

A.C.  
14ms

1st. LT.

O 747 902

T.

JOSEPH

SCHOUTEN,

293

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

TRANSFER SLIP

No. A4 306880

DATE OF REQUEST

11-16-50

<input checked="" type="checkbox"/> RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293. Schauter, Joseph T. D-447902									REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE			DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER						
	Hawkins - M. Lewis			FA 27m B						
RETURN TO	Departmental Records Branch 218 North Lee Street Alexandria, Virginia				DATE RETURNED		TO RETURN FILE, INITIAL HERE			
INSTRUCTIONS	When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.									

No. A4 306880

Departmental Records Branch, A4  
218 North Lee Street  
Alexandria, Virginia

**TRANSFER COUPON**

TO:

NOTE THAT FILE OF:

HAS BEEN TRANSFERRED TO: (Name)

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

DATE

SIGNATURE

No. A4 306880

Departmental Records Branch, A4  
218 North Lee Street  
Alexandria, Virginia

**TRANSFER COUPON**

TO:

NOTE THAT FILE OF:

Schauter, Joseph T.

HAS BEEN TRANSFERRED TO: (Name)

M. Lewis

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

FA

DATE

11-17-50

SIGNATURE

Self

CMB JEW

Interred 12 April 1949  
 O-26-31 USMC St Laurent

**DISINTERMENT DIRECTIVE**

C. W. HEMSTRA  
 1 Lt Inf. Interring Officer

SECTION A — NAME AND BURIAL LOCATION OF DECEASED  
 DIRECTIVE NUMBER **3572 01731**  
 DATE **15 04 48**  
DAY MONTH YEAR

NAME **SCHOUTEN JOSEPH T** SERIAL NUMBER **0-747902** RANK **1 LT** ARM **1**  
DATE OF DEATH

CEMETERY **ST ANDRE - EVREUX** DISPOSITION OF REMAINS **1 3505 80**  
DAY MONTH YEAR  
CODE DIST. PT.

PLOT **H** ROW **8** GRAVE **143** COUNTRY **FRANCE** CAUSE OF DEATH **2**

SECTION B — CONSIGNEE AND NEXT OF KIN *Flag sent 12 April 1949*

NAME AND ADDRESS OF CONSIGNEE **ST. LAURENT, FRANCE**  
 NAME AND ADDRESS OF NEXT OF KIN **MRS. MARY M. SCHOUTEN (MOTHER)  
 1628 WEST BALMORAL AVENUE  
 CHICAGO, ILLINOIS**

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME **SCHOUTEN, Joseph T.** SERIAL NUMBER **0-747902** RANK **1/Lt** DATE OF DEATH **17 Jul 48** DATE DISTINTERRED **17 Jul 48**

IDENTIFICATION TAG ON  REMAINS  MARKER ORGANIZATION **USAAF** RELIGION **Catholic** IDENTIFICATION VERIFIED BY **H. A. GENTZEL, Embalmer**  
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **Parachute** CONDITION OF REMAINS **[Disturbing text redacted]**

OTHER MEANS OF IDENTIFICATION **Name printed on uniform. GRS tag on marker.**

MINOR DISCREPANCIES **None**  
 I certify that the entries on this form are true copies of the entries on Copy No. 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

REMAINS PREPARED AND PLACED IN **CASKET** **Transfer Case of the person whose name is typed hereon**  
 DATE **19 Jul 48** BY **H. A. GENTZEL**

CASKET SEALED BY **HENRY CANTRELL** EMBALMER (Signature) *D. A. MacKenzie Capt Inf*

CASKET BOXED AND MARKED **SHIPPING ADDRESS VERIFIED BY** All markings, tags and plates verified by: **D. A. MAC KENZIE, CAPT., INF.**

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

**JOHN A. FAGAN, 1st Lt., Cav.**

SIGNATURE OF GRS INSPECTOR

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

**FILE**  
**14 JUN 1949**  
 REPATRIATION BRANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC ST. ANDRE		TO USMC ST. LAURENT	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER PVT TOPALI	
SIGNATURE OF SHIPPER R. B. HOWARD, 1st Lt., Inf.	DATE 10Sep48	SIGNATURE OF RECEIVER D. A. MAC KENZIE, CAPT., INF.	DATE 10Sep48
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 CHICAGO ILLINOIS	
SIGNATURE OF SHIPPER ST. LAURENT FRANCE	DATE	SIGNATURE OF RECEIVER MRS. MARY M. SCHOLLEN (WOLFE)	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

7EM

3 June 1949

1st Lt Joseph T. Schouten, ASN O 747 902  
 Plot D, Row 26, Grave 33  
 Headstone: Cross  
 St. Laurent (France) U. S. Military Cemetery

Mrs. Mary M. Schouten  
 1628 West Balmoral Avenue  
 Chicago, Illinois

Dear Mrs. Schouten:

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

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

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

Sincerely yours,

H. FELDMAN  
 Major General  
 The Quartermaster General

lhc

JUN 6 2 11 PM '49  
 OCMC MAR BR

*bt*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION COMMAND  
EUROPEAN AREA  
APO 58 US ARMY

RRE 200.2

Date 9 DEC 1948

SUBJECT : Reprocessing of Remains

TO : The Quartermaster General  
2nd & T Sts. S.W.  
Washington 25, D.C.

*293*

The remains of SCHOUTEN, Joseph T., O-747902  
interred in Plot H, Row 8, Grave 143, USMC St. Andre  
France, have been reprocessed and the information  
not previously forwarded to your Headquarters is herewith submitted.

HEIGHT : Est. 6' 3/4"

HAIR : Dark Brown 1"

Remains Received in Casket.

Estimated Weight Processed Remains : [REDACTED]

Teeth Charted, Chart Attached.

Evident Cause of Death : [REDACTED]

[Disturbing text redacted]

Recasketed, Released to Storage USMC St. Laurent.

FOR THE COMMANDING GENERAL :

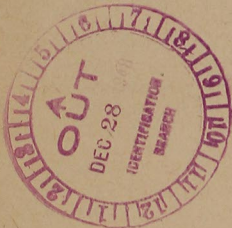
*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt            QMC  
Actg Asst Adj Gen

2 Incls. :

1. Dental Chart
2. Skeletal Chart

Incl # 8

*Vale*  
MA T  
Dec 27. 48  
Kelly  
Gd Br.



**TOOTH CHART**

USMC St. Andre  
H : 8 :143

3 November, 1948

Date

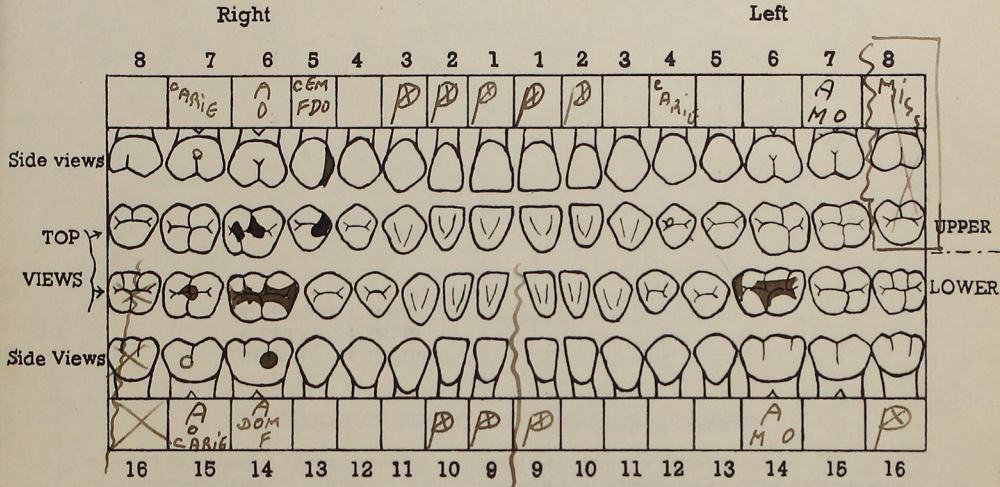
SCHOUTEN Joseph T. 1/Lt

0-797902

Last Name First Initial Grade Serial No.

Unit Organization

Place of Death Date of Death Cause of Death



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

CERTIFIED TRUE COPY :

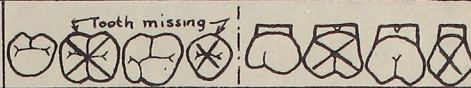
*George L. Freeman*  
GEORGE L. FREEMAN  
1st Lt QMC

/s/ Robert M. Howard  
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

S.P.

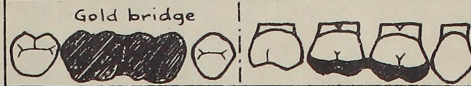
**MISSING TEETH**.. All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



**CROWNED TEETH**... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



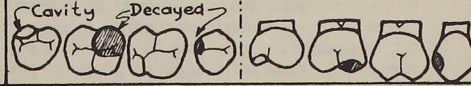
**BRIDGE WORK**... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



**FILLINGS**.. Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



**CARIES (CAVITIES)**. Outline location and size of cavity, shade in thus :



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

**ADDITIONAL SPACE FOR FURTHER REMARKS**

SIZE : Medium  
 COLOR : White  
 ALIGNMENT : Good

SKULLETAL CHART

3 November, 1948

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

23 Vertebrae

SCHOUTEN, Joseph T.

O-747902

USMC St. Andre

H : 8 : 143

36.5-----

27.2-----

[Disturbing  
text  
redacted]

-----28.6

-----27.2

50.3-----

DENTAL CHART

Name: *Schouten Joseph T*  
*0-747902*

Unknown X-

R-8  
R-7  
R-6  
R-5  
R-4  
R-3  
R-2  
R-1

R-8  
R-7  
R-6  
R-5  
R-4  
R-3  
R-2  
R-1

[Disturbing  
text  
redacted]

L-1  
L-2  
L-3  
L-4  
L-5  
L-6  
L-7  
L-8

L-1  
L-2  
L-3  
L-4  
L-5  
L-6  
L-7  
L-8

R-16  
R-15  
R-14  
R-13  
R-12  
R-11  
R-10  
R-9

R-16  
R-15  
R-14  
R-13  
R-12  
R-11  
R-10  
R-9

L-9  
L-10  
L-11  
L-12  
L-13  
L-14  
L-15  
L-16

L-9  
L-10  
L-11  
L-12  
L-13  
L-14  
L-15  
L-16

*Est. 6' 3/4" Height*  
*Hair Dark Brown*

*Height 5'9" and 5'9 1/2"*  
*Weight 137 and 147*  
*Hair Brown*  
*eye Brown*  
*Shoe size 8 1/2 D*

**\*REPORT OF DENTAL SURVEY**

**UPPER TEETH**

Right				Left										
8	7	6	5/4	3	2	1	1	2	3	4	5	6	7	8
			○											X

**LOWER TEETH**

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

CLASS II

Occlusion X: Calculus: Slight, Medium, Heavy

Periodontoclasia None

Dental foci suspected: Yes  No

Other conditions \_\_\_\_\_

Date 1 December, 1943  
J. N. Kumpf  
 Dental Corps, U. S. A.

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

Teeth replaced by denture (horizontal line) 

X	X	X
---	---	---

Teeth replaced by fixed bridge (oval to include abutments) 

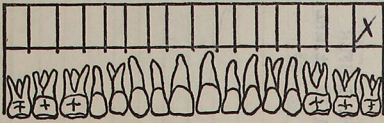
○	X	○
---	---	---



\*REPORT OF DENTAL SURVEY

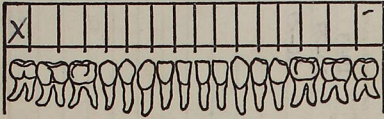
UPPER TEETH

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



LOWER TEETH

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



CLASS IV

Occlusion Fair: Calculus: Slight, Medium, Heavy

Periodontoclasia none

Dental foci suspected: Yes No

Other conditions

Date October 26, 1943

Capt. M. H. Laufer  
Dental Corps, U. S. A.

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

Teeth replaced by denture  
(horizontal line) 

X	X	X
---	---	---

Teeth replaced by fixed bridge  
(oval to include abutments) 

(X)
-----

REGISTER OF DENTAL PATIENTS AT

L.C.A.A.F. Lake Charles La  
 (1) SURNAME (2) CHRISTIAN NAME

Schouten Joseph T. (0747902)  
 (3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS

2nd Lt 671st B. Sq. 416th B.G.  
 (6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE, YEARS

20 W Ill 2 yrs

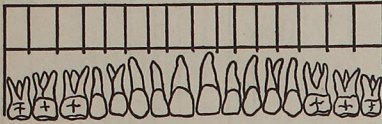
(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Calculus	Exam Clt PRLX 10-29 10-29	M.H. LAUFER Cl IV Rt. MHL 125 W3
<i>X-Ray</i>		
<i>R-16</i>	<i>10-26-43</i>	<i>V3</i>

*Wm J. L. Murphy*  
 Dental Corps, U. S. A.

\*REPORT OF DENTAL SURVEY

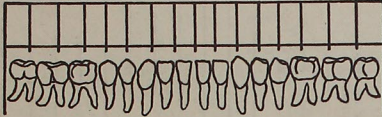
UPPER TEETH

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



LOWER TEETH

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



CLASS II

Occlusion .....: Calculus: Slight, Medium, Heavy

Periodontoclasia .....

Dental foci suspected: Yes No

Other conditions .....

Date March 8, 1943

Dental Corps, U. S. A.

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

Teeth replaced by denture
(horizontal line)



Teeth replaced by fixed bridge
(oval to include abutments)



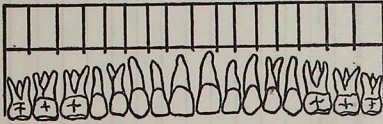


Date 5-19-42 1942

Report of Dental Survey

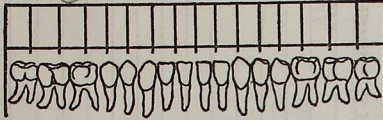
UPPER TEETH

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



LOWER TEETH

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



CLASS II

O Tooth crowned / Missing tooth

0/0 Fixed bridge / / / Partial denture

Occlusion ..... Periodontoclasia .....

\*Caries .....

Calculus: Slight, Medium, Heavy.

Dental foci suspected: Yes No

Other conditions .....

.....

.....

.....

.....

.....

.....

.....

.....

\*Indicate by tooth number.

8-10597



ON JOSEPH T RPT T SCHOUTEN 0747902 & 16037710 HT 69 1/2 IN ALSO SHOWN  
AS 69 IN WT 137 LBS ALSO SHOWN AS 147 LBS HAIR BROWN EYES BROWN  
COMPLEXION DARK FRAME MED BORN 23 SEP 23 SHOE SIZE 8 1/2D DENTAL  
CHART AT ENLMT DTD 9 JAN 42 TEETH MISSING R 8 16 L 8 16 WDAGO  
FORM 38 DTD 21 JUN 43 TEETH MISSING R 8 16 L 16 MED CARD FORM 52 DTD  
7 DEC 43 SHOWS QUOTE EXTRACTION IMPACTED 3RD RIGHT LOWER MOLAR UNQUOTE  
4 FORMS 79 BEING SENT

UNQUOTE EXTRACTION IMPACTED 3RD RIGHT LOWER MOLAR UNQUOTE  
23 DEC 48

47

RRE Form #43  
20 Sep 48

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

~~SCHOUTEN Joseph T 1 LT 0 747903~~  
(Last Name) (First Name) (Initial) (Rank) (ASN)

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

Incl #

STATION FILE

Pas de Calais 1460

QM-CR, CBS  
Form #304HEADQUARTERS  
CHANCE BARR SECTION  
APO 600, US ARMY  
Office of the QuartermasterREPORT OF INVESTIGATION OF ISOLATED GRAVE  
OR  
UNBURIED REMAINSDate 22 July 1945\*U.S. ~~Armed~~ ~~Army~~

1. Name, Rank, ASN of deceased: Schouten, Joseph T. O-747902 2/Lt.
2. Organization of deceased: 416 AB Co 1 671 AB Sq. 1.
3. Means of identification: Identification Tags.
4. Cause of death: killed in plane crash. 5. Date of death: 23 April 1944.
6. If isolated grave:
  - a. Date of burial: 3 May 1944
  - b. By whom buried: Compagnie d'ouvriers.
  - d. Inscription on marker: Schouten, Joseph 23 April 1944.
7. Location of grave/unburied remains: Graveyard near Church of Bonnières, France.  
(Be specific, sketch on reverse)
8. Names of deceased and location of other \*graves/unburied remains in immediate vicinity: No other US deceased buried in immediate vicinity.
9. Description and location of wrecked or abandoned vehicles or equipment in immediate vicinity: Unavailable.
10. Disposition of personal effects: (Itemize if possible) None.
11. Other pertinent information: Inf. on Ident. Tags; Joseph T. Schouten O-747902; 742-43; Blood Type "O"; Religion "C".
12. Information furnished by: Mayor of Bonnières, France.  
(Name, title, address)
13. Names and addresses of other persons familiar with the case: Unavailable.

(Over)

14. Action taken: Remains disinterred 20 July 1945 and taken to 2nd Lt. Cos.,  
St. Andre de l'Eure, France.

Disinterment approved by: CCOM CREP Des de Calais 1460

Disinterment made by: Det "A" 4th Plat. 3049 2nd Gr Reg Co.

\*Burial/Reburial made by: 605th 2nd Graves Reg. Co.

Date of \*burial/reburial: 24 July 1945

Place of \*burial/reburial U. S. Military Cemetery: St. Andre Mil. Cemetery

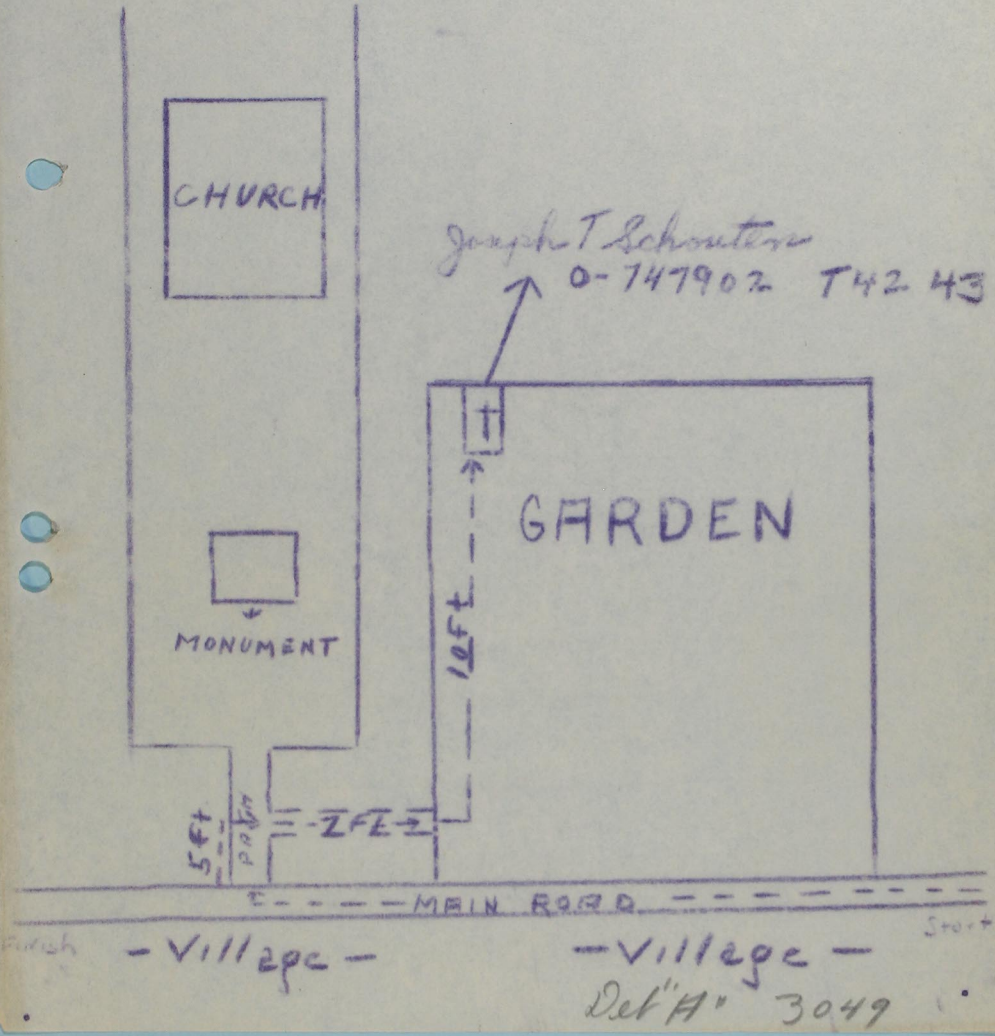
Plot 7 Row 8 Grave 143

Robert T. Huff  
ROBERT T. HUFF  
 Signature of Investigator

2/lt., GIC 2-120407  
 Rank, ASN

\*Cross out where not applicable

Bonniegas



AMERICAN.

Ref. No. 40/20/12 Army Form V 3314 (Page of 100)

PAS-DE-CALAIS

SERIAL No.	UNIT	RANK and ARMY NUMBER	NAME and INITIALS
1	A.A.A.E.	T 4943	SOHOTEL, J.T.
2			
3			
4	St. Anne H-8-143		
5			



COUNTRY Belgium & N.E. France.  
 Communal Cemetery  
 CEMETERY DOMINIEUX  
 MAP REF. or LOCATION DETAILS 1/100000  
Sheet 10, LENS, (N-097971)

SERIAL	PLOT	ROW	GRAVE
1			
2			
3			
4			
5			
6			

SERIAL No.	MEANS OF IDENTIFICATION OF BODY	RELIGION	DATE OF DEATH
1	Particulars from cross		
2			
3			
4			
5			
6			

SIGNATURE AND DESIGNATION OF CHAPLAIN OR BURIAL OFFICER  
of Graves Registration Officer

(Signature) *A. L. ...*  
40 Graves Registration Unit

Date 30th JUNE 45

AMERICAN.

Ref. No. 10/20/12 Army Form W. 3314  
(Pairs of 100)

SERIAL No.	UNIT	RANK and ARMY NUMBER	NAME and INITIALS
1	A.A.A.E.	T 4943	SCHOTTEL, J.T.
2			
3			
4			
5			

COUNTRY Belgium & N.E. France,  
Communal Cemetery  
 CEMETERY BONNETIERES  
 MAP REF. or LOCATION DETAILS 1/100000  
Sheet 10, LENS, N 097971

SERIAL	PLOT	ROW	GRAVE
1			
2			
3			
4			
5			
6			

SERIAL No.	MEANS OF IDENTIFICATION OF BODY	RELIGION	DATE OF DEATH
1	Particulars from cross	.....	
2			
3			
4			
5			
6			

SIGNATURE AND DESIGNATION OF CHAPLAIN OR MILITARY OFFICER  
of Graves Registration Officer

(Signature) *A. B. ...*

40 Graves Registration Unit

Date 30th JUNE 45

Ref. No. 40/20/12 Army Form V, 2314  
(Pads of 100)

SERIAL No.	UNIT	RANK and ARMY NUMBER	NAME and INITIALS
1	A.A.A.E.	T 4943	SCHERER, J.T.
2			
3			
4			
5			

COUNTRY	CEMETERY	MAP REF. or LOCATION DETAILS	SERIAL	PLOT	ROW	GRAVE
Belgium & N.E. France,	Communal Cemetery	1/100000	1			
	BONHEURE		2			
			3			
			4			
			5			
			6			

98126; Wt. 48299/140. 21M Hts. 3/44. J.D. 61-8975.

SERIAL No.	MEANS OF IDENTIFICATION OF BODY	RELIGION	DATE OF DEATH
1	Particulars from cross		
2			
3			
4			
5			
6			

SIGNATURE AND DESIGNATION OF CHAPLAIN OR BURIAL OFFICER  
of Graves Registration Officer

(Signature) *A. L. ...*

40 Graves Registration Unit

Date 30th JUN 45

To: Isolated Burials <sup>1450</sup>

from AG Cas. (C)

Note: Underline all corrections  
Dummy Card or Green Card  
Furnish all references  
Typed or written on Card.

M/C 19 July

CHECK SLIP

Verification:

Name SOHOTEH, A. T.

ASN T 4943 Rank \_\_\_\_\_

Organization \_\_\_\_\_

Present Status \_\_\_\_\_ Date \_\_\_\_\_ ECR \_\_\_\_\_

Initial Status \_\_\_\_\_ Date \_\_\_\_\_ ECR \_\_\_\_\_

Secondary Status \_\_\_\_\_ Date \_\_\_\_\_ ECR \_\_\_\_\_

Third Status \_\_\_\_\_ Date \_\_\_\_\_ ECR \_\_\_\_\_

Fourth Status \_\_\_\_\_ Date \_\_\_\_\_ ECR \_\_\_\_\_

Fifth Status \_\_\_\_\_ Date \_\_\_\_\_ ECR \_\_\_\_\_

Number File: ASN \_\_\_\_\_  
(Lt. Suick) Name \_\_\_\_\_

P.O.W. File: ASN \_\_\_\_\_  
(CMRU) Name \_\_\_\_\_

C.M.R.U. Name \_\_\_\_\_  
Locator : ASN \_\_\_\_\_ Rank \_\_\_\_\_  
File Organization \_\_\_\_\_

Organization \_\_\_\_\_

Date of Card \_\_\_\_\_

Remarks: (File Reference, etc.,)

### REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

1st Lt. Joseph T. Schouten, O 747 902  
Plot II, Row 8, Grave 143,  
United States Military Cemetery  
St. Andre, France

19 June 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

#### PART I

I, MRS. MARY M. SCHOUTEN  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. St. Laurent, France
2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
- (NAME AND LOCATION OF CEMETERY) \_\_\_\_\_
3. BE RETURNED TO \_\_\_\_\_ (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

Ad. proc. APR 12 1948

Coded 5 Apr. 48  
Molloy

DDMG FORM 14 NOV 1945 345 MILITARY

16-50411-1

PAGE 1

AUG 13 1947

cmh

WS

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
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		TELEPHONE No.

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

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Mrs Mary M. Schouten      1628 W. Balmoral Ave  
(SIGNATURE OF NEXT OF KIN)      (STREET AND NUMBER)  
MRS. MARY M. SCHOUTEN.      CHICAGO, ILLINOIS  
(NAME PRINTED OR TYPED)      (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 7th day of July,  
 1947, at city (or town) of Chicago, county of Cook, and State (or Territory) of  
 District of Illinois

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

James A. Griffin Jr  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public  
(OFFICIAL TITLE)

If you are the next of kin and you desire  
 I, THE \_\_\_\_\_  
 NAMED IN PART I OF THIS FORM, DO HEREBY  
 THE NEXT EXISTING PERSON IN THE ORDER

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE THE RIGHT

\_\_\_\_\_  
(SIGNATURE OF NEXT OF KIN)  
 \_\_\_\_\_  
(NAME PRINTED OR TYPED)

If you are NOT the next of kin authorized to  
 THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN  
 NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWS  
 SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

\_\_\_\_\_  
(SIGNATURE)  
 \_\_\_\_\_  
(NAME PRINTED OR TYPED)

**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.

I would like a Catholic Chaplain  
at time of burial.



1st Lt. Joseph T. Schouten, O 747 902  
 Plot H, Row 8, Grave 143,  
 United States Military Cemetery  
 St. Andre, France

19 June 1947

Mrs. Mary M. Schouten  
 1628 West Balmoral Avenue  
 Chicago 40, Illinois

Dear Mrs. Schouten:

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. 8

lh

7  
 JUN 19 9 08 AM '47  
 O. C. H. BRANCH  
 MAIL & RECORD

lgt

CA

Q4307 293  
Schouten, Joseph T.  
A.S.N. O 747 902

5 May 1947

Mrs. Mary M. Schouten  
1628 West Balmoral Avenue  
Chicago 40, Illinois

Dear Mrs. Schouten:

Inclosed herewith is a picture of the United States Military Cemetery St. Andre, France, in which your son, the late Second Lieutenant Joseph T. Schouten, is buried.

It is my sincere hope that you may gain some solace from this view of the surroundings in which your loved one rests. As you can see, this is a place of simple dignity, neat and well cared for. Here, assured of continuous care, now rest the remains of a few of those heroic dead who fell together in the service of our country.

This cemetery will be maintained as a temporary resting place until, in accordance with the wishes of the next of kin, all remains are either placed in permanent American cemeteries overseas or returned to the Homeland for final burial.

Sincerely yours,

✓  
1 Incl  
Photograph  
reg ✓

G. A. HORKAN  
Brigadier General, QMC  
Chief, Memorial Division

APR 10 1947  
MAIL & RECORDS BRANCH

EL

QMGYG 293  
Schouten, Joseph T. *Pen*  
S.N. O 747 902

Address Reply To  
THE QUARTERMASTER GENERAL  
Attention: Memorial Division

12 June 1946

Mrs. Mary M. Schouten  
1628 West Balmoral Avenue  
Chicago 40, Illinois

Dear Mrs. Schouten,

Your letter of 27 May 1946 concerning your address has been received in this office.

The records of this office have been amended to show you, the next in line of blood relationship, as the legal next of kin of your son, the late First Lieutenant Joseph T. Schouten.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WM. B. CHRISTENSEN  
1st Lieut., QMC  
Assistant

*WBC*  
WBC

ah

JUN 13 10 06 AM '46  
Q. Q. M. G.  
MAIL & RECORDS BRANCH

*[Handwritten signature]*

RECORDS SECTION  
JUN 13 9 09 PM '46  
RECORDS BRANCH

ARMY SERVICE FORCES  
MEMO ROUTING SLIP

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: (Name, organization, building)	INITIALS	<input type="checkbox"/>	CONCURRENCE
	DATE	<input type="checkbox"/>	SIGNATURE
1. Records Section Attn: Checking Sub-Section		<input type="checkbox"/>	NOTE AND RETURN
2. Repatriation Records Branch Memorial Division		<input type="checkbox"/>	NOTE AND FORWARD
		<input type="checkbox"/>	COMPLETE ACTION
		<input type="checkbox"/>	CIRCULATE
3.		<input type="checkbox"/>	INFORMATION
		<input type="checkbox"/>	FILE

Schouten, Joseph T. O 747 902 1st Lt.  
 Interred in Plot H, Row 8, Grave 143, in United States Military Cemetary, St. Andre-De-Bure, France.  
 Father (deceased) Address 1740 Gregory St., Chicago, Illinois  
 Mrs. Mary M. Scouten, mother, next of kin 1628 West Balmoral Avenue, Chicago 40, Illinois  
 Request notation be made concerning change of address.

CHRISTENSEN

REPATRIATION AND RECORDS BRANCH  
 JUN 1 9 09 AM '46  
 MEMORIAL DIVISION

FROM: (Name, organization, building)	DATE
Memorial Div. Rep. Rec. Br.	ah 12 June 46
	TEL.



Chicago Ill  
 May 27<sup>th</sup> 46 *MT*

T. B. Larkin  
 Major General:  
 Quartermaster General.


Dear Sir:-


In regards to your letter sent Mr Joseph T. Schouten April 11<sup>th</sup> of the burial of First Lieutenant Joseph T. Schouten in the U. S. Military Cemetery St-Andre-De-Evre France, Plot F. Row 8. grave 143.

I wish to inform you Mr Schouten is dead, and my change of address is Mrs Mary M. Schouten 1628 N. Balmoral ave Chicago 40. Ill.

Sincerely yours  
 Mary M. Schouten  
 mother.

*[Faint, mostly illegible handwritten text]*

  
 DEPARTMENT OF JUSTICE  
 FEDERAL BUREAU OF INVESTIGATION  
 WASHINGTON, D. C.



MEMORANDUM DIVISION  
 MAY 31 9 00 AM '46  
 RECORDS BRANCH

*Ev*

SPQYG 293  
Schouten, Joseph T.

*293 Schouten, Joseph T. O-747902*  
*mb*

11 April 1946

Mr. Joseph T. Schouten  
1740 Gregory Street  
Chicago, Illinois

Dear Mr. Schouten:

The War Department is most desirous that you be furnished the burial location of your son, the late First Lieutenant Joseph T. Schouten, A.S.N. O 747 902.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, St. Andre-De-Eure, France, plot H, row 8, grave 143.

This cemetery is located approximately fifteen miles south east of Evreux and fifteen miles northeast of Dreux, both in France, and is under the constant care and supervision of United States military personnel.

It is anticipated that, in the near future, the War Department will receive authority to return the remains of your son, at Government expense, to the final resting place which you select. When the necessary arrangements have been completed, this office will, without any action on your part, give full information and solicit your detailed desires.

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

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

mmf

Copy furnished Air Corps

APR 15 1946  
U.S. MILITARY RECORDS DIVISION

*Law*  
IMS

293 Schouten, Joseph T  
Schouten, Joseph T. - 2nd St. - 0-747902  
NAME AEN

St. Andre,  
Cemetery

France.  
Country

The Bureau Report for above named individual is in the new Cem. File,  
Room 1200, Bldg. C.

File  
12-6-45  
J.R.S.

195 Schouten Joseph J. 0-747902

St. Andre Military Cemetery France

The burial report for above named individual is in the name of...

Doc. 100, Reg. 5.

Reburial

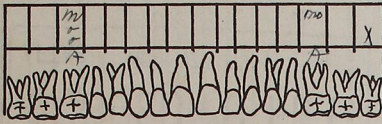
1970/45



\*REPORT OF DENTAL SURVEY

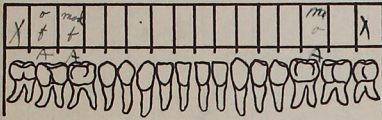
UPPER TEETH

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



LOWER TEETH

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



CLASS IV

Occlusion Good: Calculus: Slight, Medium, Heavy

Periodontoclasia None

Dental foci suspected: Yes No

Other conditions

*Lower anterior slightly overoccluded.  
Slight space between lower 2.1 & 2.2.  
Upper anterior abraded on incisal edge.*

Date July 27, 1943

Capt. Morris H. Lunde  
Dental Corps, U. S. A.

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

Teeth replaced by denture  
(horizontal line)



Teeth replaced by fixed bridge  
(oval to include abutments)



PHYSICAL EXAMINATION FOR FLYING

(See AR 40-100, 40-105, 40-110)

1. Schouten, Joseph T. 2nd. Lt. AC o-747902 19 10/12 9/12 EM  
 (Last name) (First name) (Middle initial) (Grade and arm of service) (Serial No.) (Age) (Years service)

2. AAB Lake Charles, La. Flying Status 4/16/43 Qualified  
 (Address) (Purpose of examination)<sup>1</sup> (Date and result last examination)

Pilot Flying time as Pilot: ---; observer: ---; pilot: ---; observer: ---  
 (Aeronautical ratings) (Total) (Total) (Last 6 mos.) (Last 6 mos.)

3. Temperature 98.6 Vaccinations: Typhoid series, No. 1 Last 10/42; smallpox 10/42; reaction Immune  
 Blood Type "O" Tetanus 3/42 Yellow Fever 3/42 Typhus 7/43 Cholera 7/43

4. Medical history.  
 (In the case of applicant include family. Has he ever had epilepsy, enuresis, headaches, dizziness, vertigo, fainting, stammering, tic, somnambulism, pavor nocturnus, migraine, insomnia, phobias, anxiety trends, irritability, apathy, elation, depression, sensory disturbances, amnesia, spasms, unconsciousness, repeated episodes of alcoholism, encephalitis, pneumonia, syphilis, renal calculi, tuberculosis, asthma, hay fever, repeated colds, mastoiditis, sinusitis, tonsillitis, arthritis in any form, malaria, severe injuries, major operations, or other pertinent history? Explain fully.)

Same as last "64" examination.  
 Denies all else.

**SURGEON'S FILE**  
 AFTAS  
 MAP 5  
 Nystagmus None  
 Reaction Normal

5. Eye: Inspection Normal  
 6. Associated parallel movements Normal Pupils: Equality Equal Nystagmus None  
 7. Visual acuity: R. E., 20/15, correctible to 20/--- L. E., 20/15, correctible to 20/---  
 8. Depth perception (uncorrected) 25 mm. With correction --- mm.  
 9. Heterophoria at 6 meters: Eso 3 Exo 0 R. H. 0 L. H. 0 Prism divergence 4  
 10. Red lens test Normal Angle convergence: PcB 42 mm. Pd 58 mm. 69  
 11. Accommodation: R. 13.0 D. L. 12.3 D. Addition required for 50 cm. R. --- L. ---  
 (Jaeger type): Right J. 1-13, correctible to J. --- Left J. 1-13, correctible to J. ---  
 12. Color vision Normal (A.O.C. Book)  
 13. Field of vision (form): R. Normal L. Normal Ophthalmoscopic: R. --- L. ---  
 14. Refraction: R. reads 20/20 with Not Done C Ax --- L. reads 20/20 with Not Done C Ax ---  
 15. Ear: History of ear trouble Denies  
 16. External ear: R. Normal L. Normal Membrana tympani: R. Normal L. Normal  
 17. Hearing (whisper): R. 20/20 L. 20/20 Audiometer (percent loss): R. --- L. ---  
 18. Nares Normal Tonsils Normal

19. Teeth:  
 (a) Right (Examinee's) Left  
 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16  
 (b) Remarks, including other defects None  
 (c) Prosthetic appliances None (d) Classification<sup>2</sup> IV

Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.

20. History of swing, train, air, or sea sickness Denies  
 21. Barany chair (when indicated with results) not indicated  
 22. Posture Good Figure Slender Frame Medium  
 (Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

23. Height, 70 inches. Weight, 147 pounds. Chest: Inspiration 34 Expiration 31 Rest 32 Abdomen 29  
 24. Skin and lymphatics Normal Endocrine system Normal  
 25. Bones, joints, muscles Normal Feet Normal

26. Heart Normal  
 27. Pulse rate, 72-86 B.P.: S. 120-126 D. 70-80 Schneider plus 11 Pulse immediately after exercise  
 Two minutes after exercise --- Character Full and regular  
 28. Arteries Normal Varicose veins None

**FILE**  
 MAY 18 1943  
 Capt. G. S. ...  
 1st Lt. ...

<sup>1</sup> Semiannual appointment as cadet, commission in the Air Corps, commission in Air Corps Reserve, transfer to the Air Corps, or any other special purpose.  
<sup>2</sup> I, II, III, or IV; see par. 3, AR 40-510.

W. D., A. G. O. Form No. 64  
 (May 20, 1941)

29. Respiratory system Normal
30. X-ray of chest<sup>1</sup> --
31. Abdominal viscera Normal
32. Hernia None Hemorrhoids None
33. Genito-urinary system Normal
34. Nervous system: Reflexes, gait, coordination, musculature, tension, tremor, and other pertinent tests Normal
35. Laboratory procedures: Kahn<sup>1</sup> Neg. Wassermann<sup>1</sup> --  
 Urinalysis: Reaction Acid Sp. gr. 1.018 Albumin Neg. Sugar Neg. Microscopical Neg.
36. Estimated adaptability for military aeronautics (if unsatisfactory, state reasons) Satisfactory
37. Remarks on conditions not sufficiently described None
38. Is the examinee physically qualified for flying duty? Yes If yes, in what class? 1  
 If disqualified, indicate defects by paragraph number --
39. Have defects been waived by The Adjutant General? -- If yes, give date --  
 If no, is waiver recommended? -- Is request for waiver attached? --
40. Is the examinee incapacitated for active service? No If yes, indicate defect by paragraph number --
41. Corrective measures or other action recommended None
42. If applicant for appointment: Does he meet physical requirements? -- Do you recommend acceptance with minor physical defects? -- If rejection is recommended, specify cause --

REPRODUCTION PROHIBITED  
 DATE: 10/10/83  
 WVA TO 1843  
 LIFE

Wake Charles, La. July 23/43 Charles W. Norvell Medical Corps.  
 (Place) (Date) (Name and grade)

REVIEWED AND APPROVED:  
Warren J. Conen Medical Corps. Charles W. Norvell Medical Corps.  
 (Senior flight surgeon) (Name and grade)  
WARREN J. CONEN, Major. DAVID J. FELCHER, Captain. DAVID FROST Medical Corps.  
 (Name and grade)  
1st Ind.<sup>2</sup>

Headquarters \_\_\_\_\_, 19\_\_\_\_  
 To the Commanding General, \_\_\_\_\_  
 Remarks and recommendations \_\_\_\_\_

(Name) (Grade) (Organization and arm or service)  
Commanding.

2d Ind.<sup>2</sup>  
 \_\_\_\_\_, 19\_\_\_\_ To The Adjutant General.  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>1</sup> Required for candidates for commission, Reserve officers reporting for extended active duty, and applicants for flying cadet.  
<sup>2</sup> State action taken on recommendation of the board. If incapacitated for active service, state whether action by retiring board is recommended.

NOTE.—Use typewriter if practicable. Attach additional plain sheets if required.





Pas de Calais 1460

QM-CR, CBS  
Form #304HEADQUARTERS  
CHANCE BARR SECTION  
APO 562, US ARMY  
Office of the QuartermasterREPORT OF INVESTIGATION OF ISOLATED GRAVE  
OR  
UNBURIED REMAINSDate 22 July 1945\*U.S. - ~~xxxxxx~~ - ~~xxxxxx~~

- 293
1. Name, Rank, ASN of deceased: SCHOUTEN, Joseph T. O-747902 2/Lt.,
  2. Organization of deceased: 416 Bb Gp I. 671 Bb Sq. I.
  3. Means of identification: Identification Tags.
  4. Cause of death: Killed in plane crash. 5. Date of death 23 April 1944.
  6. If isolated grave:
    - a. Date of burial: 3 May 1944 b. By whom buried: Townpeople of Bonniers.
    - c. Inscription on marker: Schouten, Joseph 23 April 1944.
  7. Location of grave: ~~xxxxxxxxxxxxxxxx~~ Garden near Church of Bonniers, France.  
(Be specific, sketch on reverse)  
NO9-98, Sh 5, 2nd Ed. 1:250,000
  8. Names of deceased and location of other ~~graves/xxxxxxxxxxxx~~ in immediate vicinity: No other US Deceased buried in immediate vicinity.
  9. Description and location of wrecked or abandoned vehicles or equipment in immediate vicinity: Unavailable.
  10. Disposition of personal effects: (Itemise if possible) None.
  11. Other pertinent information: Inf. on Ident. Tags: Joseph T. Schouten O-747902;  
(Use reverse side if necessary) T42-43; Blood Type "O"; Religion "C".
  12. Information furnished by: Mayor of Bonniers, France.  
(Name, title, address)
  13. Names and addresses of other persons familiar with the case: Unavailable.

FILE  
JAN 24 1946  
  
 (Over)

14. Action taken: Remains disinterred 20 July 1945 and taken to US Mil Cem.,  
St. Andre de l'Eure, France.

Disinterment approved by: OCQM ORDER Pas de Calais 1460

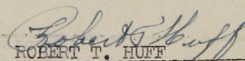
Disinterment made by: Det "A" 4th Plat. 3049 QM Gr Reg Co.

~~Reburial~~ Reburial made by: 605th QM Graves Reg. Co.

Date of ~~reburial~~ reburial: 24 July 1945

Place of ~~reburial~~ reburial U. S. Military Cemetery: St. Andre Mil. Cemetery

Plot H Row 8 Grave 143

  
ROBERT T. HUFF  
Signature of Investigator

2/Lt., OMC 0-1596057  
Rank, ASN

\*Cross out where not applicable

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

1945 APR 27 09

—BATTLE CASUALTY REPORT

AG 201	NAME SCHOUTEN, JOSEPH T ASN 0747902	GRADE 1/LT SON	DATE CAS. REPORT RECEIVED 027 APRIL 1945
NAME AND ADDRESS OF E. A.	MRS. MARY M. SCHOUTEN /MOTHER/ 1740 GREGORY STREET. CHICAGO, ILLINOIS	25- 24 APR 1945.	33 DATE TELEGRAM SENT

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.

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
1ST/LT.	SCHOUTEN, JOSEPH T.	0747902	AC	ETO	L	115082- C-17
TYPE OF CASUALTY		PLACE OF CASUALTY		DATE OF CASUALTY		CASUALTY CODE
		IN		DAY	MONTH	YEAR
				**	**	**

*(Handwritten signature)*

REMARKS: AG. 201 /24 APR 45/  CORRECTED COPY

MEMO CHIEF CASUALTY BRANCH. ~~XXXX~~ FINDING OF DEATH OF MISSING PERSON WAS MADE IN THE CASE OF THIS INDIVIDUAL, UNDER PROVISIONS OF PUBLIC LAW 490, 7 MARCH 1942, AS AMENDED. \*\* PRESUMED DATE OF DEATH 24 APRIL 45. ~~XXXX~~ *arr* STATUS. IN LINE OF DUTY. NOT OWN MISCONDUCT. ~~MA~~ ON DUTY STATUS. ASN AS EM. 16037710.

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
<i>Ship</i>	054	M/A	23 April 44 ETO	8 May 44

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

REPORT NOT VERIFIED  NO FORM 43  NO CAS. BR. FILE  CHECKED  *Reviewed 27 April 45* REVIEWED BY *[Signature]*

DISTRIBUTION "A"  ~~48~~ *arr* COPIES  
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED)  
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

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

W.D. A.G.O. Form 0365 (This form supersedes W.D. A.G.O. Form 0365, 16 June 1944, and W.D. A.G.O. Forms 802-1, 802-3, 802-4, of 1 February 1944, and 802-5, 802-6, 1 August 1944, which may be used until existing stocks are exhausted.)  
1 JANUARY 1945

FILE  
JAN 24 1946

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

1945 APR 27

**BATTLE CASUALTY REPORT**

AG 201	NAME SCHOUTEN, JOSEPH T ASN 0747902	GRADE 1/LT SON	DATE CAS. REPORT RECEIVED 09 27 APRIL 1945
NAME AND ADDRESS OF E. A.	MRS. MARY M. SCHOUTEN, /MOTHER/ 1740 GREGORY STREET. CHICAGO, ILLINOIS		DATE TELEGRAM SENT 33 25- 24 APR 1945.

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

RELATIONSHIP		SON	
GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE
1ST/LT.	SCHOUTEN, JOSEPH T.	0747902	AG ETO
REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER	
ETC	L	115082- C-1X	
TYPE OF CASUALTY		PLACE OF CASUALTY	DATE OF CASUALTY
		IN	DAY MONTH YEAR
			** ** *
			CASUALTY CODE

REMARKS: AG. 201 /24 APR 45/  CORRECTED COPY

MEMO CHIEF CASUALTY BRANCH. ~~XXXXX~~ FINDING OF DEATH OF MISSING PERSON WAS MADE IN THE CASE OF THIS INDIVIDUAL, UNDER PROVISIONS OF PUBLIC LAW 490, 7 MARCH 1942, AS AMENDED. \*\* PRESUMED DATE OF DEATH 24 APRIL 45. ~~STATUS~~ IN LINE OF DUTY. NOT OWN MISCONDUCT. ~~ON~~ ON DUTY STATUS. ASN AS EM. 16037710.

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

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
<i>Imp</i>	054	MIA	23 April 44 E-10	8 May 44

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  REVIEWED BY *Bedner 27 April 45*

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

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

W.D. A.G.O. Form 0365 (This form supersedes W.D. A.G.O. Form 0365, 16 June 1944, and W.D. A.G.O. Forms 802-1, 802-3, 802-4, of 1 February 1944, and 802-5, 802-6, 1 August 1944, which may be used 1 JANUARY 1945 until existing stocks are exhausted.)

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

REPORT OF DEATH **ESS/3709**

DATE **14 December 1945**

FULL NAME <b>SCHOUTEN, Joseph T.</b>		ARMY SERIAL NUMBER <b>0747902</b>	GRADE <b>1st Lt.</b>
HOME ADDRESS <b>Chicago, Illinois</b>		ARM OR SERVICE <b>AC</b>	DATE OF BIRTH <b>23 Sept 1923</b>
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in Action</b>		DATE OF DEATH <b>23 Apr 1944</b>
DATE OF DECEASED	DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>22 June 1943</b>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	

EMERGENCY ADDRESSEE (Name, relationship, and address)

**1628 West Balmoral Ave.,  
 Mrs. Mary M. Schouten, mother, Chicago, Ill.**

BENEFICIARY (Name, relationship, and address)

**Mrs. Margaret M. Schouten, mother, 1628 West Balmoral Ave., Chicago, Ill.  
 Mr. Joseph T. Schouten, father, 1740 Gregory St., Chicago, Ill.**

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
										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL DATA AND/OR STATEMENT

*deceased*

Finding of Death has been issued previously under Section 5, Public Law 490, 7 March 1942, as amended, showing presumed date of death as 24 April 1945. This "Report of Death", based on information received since that date, is issued in accordance with Section 9, of said Act, and its effect on prior payments and settlements is as prescribed in Section 9.

BY ORDER OF THE SECRETARY OF WAR

*C. J. Schultz*

ADJUTANT GENERAL

**FILE  
 DEC 20 1945**



217820

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

REPORT OF DEATH **ESS/3709**

DATE **14 December 1945**

FULL NAME <b>SCHOUTEN, Joseph T.</b>		ARMY SERIAL NUMBER <b>0747902</b>		GRADE <b>1st Lt.</b>	
HOME ADDRESS <b>Chicago, Illinois</b>		ARM OR SERVICE <b>AG</b>		DATE OF BIRTH <b>23 Sept 1923</b>	
PLACE OF DEATH <b>European Area</b>		CAUSE OF DEATH <b>Killed in Action</b>		DATE OF DEATH <b>23 Apr 1944</b>	
DATE OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>22 June 1943</b>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Mrs. Mary M. Schouten, mother, 1628 West Balmoral Ave., Chicago, Ill.</b>					
BENEFICIARY (Name, relationship, and address) <b>Mrs. Margaret M. Schouten, mother, 1628 West Balmoral Ave., Chicago, Ill. Mr. Joseph T. Schouten, father, 1740 Gregory St., Chicago, Ill.</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)		IN FLYING PAY STATUS		OTHER PAY STATUS	
YES		NO		YES	
				BATTLE <input checked="" type="checkbox"/> NON-BATTLE <input type="checkbox"/>	

Finding of Death has been issued previously under Section 5, Public Law 490, 7 March 1942, as amended, showing presumed date of death as 24 April 1945. This "Report of Death", based on information received since that date, is issued in accordance with Section 9, of said Act, and its effect on prior payments and settlements is as prescribed in Section 9.

BY ORDER OF THE SECRETARY OF WAR

*C. L. Schultz*

ADJUTANT GENERAL

STANDARD FORM No. 14A  
APPROVED BY THE PRESIDENT  
MARCH 16, 1925

FROM	WAR DEPARTMENT
BUREAU	AGO 217020
	ST 3832

# TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

AG 201 SCHOUTEN, JOSEPH T (6 MAY 44) SPXPC-N HTO 054 8 MAY 1944  
ASN O-747 902

MRS MARY N SCHOUTEN  
1740 GREGORY STREET *ch. st. add.*  
CHICAGO ILLINOIS

THE SECRETARY OF WAR DESIRES ME TO EXPRESS HIS DEEP REGRET THAT YOUR  
SON SECOND LIEUTENANT JOSEPH T SCHOUTEN HAS BEEN REPORTED MISSING IN  
ACTION SINCE TWENTY THREE APRIL OVER FRANCE IF FURTHER DETAILS OR  
OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY NOTIFIED

DUNLOP

ACTING THE ADJUTANT GENERAL

OFFICIAL:

BATTLE

ADJUTANT GENERAL

*aEB*





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

IN REPLY REFER TO 217820

(S-6-6-45)  
JRM:IB:ssh  
April 6, 1945

Mrs. Mary M. Schouten  
1628 North Balmoral Avenue  
Chicago 40, Illinois

Dear Mrs. Schouten:

Thank you for the information furnished the Army Effects Bureau, to enable disposition of personal effects belonging to your son, Second Lieutenant Joseph T. Schouten.

I am inclosing a check for \$40.00, representing funds which belong to him; also, three personal cards which were included with his effects. The remainder of the 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 only in order that you may act as gratuitous bailee in caring for them, pending the return of the owner. 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.

Yours very truly,

A. G. SCHUMACHER  
1st Lt. Q.M.C.  
Asst. Chief, Admin. Division

5 Incls--Check  
Personal Cards (3)  
Envelope

Receipt acknowledged:

Mary M. Schouten  
(Signature of Bailee)

4-26-45  
(Date)

Thanks.



RECEIVED  
KANSAS CITY BOARD OF HEALTH  
KANSAS CITY, MISSOURI

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

DATE: [Illegible]

[Illegible text follows, including a date stamp 'MAY 28 1945']

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Mary M. Schouten  
1628 North Balmoral Avenue  
Chicago 40, Illinois

SHIP TO:

Effects of: 2nd Lt. Joseph T. Schouten  
Name  
ACN  
Case No.  
Wt.

O-747902

217820-M

DATE 6 April 1945

JRM:IB:ssh

*Rush Smith*  
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check  
Acct. No. 66223  
Amount \$40.00  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

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

ROUTING:

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

61084, mam

66223

217820

April 11, 45

Mary M. Schouten

40.00

Forty and No/100

*WOSA / Carter 105#*

REMARKS:

✓ Franked APR 18 1945  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

*1119X*

*[Signature]*  
Shipping Clerk



SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED
BOX NUMBER	ORIGINAL NUMBER OF PACKAGES		MISSING
TALLY NUMBER <u>6205</u>	INVENTORY DATE <u>27 Jan 1945</u>	CASE NUMBER <u>217,820 m</u>	POW
EFFECTS OF <u>Joseph T. Schouten</u>		RANK <u>2nd Lt.</u>	ABANDONED
A.S.N. <u>0-747902</u>	ORGANIZATION <u>A-C-671st Bomb Sqn</u>		
PACKAGE DESCRIPTION	<u>416th Bomb Grp (L)</u>		

CLOTHING	PERSONAL ITEMS	CONTAINERS
<input checked="" type="checkbox"/> BELT	<input checked="" type="checkbox"/> BRACELET, IDENTIFICATION	<input checked="" type="checkbox"/> BAGS, CLOTH
<input checked="" type="checkbox"/> BELT, MONEY (NO MONEY)	<input checked="" type="checkbox"/> BRUSHES	<input checked="" type="checkbox"/> BAGS, TRAVEL
<input checked="" type="checkbox"/> CLOTH, WASH	<input checked="" type="checkbox"/> CAMERAS	<input checked="" type="checkbox"/> BILLFOLD (NO MONEY) <u>w/c</u>
<input checked="" type="checkbox"/> COATS	<input checked="" type="checkbox"/> GLASSES	<input checked="" type="checkbox"/> CASE, <u>Cigarettes</u>
<input checked="" type="checkbox"/> FOOTWEAR, PR.	<input checked="" type="checkbox"/> KNIVES	<input checked="" type="checkbox"/> FOOTLOCKER
<input checked="" type="checkbox"/> GLOVES, PR.	<input checked="" type="checkbox"/> LIGHTERS	<input checked="" type="checkbox"/> KIT, SEWING
<input checked="" type="checkbox"/> HANDKERCHIEFS	<input checked="" type="checkbox"/> MISC. INSIGNIA	<input checked="" type="checkbox"/> KIT, TOILET
<input checked="" type="checkbox"/> HEADWEAR	<input checked="" type="checkbox"/> MISC. ITEMS	<input checked="" type="checkbox"/> KIT, WRITING
<input checked="" type="checkbox"/> JACKETS	<input checked="" type="checkbox"/> PEN, FOUNTAIN	<input checked="" type="checkbox"/> PAPERS AND MISC.
<input checked="" type="checkbox"/> OVERCOATS <u>Rain - 1 Trench</u>	<input checked="" type="checkbox"/> PENCIL, MECHANICAL	<input checked="" type="checkbox"/> BOOKS
<input checked="" type="checkbox"/> SCARFS	<input checked="" type="checkbox"/> PIPES	<input checked="" type="checkbox"/> BOOKS, ADDRESS
<input checked="" type="checkbox"/> SHIRTS	<input checked="" type="checkbox"/> RELIGIOUS ARTICLES	<input checked="" type="checkbox"/> BOOKS, NOTE
<input checked="" type="checkbox"/> SOCKS, PR.	<input checked="" type="checkbox"/> RIBBONS, DECORATION	<input checked="" type="checkbox"/> BOOKS, PILOT LOG
<input checked="" type="checkbox"/> TIES	<input checked="" type="checkbox"/> RINGS	<input checked="" type="checkbox"/> DIARY (REMOVED FOR DURATION)
<input checked="" type="checkbox"/> TOWELS	<input checked="" type="checkbox"/> TOBACCO	<input checked="" type="checkbox"/> FILMS
<input checked="" type="checkbox"/> TROUSERS, PR.	<input checked="" type="checkbox"/> TOILET ARTICLES	<input checked="" type="checkbox"/> LETTERS
<input checked="" type="checkbox"/> TRUNKS, PR.	<input checked="" type="checkbox"/> WATCH <u>Elgin</u>	<input checked="" type="checkbox"/> PAPERS, PERSONAL
<input checked="" type="checkbox"/> UNDERWEAR	<input checked="" type="checkbox"/> WINGS	<input checked="" type="checkbox"/> PHOTOS
		<input checked="" type="checkbox"/> SHOE SHINE ARTICLES
		<input checked="" type="checkbox"/> SHORT SNORTER
		<input checked="" type="checkbox"/> SOUVENIRS
		<input checked="" type="checkbox"/> SOUVENIR MONEY
		<input checked="" type="checkbox"/> STATIONERY
		<input checked="" type="checkbox"/> TESTAMENTS
		<input checked="" type="checkbox"/> U.S. MONEY (AMOUNT)

1 pr leggings  
 1 Sweat Suit & 1 sweat shirt  
 2 pr pajamas & extra pants  
 1 Sweater  
 1 flash light

REMARKS: Manly H. Schouten  
17401 Gregory St.  
Chicago, Ill.

ATTACHMENTS:  FORM #54  
 FORM #100  
1 form 8  
2 Identification cards  
1 form 77

\* not in running order  
 FEB 7 1945

C.A.T. none

See 105#

WAREHOUSE SPACE <u>1119X</u>	STORED BY <u>H</u>	WEIGHT	GI REMOVED
INVENTORIED BY <u>Palmer</u>	CHECKED BY <u>E</u>	DATE SHIPPED <u>APR 18 1945</u>	SHORTAGE ON REVERSE
PACKED BY <u>Conner</u>			IDENT. TAGS REMOVED
			DIARY REMOVED
			LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

Specie 8-5 3-D #1.66  
Notes 9-lbs 38.34

U S GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

*Palmer*  
INVENTORY CLERK

*A. Grube*  
SUPERVISOR

G.I. REVIEWED

NAME

SCHOUTEN, JOS. T.

LT.

BAY	PALLET	BOX	TALLY
27	59		6205

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
Box		

Eff. QM Form 48

HEADQUARTERS  
FOUR HUNDRED SIXTEENTH BOMBARDMENT GROUP (L)  
OFFICE OF THE COMMANDING OFFICER

APO 140, U S Army  
11 May 1944

SUBJECT: Transmittal of Inventory of Effects.

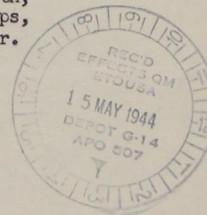
TO : Effects Quartermaster, ETOUSA.

1. In compliance with Par 13a, Memo 35-6, Hq Ninth Air Force, dated 15 February 1944, transmitted herewith WD AGO Form 54 (3 copies), listing effects of the late 2ND LT JOSEPH T. SCHOUTEN, 0747902 AC, 671st Bombardment Squadron (L), 416th Bombardment Group (L), missing in action 23 April 1944.
2. Also transmitted herewith postal money order #2663 for \$40.00 for currency and coin belonging to deceased.
3. Deceased has no account in any bank in this theater.
4. Deceased has no debtors nor creditors.
5. Designated beneficiary: Mrs. Mary M. Schouten (Mother), 1740 Gregory Street, Chicago, Illinois.
6. Effects of deceased were shipped by government motor transportation on 6 May 1944, to Effects Quartermaster, Warehouse Division, Stanley Warehouse, Liverpool, England.

For the Commanding Officer:

*Joseph A. Haubrich*  
JOSEPH A. HAUBRICH,  
1st Lt., Air Corps,  
Personnel Officer.

- 2 Incls:  
Incl #1 - WD AGO Form 54 (in trpl)  
Incl #2 - US Postal Money Order (\$40.00)



(3 Incls)  
Incl.

CONTROL NO.

18310

HEADQUARTERS  
FOUR HUNDRED SIXTEENTH BOMBARDMENT GROUP (L)  
OFFICE OF THE COMMANDING OFFICER

APO 140, U S Army  
13 May 1944

**SUBJECT:** Transmittal of Inventory of Effects.

**TO :** Effects Quartermaster, ETOUSA, Warehouse Division, Stanley  
Warehouse, Liverpool, Lancashire.

1. Transmitted herewith Pages 3 and 4 of WD AGO Form 54, completing Inventory of Effects of 2ND LT. JOSEPH T. SCHOUTEN, 0747902 AG, 671st Bombardment Squadron (L), 416th Bombardment Group (L), missing in action 23 April 1944.
2. The effects of subject officer were shipped by government motor transportation to your warehouse on 6 May 1944.
3. Due to an oversight, the inclosed Form 54 was not submitted with the effects.

For the Commanding Officer:

*Joseph A. Haubrich*  
JOSEPH A. HAUBRICH,  
1st Lt., Air Corps,  
Personnel Officer.

1 Incl:  
WD AGO Form 54.



~~18310~~  
18310

*Incl 3*



**INVENTORY OF EFFECTS**

(See AR 600-550)

Schouten, Joseph T. 0747902

(Last name) (First name) (Middle Initial) (Army serial number)

~~2nd Lt.~~ AC 671st Bomb Sq (L) 416th Bomb Gp (L)

missing in action, 23 day of April, 1944

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

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Dictionary (Webster's)	
1	Box of Pipes	
1	Cigarette Case, Leather	
2	Cigarette Lighters, Small	
1	Pkg. Pictures	
2	Prayer Books	
1	Address Book	
1	Wrist Watch (Elgin)	
1	Wrist Watch Band	
1	Rubber Stamp (J T Schouten)	
1	Box Mics. Trinkets.	
1	Personal File	
2	Photographs	
1	Wallet w/contents	
1	OFFICER'S OD	
1	OFFICER'S OD	
1	OFFICER'S OD	
1	OFFICER'S OD	

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

CLASS II—Other effects

NUMBER	ARTICLES
1	Sewing Kit
1	Polishing Cloth
1	Writing Tablet
1	Razor w/blades
1	Sweatshirt, Wool
2	Pr Wool Pajamas w/one extra pant
14	Bath Towels
1	Scarf, White Rayon
5	Pr Khaki Trousers
19	Pr Shorts, Cotton

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

16-21104

CLASS II - Continued

NUMBER	ARTICLES
17	Undershirts, Cotton ✓
21	Handkerchiefs ✓
1	Pr White Gloves ✓
36	Pr Socks ✓
4	Shirts, Khaki ✓
1	Pr Leggings ✓
2	Barracks Bags ✓
2	Pr Shoes ✓
1	Pr Oxfords ✓
1	Pr Artic Overshoes ✓
1	Sweat Suit ✓
1	Cap, Officer's Pink ✓
2	Caps, Officer's OD ✓
2	Caps, Garrison ✓
1	Mackinaw, Officer's ✓
1	Shirt, Officer's OD ✓
2	Shirts, Officer's Green ✓
1	Shirt, Khaki ✓
1	Shirt, Gaberdine ✓
1	Raincoat ✓
1	Trench Coat ✓
J	Specie \$ 8-s 3-d (\$1.66)
J	Money
J	Notes \$ 9-lbs (\$38.34)

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that the effects were delivered to

**Effects Quartermaster, ETQUSA**  
 (Give name and degree of relationship, if legal representative)

**ROY O. FROST**  
 or beneficiary named by the deceased, so state)

~~THE PROPERTY OF THE DEPARTMENT OF THE ARMY AND AIR FORCE IS HEREBY RETURNED TO THE DEPARTMENT OF THE ARMY AND AIR FORCE FOR THE USE OF THE DEPARTMENT OF THE ARMY AND AIR FORCE.~~

**DAVID L. WILLETTTS,**  
 Major, Air Corps, 1111

AAF Sta 170, APO 140, U S Army (T) 11054  
 (Station)

30 April 44  
 (Date)

\*Strike out words not applicable.





STANDARD FORM NO. 1103g  
FORM APPROVED BY COMPTROLLER GENERAL U.S.  
1943

U. S. GOVERNMENT BILL OF LADING  
MEMORANDUM

NO. **WW-8225855**

CAR INITIALS AND NO. **DC**

NAME OF INITIAL TRANSPORTATION

TRAFFIC CONTROL NOS.

COMPANY **UNIVERSAL CARLOADING & DISTRIBUTING CO., INC.**

**217820**

STOP THIS CAR AT FOR

1 SIZE CAR IN FT. & INS.	2 MARKED CAPACITY OF CAR	3 DATE CAR ORDERED	4 DATE B/L ISSUED
ORDERED	FURNISHED	ORDERED	FURNISHED
			<b>17 APRIL 1945</b>

RECEIVED BY THE TRANSPORTATION COMPANY NAMED ABOVE, SUBJECT TO CONDITIONS NAMED ON THE REVERSE HEREOF, THE PUBLIC PROPERTY HEREINAFTER DESCRIBED, IN APPARENT GOOD ORDER AND CONDITION (CONTENTS AND VALUE UNKNOWN), TO BE FORWARDED TO DESTINATION BY THE SAID COMPANY AND CONNECTING LINES, THERE TO BE DELIVERED IN LIKE GOOD ORDER AND CONDITION TO SAID CONSIGNEE.

*file on*

FROM **KANSAS CITY, MISSOURI**  
(SHIPPING POINT)

FROM (FULL NAME OF SHIPPER)  
**ARMED EFFECTS BUREAU, KANSAS CITY QM DEPOT**

MARKS

CONSIGNEE

**MRS. MARY M. SCHOUTEN**  
**1628 NORTH BALMORAL AVENUE**

CHARGES TO BE BILLED TO (DEPARTMENT OR ESTABLISHMENT AND BUREAU OR SERVICE AND LOCATION)  
Finance Officer, U. S. Army, Washington, D. C.

DESTINATION

**CHICAGO 40, ILLINOIS**

APPROPRIATION CHARGEABLE

**509-910 P 470-03 A 2158409**

VIA (ROUTE JOURNEY ONLY WHEN SOME SUBSTANTIAL INTEREST OF THE GOVERNMENT IS SUBSERVED THEREBY)

**UNIVERSAL**

ISSUING OFFICE

**KANSAS CITY QM DEPOT, K.C., MO.**

**CARRIER'S DELIVERY SERVICE REQUESTED**

NAME AND TITLE OF ISSUING OFFICER

**G. E. JOHNSTON, CAPT., T.C.**

Transportation Officer

PICK-UP SERVICE AT ORIGIN **WAS NOT** BY THE GOVERNMENT OR ITS AGENT  
(Insert "WAS" or "WAS NOT")  
INITIALS OF SHIPPER'S AUTHORIZED AGENT OR EMPLOYEE

FURNISH THIS INFORMATION IN CASE OF CARLOAD SHIPMENTS ONLY.  
\*SHOW ALSO CUBIC MEASUREMENTS FOR SHIPMENTS VIA OCEAN CARRIER IN CASES WHERE REQUIRED.

PACKAGES	DESCRIPTION OF ARTICLES (USE CARRIERS' CLASSIFICATION OR TARIFF DESCRIPTION IF POSSIBLE, OTHERWISE A CLEAR NONTECHNICAL DESCRIPTION)	NUMBERS ON PACKAGES	ACTUAL WEIGHTS*
NO. KIND			
	<b>NON MILITARY</b>		
<b>1</b>	<b>PERSONAL EFFECTS</b>	<b>217820</b>	<b>105</b>
	<b>RELEASED VALUATION AT LOWEST RATE</b>		
	<b>AUTHORITY FOR SHIPMENT:</b>		
	<b>A.W. #112 AND W.D. CIRCULAR #373</b>		
	<b>14 SEPTEMBER 1944</b>		

CERTIFICATE OF ISSUING OFFICER

NAME OF TRANSPORTATION COMPANY

CONTRACT NO. OR PURCHASE ORDER NO. OR OTHER AUTHORITY FOR SHIPMENT

**UNIVERSAL CARLOADING & DISTRIBUTING CO., INC.**

F. O. B. POINT NAMED IN CONTRACT SIGNATURE OF ISSUING OFFICER

**M.F. CISTON, CWO, U.S.A.A.T.O.**

DATE OF RECEIPT OF SHIPMENT

**APR 19 1945**

SIGNATURE OF AGENT

**CENTROPOLIS TRANS.**

PER *Coston*

MEMORANDUM COPY

**UNIVERSAL CARLOADING & DISTRIBUTING CO., INC.**

822882 - WW

U.S. GOVERNMENT BILL OF LADING  
MEMORANDUM

STANDARD FORM NO. 1000  
OFFICE OF THE GENERAL INVESTIGATOR

INITIALS AND NO. \_\_\_\_\_  
NAME OF INITIAL TRANSPORTATION COMPANY \_\_\_\_\_  
TRAFFIC CONTROL NO. \_\_\_\_\_

1945	DATE OF LADING	DATE OF CAR	DATE OF CAR	DATE OF CAR	DATE OF CAR	DATE OF CAR	DATE OF CAR	DATE OF CAR	DATE OF CAR
1945	1945	1945	1945	1945	1945	1945	1945	1945	1945

FROM: KANSAS CITY, MISSOURI  
TO: KANSAS CITY, MISSOURI  
MARKS: \_\_\_\_\_

RECEIVED BY THE TRANSPORTATION COMPANY  
NAMED ABOVE SUBJECT TO CONDITIONS  
STATED ON THE REVERSE HEREOF THE BOND  
WHICH IS HEREBY DESCRIBED IN APPROPRIATE  
FORM AND CONDITION TO BE FOR  
THE GOODS ORDERED AND THE CAR COMPANY  
WARRANTED TO DELIVER TO THE SHIPPER  
ANY AND ALL CONNECTIONS THERE TO BE  
MADE IN THE GOOD ORDER AND CONDI-  
TION TO SAID CONNECTION.

ISSUED BY: \_\_\_\_\_  
NAME AND TITLE OF ISSUING OFFICE: \_\_\_\_\_  
ISSUING OFFICE: \_\_\_\_\_  
APPROPRIATION CHARGEABLE TO: \_\_\_\_\_  
CHARGED TO BE BILLED TO: \_\_\_\_\_

NO.	KIND	DESCRIPTION OF ARTICLES	WEIGHTS	NUMBERS	ACTUAL
1	GEN. MERCH.	PERSONAL EFFECTS	51500	100	100

RELEASED VALUE AT LOWEST RATE  
APPLICABLE FOR SHIPMENT  
A.M. 8:15 AND P.M. 5:00  
IN SEPARATE LADING

KANSAS CITY, MO.  
APR 20 1945

NAME OF TRANSPORTATION COMPANY: \_\_\_\_\_  
DATE OF RECEIPT OF SHIPMENT: \_\_\_\_\_  
SIGNATURE OF AGENT: \_\_\_\_\_

MEMORANDUM COPY  
UNIVERSAL CARLOADING & DISTRIBUTING CO., INC.  
CENTROPOLIS TRAM CO., INC.  
M.F. CLEGG, GEN. MGR. U.S.A.A.T.O.  
UNIVERSAL CARLOADING & DISTRIBUTING CO., INC.

File 90

Dear Sirs:

In reply to your letter, in regards to Second Lieutenant Joseph T. Schoutens personal property.

I am his mother, and I am sure he would want the things sent to me. Joseph is single, his closest relatives are.

Mother and one sister. father dead.  
Sister's name:

Mary Lou Schouten  
1628 W. Balmoral Ave  
Chicago 40-211.

Mother's name.

Mrs Mary M. Schouten

We moved from ~~1740~~<sup>1740</sup> Gregory St  
to 1628 W. Balmoral Ave.

I will agree to return to him, his personal representatives, or the Army Effects Bureau upon request.

Yours very truly,  
Mrs Mary M. Schouten.

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

W-204-2-20  
 no - 3-10  
 no 3-14

In Reply Refer To: 217820

(S-3-28-45)  
 JRM:DW:ms  
 February 28, 1945

IMMEDIATE ACTION

Mrs. Mary M. Schouten  
 1740 Gregory Street  
 Chicago, Illinois

Dear Mrs. Schouten:

The Army Effects Bureau has received some personal property belonging to your son, Second Lieutenant Joseph T. Schouten.

It is our desire that some close relative keep this property pending return of the owner or change in his status. If you have any letter or other written instrument from him indicating with whom he wants his belongings stored, please forward such paper to me. After examination it will be returned promptly.

It will be appreciated if you also will kindly furnish the following information, and any other which you may consider important:

1. Is he married? If so, what is his wife's name and address?
2. What are the names and addresses of his closest relatives, i.e., oldest child, father, mother, oldest brother, oldest sister, etc.?
3. What is the name, address and relationship of the person with whom you believe he would want his property stored?
4. Would you personally be willing to receive, receipt for, and safely keep his property as gratuitous bailee?
5. If the property is delivered to you, will you agree to return it to him, his personal representative, or the Army Effects Bureau upon request?

Please be assured that this letter is in no way intended as a casualty message. Its sole purpose is to acquire information that will enable us to make proper disposal of the property now in our custody.

If you so desire, you may use the reverse side of this letter for your reply. For your convenience, there is inclosed an addressed envelope which needs no postage.

Yours very truly,

*P. L. Koob*

P. L. KOOB  
 2nd Lt. Q.M.C.  
 Chief, Correspondence Branch

1 Incl--  
 Envelope

Eff. QM Form 204 (26 Jan 45)

(217,820)

JRM:VM:vmh  
19 February 1945

*JP*

of Joseph T. Schouten, O-747902, 2nd Lt. AC, Missing in action

G. H. GALVIN, JR.  
Captain Q.M.C.  
Assistant

- W.D.,A.G.O. Form No. 77 - Officer's Pay Data Card

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