARTMENT OF JUSTICE  
 FEDERAL BUREAU OF INVESTIGATION  
 WASHINGTON, D. C. 20535

TO: SAC, [illegible]

FROM: SAC, [illegible]

SUBJECT: [illegible]

[The following text is extremely faint and largely illegible due to fading and bleed-through from the reverse side of the page.]



OQMG FORM 638  
1 SEP 1946

OFFICE OF THE QUARTERMASTER GENERAL THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

*124*

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Chief Ident Ident Bd Review Branch Mem Div	Ident Bd Review Mem Div	12 Feb 1948	<p>QMGMT: Field Identification: MILLER, Robert L., 18163422 S/Sgt., AC Previously: Unknown X-445 Hamm</p> <p>Forwarded for review and approval.</p> <p><i>[Signature]</i> 74058</p> <p><i>[Signature]</i> 2462</p>
2	Iden Review Board Mem Div	Chief, Id Br Mem Div	16 Feb 1948	<p>1. The identification of remains of S/Sgt Robert L. Miller, ASN 18 163 422, (Previously Unknown X-445, Hamm, GG- 11- 258) has been approved by the Board and case is forwarded herewith for proper notification of the Field, NOK and appropriate change of records.</p> <p>2. See associated case of 1/Lt Arthur W. Nordstrom, ASN O-684 399.</p> <p>Incls n/c</p> <p><i>[Signature]</i> SPEED 4923</p>

RECEIVED  
FEB 13 1948  
IDENT REVIEW BOARD  
OQMG

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

243  
S/Sgt. Robert L. Miller, 18 163 422  
Plot GG, Row 11, Grave 238,  
United States Military Cemetery  
Hamm, Luxembourg

8/1/49  
Prev. accepted 3/23/49  
Fr  
2 March 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

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

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

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY  
MEMORIAL PARK MUSKOGEE OKLAHOMA  
(NAME AND LOCATION OF CEMETERY)
- 3. BE RETURNED TO \_\_\_\_\_ (FOREIGN COUNTRY), 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  
On Counsel Victory arrival date 28 June '49

FILE  
Name  
Action  
Date  
Assessors Section  
Family Express Service

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 <i>MARTIN</i>	FIRST NAME <i>CLARENCE</i>	MIDDLE INITIAL <i>C</i>
NUMBER AND STREET <i>2353 MANILA</i>	CITY OR TOWN <i>MUSKOGEE</i>	COUNTY OR PROVINCE <i>MUSKOGEE</i>
EXPRESS OFFICE (Nearest railroad passenger station) <i>MUSKOGEE OKLA</i>	TELEGRAPH ADDRESS <i>2351 MANILA</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>OKLAHOMA</i>
		TELEPHONE No. <i>2831-W</i>

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>Lescher's Funeral Home</i>			
NUMBER AND STREET <i>611 West Okmulgee</i>	CITY OR TOWN <i>Muskogee</i>	COUNTY OR PROVINCE <i>Muskogee</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Oklahoma</i>
EXPRESS OFFICE (Nearest railroad passenger station) <i>MK&amp;T RR. Company</i>	TELEGRAPH ADDRESS <i>Western Union, Muskogee, Okla</i>	TELEPHONE No. <i>14</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 <i>Martin,</i>	FIRST NAME <i>Clarence</i>	MIDDLE INITIAL <i>C.</i>	RELATIONSHIP TO DECEASED <i>Uncle</i>
NUMBER AND STREET <i>2353 Manila</i>	CITY OR TOWN <i>Muskogee</i>	COUNTY OR PROVINCE <i>Muskogee</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Oklahoma</i>

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

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

*Mrs Helma Barnett* 2228 NORWOOD DRIVE  
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)  
*MRS. THELMA BARNETT* ORANGE TEXAS  
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 28th day of July, 1949, at city (or town) of Muskogee, county of Muskogee, and State (or Territory or District) of Oklahoma

\*NOTE.--Page 4 is part of the notarial attestation.  
 My commission expires Aug. 20, 1950

*Beatrice Alavine*  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 Notary Public  
(OFFICIAL TITLE)

**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)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

The boy's father should not be called next of kin, as he deserted the child when about six years of age & contributed nothing towards support & education - we (mother and maternal Grandparents) had full responsibility of child.

Mrs. Helma Barnett (mother)

Mrs. Vera Martin (grandparent)



Not acceptable since mother was not awarded custody. Per tel. to court with Mrs. Barnett - 2 Aug 49  
Tog C

g. W  
293  
S/Sgt. Robert L. Miller, 18 163 422  
Plot 66, Row 11, Grave 258,  
United States Military Cemetery  
Hamm, Luxembourg

2 March 1948

Mrs. Thelma Barnett  
Box #851  
Pryor, Oklahoma

Dear Mrs. Barnett:

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,

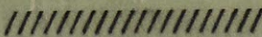
THOMAS B. LARKIN  
Major General  
The Quartermaster General

Incls.  
ag

MAIL & RECORDS BRANCH  
C. O. M. G.  
MARCH 4 11 40 AM

*J.W.*

*at*



QMCMF 293  
Miller, Robert L.  
SN 18 163 422

Miller, Robert L. - SN 18 163 422 26 February 1948 (Cont'd)

26 February 1948

The identity of your son was also established by finding the location of the remains of your loved one. The remains of your loved one were located at the cemetery at Grewenich, Germany, and at the time of the disinterment and as a result of a subsequent investigation, properly identified as those of your son. I am therefore gratified to inform you his remains are now resting in Plot OG, Row 11, Grave 258, in the United States Military Cemetery, Hamm, Luxembourg.

The Department of the Army has been authorized to supply, at government expense, with the possible wishes of the next of kin regarding final disposition of the remains of your loved one. We are pleased to provide you with full information and solicit your cooperation in this matter.

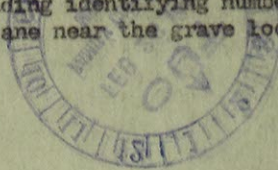
Dear Mr. Miller: My sincere sympathy in your great loss.

We are desirous that you be furnished information regarding the burial location of your son, the late Staff Sergeant Robert L. Miller.

The official report of burial discloses the remains of a deceased military person were recovered by American Graves Registration Personnel from an isolated grave in the Cemetery at Grewenich, Germany, and at the time of the disinterment and as a result of a subsequent investigation, properly identified as those of your son. I am therefore gratified to inform you his remains are now resting in Plot OG, Row 11, Grave 258, in the United States Military Cemetery, Hamm, Luxembourg.

This cemetery is located two and one half miles east of the city of Luxembourg, and is under the constant care and supervision of our government, and you may be interested to know, has been designated as a permanent American Military Cemetery, dedicated in grateful remembrance of our World War II Dead.

I wish to assure you the identification of the remains as those of your son was established by the fact that the estimated date of death and place of death, as given on the report of burial for the deceased identified as your son, are in agreement with the records of the Army for Sergeant Miller, and with the Missing Air Crew Report for Aircraft 43-21759, the plane of which your son was a crew member. Two members of the crew lost their lives in the crash, and each was disinterred from Grewenich, Germany, and individually identified. They were the only Americans buried in the cemetery, and their identification is further substantiated by finding identifying numbers of Aircraft 43-21759 in the wreckage of the plane near the grave location.



GROUP 293  
Miller, Robert L.  
SM 18 163 122

26 February 1948

Mr. William Jackson Miller  
222 East First Street  
Claremore, Oklahoma

Dear Mr. Miller:

We are desirous that you be furnished information regarding the burial location of your son, the late Staff Sergeant Robert L. Miller.

The official report of the burial discloses the remains of a deceased military person were recovered by American Graves Registration Personnel from an isolated grave in the Cemetery at Gremwold, Germany, and at the time of the disinterment and as a result of a subsequent investigation, properly identified as those of your son. I am therefore gratified to inform you the remains are now resting in Plot 60, Row 11, Grave 328, in the United States Military Cemetery, Wiesbaden, Luxembourg.

This cemetery is located two and one half miles east of the city of Luxembourg, and is under the constant care and supervision of our Government, and you may be interested to know, has been designated as a permanent American Military Cemetery, dedicated in grateful remembrance of the World War II dead.

I wish to assure you the identification of the remains as those of your son was established by the fact that the registered date of death and place of death, as given on the report of burial for the deceased identified as your son, are in agreement with the records of the Army for Sergeant Miller, and with the Missing Air Crew Report for Aircraft #3-21729, the plane of which your son was a crew member. Two members of the crew lost their lives in the crash, and each was disinterred from Gremwold, Germany, and their remains identified. They were the only Americans buried in the cemetery. Their identification is further substantiated by the fact that the remains of Aircraft #3-21729 in the wreckage of the plane were recovered.



QMGMF 293 Miller, Robert L. - SN 18 163 422      26 February 1948 (Cont'd)

The identity of your son was also established by finding the Laundry Mark "Miller 3422" on articles of underclothing on the deceased which agrees with the first initial of your son's last name and with the last four digits of his Army Serial Number.

The Department of the Army has 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, our office will provide you with full information and solicit your detailed desires.

May I extend my sincere sympathy in your great loss.

Sincerely yours,

RICHARD B. GOOMBS  
Major, OMC  
Memorial Division

*pcw*

RBC

FEB 26 2 32 PM '48  
O.C.M.C.  
MAIL & RECORDS BRANCH

*file*

*att*

////////////////////

QMCMP 293  
Miller, Robert L.  
SN 18 163 422

26 February 1948

Mrs. Thelma Barnett  
Box 851  
Pryor, Oklahoma

Dear Mrs. Barnett:

We are desirous that you be furnished information regarding the burial location of your son, the late Staff Sergeant Robert L. Miller.

The official report of burial discloses the remains of a deceased military person were recovered by American Graves Registration Personnel from an isolated grave in the Cemetery at Grewenich, Germany, and at the time of the disinterment and as a result of a subsequent investigation, properly identified as those of your son. I am therefore gratified to inform you his remains are now resting in Plot GG, Row 11, Grave 258, in the United States Military Cemetery, Hamm, Luxembourg.

This cemetery is located two and one half miles east of the city of Luxembourg, and is under the constant care and supervision of our government, and you may be interested to know, has been designated as a permanent American Military Cemetery, dedicated in grateful remembrance of our World War II Dead.

I wish to assure you the identification of the remains as those of your son was established by the fact that the estimated date of death and place of death, as given on the report of burial for the deceased identified as your son, are in agreement with the records of the Army for Sergeant Miller, and with the Missing Air Crew Report for Aircraft 43-21759, the plane of which your son was a crew member. Two members of the crew lost their lives in the crash, and each was disinterred from Grewenich, Germany, and individually identified. They were the only Americans buried in the cemetery, and their identification is further substantiated by finding identifying numbers of Aircraft 43-21759 in the wreckage of the plane near the grave location.

QMGMF 293 Miller, Robert L. - SN 18 163 422 26 February 1948 (Cont'd)

The identity of your son was also established by finding the Laundry Mark "Miller 3422" on articles of underclothing on the deceased which agrees with the first initial of your son's last name and with the last four digits of his Army Serial Number.

I trust this message will be a source of consolation, and will, in some way, be a measure of relief from the distress you have suffered.

May I extend my sincere sympathy in your great loss.

Sincerely yours,

RICHARD B. COOMBS  
Major, QMC  
Memorial Division

*RCW*

REC

rfb

*GP*

EB 261 2 22 11  
O. G. M. S.  
MAIL & RECORDS BR.

*g.w.*

*293*

QMCM

Miller, Robert L.  
S/Sgt. 18163422

25 February 1948

SUBJECT: Identification of Former Unknown Deceased

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

GG  
Luxembourg

11

258

445

Hamm

18163422

Mrs. Thelma Barnett (Mother)  
Box 851, Pryor, Oklahoma

S/Sgt. Robert L. Miller

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

NJS

cam

*[Handwritten initials]*

*JCM*

FEB 26 8 51 AM '48  
O. G. M. C.  
MAIL & RECORDS BRANCH  
*[Handwritten mark]*

*g 701*

*att*

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
MEMORIAL DIVISION

*rd*  
MCM/293 QMGM 293  
MILLER, Robert L.  
S/Sgt 18163422

24 February 1948  
DATE

SUBJECT: Identification of World War II Deceased

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

1. The identification of S/Sgt Robert L. Miller, 18163422  
(formerly X 145 Plot GG Row 11  
Grave 258, USMC Hann, Luxembourg) as  
established by your Headquarters has been approved by this office.

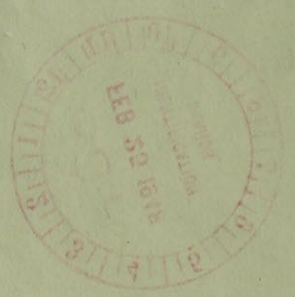
2. Request all records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

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

*JCM*  
NJS

FEB 25 2 24 PM '48  
O. D. N. S.  
MAIL & RECORDS BRANCH



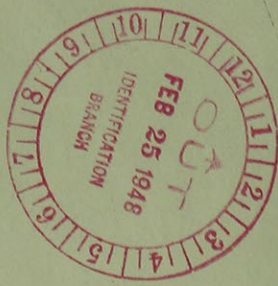
DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF STAFF  
WASHINGTON, D. C.

FORM NO. 10  
MAY 1962

SUBJECT: Identification of World War II Personnel  
Reference is made to the report of the

The identification of  
the following personnel  
is requested:  
Name: [Redacted]  
Service Number: [Redacted]  
Branch: [Redacted]  
Grade: [Redacted]  
Date of Birth: [Redacted]  
Place of Birth: [Redacted]  
Last Known Address: [Redacted]  
Remarks: [Redacted]

Approved: [Redacted]  
Special Agent in Charge



INDEX TO EXHIBITS ON CASE HISTORY

OF  
ROBERT L. MILLER

(18-163-422)

*id*  
*29/3*

Report of Burial - - - - - Ex 1  
AGO Finding of Death - - - - - 2  
Coordinates - - - - - 3  
MACR #9273 - - - - - 4  
German Records KU/3070- - - - - 5  
Survivor's Statement - - - - - 4a

*done  
at home  
10/1/44*

CHECK LIST OF MEANS OF IDENTIFICATION

FOR: X-445 Hamm, Luxembourg MILLER, Robert L, S/Sgt, AC  
 Unknown X-Number Cemetery Identified as 18163422  
 or other Designation  
 tion

	Favorable	Unfavorable	Unknown
Date and place of death in agreement	x		
Dental Chart			
Color Hair			
Estimated Height			
Estimated Weight			
Laundry Marks	x		
Shoe Size	x		
Type Clothing			
Identification Tag			
Personal Effects			
Statement of Civilians			
Enemy Records	x		
Scars			
EMT (Emergency Medical Tag)			
Pay Book (EM. Off.)			
Signed Statement of Identity			
M/C installed weapons	x		

REMARKS: (When applicable, discrepancies will be explained briefly if they are to be used in support of the identification.)

*Page 8/10  
16 Feb 68*

Identification Section  
 Identification Branch  
 Memorial Division

Elise deB. Flora  
 Investigation Clerk

17 January 1948  
 Date

BASIS FOR IDENTIFICATION

MILLER, Robert L, S/Sgt, 18163422, AC

Prev. Unknown X-445 - Hamm  
 Plot GG, Row 11, Grave 258

The Field ~~Board~~ established identification of remains of Robert L. Miller, S/Sgt, 18163422, AC. This office has reviewed the case and recommends approval thereof, based on the following points of identification:

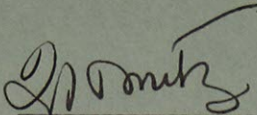
1. Unknown X-445 was disinterred from cemetery of Grewenich, Germany, a common grave of 2. (Report of Burial: Exhibit 1)  
 Laundry marks found on two items of clothing: "MILLER 3422". One 50-calibre machine gun, serial number 1091356, was found in wreckage of 2-motor plane in the area from which the remains were disinterred.
2. AGO Finding of Death (Exhibit 2) indicates S/Sgt Robert L. Miller, 18163422, AC became MIA 29 September 1944, PDD 30 September 1945, when aircraft, of which he was a member, was hit by enemy fire and exploded in midair while over target at Bitburg, Germany. (Coordinates: Exhibit 3)
3. MACR #9273 (Exhibit 4) reveals S/Sgt Miller was machine gunner on fighter-type plane A20G 45, 43-21759, which received direct hit and broke in half while on an operational mission over Bitburg, Germany, on 29 September 1944 at 0928 hours. Eight Browning machine guns (50-calibre) are listed by serial numbers, one of which is 1091356, corresponding with the serial number of the 50-calibre machine gun found at scene of crash. Area and date of crash ~~are~~ in agreement with place and date of crash shown on Report of Burial.  
 The plane carried a crew of 3; one listed RTD, two listed KIA. RX Case History of 1st Lt Arthur W. Nordstrom is submitted herewith for approval. These remains were disinterred from the same common grave as remains of Unknown X-471, identified as 1st Lt Nordstrom. Statement by survivor has no additional information.  
 (Exhibit 4a)
4. German Record KU 3070 (Exhibit 5) indicates the crash of "Marauder" on 29 September 1944 at 1015, which was shot down west of Born, and the capture of S/Sgt Gossett (the crew member listed as RTD on MACR).
5. The Laundry Marks, "MILLER 3422", found on two articles of underclothing, is the mark used by S/Sgt Robert L. Miller, 18163422.

*File  
 G. B. ...  
 10/1/48*

Case History of Robert L. Miller, 18163422, AC, prev. X-445, Hamm, concluded.

6. Shoe size (11) found on remains of Unknown X-445 is in agreement with Army Records of S/Sgt Miller, (11-C).
7. All crew members of aircraft A20 45, 43-21759 are accounted for.
8. Unknowns X-445 and X-471 are the only Americans disinterred from cemetery of Grewenich, Germany.

*Hamm*

  
T. H. METZ  
Lt. Colonel, QMC

*ht*

Case History of Robert L Miller, S/Sgt, 18163422 (RX 445 Hamm) concl.

APPROVED: FEB 16 1948

*Horace Speed, Jr.*  
HORACE SPEED, JR.  
Colonel, QMC

*P. P. Lwiski*  
P. P. Lwiski  
Lt. Col., QMC

*John C. Cook*  
JOHN C. COOK  
MAJOR, QMC

DATE

- 
1. Identification approved by OQMG Bd of Rev 16 Feb 48
  2. Records corrected Identification Branch 16 Feb 48
  3. Ltr to Fld re acceptance of identification 24 Feb 48
  4. Notification to AGO \_\_\_\_\_
  5. Notification to Effects Bureau \_\_\_\_\_
  6. Case (hand carried) to R/R Branch \_\_\_\_\_
  7. Case (hand carried) by R/R Branch TO Family Correspondence Br for NOK letter \_\_\_\_\_

AFPPA-14 (10 Apr 46)

MACR NO. 9273

WAR DEPARTMENT  
HEADQUARTERS ARMY AIR FORCES  
WASHINGTON

MISSING AIR CREW REPORT

IMPORTANT: This report will be compiled in triplicate by each Army Air Forces organization within 48 hours of the time an aircraft is officially reported missing.

1. ORGANIZATION: Location: Melun, France Command or Air Force: IX Bomb Div (M)  
GROUP 416th Bm (L); SQUADRON 670th Bm (L); DETACHMENT \_\_\_\_\_
2. SPECIFY: Point of Departure AAF Sta A-55; Course \_\_\_\_\_  
Intended Destination Bitburg, Germany; Type of Mission Operational
3. WEATHER CONDITIONS AND VISIBILITY AT TIME OF CRASH OR WHEN LAST REPORTED:  
Scattered clouds at 3,000 ft, Visibility 8-10 miles
4. GIVE: (a) Date 29 Sept 44 Time 0928; AND Location of Last Known whereabouts of missing aircraft Bitburg, Germany  
(b) Specify whether (x) Last sighted; ( ) Last contacted by radio; ( ) Forced down; ( ) Seen to Crash; or ( ) Information not available
5. AIRCRAFT WAS LOST, OR IS BELIEVED TO HAVE BEEN LOST, AS A RESULT OF (Check only one: (Enemy Aircraft; (x) Enemy Anti-Aircraft; ( ) Other circumstances as follows: A/C received direct hit over target area, exploded & broke in
6. AIRCRAFT: Type, Model and Series A20G-45; AAF Serial No. 43-21759 (half)
7. ENGINES: Type, Model and Series R-2600-23; AAF Serial No. (a) E 43-106115  
(b) RE 43-106206 (c) \_\_\_\_\_ (d) \_\_\_\_\_
8. INSTALLED WEAPONS (Furnish below Make, Type and Serial Number) Brownie 50 Cal.  
(a) 1091356 (b) 1177551 (c) 1095066 (d) 1084729  
(e) 1090588 (f) 1090586 (g) 994689 (h) 994799
9. THE PERSONS LISTED BELOW WERE REPORTED AS: (a) Battle Casualty XX  
or (b) Non-Battle Casualty \_\_\_\_\_
10. NUMBER OF PERSONS ABOARD AIRCRAFT: Crew 3; Passengers 0; Total 3  
(Starting with pilot, furnish the following particulars; if more than 11 persons were aboard aircraft, list similar particulars on separate sheet and attach original to this form).

	Crew Position	Last Name	First	Rank	Serial Number	Status
1	Pilot	NORDSTROM	Arthur W	1st Lt	0-684399	KIA Hamm, X-471*
2	AG	GOSSETT	Joseph D	S/Sgt	34446849	FTD
3	MG	MILLER	Robert L	S/Sgt	18165422	KIA
4						
5						
6						
7						
8						
9						
10						
11						

12. IDENTIFY BELOW THOSE PERSONS WHO ARE BELIEVED TO HAVE LAST KNOWLEDGE OF AIRCRAFT, AND CHECK APPROPRIATE COLUMN TO INDICATE BASIS FOR SAME

4

WD, Hq, AAF, Washington, Missing Air Crew Report.

Name in Full (Last Name First)	Rank	Serial Number	Contacted by Radio	Last Sighted	Saw Crash	Saw Forced Landing
1.						
2.						
3.						

13. IF PERSONNEL ARE BELIEVED TO HAVE SURVIVED, ANSWER YES TO ONE OF THE FOLLOWING STATEMENTS: (a) Parachutes were used \_\_\_\_\_; (b) Persons were seen walking away from scene of crash \_\_\_\_\_; or (c) Any other reason (Specify \_\_\_\_\_)

14. ATTACH EYE-WITNESS DESCRIPTION OF CRASH, FORCED LANDING, OR OTHER CIRCUMSTANCES PERTAINING TO MISSING AIRCRAFT.

15. ATTACH AERIAL PHOTOGRAPH, MAP, CHART, OR SKETCH, SHOWING APPROXIMATE LOCATION WHERE AIRCRAFT WAS LAST SEEN.

16. ATTACH A DESCRIPTION OF THE EXTENT OF SEARCH, IF ANY, AND GIVE NAME, RANK AND SERIAL NUMBER OF OFFICER IN CHARGE HERE \_\_\_\_\_

Date of Report \_\_\_\_\_

\_\_\_\_\_  
(Signature of Preparing Officer)

REMARKS:

SUMMARY OF STATEMENT BY JOSEPH D. GOSSETT, 34446849.

Status Review & Determination has a statement from S/Sgt Joseph D. Gossett, only survivor of aircraft 43-21759, which neither adds nor detract from this case.

Gossett states that he parachuted from the aircraft and was captured immediately. The plane crashed near by, but there was a small hill between him and the place of crash and it was impossible for him to see it. The Germans would not tell him anything about the crash. Crash was about 20 miles from Metz. Plane rec'd direct hit.

Gossett states that while he was still in the plane he did not see MILLER, but there was a puddle of blood on the floor of MILLER's compartment, evidence that Miller had been wounded.

Gossett knows nothing about NORDSTROM; he could not see him from his position, and has never heard anything from or about either of these crew members since that time.

The date of statement was 21 August 1945.

(From Status Rev & Determination, Miss Coulier, to Mrs. Flora, 10 Feb 48)

4a

DATE: 29 September 1944 AT: 1015

PLACE: Trier

TYPE OF CRAFT: Boston

670th (MBo) Sq. 416th Group

TARGET: Airbase Command Trier-Euren

RANK	NAME	K U 3070
1st Lt.	NORDSTROM	ASN:-----
S/Sgt.	MILLER, Robert	ASN:-----
S/Sgt.	GOSSETT, Joseph Derwin	ASN: 34446849

(Volume KU 1900-3117)

5

Ku - 3070

Command of Air Base Area 12/VII  
Neustadt a.d.W.  
Ic Az. Bergg

Neustadt a.d.W., 2 Oct. 1944

Subject: Shooting down of enemy aircraft.

To

Distributor

Following enemy aircrafts were shot down on 29 Sep. 1944

1.) 1 Marauder shot down at 1000, 10 km West of Born, 9 km Southeast of  
Echternach. (60 SN 3) Destruction 99%.

The Plane crashed into the no-man's land and can't be salvaged.

2.) 1 Marauder shot down 300 m North of Schleid, 8 km North of Bitburg  
( 61 QN 9) at 1030.

Destruction 99 %. 1 dead crew member.

No Identification of craft and dead crew member were established.

One crew member of the plane shot down near Born was captured.

Here his name is unknown.

Distributor:

To

Evaluation Point West

- Oberursel

(page 2-from Volume KU 3061-3080)

KU - 3070

Airfield Command A 18/VII  
Ic Salvage Trier - Euren

Trier - Euren on 30 Sep. 1944

Subject: In reference to D(Air) 2706/07, captured American air crews

To

Evaluation West

Oberursel

5 attached forms on following American air crew members will be delivered:

- |     |                                 |                        |
|-----|---------------------------------|------------------------|
| 1.) | 2nd Lt. GEORGE D. H U B B A R D | ASN 0-773388 T 43 - 44 |
| 2.) | " " LEONARD C. D A V I S        | " 0-722827 T 43 - 44 O |
| 3.) | " " CHARLES C. H U B E R        | " 0-771032 T 43 - 44 O |
| 4.) | S.Sgt RUSSELL JOSEPH COLOSIMO   | " 33181528 T 42 - 43 A |
| 5.) | " JOSEPH DERVIN G O B E T T     | " 34446849 T 43 - 42 A |

Sgt. G O S E T T was captured on 29.Sep. 1944, 1015 on the "Galgen-  
berg" and is from the aircraft "Marauder", which was shot down  
West of Born in the no-man's land and burnt out.

The prisoner 1 - 3) had been escaped for several days.

No identification of which shot down plane.

Attached: 6 closed envelopes.

(page 4-Volume KU 3061-3080)

NOTE:  
(All of these fliers have been RETURNED TO DUTY.)  
E.F.

COORDINATES

Grewenich, Germany - - - - - 49°44'N - 6°30'E  
Bitburg- - - - - 49°58'N - 6°32'E  
Born - - - - - 47°19'N - 7°52'E  
Echternach - - - - - 49°48'N - 6°25'E

Grewenich is approximately 16 miles south east of  
Bitburg.

(Map References: T-1, Trier, 1/100,000)  
U-1, Neunkirchen,  
1/100,000)

GRAVES REGISTRATION  
FORM No. 1  
(Revised 1 Sept. 1945)

**CORRECTED COPY**  
**REPORT OF BURIAL**  
TM 10-630 AND AR 30-1815

ch

27 November 1946  
Date

*Call*  
*ad*

**MILLER** Robert L. S/Sgt 18163422  
Last Name First Initial Rank Serial No.

670th Bomb. Sq. 416th Bomb. Gr.  
Unit Organization

GREWENICH, Germany 29 September 1944 KIA  
Place of Death Date of Death Cause of Death

1400 - 4 March 1946 U.S. Military Cemetery Hamm, Luxembourg  
Time and Date of Burial Name of Cemetery Name or Coordinates of Location

258 11 GG Cross  
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags Previously buried as Unknown X-445 (Hamm)  
How were remains identified? identified through:

1. Laundry mark "Miller 3422" found in two items of clothing on remains of X-445.
2. Dulag record KU 3070 states that AC 43-21759 crashed in same area where X-445 was disinterred.
3. Wreckage of AC 43-21759 found in same area where X-445 was disinterred.  
What means of identification were buried with the body?

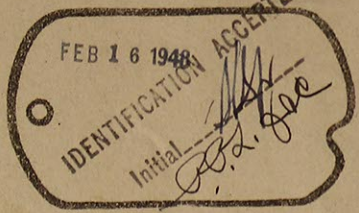
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right: DEWALT 33235187 Pvt 317th Inf. Regt. 257  
Name Serial No. Rank Organization Grave No.

Deceased's Left: X-471    259  
Name Serial No. Rank Organization Grave No.

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



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

Mrs. Thelma Barnett, Mother  
Emergency Addressee Unknown  
Name

Box 851, Pryor, Oklahoma  
Address

Religion Unknown

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

**REBURIAL**

Previously buried in isolated grave located at: Grewenich, Germany, (WL 12-27).

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

33  
MISSOURI  
RECORDS BRANCH  
DEC 30 2 00 PM '46  
MEMORIAL

*Philip J. Wolf*  
Signature of Officer or other person reporting burial  
**PHILIP J. WOLF**  
Maj., QMC

**OF 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

1

2

3

4

Thumb

Right Hand

1

2

3

4

Thumb

**TOOTH CHART**

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

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

Characteristics:

Other Data:

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.

GRAVES REGISTRATION  
Form No. 1  
(Revised 1 Sept. 1943)

RESTRICTED REBURIAL  
**REPORT OF BURIAL**

*Jr. Letter 1852*

MILLER, Robert L.

TM 10-630 AND AR 30-1815

28. Feb. 1946

- Unidentified (X-445) Hamm Cem.

S/Sgt

Date 18163422

Last Name

First

Initial

Rank

Serial No.

-Unk- 670th Bb Sq 416th Bb Gp

A.A.F.

Organization

Grewenich Germany (WL 12-27) (Approx) - Sept. 20, 1944

29 Sept

Plane crash

1400-4 March 46

Date of Death

Cause of Death

Time and Date of Burial

U.S. Mil. Cem. Hamm Luxembourg

VP 8713

258

11

GG

Name or Coordinates of Location

Grave Number

Row Number

Plot Number

Cross

Type of Marker

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

If No Identification Tags Ident. by Field, approved by OCMG - 16 Feb 48 mnl  
How were remains identified?

See reverse

**REBURIAL**

What means of identification were buried with the body?

GRS. No. 1 in bottle

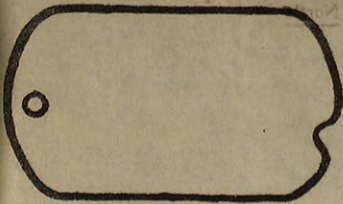
Previously buried in isolated grave located at Grewenich Germany (WL 12-27)

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

Who is buried on:

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	Dewalt	Unk	Pvt	AAF	257
Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.
	Unk X-471	Unk	Unk	AAF	259

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:

Mrs. Thelma Barnett, Mother

Emergency Addressee -Unk- Name

Box 851, Pryor, Oklahoma -Unk- Address

Religion Unk.

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

No Personal Effects.

EDWARD O. DUNHAM  
2nd.Lt.Inf. O-1338322  
3046 QM GR CO.

Disinterring Officer

*Edward O. Dunham*  
Signature of Officer or other person reporting burial

Reinterring Officer

*W. H. Adams*  
Verified by G.R.S. Officer

*File  
16 Feb 48  
7 mnl*

1

**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: 5' 7"  
 Weight: [redacted]  
 Color of Eye: [redacted]  
 Color of Hair: [redacted]  
 Races: [redacted]  
 Laundry Marks: yes  
 Number of Rifle: none  
 Wear Glasses? none  
 Is Tooth Chart Attached? no

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

[Disturbing text redacted]

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

Left Hand

Right Hand

Hand missing

Hand missing

Thumb

Thumb

257  
258

257  
258

**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

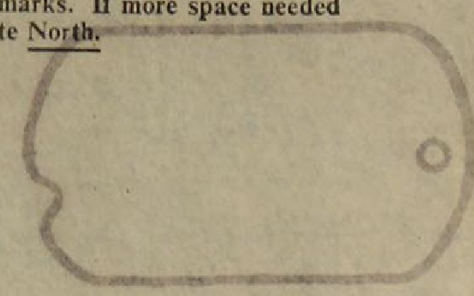
Deceased's Right

8	8	8	8	8	8	8	8	8	8
7	7	7	7	7	7	7	7	7	7
6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5
4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1
Teeth missing									
8	8	8	8	8	8	8	8	8	8
7	7	7	7	7	7	7	7	7	7
6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5
4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1

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

Characteristics:

Other Data:



Signature of Officer to other person reporting burial: [redacted]  
 Name: [redacted]  
 Address: [redacted]  
 Religion: [redacted]  
 List only Personal Effects Found on Body and disposition of same:  
 No Personal Effects.  
 Reintering Officer: [redacted]  
 AG P BR HQ 505 72560

<b>REC DATA</b> (DECEASED AND MISSING PERSONNEL)		CHECK ONE <input checked="" type="checkbox"/> DEAD <input type="checkbox"/> MISSING	DATE
STATUS			
LAST NAME - FIRST NAME - MIDDLE INITIAL <b>MILLER, Robert L.</b>		GRADE <b>S/SGT</b>	SERVICE NUMBER <b>18 163 422</b>
ORGANIZATION <b>670 Bomb Sq (L), 416 Bomb Gp (L)                  IX Bomb Div (M)</b>		FORMER SERVICE NUMBERS - - - - -	
DATE OF DEATH - MISSING STATUS <b>29 Sep 44</b>	CAUSE OF DEATH <b>KIA</b>	PLACE OF DEATH - OR LAST SEEN IF MISSING <b>A/C hit by enemy fire and                  exploded in mid-air over target                  Bitburg, Ger.</b>	
DATE OF BIRTH <b>25 Jan 24</b>			
PHYSICAL CHARACTERISTICS			
RACE <b>Caucasian</b>	CREED <b>Protestant</b>	HEIGHT <b>6'0"</b>	WEIGHT <b>144</b>
COLOR EYES <b>Brown</b>	COLOR HAIR <b>Brown</b>	SHOE SIZE <b>11-C</b>	BLOOD TYPE
FRACTURES AND/OR BREAKS <b>None indicated in available records</b>		TATTOOS AND SCARS <b>None indicated in available records</b>	
RECORD INCLOSURES			
DENTAL DATA <input type="checkbox"/> NONE OF RECORD <input checked="" type="checkbox"/> INCLOSED (Itemize by Form Number and Date of Record)			
1. F.P.D.I.F. (10 Mar 44)			
CASUALTY DATA <input type="checkbox"/> CASUALTY REPORT <input type="checkbox"/> STATEMENTS OF WITNESSES <input type="checkbox"/> MISSING PERSONS SUPPLEMENTARY REPORT (AF Form 484) <input type="checkbox"/> OTHER (Specify)			
ADDITIONAL DATA			
1. Cy Rept of Investigation-Area Searching 2. Cy Check List for Unknown  The remains of S/SGT Miller (prev desig X-445 USMC Hamm, Luxembourg) were returned to the US and interred in a private cem in Oklahoma in Aug 49.			

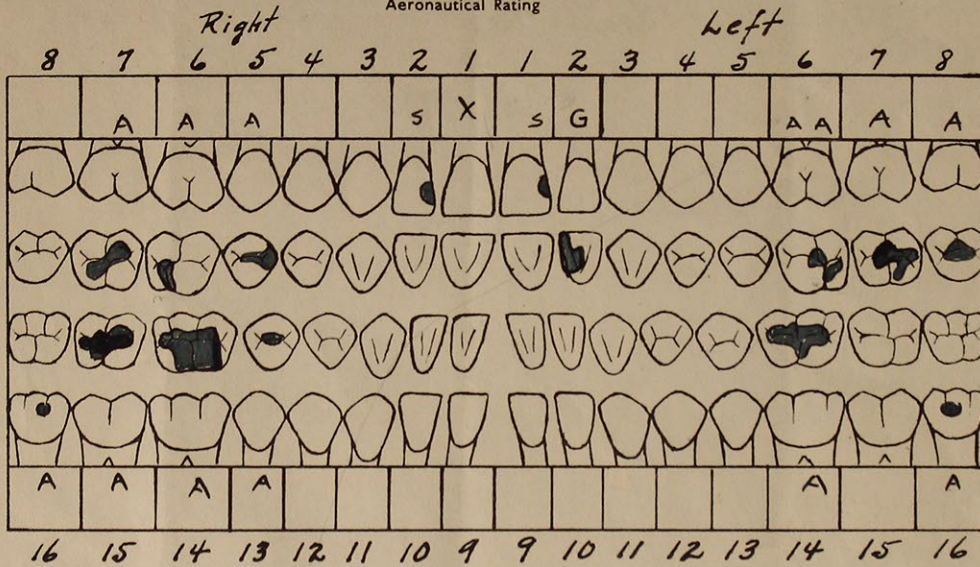
18163422

FLYING PERSONNEL DENTAL IDENTIFICATION FORM  
Office of the Dental Surgeon

Station \_\_\_\_\_  
 Name Miller, Robert L Rank Sgt ASN 18163422  
 Organization 670th Age 20 Service 1 4/12 yrs Date 10 March 44

Engineer-Gunner

Aeronautical Rating



CLASS IV

OCLUSION N CALCULUS slight PERIODONTOCLASIA None FOCI SUSPECTED None <sup>gold</sup>  
 ANOMALIES, OTHER CONDITIONS, REMARKS: - R-1 replaced by removable <sup>gold</sup> casting with interproximal clasps on R-2 and L-1. Lower anteriors overcrowded with R-9 and L-9 overlapping R-10 and L-10 respectively

OUTLINE CARIES ON DIAGRAM OF TEETH  
 CHART FILLINGS ON TEETH, INITIAL THE TYPE IN SPACE ABOVE AND BELOW  
 AS G-gold, A-amalgam, S-synthetic, O-oxyphosphate  
 CHART ALL SUBSEQUENT FILLINGS  
 NONRESTORABLE CARIOUS TEETH BY /  
 MISSING NATURAL TEETH BY X  
 TEETH REPLACED BY DENTURE     
 TEETH REPLACED BY FIXED BRIDGE

APPROVED Thomas H. Kasper Capt Station Dental Surgeon Thomas H. Kasper Capt Examining Dental Officer

*Handwritten signature and date: Thomas H. Kasper 10 Feb 44*

IDENTIFICATION SECTION  
MEMORIAL DIVISION

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL <i>Miller, Robert L.</i>			ARMY SERIAL NUMBER <i>18163422.</i>		GRADE <i>5/Sgt.</i>
HEIGHT <i>6'0"</i>	WEIGHT <i>144</i>	COLOR EYES <i>Brown</i>	COLOR HAIR <i>Brown</i>	SHOE SIZE <i>11-C</i>	DATE OF DEATH <i>Presumed - 30 Sept. 45.</i>

LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation)  
*670th Bomb Sq. (Ld), 416th Gp (Ld)*

PLACE OF DEATH OR PLACE LAST SEEN IF MIA  
*Over Bitburg, Germany - last seen - 29 Sept 44 plane hit by AAA fire and exploded*

LIST ALL CAMPS IN WHICH STATIONED IN U.S. PRIOR TO SERVICE OVERSEAS, WITH INCLUSIVE DATES AT EACH.

STATION	DATES
<i>Ft. Sill, Okla.</i>	<i>Dec 42 - Jan 43.</i>
<i>Sheppard Fld, Tex.</i>	<i>Jan 43 - Mar 43.</i>
<i>Gulfport Fld, Miss</i>	<i>Mar 43 - Aug 43</i>
<i>McArran Fld, Las Vegas, N. Mex.</i>	<i>Aug 43 - Oct 43.</i>
<i>Laurel AF, Miss.</i>	<i>Nov 43 - Not shown.</i>

FROM: WD, AGO CLINICAL RECORDS BRANCH  
AVAILABLE RECORDS FORWARDED HERewith

FRACTURES AND/OR BREAKS <i>None</i>	TATTOOS AND/OR BIRTH MARKS <i>None</i>
--	---

*15 Dec 42.*

DENTAL CHART

8	7	6	5	4	3	(2)	X	1	2)	3	4	5	6	7	8
UPPER RIGHT								UPPER LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
LOWER RIGHT								LOWER LEFT							

X - EXTRACTED      O - CARIOUS      / - CARIOUS NON-RESTORABLE

*J. J. ...*



TGRS / TSFET  
Form No. 10  
27-8-45

## REPORT OF INVESTIGATION-AREA SEARCHING

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

1. Was investigation preceded by Advance Publicity: Yes  
(if Special Investigation, so indicate)
  
2. Unidentified X-445 Hamm Gem. Unk. Unk. A.A.F.  
(Full name of deceased) (Rank) (ASN) (Organization)
  
3. State: Means of identification, i. e. identification, tags attached to marker, inscription on grave marker, cemetery records, townhall records, etc. and Source of Information, i. e., identification tags, identification cards, identification bracelet, leather name plate on flying jacket, clothing marks etc.  
None
  
4. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used; also name of nearest town:  
Grewenich Germany (WL 12-27) Sheet K 50 1/250,000 Trier GSGS 4346  
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
  
5. Full name of cemetery (include plot, row and grave if organized cemetery):  
Grewenich cemetery
  
6. Approximate or established date of death (state which and give basis for date selected):  
(Approx) Sept. 20. 1944 Stated by Buergermeister
  
7. Approximate or established date of burial (give basis for date established):  
(Approx) Sept. 22. 1944 Police Chief statement
  
8. Manner in which grave was marked, show information contained on the marker:  
No markings.
  
9. List personal effects found in possession of civilian and custodial personnel now retaining, furnishing name and address of individuals concerned:  
None
  
10. Furnish information obtained concerning place, and particulars surrounding death and burial; give the names and addresses of all persons furnishing such information (contact local Mayor, priest, police, hospitals, cemetery sextons or caretakers, those responsible for burial and others possessing important information):  
Daleiden, 21 Hauptstrasse Grewenich Germany (Buergermeister)  
Hammler, 10 Hauptstrasse Grewenich Germany (Police Chief)  
Busenbender, 4 Hauptstrasse Grewenich Germany (Clergy)
  
11. Give name and address of person who can guide disinterring team to burial location:  
Daleiden, 21 Hauptstrasse Grewenich Germany (Buergermeister)

12. Is this atrocity case... No. Is there evidence that it may be: No

If answer is yes, hat responsible War Crimes representative been notified: .....

13. Names and addresses of persons committing the atrocity or the military unit of which these persons were members: .....

Does not apply

14. If unidentified and a crew member of a plane or vehicle, indicate names of any other known crew members and state whether buried at this location or a survivor: .....

Does not apply

15. If unidentified, supply any of following information determinable:

a. Crew position in plane or vehicle: Unk.

b. Plane or vehicle serial number: Unk. Type: Unk.

c. Installed weapons:

Serial Number	Calibre & Mfgr.	Serial Number	Calibre & Mfgr.
<u>1091356</u>	<u>50</u>	<u>Unk.</u>	<u>Unk.</u>

d. Engine serial number: Unk. Type: Unk.

Propeller No.  
A.A.F. Ser.No. RR.-E 2917  
Part No. 6353 A-21

EDWARD G. DUNHAM  
3046 QM GR OO.

*Edward C. Dunham*  
Signature of Investigating Officer

2nd.Lt.Inf. 0-1338322  
Rank ASN

Disinterment approved by, (HQ Authorizing Exhumation): OO. 3046 QM GR OO.

Disinterment ~~and reburial~~ made by: Pfc. Lichtman

Date of ~~XXXX~~ reburial: 4 March 46

Place of ~~XXXX~~ reburial U. S. Military Cemetery: Hamm Luxembourg

Plot 00 Row 11 Grave 258

NOTE: Additional particulars regarding investigation:  
will be placed on additional sheet.

\* Cross out word n applicable.



Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs, etc.
*Headgear (type)	None			
Raincoat	None			
Overcoat	None			
Flyers Jacket, Field 1	None			
Jacket, Combat	None			
Mackinaw	None			
Sweater	None			
Jacket, HBT	None			
*Shirt, Wool OD	None			
Undershirt, Wool 1	Miller 3422 - 1170	0		
Undershirt, Cotton	None			
Trousers, HBT	None			
*Trousers, Wool OD	None			
Belt, Web	None			
Drawers, Wool	Miller 3422	130	0	
Drawers, Cotton	None			
Leggings	None			(note unusual lacing)
Wool Socks Cotton	None			
*Shoes (type) 1	Flying boot furlined	size 11		
Overshoes	None			
Web				
Equipment (type)	None			
(other item)				
(other item)				

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

Chevrons or None Shoulder Patch None

Insignia (type & location; shirt, jacket, coat, helmet)

Description of Remains:

Age Unk. Height      Weight      Description of wounds [Disturbing text redacted]  
 (years) (ft-in) (lbs)

Bandages or dressings None Scars [redacted]  
(length, width, location)

Tattoos [redacted]  
(Member, location - illustrate on sep. page)

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

Sunburn or tan, other than hands and face [Disturbing text redacted]  
Tobacco stain on fingers or teeth

Complexion [redacted] (designate where, extent) Build Medium  
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)

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

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

Eyes [redacted] Eyebrows [redacted]  
(color, setting, shape) (color, bushiness, extend across nose)

Nose [redacted] Ears [redacted]  
(size, shape, straight) (size, set close to or far from head)

Forehead [redacted] Mouth [redacted] Lips [redacted]  
(high, wide, wrinkled) (large, medium, small) (small, large, full)

Tooth [redacted]  
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)

Chin [redacted] Cheekbones [redacted]  
(prominent, receding, pointed, dimple, double) (high, normal)

Jaw [redacted] Circumference of head in inches [redacted]  
(large, small, normal) (hat band)

Neck [redacted] Larynx [redacted] Shoulders [redacted]  
(size, long, short, normal, wrinkled) (prominent, normal) (broad)

Arms [redacted]  
straight, small, rounded) (length) (muscular, color, extent & quantity of hair)

Hands [redacted] (vaccination scar, size of wrists) large, small, normal, calloused noticeably)  
(marks on fingers indicating that rings were worn)

Fingers \_\_\_\_\_  
(shape, \_\_\_\_\_, long, slender; size of knuckles) (missing fingers or joints)

(unusual characteristics of fingernails)

Chest \_\_\_\_\_  
(size of chest, color, quantity & extent of hair; large, small, normal)

Back \_\_\_\_\_ Waist Hair \_\_\_\_\_  
(quantity & extent of hair) (size of chest) (amount & color  
of hair) Circumcized \_\_\_\_\_ Pubic hair Brown Hernioplasty \_\_\_\_\_

Legs \_\_\_\_\_  
(inset) (muscular; knock-kneed, bowed, normal) (quantity, color & extent of hair)

Feet \_\_\_\_\_ Toes \_\_\_\_\_  
(size, shape, callouses; flat) (size, shape, light, crooked, overlap)

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

Black out parts of  
received at cemetery

[Disturbing text redacted]

Have photographs been made and attached \_\_\_\_\_ . If not, explain \_\_\_\_\_  
(yes-no) No equip

Have fingerprints been placed on GRS #1 \_\_\_\_\_ . If not, explain \_\_\_\_\_  
(yes-no)

Has tooth chart been prepared? \_\_\_\_\_ . If not, explain \_\_\_\_\_  
(yes-no)

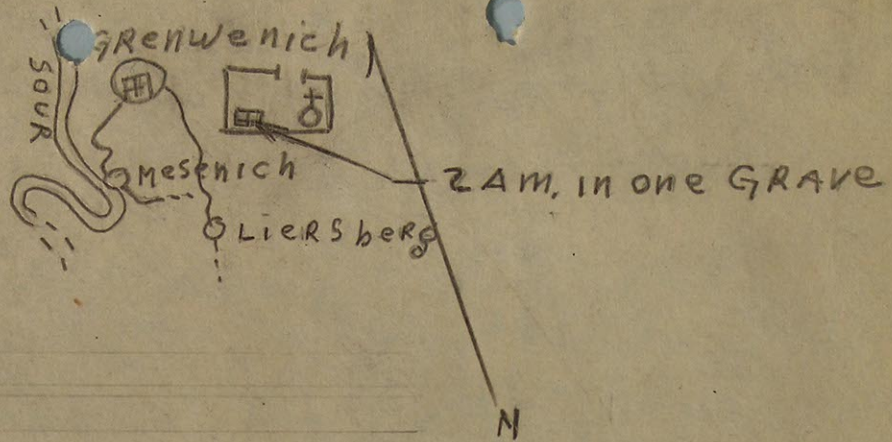
Remarks \_\_\_\_\_

*Edward C. Durham*

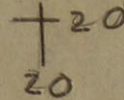
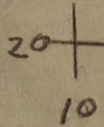
EDWARD C. DURHAM

2nd. Lt. Inf. O-1338322

3046 QM GR COY



- 1. X-445
- 2. X-471



Sheet VI  
 Neunkirchen Sheet  
 Scale: 1/100,000  
 G.S.G.S. 4416  
 Nord De Guerre  
 Grid

10 Feb 1948

Report of Death issued 21 January 1947. A copy  
is being forwarded to this office this date.

E. F.

(Date of Death 29 Sept. 1944)

**SENSITIVE SURFACE - HANDLE EDGES ONLY**

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

REPORT OF DEATH

DATE 21 Jan 47 eww

FULL NAME <b>Miller, Robert L.</b>		ARMY SERIAL NUMBER <b>18 163 422</b>	GRADE <b>S/Sgt</b>
HOME ADDRESS <b>Pryor, Oklahoma</b>		ARM OR SERVICE <b>AC</b>	DATE OF BIRTH <b>25 Jan 24</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>29 Sep 44</b>
STATION OF DECEASED <b>European Area</b>	DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>15 Dec 42</b>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Mrs. Thelma Barnett (mother) Box 851, Pryor, Oklahoma**  
 BENEFICIARY (Name, relationship, and address)  
**Thelma Miller Barnett (mother) same as above**  
**Neikmer Jackson Miller (father) 222 East First Street, Claremore, Oklahoma**

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  BATTLE  NON-BATTLE

Finding of death has been issued previously under Sec 5, Public Law 490, 7 Mar 42, as amended, showing presumed date of death 30 Sep 45. This report of death based on information received since that date, is issued in accordance with Sec 9 of said act, and its effect on prior payments and settlements is as prescribed in Sec 9.

BY ORDER OF THE SECRETARY OF WAR

*Amundson*

FILE

ADJUTANT GENERAL



**SPECIAL**

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

**-BATTLE CASUALTY REPORT**

1947 JAN 15  
15  
57

AG 201	NAME <b>MILLER ROBERT L</b> ASN 18 163 422	GRADE <b>S SGT</b> <b>SON</b>	DATE CAS. REPORT RECEIVED
NAME AND ADDRESS OF E. A.	MRS THELMA BARNETT P O BOX 851 FRYOR OKLAHOMA		DATE TELEGRAM SENT <i>20 Jan 47</i>

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE 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.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR **SON**

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
<b>S/SGT</b>	<b>MILLER, ROBERT L.</b>	<b>18163422</b>	<b>AC</b>	<b>ETO</b>		<b>015035- U-1X</b>
TYPE OF CASUALTY		PLACE OF CASUALTY	DATE OF CASUALTY			CASUALTY CODE
<b>KILLED IN ACTION</b>		<b>IN</b>	<b>29</b>	<b>SEP</b>	<b>44</b>	

REMARKS: **AG 201 /17 DEC 46/**  CORRECTED COPY

MSG FORM, HQ USFET. STATUS CHANGED FM PDD 30 SEP 45 TO KIA, U PROJ, BASED ON RPT OF BURIAL. REBURIED IN GRAVE 258, PLOT GG, ROW 11, US MIL CEMETERY, HAMM LUXEMBOURG. NO FURTHER INFO AVAILABLE SURROUNDING THIS CAS. PL -- ETO.

FINDING OF DEATH HAS BEEN ISSUED PREVIOUSLY UNDER SEC 5, PUBLIC LAW 490, 7 MAR 42, AS AMENDED, SHOWING PRESUMED DATE OF DEATH 30 SEP 45. THIS REPORT OF DEATH BASED ON INFO REC'D SINCE THAT DATE, IS ISSUED IN ACCORDANCE WITH SEC 9 OF SAID ACT, AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS IS AS PRESCRIBED IN SEC 9.

Reports of death issued 21 Jan 47 ecw 21 Jan 47

**FILE**

ACTION BY COMPOSITE SECTION: REPORT VERIFIED <input checked="" type="checkbox"/>		FORM 43	AG 201 REQ.
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/>		OR CHARGED TO _____ DATE _____	
PREVIOUSLY REPORTED	NO <input type="checkbox"/>	YES <input type="checkbox"/>	(AS INDICATED BELOW):
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA
	<b>470</b>	<b>DED</b>	<b>30 Sep 45</b>
E. A. NOTIFIED		<b>30 Sep 45</b>	
FORWARDED TO	SPEC. IDEN.	C. & P.	TELEGRAM
			<input checked="" type="checkbox"/>
			LETTER
			<input type="checkbox"/>
			CERTIF.
			<input type="checkbox"/>
			F. REL.
			<input type="checkbox"/>
			CORRES.
			<input type="checkbox"/>
			REPAT.
			<input type="checkbox"/>
			S. R. & D.
			<input type="checkbox"/>
			NON-DE
REPORT NOT VERIFIED	NO FORM 43	NO CAS. BR. FILE	CHECKED BY <b>Brown</b>
			REVIEWED BY <b>John</b>
DISTRIBUTION "A"	<input type="checkbox"/>	<b>29</b> COPIES	DISTRIBUTION "B" <input type="checkbox"/>
			COPIES



SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATH

DATE 21 Jan 47 evw

FULL NAME <b>Miller, Robert L.</b>		ARMY SERIAL NUMBER <b>18 163 422</b>		GRADE <b>S/Sgt</b>	
HOME ADDRESS <b>Pryor, Oklahoma</b>		ARM OR SERVICE <b>AC</b>		DATE OF BIRTH <b>25 Jan 24</b>	
PLACE OF DEATH <b>European Area</b>		CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>29 Sep 44</b>	
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>15 Dec 42</b>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address)					
<b>Mrs. Thelma Barnett (mother) Box 851, Pryor, Oklahoma</b>					
BENEFICIARY (Name, relationship, and address)					
<b>Thelma Miller Barnett (mother) same as above</b>					
<b>Neikmer Jackson Miller (father) 222 East First Street, Claremore, Oklahoma</b>					
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (Specify below)					
YES	NO				
ADDITIONAL DATA AND/OR STATEMENT					
<input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE					
<p>Finding of death has been issued previously under Sec 5, Public Law 490, 7 Mar 42, as amended, showing presumed date of death 30 Sep 45. This report of death based on information received since that date, is issued in accordance with Sec 9 of said act, and its effect on prior payments and settlements is as prescribed in Sec 9.</p>					
<p>BY ORDER OF THE SECRETARY OF WAR</p> <p><i>Amunext</i></p> <p>ADJUTANT GENERAL</p>					



Form prescribed by  
Comptroller General, U.S.  
7 October 1944

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

4154

**FINDING OF DEATH OF MISSING PERSON**

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Staff Sergeant Robert L. Miller, Army Serial Number 18,163,422, Air Corps,

to be dead. He was officially reported as missing in action as of the 29th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 30th day of September, 1945.

2

BY ORDER OF THE SECRETARY OF WAR  
*George F. Herbert*  
ADJUTANT GENERAL  
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA <b>European</b>	FLYING STATUS <b>Yes</b>	JUMP STATUS <b>No</b>	LINE OF DUTY <b>Yes</b>	OWN HIS-CONDUCT <b>No</b>	ON DUTY STATUS <b>Yes</b>	ABSENCE AUTH'D.
PREVIOUS REVIEWS <b>None</b>						
DATE OF BIRTH <b>25 Jan 1924</b>	HOME ADDRESS <b>Pryor, Oklahoma</b>	DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>15 Dec 1942</b>	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
		YEARS		MONTH	DAYS	
		<b>Under</b>		<b>three</b>	<b>years</b>	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
<b>Mrs. Thelma Barnett</b>	<b>Mother</b>	<b>Box 851 Pryor, Oklahoma</b>

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
<b>Thelma Miller Barnett</b>	<b>Mother</b>	<b>Box 851 Pryor, Oklahoma</b>
<b>Neikmer Jackson Miller</b>	<b>Father</b>	<b>222 East First Street Claremore, Oklahoma</b>

REMARKS

Distribution 56

Circumstances of disappearance: Subject person became missing in action when the aircraft in which he was a crew member was hit by enemy fire and exploded in mid-air while over the target, Bitburg, Germany.

FILE  
OCT 3 1945  
DCC

WD AGO FORM 0353  
1 FEB 1945

THIS FORM SUPERSEDES WD AGO FORM 0353, 1 NOVEMBER 1944,  
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

*aid*

**SENSITIVE SURFACE - HANDLE EDGES ONLY**

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

275.182 file wcc  
 DATE 21 Jan 47 eww

REPORT OF DEATH

FULL NAME <b>Miller, Robert L.</b>		ARMY SERIAL NUMBER <b>18 163 422</b>	GRADE <b>S/Sgt</b>						
HOME ADDRESS <b>Pryor, Oklahoma</b>		ARM OR SERVICE <b>AC</b>	DATE OF BIRTH <b>25 Jan 24</b>						
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>29 Sep 44</b>						
STATION OF DECEASED <b>European Area</b>	DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>15 Dec 42</b>	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		YEARS	MONTHS	DAYS			
YEARS	MONTHS	DAYS							

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Mrs. Thelma Barnett (mother) Box 851, Pryor, Oklahoma**  
 BENEFICIARY (Name, relationship, and address)  
**Thelma Miller Barnett (mother) same as above**  
**Neikmer Jackson Miller (father) 222 East First Street, Claremore, Oklahoma**

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
										YES	<input checked="" type="checkbox"/>	NO	

ADDITIONAL DATA AND/OR STATEMENT  BATTLE  NON-BATTLE

Finding of death has been issued previously under Sec 5, Public Law 490, 7 Mar 42, as amended, showing presumed date of death 30 Sep 45. This report of death based on information received since that date, is issued in accordance with Sec 9 of said act, and its effect on prior payments and settlements is as prescribed in Sec 9.

BY ORDER OF THE SECRETARY OF WAR

*Ammerst*

ADJUTANT GENERAL

Form prescribed by  
Comptroller General, U. S.  
7 October 1944

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

275,182  
4154  
JR

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Staff Sergeant Robert L. Miller, Army Serial Number 18,163,422, Air Corps,

to be dead. He was officially reported as missing in action as of the 29th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 30th day of September, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Herbert

ADJUTANT GENERAL  
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA	FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MIS-CONDUCT	ON DUTY STATUS	ABSENCE AUTH'D.
European	Yes	No	Yes	No	Yes	
PREVIOUS REVIEWS						
None						
DATE OF BIRTH	HOME ADDRESS	DATE OF ENTRY ON CURRENT ACTIVE SERVICE	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH)			
25 Jan 1924	Pryor, Oklahoma	15 Dec 1942	YEARS	MONTH	DAYS	
			Under	three	years	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mrs. Thelma Barnett	Mother	Box 851 Pryor, Oklahoma

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Thelma Miller Barnett	Mother	Box 851 Pryor, Oklahoma
NAME	RELATIONSHIP	ADDRESS
Neikmer Jackson Miller	Father	222 East First Street Claremore, Oklahoma

REMARKS

Distribution 56

Circumstances of disappearance: Subject person became missing in action when the aircraft in which he was a crew member was hit by enemy fire and exploded in mid-air while over the target, Bitburg, Germany.

WD AGO FORM 0353  
1 FEB 1945

THIS FORM SUPERSEDES WD AGO FORM 0353, 1 NOVEMBER 1944,  
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

*ML*

275182

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

-BATTLE CASUALTY REPORT

NAME		SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
MILLER ROBERT L		18163422		S SG	AC	ETO
PLACE OF CASUALTY		DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER
GERMANY9		29	SEP 44	H	MIA	217

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 THELMA BARNETT	MOTHER	19 OCT 44 bmi
NO. AND NAME OF STREET—CITY—STATE		
1315 WALNUT MUSKOGEE OKLAHOMA		

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  REVIEWED BY

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

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

DISTRIBUTION "A"  37 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.

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

T  
 QMGM 293  
 Miller, Robert L.  
 S/Sgt. 18163422

275182

25 February 1948  
 DATE

SUBJECT: Identification of Former Unknown Deceased

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

1. The remains previously interred as Unknown X- 445,  
 Plot GG, Row 11, Grave 258, USMC Hamm  
Luxembourg, have been identified by the Graves  
 Registration Service in the Field as those of S/Sgt. Robert L. Miller  
18163422 whose emergency addressee  
 is: Mrs. Thelma Barnett (Mother)  
Box 851, Pryor, Oklahoma

2. The identification as established has been approved by the  
 Identification Board of Review, this office.

BY COMMAND OF MAJOR GENERAL LARKIN:

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

*file  
 ell*

FEB 26 8 53 AM '48  
O.D.M.G.  
MAIL & RECORDS BRANCH

FEB 26 1948  
MAIL ROOM  
KANSAS CITY, MO.  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

275182

RTB:JS:fj  
January 14, 1946

Mr. Neikmer Jackson Miller  
Route 3, Box 17-C  
Claremore, Oklahoma

Dear Mr. Miller:

This acknowledges your recent letter, relative to the personal effects of your son, Staff Sergeant Robert L. Miller.

I wish to advise that your son's belongings were received here during the time he was listed as missing in action. Inasmuch as our records indicates his mother, Mrs. Thelma Barnett, Post Office Box 851, Pryor, Oklahoma, was the next of kin, the effects were sent her for safe-keeping on behalf of the owner, pending final determination of his status.

In view of the circumstances, it is suggested that you contact Mrs. Barnett regarding your son's effects.

Yours very truly,

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

224  
1-15-46

275182

88

INQUIRY CLERK

Claremore, Oklahoma  
January 8, 1946

*sh file fg*

Army Effects Bureau  
Kansas City, Missouri

To Whom It May Concern:

I am writing this letter in the interests of my son, Staff Sgt. Robert L. Miller, who was reported missing in action September 29, 1944 and was declared officially dead in September of 1945. He was attached to the 670 Bomb Squadron, 416 Bomb Group, A. P. O. 638, Postmaster, New York, New York. His Army serial number was 18163422.

I would like information as to who received his personal belongings. You may send this information to the following address:

Mr. N. J. Miller  
Route 3, Box 17-C  
Claremore, Oklahoma

Thank you.

Yours very truly,

*Freihner Jackson Miller*

*sh*



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

(S-6-14-45)

JRM:MH:bo

April 14, 1945

In Reply Refer To: 275182

Mrs. Thelma Barnett  
Post Office Box 851  
Pryor, Oklahoma

*file*  
*gl*

Dear Mrs. Barnett:

The Army Effects Bureau has received some personal effects belonging to your son, Staff Sergeant Robert L. Miller.

This property is being forwarded to you in one carton, and should reach you in the near future.

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 son.

Yours very truly,

P. L. KOOB  
2nd Lt. Q.M.C.  
Officer-in-Charge  
SJ Unit

Incl--  
Envelope

Receipt acknowledged:

*Mrs. Thelma Barnett*  
(Signature of Bailee)

*4-23-45*  
(Date)

MEMORANDUM FOR THE DIRECTOR  
FROM: SAC, NEW YORK  
SUBJECT: [Illegible]

The New York Office has received information  
regarding the activities of [Illegible]  
in the New York area. It is noted that  
[Illegible] has been active in the  
New York area since [Illegible].  
It is suggested that the New York Office  
continue to monitor the activities of  
[Illegible] in the New York area.  
Very truly yours,  
[Illegible]

68-24134

Very truly yours,  
[Illegible]

Approved: [Illegible]

Special Agent in Charge

ARMY SERVICES FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Thelma Barnett  
Post Office Box 851  
S/Sgt. Robert L. Miller  
Pryor, Oklahoma

Effects of: Name 18163422  
ASN 275182 M  
Case No.  
Wt.

DATE 14 April 1945  
JRM:MH:bo

*Bales*  
FOR: Effects Quartermaster

REMARKS:  
\_\_\_\_ Inclose Bureau Check  
\_\_\_\_ Acct. No. \_\_\_\_\_  
\_\_\_\_ Amount \_\_\_\_\_  
\_\_\_\_ Inclose "Valuables" item  
\_\_\_\_ Ship "Valuables" item(s)  
\_\_\_\_ Remove G.I.  
\_\_\_\_ Note discrepancy in \_\_\_\_\_  
\_\_\_\_ Films removed  
\_\_\_\_ Diary removed  
\_\_\_\_ Laundry removed

ROUTING:  
\_\_\_\_ Accounting Branch  
1 Warehouse Division  
2 Files Branch, Adm. Div.

*1 Ctu*

REMARKS:  
Franked *5/10/45*  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages *1*

APR 20 1945

*PAJ*

Shipping Clerk

PACKAGE DESCRIPTION

#1 etc

ARMY EFFECTS BUREAU INVENTORY

275,182  
YAB

DECEASED  
MISSING  
P. W.  
ABANDONED

TALLY NO. 76610

INV. DATE 29 MAR 45

ORIG. NO. OF PKGS. 1

BOX NO.

SHEET 1 OF SHEETS

ORGANIZATION  
670th BBSG (L)  
416-13688

NAME Robert L Miller  
A.S.N. 18163422 RANK SISgtr

BELT		TOWELS & WASHCLOTHS		WINGS	
BELT, MONEY (NO MONEY)	X	CLOTHING		BAGS, CLOTH OR TRAVEL	
CLOTH, WASH	X	BRACELET IDENT.		ROLLFOLD, (NO MONEY)	
COATS		BRUSHES		CASE	
FOOTWEAR, PR.		CAMERS		FOOTLOCKER	
GLOVES, PR.		GLASSES		2 KIT, SEW, TLT, OR WRITING	
HANDKERCHIEFS		KNIVES		BOOKS	
HEADWEAR		LIGHTERS		BOOKS, ADDRESS	
JACKETS		MISC. INSIGNIA		BOOKS, PILOT LOG	
OVERCOATS		PEN, FOUNTAIN		DIARY (REMOVED FOR DMS)	
SCARFS		PENCIL, MECHANICAL		FILMS	
SHIRTS		PIPES		LETTERS	
SOCKS, PR.		RELIGIOUS ARTICLES		PAPERS, PERSONAL	
TIES		RIBBONS, DECORATION		PHOTOS	
TOWELS		RINGS		SHOE SHINE ARTICLES	
TROUSERS, PR.		TOB-ACC		SHORT SHORTER	
TRUNKS, PR.		TOILET ARTICLES		SOUVENIRS	
UNDERWEAR		WATCH		SOUVENIR MONEY	
				STATIONERY	
				TESTAMENTS	
				U.S. MONEY (AMOUNT)	

REMARKS no sup. Rechecked

ATTACHMENTS X FORM #54 FORM #110

C.A.T. done

WAREHOUSE SPAC 2610

INVENTORIED BY [Signature]

PACKED BY [Signature]

STORED BY [Signature]

CHECKED BY [Signature]

WEIGHT	G.I. REMOVED
	SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED
	DIARY REMOVED
DATE SHIPPED APR 20 1945	LOCKED STORAGE
	LAUNDRY REMOVED
NO. OF ADDITIONAL	FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

U. S. GOVT. CHECK SHORT

*1 Cigarette Lighter*

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED





WAR DEPARTMENT  
KANSAS CITY QUARTERMASTER DEPOT  
601 HARDESTY AVENUE  
KANSAS CITY, MISSOURI

MEMORANDUM No. 10

11 June 1943

TO: Army Effects Bureau Personnel:

1. Effective immediately, all Army Effects Bureau employees who leave the Bureau prior to the regular closing hour must report this action, in person, either to Mrs. Darnall or Miss Tinkler, who are held responsible for the maintenance of accurate attendance records.
2. All employees are also required to call Station 6, this Bureau, prior to 10 o'clock A.M. on any occasion when they do not report for work and have not secured written permission for leave.
3. Failure to comply with the above, may result in the individual's being charged with leave without pay.

L. E. MALLINCKRODT  
2nd Lt. Q.M.C.  
Asst. Effects Quartermaster

275182  
mf

JW/eqs

CASUALTY BRANCH  
The Adjutant General's Office  
Washington

30 November 1944.

MISSING

~~AGPC-G~~ AGPC-G 201 Miller, Robert L.  
(22 Nov 44) 18163422

MEMORANDUM FOR RECORD

SUBJECT: Change of Address of Emergency Addressee.

A communication has been received from Mrs. Thelma Barnett, mother,  
relative to Staff Sergeant Robert L. Miller, 18163422, who has been  
missing in action since 29 September 1944, in Germany.

requesting that the records of this office be amended as follows:

FROM  
Mrs. Thelma Barnett, mother,  
1315 Walnut,  
Muskogee, Oklahoma.

TO  
Mrs. Thelma Barnett, mother,  
Post Office Box 851 or 404 S. East 4th St  
Pryor, Oklahoma.

ARMY EFFECTS BUREAU  
RECEIVED  
DEC 5 1944

Samuel J. Cole  
Major, A. G. O.

Copies Furnished:

Adjutant General.

Director, Bureau of Public Relations  
Effects Quartermaster, Kansas City, Mo.  
C. G., Army Air Forces (If Air Corps Personnel)  
Cas. Pay Rec. Bureau, FD  
Gravelly Point, Bldg., T-7.  
AG 201 file

A.G.O.  
1 DEC 1944  
DISPATCHED  
INVEST & CORRIGE  
SECTION



A-12/38/5

RETURN TO:  
MILITARY RECORDS BRANCH  
ARMY CORPS OF ENGINEERS UNIT  
Bldg. 12  
FRANKLIN & UNION STS.  
ALEXANDRIA, VA. 22314