

3 BURSIEL, FRANCIS H. 0749712 1st LT. AC EUROPEAN AREA (MASS) 45 cmH

923

9-16-44-5

92-70A-001

WASHINGTON NATIONAL RECORDS CENTER

DATE: 06/11/97
PAGE: 00055

ACCESSION NUMBER 092-70A0001 BOX NUMBER 000002 LOCATION 09-16-00-1-1

FOLDER TITLE BURSIEL, FRANCIS H., RANK: 1STLT SN: 0-749712

REMARKS DOD: WORLD WAR II (FREEDOM OF INFORMATION ACT) INQ: ERNZER
PLEASE ADVISE THIS OFFICE OF YOUR FINDINGS. THANK YOU

TYPE OF SERVICE

RESULTS

..TEMPORARY LOAN

..RECORDS NOT IN CENTER CUSTODY

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..RECORDS PREVIOUSLY CHARGED OUT TO

..... 06-12-97 ..
DATE SEARCHED: SEARCHER:

REQUESTER INFORMATION...USRW0227

PAT STATON
HQDA, TAPC-PED-F
2461 EISENHOWER AVENUE, ROOM 984
HOFFMAN BUILDING 1
ALEXANDRIA, VA 22331-0482
(703)325-5300

.....
SIGNATURE

.....
DATE

RECEIPT OF RECORDS:

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SUBGROUP.....
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ROA CODE...0092

16854
16857

6-22

ACIPS-G

INQUIRY Edit Actions Branch Window Help



INQUIRER - ERNZER, THEO

Incident | Person | **Inquiry** | Topics

Inquirer Name:	Last: ERNZER	First: THEO	MI:	SFX:	Title: Mr. Mas
Organization:					
Inquiry Type:	F Freedom of Information Act (FOIA)	Relationship:			
Closed Dt:	0000/00/00	Dt Inquiry Rec'd:	1997/06/09	Dt of Inquiry:	1997/06/03
Address:	Street: DORFSTRASSE 1				
	City: 54608 MUTZENICH	St:	Country: Gemar	Zip:	
Phones:	Work:	Home:	Fax Number:		
Email Address:					
Remark:	COMPLETE COPY OF IDPF ON CPT RICHARD B. PRENTISS #0789200, 1LT FRANCIS H. BURSIEL #0749712. FOIA 6-22				



Ready

Attach 2 Files
Ready

RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST

Please read instructions on reverse before completing form.

1. REQUEST NUMBER	2. TYPE OF REQUEST (X one)		3. DATE COMPLETED (YYMMDD)		
ERNZER (6-22)		a. INITIAL			
		b. APPEAL			
4. CLERICAL HOURS (E-9/GS-8 and below)		TOTAL HOURS (1)		HOURLY RATE (2)	COST (3)
a. SEARCH		2	X	\$ 12.00 =	•
b. REVIEW / EXCISING					••
c. CORRESPONDENCE AND FORMS PREPARATION					
d. OTHER ACTIVITY					24
5. PROFESSIONAL HOURS (0-1 - 0-6/GS-9 - GS/GM-15)		TOTAL HOURS (1)		HOURLY RATE (2)	COST (3)
a. SEARCH		1	X	\$ 25.00 =	•
b. REVIEW / EXCISING					••
c. COORDINATION / APPROVAL / DENIAL					
d. OTHER ACTIVITY					25
6. EXECUTIVE HOURS (0-7/GS/GM-16/ES 1 and above)		TOTAL HOURS (1)		HOURLY RATE (2)	COST (3)
a. SEARCH			X	\$ 45.00 =	•
b. REVIEW / EXCISING					••
c. COORDINATION / APPROVAL / DENIAL					
7. COMPUTER SEARCH		TOTAL HOURS (1)		HOURLY RATE (2)	COST (3)
a. MACHINE HOURS			X		•
b. PROGRAMMER / OPERATOR TIME					•
(1) Clerical				\$12.00	•
(2) Professional				\$25.00	•
8. OFFICE COPY REPRODUCTION		NUMBER (1)		RATE (2)	COST (3)
a. PAGES REPRODUCED		132	X	.15 =	• 19.80
9. MICROFICHE REPRODUCTION		NUMBER (1)		RATE (2)	COST (3)
a. MICROFICHE REPRODUCED			X	.25 =	•
10. PRINTED RECORDS		TOTAL PAGES (1)		RATE (2)	COST (3)
a. FORMS			X	.02 =	•
b. PUBLICATIONS					•
c. REPORTS					•
11. COMPUTER COPY		NUMBER (1)		ACTUAL COST (2)	COST (3)
a. TAPE			X		•
b. PRINTOUT					•
12. AUDIOVISUAL MATERIALS		NUMBER (1)		ACTUAL COST (2)	COST (3)
a. MATERIALS REPRODUCED			X		•
13. For FOI Office Use Only					
a. SEARCH FEES PAID b. REVIEW FEES PAID c. COPY FEES PAID d. TOTAL PAID e. DATE PAID (YYMMDD)	f. TOTAL COLLECTABLE COSTS g. TOTAL PROCESSING COSTS h. TOTAL CHARGED i. FEES WAIVED / REDUCED (X one) <table border="1" style="float: right; margin-top: 10px;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> </table>	Yes	No		
Yes	No				
* Chargeable to all requesters after application of all waiver criteria. ** Chargeable only to commercial requesters.					

May 28th 1997

Theo Ernzer
Dorfstraße 1
54603 Mützenich
Germany

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

Dear Mr. Dickerson:

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

Captain Richard B. Prentiss ; died dec. the 25th 1944 ; tag No.: 9780208

The navigator of this plane was:

1st Lt Francis H. Bursiel ; he died also dec. the 25th 1944 ; tag No.: 9749712

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

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

Sincerely

Theo Ernzer

JUN 27 1997
6-22



Army Effects Bureau
A.C. Quartermasters Depot
601 Hardisty Ave.
Kansas City 1, Missouri
Att: Lt. W. Biemiss

Elision P. Burrier
946 Washington St.
Whitman, Mass.

Identification of two officers in wreched A-20G, #321717

R. G. Meredith, Officer - rank unknown., 9th Bomber Division

Description- nearest road, no trousers, identification taken from winter flying boot. Laundry mark, Sq A N318

Francis Bursiel, Officer - rank unknown, 9th Bomber Division

Description - ~~laundry~~ Laundry mark - FHB & N68 also laundry mark Francis Bursiel, bracelet disc inscribed Mrs. Eleanor Bursiel, 946 Washington Street, Whitman, Mass.

Capt. Evans, Monarch 14 - G-3 Air, examined bodies and made identification.

RESTRICTED

AMOUNT OF CHECK	DATE DISCREPANCY IN NAME	INCLOSE VALUABLES SHIP VALUABLE	RECIPIENT FROM CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY FORM 20
	RANK		LETTER
<p style="text-align: center;">Mrs. Eleanor P. Bursiel 946 Washington Street 1st Lt. Francis H. Bursiel Whitman, Massachusetts 0749712 349081 D</p>			NO. & TYPE OF CONTAINER
			1 ENVELOPE
			CARTONS
			PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE GI
			SHIP BLOODSTAINED
			SHIP DAMAGED
			REMOVE BL'DSTAINED
REMOVE DAMAGED			
FILMS REMOVED			
DIARY REMOVED			
DSJ:LK:sjs	SUMMARY COURT DATA		DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		5-8-46
REMARKS			MAIL REVIEWER (initials)
			ee
			1/ SHIPPED
			FRANKED
			EXPRESS
			FREIGHT
			DATE SHIPPED
			MAY 10 1946
			SHIPPING CLERK
			CR
ROUTING			
1 ACCOUNTING BRANCH			
WAREHOUSE			
2 FILE			

ORDER FOR ACTION

PHYSICAL EXAMINATION FOR FLYING

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

1. BURSIEL FRANCIS H. 2nd Lt. 0-749712 20 8/12
(Last name) (First name) (Middle initial) (Grade and arm or service) (Serial No.) (Age) (Years service)

2. 416th Bomb Group (L) 2nd Flying Status
(Address) (Purpose of examination)¹ (Date and result last examination)

Navigator 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. - Last -; smallpox -; reaction -
(Date)

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.)

Usual Childhood Diseases Denies All Else

5. Eye: Inspection Normal Nystagmus None
 6. Associated parallel movements Normal Pupils: Equality ---- Reaction Normal
 7. Visual acuity: R. E., 20/ 20, correctible to 20/ --- L. E., 20/ 20, correctible to 20/ ---
 8. Depth perception (uncorrected) 35 mm. With correction --- mm.
 9. Heterophoria at 6 meters: Eso 0 Exo 1 R. H. 0 L. H. 0 Prism divergence 4
 10. Red lens test Normal Angle convergence: PcB 47 mm. Pd 55 mm. 61°
 11. Accommodation: R. 11.2 D. L. 10.6 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 ABC Book
 13. Field of vision (form): R. Normal L. Normal Ophthalmoscopic: R. --- L. ---
 14. Refraction: R. reads 20/20 with Not Done CAx 0° L. reads 20/20 with --- S. Not Done°
 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 ---
 19. Teeth:

(a) Right (Examinee's) Left
8 7 6 5 4 3 2 1 (X 2) 3 4 5 6 7 8
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

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

(b) Remarks, including other defects None
 (c) Prosthetic appliances Fixed Bridge Servicable (d) Classification² IV

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

23. Height, 66½ inches. Weight, 140 pounds. Chest: Inspiration 36 Expiration 33½ Rest 34½. Abdomen 28½
 24. Skin and lymphatics Normal Endocrine system Normal
 25. Bones, joints, muscles Normal Feet Normal
 26. Heart Normal
 27. Pulse rate, 80 B.P.: S. 120 D. 70 Schneider 50 Pulse immediately after exercise 92
 Two minutes after exercise 84 Character Full and Regular
 28. Arteries Soft and Compressible Varicose veins None

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

29. Respiratory system Normal
30. X-ray of chest¹ --
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: Kahn¹ not done Wassermann¹ not done
 Urinalysis: Reaction Sp. gr. Albumin Sugar Microscopical Satisfactory
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? I
 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 --

Lake Charles AAB.
 Lake Charles, La.
 (Place)

8/22/43
 (Date)

Warren J. Conner
 WARREN J. CONNER (Name and grade) Major, Medical Corps.

REVIEWED AND APPROVED:

Garland D. Murphy
 GARLAND D. MURPHY (Name and grade) Capt, Medical Corps.

Warren J. Conner
 WARREN J. CONNER (Name and grade) Maj., Medical Corps.

John H. Mowry
 JOHN H. MOWRY (Name and grade) 1st Lt, Medical Corps.
 1st Ind.²

Headquarters _____, 19____
 To the Commanding General, _____
 Remarks and recommendations _____

(Name)

(Grade)

(Organization and arm or service)

Commanding.

2d Ind.²

_____, 19____ To The Adjutant General.

¹ Required for candidates for commission, Reserve officers reporting for extended active duty, and applicants for flying cadet.

² 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.

PHYSICAL EXAMINATION FOR FLYING

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

1. BURSTEL FRANCIS HAROLD Avn/C 1102/931 21 1 8/12
 (Last name) (First name) (Middle initial) (Grade and arm or service) (Serial No.) (Age) (Years service)

2. SAAAB, Santa Ana, Calif. applicant for flying training (air crew) original
 (Address) (Purpose of examination)¹ (Date and result last examination)

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

3. Temperature 98.2 Vaccinations: Typhoid series, No. 1 Last 19/1; smallpox 19/1; reaction immune
 (Date)

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.)

Measles 1929, tonsillitis 19/0, no sequelae. Fracture right olecranon, 1936, good recovery. Denies all other medical and surgical history.

5. Eye: Inspection normal Nystagmus none
 6. Associated parallel movements normal Pupils: Equality equal Reaction normal to I&A
 7. Visual acuity: R. E., 20/ 15, correctible to 20/ - L. E., 20/ 15, correctible to 20/ -
 8. Depth perception (uncorrected) 7 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 50 mm. Pd 63 mm. 64 °
 11. Accommodation: R. 9.5 D. L. 9.5 D. Addition required for 50 cm. R. - L. -
 (Jaeger type): Right J. 1, correctible to J. -; Left J. 1, correctible to J. -
 12. Color vision normal to pseudoisochromatic plates (None missed in series of plates)
 13. Field of vision (form): R. normal L. normal Ophthalmoscopic: R. normal L. normal
 14. Refraction: R. reads 20/20 with not done CAx - ° L. reads 20/20 with not done CAx - °
 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. not done L. done
 18. Nares normal Tonsils normal

19. Teeth:

(a) Right (Examinee's) Left
 8 7 6 5 4 3 2x1 (x 2) 3 4 5 6 7 8
 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X. Indicate that this aviation cadet is physically qualified for flying duty.

(b) Remarks, including other defects none

(c) Prosthetic appliances bdg. fxd. I, L, 2, serv. (d) Classification ² IV

20. History of swing, train, air, or sea sickness denies
 21. Barany chair (when indicated with results) not done
 22. Posture good Figure medium Frame Captain, Medical Corps
 (Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)
 23. Height, 66 1/2 inches. Weight, 133 pounds. Chest: Inspiration 38 Expiration 35 Rest 36 Abdomen 29
 24. Skin and lymphatics normal Endocrine system normal
 25. Bones, joints, muscles normal Feet normal

26. Heart normal
 27. Pulse rate, 81-88 B. P.: S. 128-124 D. 70-68 Schneider +9 Pulse immediately after exercise 108
 Two minutes after exercise 88 Character full and regular
 28. Arteries elastic Varicose veins none

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

FEB 4 1943

QUALIFIED FOR HIGH ALTITUDE FLIGHT UNDER PLAN A.

29. Respiratory system normal
30. X-ray of chest ¹ normal, film # 39671, 1/6/43, SAAAB, Santa Ana, Calif.
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
Santa Ana, Calif.
35. Laboratory procedures: Kahn ¹ negative, 1/6/43, SAAAB/ Wassermann ¹ not done
Urinalysis: Reaction acid Sp. gr. 1.019 Albumin none Sugar none Microscopical negative
36. Estimated adaptability for military aeronautics (if unsatisfactory, state reasons) satisfactory ARMA 164

37. Remarks on conditions not sufficiently described none
38. Is the examinee physically qualified for flying duty? yes If yes, in what class? I
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? yes Do you recommend acceptance with minor physical defects? - If rejection is recommended, specify cause -

SAAAB, Santa Ana, Calif. 1/6/43
(Place) (Date)

A. M. Salassa 1st Lt. Medical Corps.
R. M. SALASSA (Name and grade)

REVIEWED AND APPROVED:
N. G. Maximov
N. G. MAXIMOV, CAPT., Medical Corps.
(Senior flight surgeon)

J. R. Savage 1st Lt. Medical Corps.
J. R. SAVAGE (Name and grade)

M. M. Scarle 1st Lt. Medical Corps.
M. M. SCARLE (Name and grade)
1st Ind.²

Headquarters _____, 19____
To the Commanding General,
Remarks and recommendations _____

(Name)

(Grade)

(Organization and arm or service)

Commanding.

2d Ind.²

_____, 19____ To The Adjutant General.

¹ Required for candidates for commission, Reserve officers reporting for extended active duty, and applicants for flying cadet.
² 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.

REGISTER OF DENTAL PATIENTS AT

L. C. A. A. F. LAKE CHARLES, LA.

(1) SURNAME

(2) CHRISTIAN NAME

Burrell, Francis H. (O-749712)

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

2nd/Lt.

668th B. Sq.

416th B. G.

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

21

W

Mass.

2-6/12

DENTAL IDENTIFICATION RECORD										(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
										(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
										(12) RESULTS AND REMARKS
File MAR 24 1949 <hr style="border-top: 1px dashed black;"/> G. W. ROGERS Capt., QMC Identification Branch										

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
 (Revised Feb. 24, 1941)

*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	O	mo ol	lo	O			X	(X)	d	X	O	ool	ol	ol	f
A		A		A		A		A		A		A		A	
+		+										+		+	

LOWER TEETH

Right

Left

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

X	of m	X	O						lo	X	mo	X	
A		A						A		A			

CLASS IV *Pl.*

Occlusion h : Calculus: Slight, Medium, Heavy

Periodontoclasia neg.

Dental foci suspected: Yes No

Other conditions

*L-15-L13-L12 are rotated.
L-13-L12 migrated distally.
L-2 is 3/4 open face crown
space between L-5-L-3 about 2mm.
space between Q-1-Q-3 about 2mm
upper fixed bridge serviceable.*

Date 8-27-43, 19

Capt. A. M. Becker.
U.S. Army 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)

DENTAL RECORDING (Form 79)

NAME BURSTEL FRANCIS H.
 (Last Name) (First Name) (Middle Init.)

AVIATION CADET, SAAAB, SANTA ANA, CALIF.

RIGHT								UPPER TEETH				LEFT			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A o	A mo ol	A mo ol	A o	A o		X				(X)	A o	X	A o	A oo ol	A o

RIGHT								LOWER TEETH				LEFT			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
A am f	X	X		A o							A ol		X	A mo f	X

CLASS IV

CALCULUS: MEDIUM, SLIGHT, HEAVY:

OCCCLUSION: NORMAL

GINGVAE: NORMAL

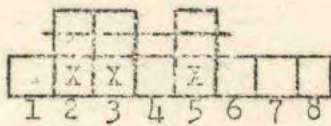
DEFECTIVE TEETH NONE

ABNORMALITIES: Bdg fixed I, 2, serr

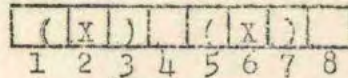
NON-RESTORABLE TEETH MARKED X. MISSING NATURAL TEETH MARKED O.

TEETH REPLACED BY DENTURES

TEETH REPLACED BY BRIDGE
 (Ovals to include abts.)



(Dtr. Ptr. L, 2,3,5.)



(Bdg. Fxd. L, 1,2; L, 5,6,7.)

Recorded 1/6 1942 3

Louis P. Richards
 LIEUT., MAJOR, CAPT. DC. US ARMY

B 43-9

DENTAL RECORDING

3-29-43

NAME Bursiel Francis H.
(Last Name) (First Name) (Middle Initial)

AVIATION CADET, VAFS, VICTORVILLE, CALIFORNIA

RIGHT							UPPER TEETH						LEFT			
7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
X	O	MO	DO	O		X	X	$\frac{3}{4}$ GS	D		O	O	O	F		
3A	2A	2A	A	A					A	X	A	3A	2A	2A		

RIGHT						LOWER TEETH						LEFT			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
M				O							DO		X	MOF	X
3A	X	X		A							A		X	A	X

CLASS II to IV

CALCULUS: MEDIUM, SLIGHT, HEAVY.

OCCCLUSION: _____

GINGIVAE _____

DEFECTIVE TEETH _____

ABNORMALITIES _____

DATE 3-29 1943

Dental Corps US Army

NONRESTORABLE TEETH BY /

MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE

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

1 2 3 4 5 6

TEETH REPLACED BY BRIDGE
(Ovals to include abts.)

◁	X	▷
---	---	---

1 2 3 4

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

243
 REPORT OF DEATH

DATE 17 Mar 45

FULL NAME Bursiel, Francis H.		ARMY SERIAL NUMBER 0749712	Grade 1st Lt.
HOME ADDRESS Saugus, Mass.		ARM OR SERVICE Air Corps	DATE OF BIRTH 9 Nov 21
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action.		DATE OF DEATH 25 Dec 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 19 Jun 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)
 Mrs. Eleanor P. Bursiel, wife, 946 Washington St., Whitman, Mass.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
 Eleanor P. Bursiel, wife, Same as above.
 Mrs. Chas. E. Bursiel, mother, 19 E. Denver St., Saugus, Mass.
 Soldier declines to designate any other person as alternate beneficiary.

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
										X			

ADDITIONAL DATA AND/OR STATEMENT BATTLE NON-BATTLE

The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 25 Dec 44 until such absence was terminated on 6 Mar 45, when evidence considered sufficient to establish the fact of death was rec'd by the Secretary of War from the Commanding General, European Area.

FILE
 MAR 23 1945

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
Z. O. Q. M. S.	G. P. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR
James W. Penhart
 ADJUTANT GENERAL

DENTAL RECORDING (Form 79)

NAME BURSTEL FRANCIS H.
 (Last Name) (First Name) (Middle Init.)

AVIATION CADET, SAAAB, SANTA ANA, CALIF.

RIGHT								UPPER TEETH				LEFT			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A o	A mo ol	A mo ol	A do	A o		X				(X)	A d	X	A o	A oo ol	A o

RIGHT								LOWER TEETH				LEFT			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
A om f	X	X		A o							A ol		X	A mo	X

CLASS IV

CALCULUS: MEDIUM, SLIGHT, HEAVY:

OCCCLUSION: NORMAL

GINGIVAE: NORMAL

DEFECTIVE TEETH: NONE

ABNORMALITIES: Bdgy + iped L 12 Sew

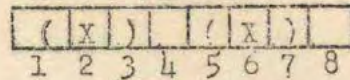
NON-RESTORABLE TEETH MARKED /. MISSING NATURAL TEETH MARKED X.

TEETH REPLACED BY DENTURES

TEETH REPLACED BY BRIDGE
 (Ovals to include abts.)



(Dtr. Ptr. L, 2,3,5.)



(Bdg. Fxd. L,1,2; L, 5,6,7.)

Recorded 1/6/43 1943

Louis J. Richardson
 LIEUT., MAJOR, CAPT. DC. US ARMY

10 Feb. 1945.

G.R.O. report
Division G.R.O.

The following information covering the recovery, identification, and evacuation of the following:

Two bodies discovered in the vicinity of the burned wreckage of a A-20 G # 321717, were badly burned, lacking positive identification. The third body found, Daniel M. Brown, ASN. 35 514 148, dogtag attached.

The accident located near the village of Manderfeld, Belgium. (00.8 - 93.7) Ref: Map of Central Europe, 1:100,000 Bonn, Sheet S-1.

A statement by civilian, Mathers Naenan, #48 Manderfeld. The above occurred on or about the 23 of Dec., 1944. A fourth member of the crew, chuted to safety, and was taken prisoner by the Germans.

Lt. V. E. Joyce
G.R.O. 7347 Inf.

Attached, report by Capt Evans, G-3 Air., covering same accident.

RESTRICTED

(Day)

(Month)

(Year)

1. I, the undersigned, certify that these remains which I have personally viewed are those of:

(Name)

(Rank)

(Serial Number)

(Organization)

2. I base my identification on personal acquaintance of the deceased, covering a period of _____ months, (Years).

3. Remarks: _____

Signed _____

Rank _____

Serial Number _____

Organization _____

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

TOOTH CHART

15 Feb 45

Date

BURSIEL

Francis

H

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

9th Bomber Division

AAF

Unit

Manderfeld Bel Unk (Estimated to be 23 Dec 44)

Original Cause of Death
3rd degree burns skull

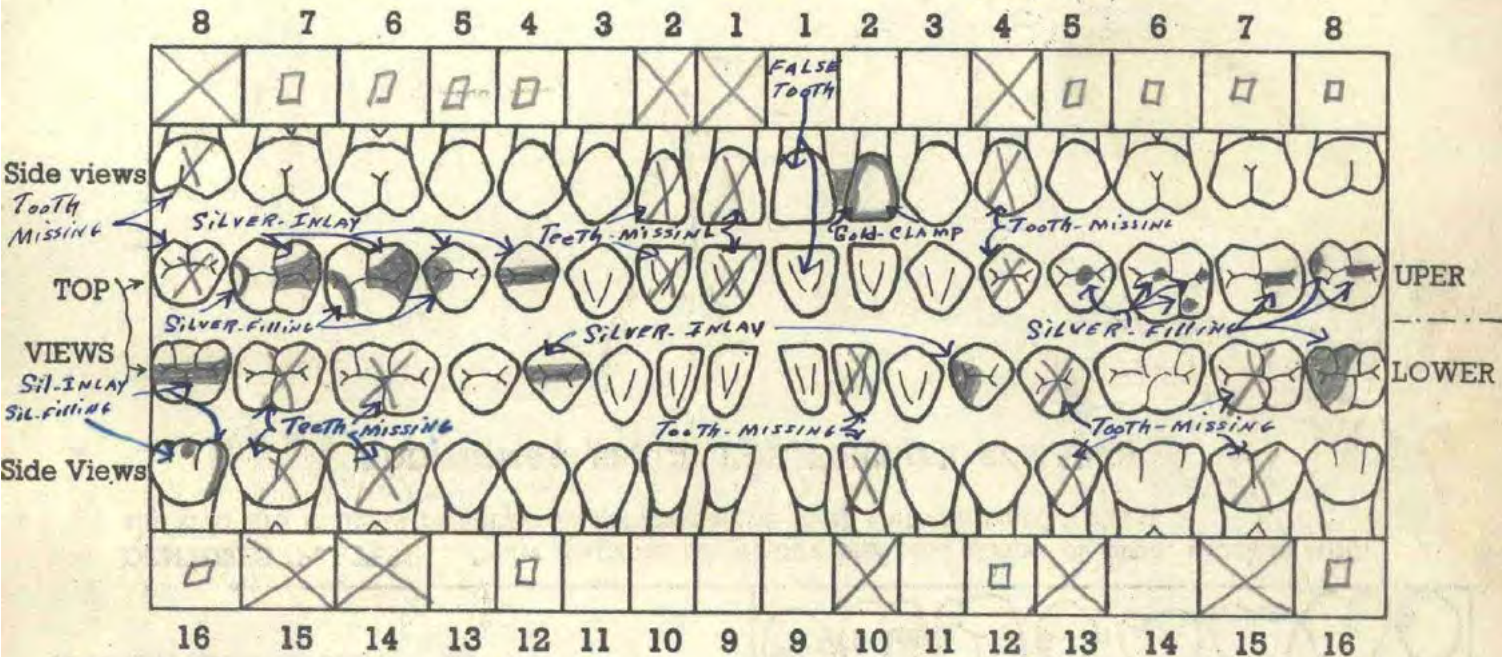
Place of Death

Date of Death

Cause of Death

Right

Left



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

W. E. Samson

WILLIAM E. SAMSON

Signature of Officer or other person who prepared Tooth chart

1st Lt OMC

3043 QMGR CO

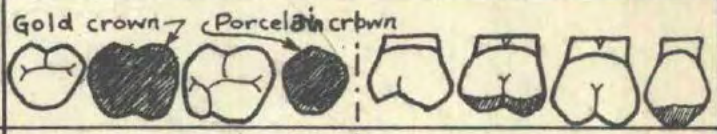
Verified by G. R. S. Officer

Handwritten initials

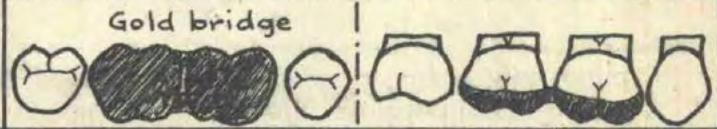
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



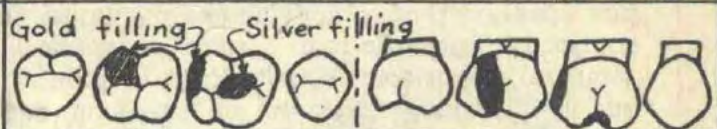
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



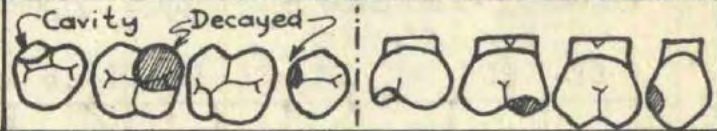
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



September 26, 1945

Dear Sirs:-

I would like to have my husband, 1st Lieutenant Francis A. Burriss ²⁹³ who was killed in action 25th December 1944, returned to this country for burial. Could you inform me as to how this can be done.

Thank you.

Sincerely yours,
(Mrs.) Eleanor P. Burriss



MEMORIAL DIVISION

OCT 1 3 42 PM '65

MEMORIAL DIVISION

OCT 2 9 03 AM '65

SECTION

SPCYG 293
Bursiel, Francis H.
S.N. O-749 712

6 October 1945

Page 55
" 50
" 71

Mrs. Eleanor P. Bursiel
946 Washington Street
Whitman, Massachusetts

Dear Mrs. Bursiel:

Acknowledgment is made of your letter requesting information concerning your husband, the late First Lieutenant Francis H. Bursiel.

The official report of interment received in this office reveals that the remains of your husband were interred in the U. S. Military Cemetery #1, Foy, Belgium, Plot E, Row 11, Grave 269. This cemetery is located approximately four miles northeast of Bastogne and twenty miles southeast of Marche, both in Belgium.

Now that Japan has been defeated immediate plans are being formulated with a view to returning to the next of kin the remains of their loved ones. This sacred duty will be carried out by the Government at its expense and insofar as practicable in accordance with the expressed wishes of the legal next of kin, who will be notified by this office well in advance of the actual return of the remains. The mission as a whole is world wide in scope and of necessity time consuming, but you may rest assured that this office fully appreciates your desires and will do everything in its power to fulfill them at the earliest possible date.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

OCT 8 12 24 PM '45

U.S. RECORDS BRANCH

RECEIVED
OCT 10 11 00 AM '45

IRZ

912

November 15, 1945 21

Army Service Forces

946 Washington St.

Whitman, Mass.

Washington 25, D.C.

Dear Sirs:

I have recently received
the personal effects of my
husband, the late First Lieutenant
Francis H. Bussie. There are
a few things missing and
I would like to know why
they are unreturnable. More
particularly, I would like to
know what happened to his
"dog tags". Also, could you

give me the name and address
of the chaplain performing the
ceremony in Belgium.

Thank you for your consider-
ation.

Sincerely yours,

Geo. Elmer P. Bursif



GRAVES REGISTRATION SECTION
MEMORIAL DIVISION
NOV 20 11 57 AM '45

MEMORIAL DIVISION

NOV 20 9 59 AM '45

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	EFFECTS QUARTERMASTER	ARMY EFFECTS BUREAU		DATE
2	KANSAS CITY 1, MISSOURI			
3				

For necessary action.

~~PIECE~~
PRENN

Incl.

Ltr dtd 11-15-45

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
				5 December 1945
				TELEPHONE
				1945

MEMORIAL DIVISION, PLANNING & REGISTRATION
BRANCH, TEMPO "C" WASHINGTON 25, D. C.

SPQYG 293

Bursiel, Francis H. S.N. O-749 712

1st Ind.

ASF, OQMG, Washington, D. C.

5 December 1945

TO: Office, Chief of Chaplains, Washington, D. C.

1. For necessary action to so much of basic communication as pertains to your office.

2. The following is furnished for your information:

Cemetery	Grave	Plot	Row
Cemetery #1, Foy, Belgium	269	E	11
Religious preference			

FOR THE QUARTERMASTER GENERAL

Incl: Ltr (Copy)
dtd 11-15-45

JAMES L. PRENN
Major, QMC
Assistant

iww

DEC 11 11 45 PM '45
O Q M G
MAIL & RECORDS BRANCH

MEMORIAL DIVISION

DEC 11 11 50 AM '45

DEC 10 8 10 AM '45
MEMORIAL DIVISION

GRAVES REGISTRATION DIVISION

Re: XC-3874.435-

66 Court Street
Brookton 17 Mass.

Dear Sir:-

Please be advised that I have not received a questionaire in regard to the final burial of my husband, 1st Lt. Francis H. Bursiel - 0-749712.

He is now buried in the American Military Government Cemetery at Foy, Belgium. I would like to have him "rest in peace."

0020730

Please advise me.

Very truly yours

(Mrs) Eleanor Marshall Bursiel



CORRESPONDENCE ACTION SHEET

Mr. Miss. Addressee: Mrs Eleanor Busiel Widow
 State 66 Court Street Relationship
 City, State Brockton 17, Massachusetts '47
 Date letter

Cemetery Temporary: _____

Permanent: _____
 Plot Row Gr Cen. Name or No. City Country

PARAGRAPHS (sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

165-A omit (the late)
 75-A #1 only - Joy, Belgi
 75-B - Neffie, chapel, omit (the late)
 87-C usmc Joy I, Belgium
 2-B #2 - enclosed change of address card.
 166-E

Decedent: Busiel, Francis
 Last First Initial Rank ASN

9/25/47
 [Signature]

Analyst Typist Reviewer

Modifications

OKed 20730

LS

QMGMF 293
Bursiel, Francis H.
SN O 749 712

25 August 1947

Mrs. Eleanor Bursiel
66 Court Street
Brockton 17, Massachusetts

Dear Mrs. Bursiel:

Your letter pertaining to the remains of your husband, the late First Lieutenant Francis H. Bursiel, has come to my attention.

Although understanding your natural interest in the future status of the United States Military Cemetery Foy, Belgium, where the remains of your husband now rest, I must inform you that this cemetery has not been designated as a permanent American Military Cemetery for our heroic dead of World War II.

It is the policy of the War Department, when evacuating a temporary cemetery to transfer the remains which are to receive final burial overseas to the nearest permanent American Military Cemetery. Therefore, the remains of your husband will be permanently buried in the cemetery at Henri-Chapelle, Belgium, unless you desire that they be returned to his Homeland.

The "Request for Disposition of Remains" form pertaining to the United States Military Cemetery at Foy, Belgium, has not yet been mailed to the next of kin of the heroic dead.

The Return of World War II Dead Program provides for the return of the deceased to their next of kin in a predetermined scheduled sequence of the cemeteries in which they are now buried. Efficient and rapid accomplishment of this tremendous program requires not only close adherence to mailing schedules for the Disposition Forms made in agreement with the scheduled cemetery sequence but also accurate verification of all vital records of every decedent prior to the mailing of the Disposition Form. When verification for each cemetery is completed, the Forms are mailed well in advance of the scheduled processing of the cemetery.

QMMEF 293 Bursiel, Francis H. SN O 749 712 25 August 1947 (Cont'd)

A change in your mailing address from 946 Washington Street, Whitman, Massachusetts, which is the address entered on our records, to the above address, has been noted in your last letter.

If this new address is to be your permanent mailing address, please so inform us immediately, using the inclosed change of address card which requires no postage.

Please do not hesitate to call upon us at any time if you believe we can assist you further.

Sincerely yours,



rb
1 Incl
Form 381

RICHARD B. COOMBS
Major, QMC
Memorial Division

RBC

Aug 26 11 43 AM '47
REPAIR RECORDS BRANCH
MEMORIAL DIVISION

Aug 26 9 55 AM '47
REPAIR RECORDS BRANCH
MEMORIAL DIVISION

1st Lt Francis H. Bursiel, O 749 712
Plot H, Row 11, Grave 269,
United States Military Cemetery
Foy, Belgium

5 January 1948

Mrs. Eleanor P. Bursiel
946 Washington Street
Whitman, Massachusetts

Dear Mrs. Bursiel:

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.

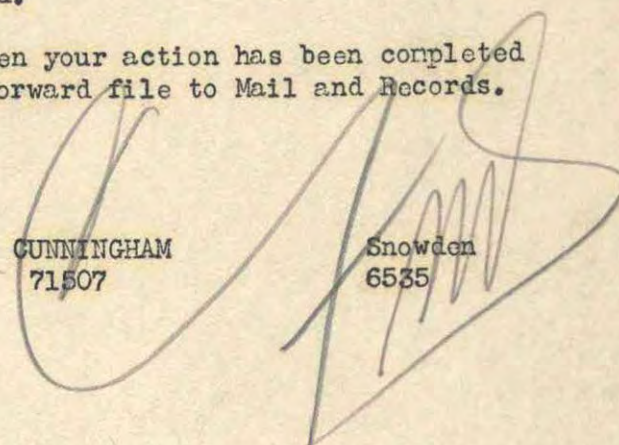
JAN 5 1 29 PM
D. C. M. G.
RECORDS BR.

Att. Capt JUL 2 1948 vey

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
 INTRAOFFICE REFERENCE SHEET

*
 293 *Bussell, Francis H.* *12th* DUE, HOUR AND DATE

1 No. 2 From 3 To 4 Date 5 Message

1	LOI Section R/R Br.	Record Section R/R Br.	<i>Salem</i> MAY 1948	<p>1. As 333 card in this case could not be immediately located action has been taken with a view to resolving the case without the 333 card.</p> <p>2. File is forwarded to your Section for such correction in 333 card as may be indicated.</p> <p>3. When your action has been completed please forward file to Mail and Records.</p> <p style="text-align: center;">  CUNNINGHAM 71507 </p> <p style="text-align: right;"> Snowden 6535 </p>
---	---------------------------	------------------------------	-----------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

6 JUL 1948

File
R/R - NAN.
6 July 48
M. Bell.

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

In Reply Refer To RR Br: QMGR 293 Bursiel, Francis H., 1st Lt., O 749 712
Plot E, Row 11, Grave 269
United States Military Cemetery
Foy, Belgium

1 JUL 1948

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

P R I O R I T Y

Miss Mildred Jenkins, Home Service Director
North Atlantic Area, American Red Cross
300 Fourth Avenue
New York 10, New York

Dear Miss Jenkins:

The Next of Kin of the above captioned deceased wife
(relationship)

Mrs. Eleanor P. Bursiel, 66 Court Street, Brockton 17, Massachusetts
(name) (address)

has failed to return a Form 345 indicating disposition instructions for the
remains. The form was dispatched 5 January 1948.

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

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

sincerely yours,

JOHN O. HYATT
Colonel, QMG
Memorial Division

reg REMARKS:

Former address
946 Washington Street
Whitman, Massachusetts

JUL 1 12 27 PM '48

C. O. M. G.
MAIL & RECORDS BRANCH

JUL 2 1948

SPQYG 293

(Bursiel, Francis H.)

S.N. O-749 712

6 December 1945

Address Reply to THE
QUARTERMASTER GENERAL
Attn: Memorial Division

Mrs. Eleanor P. Bursiel
946 Washington Street
Whitman, Massachusetts

Dear Mrs. Bursiel:

Acknowledgment is made of your letter requesting further information concerning your husband, the late First Lieutenant Francis H. Bursiel.

The identification tags or "dog tags" are considered part of the uniform worn by military personnel and in case of death and at the time of interment, one tag is buried with the remains and the other attached to the grave marker for future identification.

A copy of your letter has been forwarded to The Chief of Chaplains, Washington 25, D. C. for direct reply relative to the name and address of the Chaplain officiating at the final rites as that office has jurisdiction over matters of this nature.

Again please accept my sincere sympathy in the loss of your husband.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

Dec 11 11 44 PM '45

MAIL & RECORDS BRANCH



MEMORIAL DIVISION

DEC 11 8 33 AM '45

269

MEMORIAL DIVISION
DEC 11 8 39 AM '45

GRAVES REGISTRATION SECTION

MEMORIAL DIVISION
DEC 11 10 54 AM '45

SPYD 293
(Bureau, Francis H.)
S.N. 0-749 7A5

6 December 1945

Address Reply to THE
QUARTERMASTER GENERAL
Adjut Memorial Division

Mrs. Eleanor F. Bursiel
240 Washington Street
Wittman, Massachusetts

Dear Mrs. Bursiel:

Acknowledgment is made of your letter requesting further in-
formation concerning your husband, the late First Lieutenant Francis
H. Bursiel.

The identification tags or "dog tags" are considered part of the
uniform worn by military personnel and in case of death and at the
time of interment, one tag is buried with the remains and the other
attached to the grave marker for future identification.

A copy of your letter has been forwarded to The Chief of Chaplains,
Washington 25, D. C. for direct reply relative to the name and address
of the Chaplain officiating at the final rites as that office has
jurisdiction over matters of this nature.

Again please accept my sincere sympathy in the loss of your
husband.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. FRANK
Major, GPO
Assistant



MAIL & RECORDS BRANCH
JAN 10 1946

DEC 11 11 33 AM '45

MEMORIAL DIVISION

RECEIVED

DEC 11 1945

MAIL ROOM

DEC 11 10 54 AM '45

MEMORIAL DIVISION



THE AMERICAN NATIONAL RED CROSS

NORTH ATLANTIC AREA

300 FOURTH AVENUE . NEW YORK 10, N. Y.

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

Date: November 12, 1948

From: Mildred Jenkins

Refer to: QMGMR 295

Name: Bursiel, Francis H. Rank: 1st Lt.
ASN O 749 712

Plot E Row 11 Grave 269
United States Military Cemetery
Foy, Belgium
Next of Kin: Mrs. Ella Bursiel, mother

Present Address: 25 West Green Street
Lynn, Massachusetts

Previous Address:

Remarried Widow: Mrs. Vernon Marshall
66 Court Street
Brockton, Mass.

*R 11/30/48
10-2*

This is an interim report in connection with your request concerning disposition of the remains of the decedent listed above.

Our Lynn and Brockton, Massachusetts Chapters have reported to us in connection with the above decedent. The mother of the deceased has the Form 345 signed and ready to send to you, and also has obtained copy of death certificate of her husband, Charles E. Bursiel, who died in Saugus, Mass, Dec. 23, 1942. Difficulty has been encountered in securing a statement from the remarried widow, now Mrs. Vernon Marshall, 66 Court Street, Brockton, Massachusetts. We believe that she was married approximately in the fall of 1946. She seems unwilling to give any information as she wishes to make a decision for her former husband's body to remain overseas, whereas her former mother-in-law, who is now qualified to complete the form, wishes to have the body of the officer returned to this country. Our two chapters are making further efforts to secure Mrs. Marshall's cooperation, or to obtain other documentary proof in connection with the remarriage.

We have asked that Mrs. Bursiel send Form 345 and death certificate of her husband to your office, in the meantime, pending efforts to obtain proof of the remarriage.

You will receive further information as soon as it is made available to us.

Mildred Jenkins, Director
Home Service

Leonore U. DeKeyser

By: (Mrs.) Leonore U. DeKeyser
Home Service Correspondent

*File
11 Jan 49
J. Henderson
FHC*

THE AMERICAN NATIONAL BUREAU

WOMEN ATTORNEYS

1000 Massachusetts Avenue, N.W., Washington, D.C.

For: Executive Board, American National Bureau of Women Attorneys, Washington, D.C.

Washington, D.C., November 12, 1948

Dear Madam Justice:

Reference is made to your letter of November 10, 1948.

Washington, D.C.



Letter to Mr. Justice
Honorable Justice
1000 Massachusetts Avenue, N.W.
Washington, D.C.

Enclosed for you are two copies of a letterhead memorandum dated and captioned as above. The letterhead memorandum is dated and captioned as above. The letterhead memorandum is dated and captioned as above.

This is an interim report in connection with your request concerning the status of the deceased's estate.

Our firm and Brocken, Massachusetts, has been reported to us in connection with the above deceased. The nature of the deceased has the form set signed and ready to send to you, and also has obtained copy of the certificate of her husband, Charles E. Daniels, who died in August, Mass., Dec. 28, 1931. Dittell, has been authorized in writing a statement from the married widow, now Mrs. Victor Marshall, 88 Court Street, Brockton, Massachusetts. We believe that she was married approximately in the fall of 1936. She seems unwilling to give any information of the date of her husband's death, and is now qualified to testify to the fact, since she has the body of the child related to this country. Our law firm and yours are seeking further details in connection with the marriage.

We have asked that Mrs. Daniel send her 1935 and 1936 returns of her husband to your office, in the meantime, pending receipt of proof of the marriage.

You will receive further information as soon as we receive the returns.



Very truly yours,
[Signature]

UNITED STATES DEPARTMENT OF WAR
OFFICE OF THE ASSISTANT SECRETARY
FOR AFFAIRS



December 7, 1948

TO:

Our chapter in Lynn, Massachusetts reports that they have assisted the serviceman's mother, Mrs. Ella Bursiel in completing Form 345 which she mailed to your office indicating her desire to have the serviceman's remains brought back to be buried in the Riverside Cemetery, Saugus, Massachusetts. The chapter reports that the serviceman's remarried widow, Mrs. Vernon Marshall at 66 Court Street, Brockton, Massachusetts, has failed to answer correspondence directed to her from your office, and that the serviceman's mother has been unable to secure a copy of her daughter-in-law's remarriage certificate.

(Miss) Mildred Jenkins
Director, Home Service

Elizabeth S. Moore
by: (Mrs.) Elizabeth S. Moore

Home Service Correspondent

Dear Miss Jenkins:

Mem. to: Miss Moore
300 Boston Avenue
Boston, Massachusetts
Miss Moore's address: Home Service Director.

REPLY TO: MISS MOORE
OFFICE OF THE ASSISTANT SECRETARY
FOR AFFAIRS
DEPARTMENT OF WAR
ATTENTION: MISS MOORE

IN REPLY TO: MISS MOORE

DEC 10 1948

February 23, 1948

Quartermaster General
Memorial Division
Adjutant General's Office
Washington, D. C.

293
Re: Bursiel, Francis H., 1/Lt.
O 749 712 Deceased

Dear Sir:

I, Mrs. Ella Bursiel, mother of the above mentioned serviceman, wish to report my change of address to your office. I filled out Form 345 several months ago, requesting that my son's body be sent from the Military Cemetery in Foy, Belgium to Saugus, Mass. Since I have not heard from you relative to the date of my son's arrival, I wish to give you my new address.

My new address is 26 South Common Street, Lynn, Mass.

My old address was 25 West Green Street, Lynn, Mass.

Very truly yours,

Ella L. Bursiel

(Mrs.) Ella Bursiel
26 South Common Street
Lynn, Mass.

February 27, 1949

Mr. Daniel, Francis H., Jr.
O W 3 718

Department General
Special Division
Adjutant General's Office
Washington, D. C.

Dear Sir:

I was this week advised, through the above mentioned war-
veteran, that he reports an address of address in your office
I think out from 325 several weeks ago, requesting that
if you could be sent the military history in the
beginning to be given. Since I have not heard from you
relative to the date of my own arrival, I wish to give
you my new address.

My new address is 26 South Common Street, Lynn, Mass.
My old address was 26 East Green Street, Lynn, Mass.

Very truly yours,

(Mrs.) Miss Daniel
26 South Common Street
Lynn, Mass.





TO WHOM IT MAY CONCERN:
I, the undersigned, do hereby certify that I believe that I am next of kin and should have the right to complete form 706.

I am enclosing my husband's death certificate.

I have been unsuccessful in obtaining either the date or the place or any pertinent information from any of Eleanor's relatives as they all say that they do not know and do not wish to take any further statements and all have advised me that that Eleanor has requested.

The San Diego in California has had several attempts to obtain information regarding the date and place of the marriage of the said Eleanor and I have been unsuccessful.



The San Diego in California has had several attempts to obtain information regarding the date and place of the marriage of the said Eleanor and I have been unsuccessful.

In this regard I have signed my name and returned by certified mail of Alice this 26th day of November 1948.



TO WHOM IT MAY CONCERN:

I, Constance MacNeil, 1 Willow Court, Saugus, Mass., wish to state that I have known the Bursiel family for at least ten or twelve years as we were neighbors for that time.

My son George and Francis Bursiel were buddies and they often spent a great deal of time at my home.

I believe that Eleanor Bursiel married Vernon Marshall over two years ago and it seemed strange since I realized that Eleanor Bursiel and Vernon Marshall were cousins or close relatives. I was informed of Eleanor's remarriage by my daughter, Mrs. Ruth Berry, who is a friend of Elaine Marshall, sister of Vernon Marshall. I also knew the Marshall family for at least twelve years since they lived in the same neighborhood in Saugus. I am unable to give any definite dates concerning the remarriage of Eleanor Bursiel but I definitely believe that she has married Vernon Marshall and that she has a child about two years old.

Mrs Constance MacNeil
SIGNED

Commonwealth of Massachusetts
County of Essex

In witness whereof I have signed my name and impressed my official seal of office this 16th day of November, 1948

Bernice E Matheson
NOTARY PUBLIC

My Commission Expires 2-17-50

FILE
Name Matheson
Action NAT
Date 3/7/49
Acceptance Section
Family Correspondence Branch



QM
PENTAGON LIAISON
MEMORIAL DIVISION

DATE 24 February 1949

REQUESTED BY:

<u>Name</u>	<u>Section</u>	<u>Room #</u>	<u>Telephone</u>
Fenton	Unit #5	2432	76224

REQUEST:

Bursiel, Frances H. O 749 712 1st Lt.

Foy, Bel. E-11-269

Request present marital status and address
of Mrs. Eleanor P. Bursiel, widow.

Information Received From: V.A.

XC 3 874 435
Branch Office #1
55 Tremont Street
Boston 8, Mass.

Widow remarried 28 May 1946
Eleanor P. Marshall
1059 Collins Avenue
Miami Beach 39, Florida 3 July 1946

File
Name *Fenton*
Action *NAT*
Date *3/7/49*
Acceptance Section
Family Corres. Branch

For 293 file

The Commonwealth of Massachusetts

TOWN OF SAUGUS

COPY OF RECORD OF DEATH

I, the undersigned, hereby certify that I am Clerk of the Town of Saugus, that as such I have custody of the records of deaths required by law to be kept in my office; that among such records is one relating to the death of

.....
Charles E. Bursiel
.....

and that the following is a true copy of so much of said record as relates to said death, namely:

Date of Death December 23, 1942
Place of Death Saugus, Mass.
Residence 8 Webb Pl., Saugus Birthplace Chelsea, Mass.
Occupation Machinist Social Security No. 034-05-0525
Age 60 Years 5 Months 3 Days
Sex Male Color White Single, Married
Widowed or Divorced Married

Name of Father Willis Bursiel Name of Mother Mary Robinson
Birthplace of Father New Hampshire Birthplace of Mother Skowhegan, Me.

Cause of Death Carcinomatosis---Primary of larynx

Place of Burial Riverside, Saugus

Date of Record December 27, 1942

And I do hereby certify that the foregoing is a true copy from said records.

Witness my hand and seal of said Town of Saugus on this

..... 8th day of October 19 48

.....
Ruth E. Stevens
Town Clerk of Saugus.

FILE
Name
Action
N.B.
3/7/48
Section
Branch

CORRESPONDENCE ACTION SHEET

NAME OF DECEDENT (Last, First, Middle)

Bursiel, Francis H.

GRADE

1st Lt

SERIAL NUMBER

0749912

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

PRESENT BURIAL LOCATION (Cemetery and Country) USMC, Foy, Belgium	PLOT E	ROW 11	GRAVE 269
----------------------------------------------------------------------	-----------	-----------	--------------

ADDRESSEE MR. MISS MRS. <u>Ella L. Bursiel</u>	ADDRESS (Street, City, State) 25 W. Green Street Lynn, Mass
RELATIONSHIP Mother	

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

165a

155E---1st para. only---death certificate---your husband-----your son's remains. The information regarding the remarriage of your son's widow has also been accepted.

I wish to advise you that the "R for D of R" form for the remains of your loved one has been accepted. Your son's remains will be returned to the U.S. for permanent interment in the private cemetery designated by you.

99B.

166M

CC: Control Unit, FR and type gr. loc. on bottom of cpy of ltr.

ANALYST INITIALS AND DATE <i>MRJ 3-22-49</i>	TYPIST INITIALS	REVIEWER INITIALS AND DATE
-------------------------------------------------	-----------------	----------------------------

CORRESPONDENCE ACTION SHEET

ADDRESS (Street, City, State)	POST OFFICE (Name, Number, City, State)	POST OFFICE (Name, Number, City, State)	POST OFFICE (Name, Number, City, State)
1000

ADDITIONAL DATA - NOTIFICATIONS

I wish to advise you that the \$100.00 for the balance of your loan has been received. Your son's remains will be returned to the U.S. for permanent interment in the private cemetery designated by you.

1000

1000

Use Control Unit, 2d and type gr. rec. on bottom of page 1st.

RECEIVED
MAY 10 1948

Form 3-55-44

DATE

RECEIVED INITIALS AND DATE

01/11/48

1000

01/11/48

RECEIVED INITIALS AND DATE

TYPE INITIALS

RECEIVED INITIALS AND DATE

Form 3-55-44

QMGHF 293

Bursiel, Francis H., O 749 712
Plot E, Row 11, Grave 269
USMC Foy, Belgium

24 March 1949

Mrs. Ella L. Bursiel
25 West Green Street
Lynn, Massachusetts

Dear Mrs. Bursiel:

Your letter pertaining to the remains of your son, the late First Lieutenant Francis H. Bursiel, has come to my attention.

The death certificate for your husband has been placed in our files and the records have been amended to show you as the person now authorized to designate the final resting place of your son's remains. The information regarding the remarriage of your son's widow has also been accepted.

I wish to advise you that the "Request for Disposition of Remains" Form for the remains of your loved one has been accepted. Your son's remains will be returned to the United States for permanent interment in the private cemetery designated by you.

The Commanding Officer of the Distribution Center will notify you of the arrival of the remains of your son and of the expected date of delivery of the remains at the destination previously named by yourself. You will be afforded ample time to complete all funeral and other personal arrangements that you may desire.

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

Sincerely yours,

JAMES F. SMITH
Major, QMC
Memorial Division



REPLY FORM ACTION REQUEST

OT

TO: <u>Family Letters</u>		FROM: REPLY FORM ACCEPTANCE SECTION FAMILY CORRESPONDENCE BRANCH	
NAME (Last, First, Middle) <i>593</i> <u>Bursiel, Francis H.</u>		RANK <u>1st Lt</u>	SERIAL NUMBER <u>0-749712</u>
CEMETERY <u>Foy, Belgium</u>	PLOT <u>E</u>	ROW <u>11</u>	GRAVE <u>269</u>
NEXT OF KIN MR. _____ MISS _____ MRS. <u>Ella L. Bursiel</u>		ADDRESS (Street, City, State) <u>25 West Green Street, Lynn, Mass.</u>	
RELATIONSHIP TO DECEASED <u>Mother</u>	OPTION SELECTED <u>Option #2</u>	OQMG FORM 345 EXECUTED BY <u>Mother</u>	

WRITE NOK FOR CORRECTION OR COMPLETION OF REPLY FORM ON ITEMS CHECKED BELOW

<input type="checkbox"/> RELATIONSHIP TO DECEASED	<input type="checkbox"/> SIGNATURE OF NOK
<input type="checkbox"/> OPTION DESIRED	<input type="checkbox"/> NOTARIZATION
<input type="checkbox"/> NATIONAL OR PRIVATE CEMETERY INTERMENT DESIRED	<input type="checkbox"/> NATIONAL CEMETERY SELECTED IS CLOSED
<input type="checkbox"/> COUNTRY (Homeland) OF DECEASED OR NOK	<input type="checkbox"/> REPLY TO "REMARKS" ON FORM 345
<input type="checkbox"/> NAME AND/OR <input type="checkbox"/> ADDRESS OF CONSIGNEE	<input type="checkbox"/> SPECIAL INSTRUCTIONS
<input type="checkbox"/> SECURE DOCUMENTS: <input type="checkbox"/> REMARRIAGE <input type="checkbox"/> BIRTH	<input type="checkbox"/> DEATH <input type="checkbox"/> OTHER _____

SPECIAL INSTRUCTIONS

Advise mother we are accepting her disposition instructions for private burial with H.B. Bisbee & Sons, 549 Lincoln Ave., Sagus, Mass. as consignee.

*File
NAT
Lynn
Family
3/25/49*

DATE <u>21 March 1949</u>	CLERK'S SIGNATURE <i>Fenton</i> Fenton-Unit #5
------------------------------	------------------------------------------------------

REQUEST FOR DISPOSITION OF REMAINS

DATE: 8/11/30/48

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

1st Lt Francis H. Bursiel, O 749 712 (AR)
Plot E, Row 11, Grave 269
United States Military Cemetery
Foy, Belgium

1 JUL 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, ELLA BURSIEL (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
RIVERSIDE CEMETERY SAUGUS, MASS.
(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 _____
(FOREIGN COUNTRY) (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
DP PROC 3/29/49 HB
called 3-25-49
J. Williams

and Godwin

Repton 3/7/49

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

OR

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

FULL NAME OF FUNERAL DIRECTOR H. B. BISBEE & SON			
NUMBER AND STREET 549 Lincoln Ave.	CITY OR TOWN Saugus <i>01</i>	COUNTY OR PROVINCE Essex	STATE OR TERRITORY OF U. S. A., OR COUNTRY Mass.
EXPRESS OFFICE (Nearest railroad passenger station) Saugus	TELEGRAPH ADDRESS Lynn, Mass.		TELEPHONE No. Sa 8-0300

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 Long	FIRST NAME Dorothy	MIDDLE INITIAL M.	RELATIONSHIP TO DECEASED sister
NUMBER AND STREET 368 Central Street	CITY OR TOWN Saugus	COUNTY OR PROVINCE Essex	STATE OR TERRITORY OF U. S. A., OR COUNTRY Mass.

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.

Ella L. Bursiel
(SIGNATURE OF NEXT OF KIN)

25 West Green Street
(STREET AND NUMBER)

ELLA BURSIEL
(NAME PRINTED OR TYPED)

Lynn, Mass.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 26th day of October,

1948, at city (or town) of Lynn, county of Essex, and State (or Territory or

District) of Massachusetts

Bernice C. Matheson
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

My Commission Expires Feb. 17, 1950

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

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

_____	_____ (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.

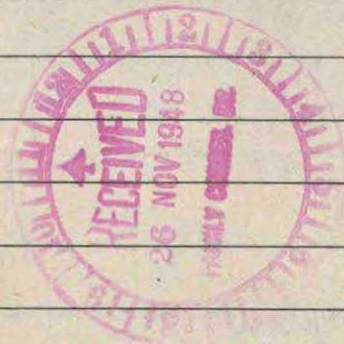
LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

_____	_____ (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.

REPAIRATION
RECORDS BRANCH
MEMORIAL DIVISION
Mar 23 9 01 AM '49



RESTRICTED
INVENTORY OF PERSONAL EFFECTS
US Mil. Com. No. 1 Foy, Belgium

15 Feb 45

Date

SUBJECT: Inventory of Personal Effects of:

	BURSIEL	Francis	H	Unk	Unk
	(Last Name)	(First Name)	(MI)	(Rank)	(ASN)
TO:	Effects Quartermaster, Communications Zone, APO			887	US Army
	The above named individual of			9th Bomber Division	AAF
		deceased	(Unit)	(Organization)	
	was reported			about	25 Dec 1944
		(Status-Killed, MIA, Hospitalized, etc.)		(Date)	
	Designated Beneficiary if information readily accessible				
	Unk				

INVENTORY OF EFFECTS

**1 Souvenir French Franc note (10 Francs)
No currency**

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

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

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by truck on will be 1 Mar 45
(Rail, Truck, etc.) (Date)

Name W E Samson
Rank & ASN WILLIAM E SAMSON
1st Lt OMC
Organization 3043 OGR CO

Any additional pertinent information:

TOOTH CHART

15 Feb 45

Date

BURSIEL

Francis

H

Unk

Unk

Last Name

First

Initial

Rank

Serial No.

9th Bomber Division

AAF

Unit

Organization

Manderfeld Bel

Unk (Estimated to be 23 Dec 44)

fracture of left arm
3rd degree burns skull

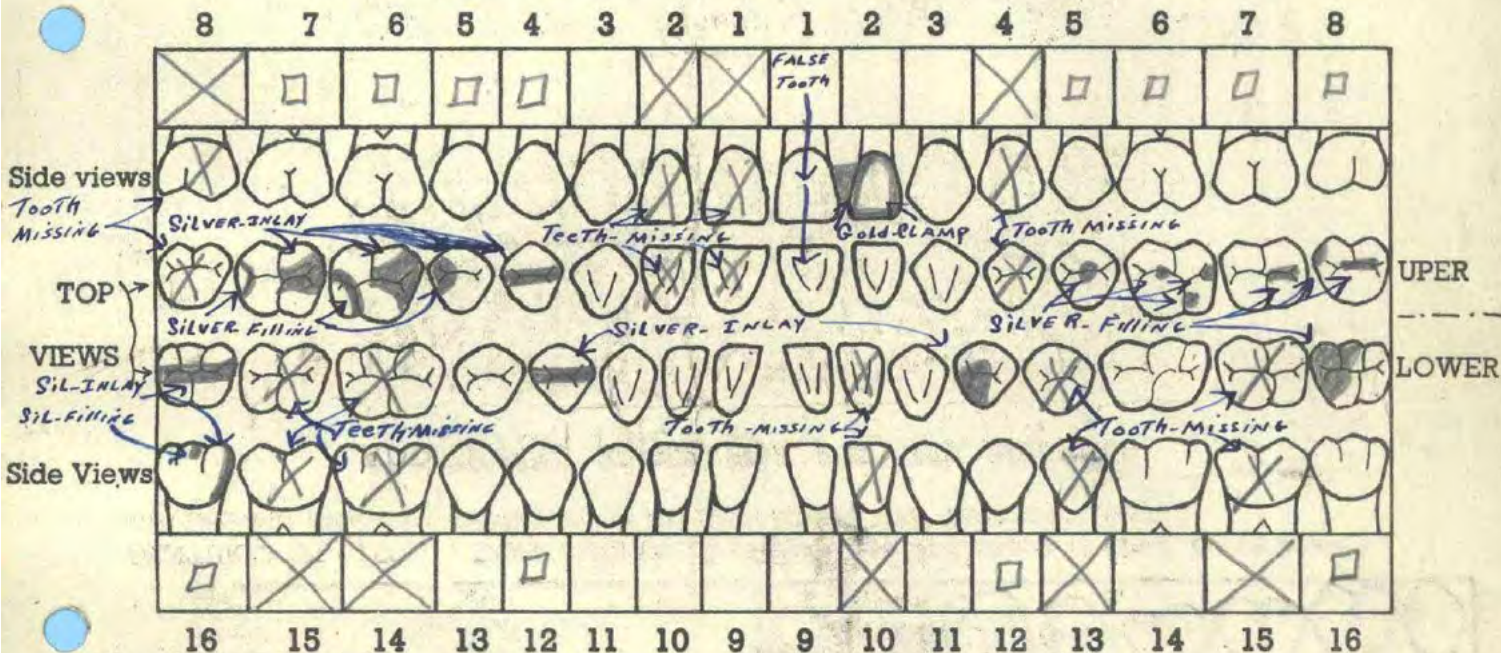
Place of Death

Date of Death

Cause of Death

Right

Left



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

William E. Sanson

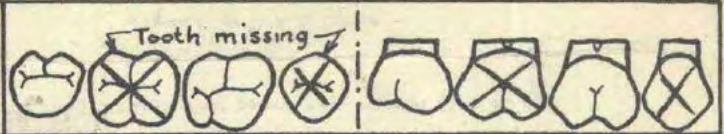
WILLIAM E. SANSON
 1st Lt QMC
 3043 QMGR CO

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

RESTRICTED

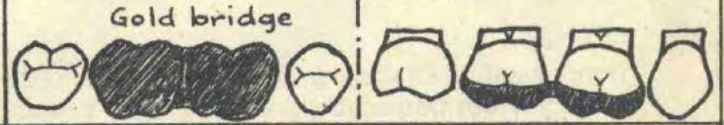
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



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



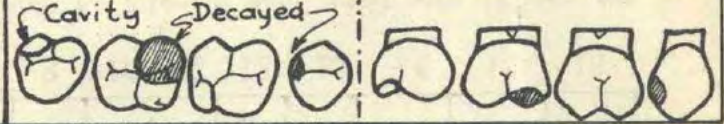
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



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



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

283

<u>BURSIEL</u> (Last Name)	<u>Francis</u> (First Name)	<u>H.</u> (Initial)	<u>1/LT.</u> (Rank)	<u>0-749712</u> (ASN)
-------------------------------	--------------------------------	------------------------	------------------------	--------------------------

RePatriciated to the United States: 20 JUN. 1949

Incl #

STATION FILE

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

15-July-1949

NAME OF DECEDENT (Last, First, Middle Initial)

BRANCH OF SERVICE

TO BE FILLED IN BY CLAIMANT

BURSIEL FRANCIS H

AAF

A. INTERMENT EXPENSES (Civilian or Private Cemetery)

RANK OR GRADE

SERIAL NO.

1 LT.

0-749712

B. TRANSPORTATION EXPENSES (National or Post Cemetery)

PAID

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ **100.00** was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

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: **Riverside**

CITY OR COUNTY: **Saugus**

STATE: **Mass.**

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

RETURN FOUR COPIES TO

SIGNATURE OF CLAIMANT

ADDRESS (Street number or RFD, City and State)

26 South Common Street Lynn, Mass.

RELATIONSHIP TO DECEDENT

Mother

REMARKS

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

JUL 1949

Sym. 215 130
Sta. 625

PART A

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

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

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

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

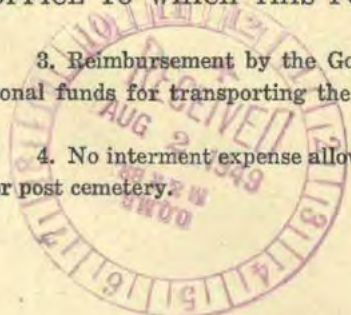
PART B

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

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

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

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



ink

Serial No. _____ Name BURSIEL FRANCIS
Grade officer Rank FM
Organization AAE
Address _____
Nearest Relative ink
Address _____
Killed in Action yes Died of Disease _____
Date _____ Hospital _____
Battle Area _____ Information _____
Place of Burial U S Mail Corp #1
Point of Coordination 7 day base
Description of Body _____
Members Missing _____

No tag
Signed 1/5 Joseph L. Lira
E-11-269

~~SECRET~~

W W. 17764

TEL. SAUGUS

H. D. BISBEE & SON

MALCOLM M. BISBEE

Funeral Directors

549 LINCOLN AVENUE SAUGUS, MASSACHUSETTS

15 July 19 49

In Account With Commanding General, N.Y.P.E.

Att. AGR Division.

Transportation charges for moving the remains
of, ²⁹³ Bursiel Francis H. 1/Lt. 0749712. frgm
Lynn, Massachusetts, to Saugus, Mass.-----\$ 10.00

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

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

H. D. Bisbee & Son
Malcolm M. Bisbee
Proprietor

JUL 1949

Sy 215 130

PAID

H. D. BISBEE & SON

MALDEN ST. BOSTON

Funeral Directors

219 LINCOLN AVENUE, BOSTON, MASSACHUSETTS

1949
No. 100
In Memory of
Mrs. Elizabeth

Funeral services will be held on Monday, July 19, 1949, at 10:30 A.M. in the funeral home of H. D. Bisbee & Son, 219 Lincoln Avenue, Boston, Massachusetts.

DC #1. AGRS
NYPE

JUL 18 10 21 AM 1949

OUT

IN



CORRESPONDENCE ACTION SLIP

NAME		SERIAL NUMBER	INITIALS	DATE
Bursiel, Francis H.		0-749712	FW	10/13/49
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <u>Appl</u> Recheck of records fail to show so with 8 Air Force how- ever so with 9 Air Force is shown. Spauld does not permit compl organ to show 668 Captn Long 416 adf Franklin Sp 9 Air Force Pl sign ret one acceptable (over)	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

needed in Belgium may be had as U.S.
in lieu of Emblem. Pl advise.

CORRESPONDENCE ACTION SLIP

NAME		SERIAL NUMBER	INITIALS	DATE
Bursuel, Francis H.		8-7497, 2	Ehd	9-6-49
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: AGO II Any so w/ 8 th Air Force?? FILE 1 NOV 1949 Green SEP 6 - 1949	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

ORIGINAL ORDER

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

FLAT GRANITE MARKER

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

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

INSCRIPTION: LATIN CROSS

✓ FRANCIS H BURSIEL / MASSACHUSETTS / 1ST ^{LT} LIEUT 668 AAF BOMB
SQ / WORLD WAR II / NOV 9 1920
DEC 25 1944 Killed in
8th Air Force Belgium

SHIP TO: ALFRED POWERS, SUPT
RIVERSIDE CEMETERY
SAUGUS
MASSACHUSETTS

R. R. STATION:

FOR:

R. R. STATION:

✓ APPLICANT: ELLA L BURSIEL
26 SOUTH COMMON ST
LYNN
MASSACHUSETTS

CEMETERY: RIVERSIDE
SAUGUS
MASSACHUSETTS

AUG 12 1949
FILE 1 NOV 1949
E. L. Bursiel

JPM

E. L. Bursiel

Correct
Correct
Correct

APPROVAL AND ACCEPTANCE

SIGNATURE

1 Lt. J. J. [unclear]

MASSACHUSETTS

LYNN

26 SOUTH COMMON ST

ELLA L BURSTIEL

APPLICANT

MASSACHUSETTS

SAUGUS

RIVERSIDE

CEMETERY

MASSACHUSETTS

SAUGUS

RIVERSIDE CEMETERY

ALFRED POWERS, SUPT

SHIP TO

R. R. STATION

R. R. STATION

26 \ WORLD WAR II \ NOV 9 1950

FRANCIS H BURSTIEL \ MASSACHUSETTS \ 1st LIEUT

668 AAF BOMB

INSCRIPTION: LATIN CROSS

WHEN YOU RETURN THIS SLIP THE FLAT GRANITE MARKER CANNOT BE ORDERED. DO NOT DELAY SIGN & RETURN TODAY.

IF YOU HAVE CORRECTED ANY ERRORS, SIGN AND RETURN COMPLETE IN THE ENCLOSED ENVELOPE WHICH RELATES TO CONTACT. OFFICIALS WILL MAKE SURE A GOVERNMENT-LET GRANITE MARKER WILL BE SHIPPED AS ORDERED. CHECK NAME AND ADDRESS OF THE PERSON TO WHOM THE MARKER IS TO BE SHIPPED. ALSO YOU HAVE CORRECTED ANY ERRORS, SIGN AND RETURN COMPLETE IN THE ENCLOSED ENVELOPE WHICH RELATES TO CONTACT. CHECK CAREFULLY BEFORE THE MARKER IS MANUFACTURED. CHECK THE INSCRIPTION, NAME AND LOCATION OF CEMETERY. CHECK WITH CEMETERY OFFICIALS TO BE SURE THE MARKER WILL BE SHIPPED AS ORDERED. CHECK NAME AND ADDRESS OF THE PERSON TO WHOM THE MARKER IS TO BE SHIPPED. ALSO YOU HAVE CORRECTED ANY ERRORS, SIGN AND RETURN COMPLETE IN THE ENCLOSED ENVELOPE WHICH RELATES TO CONTACT. CHECK IT BELOW YOU WILL FIND A COPY OF THE INSCRIPTION TAKEN FROM THE OFFICIAL RECORDS. IF IT WILL APPEAR ON THE FLAT GRANITE MARKER YOU ORDERED. CHECK IT

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

ORIGINAL ORDER

FLAT GRANITE MARKER



JPM

25 JUL 1949 LIST

DUPLICATE

CHECK TYPE REQUIRED

(See Instructions attached)

- UPRIGHT MARBLE HEADSTONE
 FLAT MARBLE MARKER
 FLAT GRANITE MARKER
 BRONZE MARKER

APPLICATION FOR HEADSTONE OR MARKER

(Please make out and return in duplicate)

ENLISTMENT DATE

5-March-1941

DISCHARGE DATE

Killed in action

SERIAL No.

0-749712

PENSION No.

EMBLEM (Check one)

- CHRISTIAN
 HEBREW
 NONE

NAME (Last, First, Middle Initial)

BURSIEL, FRANCIS H.

STATE

Mass.

RANK

1 LT

COMPANY

668 Squadron

U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION

416 Bomber Group, 9th Air Force

DATE OF BIRTH (Month, Day, Year)

9-Nov-1920

DATE OF DEATH (Month, Day, Year)

25-Dec-1944

NAME OF CEMETERY

Riverside

LOCATION (City and State)

Saugus

Massachusetts

SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)

Alfred Powers

NEAREST FREIGHT STATION (City and State)

Saugus

Massachusetts

POST OFFICE ADDRESS OF CONSIGNEE

Riverside Cemetery, Saugus, Mass.

DO NOT WRITE HERE

FOR VERIFICATION

JUL 22 1949

ORDERED

B/L

SHIPPED

I certify this application is submitted for a stone for the unmarked grave of a veteran.

I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it in the decedent's grave at my expense.

APPLICANT'S SIGNATURE

Ella L. Bursiel

15-July-1949

DATE OF APPLICATION

ADDRESS (Street, City, State)

26 So. Common Street, Lynn, Mass.

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

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

Date 15-July-1949

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

Alfred Powers

(Signature of superintendent, sexton, or caretaker)

9-6-49 Army no 27/88 air force
HGOII
9/13/49 app: includes new find to allow for 1/8 air force known, on
10/9 air force in column. Speed down not permitted with any.
Name: 66887 Capt. S. - 411 3rd Capt. S. - 9411 1st Lt.
Sign ret 1. placed in 1st column in Army as 1st in line
General Order

RECEIPT OF REMAINS

DISTRIBUTION CENTER HEADQUARTERS, NYPE
 DISTRIBUTION CENTER #1, AGRS ROUTINE

REMAINS ^{58th ST. & 1st} CONSIGNED TO: AVE., BROOKLYN, NEW YORK

H. B. BISBEE & SON

549 LINCOLN AVENUE

SAUGUS, MASSACHUSETTS

REMAINS OF THE LATE ^{me} 1 LT. FRANCIS ^H BURSIEL ACCOMPANIED BY AN
 ESCORT ARE SCHEDULED TO LEAVE NEW YORK ON TRAIN
 NUMBER 12 NEW HAVEN RAILROAD AT NINE AM EST
 ON FRI 8 JULY AND DUE TO ARRIVE AT LYNN
 AT THREE FIFTY ONE PM EST ON SAME DATE
 PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND
 PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

ESCORT 1 LT DONALD R. QUTEL
 AO 8 32 888
 82nd Fighter Wing

G. H. BARE

COLONEL, QMC

FILE

4 AUG 1949

REPATRIATION

BRANCH

MEM. DIV.

D. Matthews

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

this 8th day of July, 19 49
 (Day) (Month)

H. D. Bisbee & Son

Donald R. Qutel 1st Lt USAF
 (Witness (Escort)) AO 832888

Malcolm M. Bisbee
 (Consignee)

DISINTERMENT DIRECTIVE

6-10

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 1225 00372 DATE 15 03 49 DAY MONTH YEAR

NAME BURSIEL FRANCIS H SERIAL NUMBER 0-7497121 GRADE LT ARM 1 RACE 1 RELIGION 1

CEMETERY FOY BELGIUM PLOT ROW GRAVE E 11 269 DISPOSITION OF REMAINS 1300 01 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE H. B. BISBEE & SON 549 LINCOLN AVENUE SAUGUS, MASSACHUSETTS

NAME AND ADDRESS OF NEXT OF KIN ELLA L. BURSIEL (MOTHER) 25 WEST GREEN STREET LYNN, MASSACHUSETTS

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON 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

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

SEE ATTACHED SHEET

REMAINS PREPARED AND PLACED IN CASKET DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CARLOSINI TRANSFER

429

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC HENRI CHAPELLE, BELGIUM		TO OIC XXXXXANTWERP PORT* PIER 140	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER SGT VINCENT C. GUERRA, 35244996	
SIGNATURE OF SHIPPER <i>Gustav Hoffman</i> GUSTAV HOFFMAN, CAPT., INF.	DATE 17/5/49	SIGNATURE OF RECEIVER <i>R. D. Miller</i>	DATE 17 MAI 1949

2. SHIPPED

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

3. SHIPPED

FROM NYRE		TO NYRE	
KIND OF CONVEYANCE		NAME OF CONVOYER W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	
SIGNATURE OF SHIPPER	DATE JUN 28 1949	SIGNATURE OF RECEIVER <i>W. W. Preisch</i>	DATE JUN 28 1949

4. SHIPPED

FROM NYRE		TO DC#01	
KIND OF CONVEYANCE TRAILER		NAME OF CONVOYER H. A. Young	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE JUN 29 1949	SIGNATURE OF RECEIVER <i>H. A. Young</i>	DATE JUN 29 1949

5. SHIPPED

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

6. SHIPPED

FROM B. BIRBEE & SON		TO TERRY F. BIRBEE (MOTHER)	
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

17 July 49

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

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

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

1. DONALD R. QUARTEL, 1ST LT. USAF A0832888 accompanying the
(Name, rank, serial number of escort)

remains of FRANCIS H. BURSIEL 1ST LT 0-749712
(Name, rank, serial number)

2. Departed AGRD, NYPE, on 8 JULY 1949 at 0900 hours
(date)

for LYNNE SAUGUS, MASS. by TRAIN
(destination - city and state) (Gov't vehicle or train)

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

0900 HRS. FROM GCS Arrived at

SAUGUS, MASS on 8 JULY 1949 at 1615 hours
(destination) (date)

3. First contact was made with undertaker on 8 JULY 49 at 1550 hours
(date)

4. First contact was made with next of kin ELLA L. BURSIEL (MOTHER)
(Name)

26 S. COMMON ST., LYNNE, MASS on 8 JULY 1949 at 1550 hours
(address) (date)

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

6. The funeral was held at 1400 hours, on 9 JULY 1949

7. Escort's presence ~~is~~ is NOT (ORA) desired at funeral services ELLA L. BURSIEL

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

9. Burial honors were not provided because _____

10. Burial honors were provided by SAUGUS POST 210 AM. LEGION
ASSISTED BY S/SGT. ARTHUR F. DEFRANZO POST 2346 UFW

11. Flag was presented to NEXT OF KIN

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

13. HOME OF M. BISBEE SAUGUS, MASS
(Name, address of Hotel and length of stay where billeted)

14. Departed Boston, Mass by TRAIN on 9 July 49
(Govt. Vehicle or train) (date)

at 2425 hours Arrived at AGRD, NYPE on 9 July 49
(date)

at 0630 hours.

15. REMARKS (Unusual occurrences): NONE

16. RECEIPT OF FORTY-TWO (42) ~~THIRTY-ONE (31)~~ ROUNDS OF BLANK AMMUNITION IS ACCOMPANIED
(IF NO BLANKS WERE ISSUED WRITE "NONE")

George K Caddy Donald R. Quartel Lt. USAF AO 832888
Name of Receiver (Name, Rank, Serial Number of Escort)

Post 210 American Legion Saugus Mass USAF
(Organization)

8 July 1949 8 July 1949
Date Received Date

1

DISINTERMENT OPERATIONS RECORD

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR
RACE RELIGION

NAME SERIAL NUMBER GRADE ARM
BURSIEL FRANCIS H 0-7497121 LT 1

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
FOY BELGIUM E 11 269
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISINTERRED
FRANCIS H BURSIEL 0-749712 1/LT 21 SEPTEMBER 1948

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS EMB
 MARKER EMB UNK JOHN ORAZEN, CAPT. QMC.
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM CONDITION OF REMAINS
[Disturbing text redacted]

OTHER MEANS OF IDENTIFICATION NONE

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
NONE

REMAINS PREPARED AND PLACED IN ~~CASKET~~ TRANSFER BOX

DATE 23 SEPTEMBER 1948 BY Richard S. Holiver (Signature) RICHARD S. HOLIVER (EMBALMER)

CASKET SEALED BY WILLARD B. BALCH EMBALMER WILLARD B. BALCH (Signature) WILLARD B. BALCH

CASKET BOXED AND MARKED CHARLES V. MORGANT SHIPPING ADDRESS VERIFIED BY ALL MARKINGS, PLATES & TAGS VERIFIED BY:
DATE 9 NOV. 48y CLERK RECORDER ROGER E. LEWIS, CAPT CAV

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

Vernon N. Howell (Signature) VERNON N. HOWELL, 1LT. INF. SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

9M

INSPECTION CHECK LIST

(For use at Overseas Port, U.S. Port, and Distribution Center)

NAME		GRADE	SERIAL NUMBER		
BORSIEL, FRANCIS H		1/LT.	0-749712		
SOURCE		CONSIGNEE			
FOY, BELGIUM		H. B. BISBEE & SON 549 LINCOLN AVENUE SAUGUS, MASSACHUSETTS			
SHIPPING CASE - GENERAL APPEARANCE (Check ONLY Discrepancies)		CONDITION OF SHIPPING CASE (Check)			
		<input type="checkbox"/> Satisfact. <input type="checkbox"/> Unsatisfact.			
Finish (Exterior)		REMARKS			
Handles					
Draw Bolts					
Stenciling-Nameplate					
Health Permit Marker					
Health Permit Number					
CASKET - General Appearance (Check ONLY Discrepancies)		CONDITION OF CASKET (Check One)			
		<input type="checkbox"/> Satisfact. <input type="checkbox"/> Unsatisfact.			
X	Finish (Exterior)	REMARKS:			
	Hand Rails and Finales	PAPER IMBEDDED IN PAINT			
	Nameplate				
	Cam Locks (Sealing) & Gasket				
	Odor or Moisture				
		ROUTED TO			
<input type="checkbox"/> MORTUARY SECTION		<input type="checkbox"/> MAINTENANCE & REPAIR SECT.			
Condition of Remains		Casket Repaired			
<input type="checkbox"/> Satisfact. <input type="checkbox"/> Unsatisfact.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Necessary Disinfection (Explain)		Casket Exchanged			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Shipping Case Repaired			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Shipping Case Exchanged			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Remarks:			
Time	Date	Signature of Mortician	Time	Date	Signature of Inspector
	20/5/49	<i>Richard N Conrad</i> RICHARD N CONRAD, EMB. SUPV.			<i>E. N. Heisey</i> E. N. HEISEY, 1/LT. CMC.
REMARKS:					

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION POINT)

NAME BURSIEL FRANCIS H	RANK 1LT AAF	SERIAL NUMBER 0-749712
----------------------------------	----------------------------	----------------------------------

NEXT OF KIN	ADDRESS
-------------	---------

SHIPPING CASE - General Appearance (Check ONLY Discrepancies)	CONDITION OF SHIPPING CASE (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH (Exterior) FINISH (Interior) HANDLES HANDLE BOLTS STENCILING - NAMEPLATE	REMARKS <div style="font-size: 2em; text-align: center;"><i>OK</i></div>

CASKET - General Appearance (Check ONLY Discrepancies)	CONDITION OF CASKET (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
FINISH (Exterior) HANDLES AND FASTENINGS STENCILING - NAMEPLATE CAM LOCKS (Sealing) ODOR OR MOISTURE	REMARKS <div style="font-size: 1.5em; text-align: center;"><i>Respray casket OK</i></div>

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 REPAIRED <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 <i>Harrel</i>
------	------	------------------------	------	------	--------------------------------------------------

REMARKS

Inspected

JUN 26 9 05 AM 1949

WU A110 25 GOVT COLLECT 8 EXTRA

LYNN MASS JUN 25 1220P

G H BARE COL QMC

DISTRIBUTION CENTER #1 NEWYORK PORT OF EMBARKATION
BROOKLYN NY

RETEL RE REMAINS LATE 1ST LT FRANCIS H BURSIEL ORIGINAL
INSTRUCTIONS PER YOUR MESSAGE STILL HOLD

ELLA L BURSIEL CORRECT ADDRESS 26 SOUTH COMMON ST
LYNN MASS

800A JUN 26..

BURSIEL, FRANCIS H.

9712

BAY

PALLET

BOX

TALLY

7842

TYPE PKG.

F. R.

RECEIVED

1949 JUN 23 16 36

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

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

ELIA L. BURSIEL
25 WEST GREEN ST.
LYNN, MASS.

James H. McCarthy
JAMES McCARTHY
Major, TC
Admin O, AGR Div.

CARROLL VICTORY

PLEASE BE ADVISED THE REMAINS OF THE LATE
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED
TO
H.B. BISBEE & SON, 549 LINCOLN AVENUE, SAUGUS, MASS.

LT. FRANCIS H. BURSIEL

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

DOG (REV)

S. H. BARE
W.L. LMC

RELEASED TO

24 JUNE 49

124

REPARATION
RECORDS BRANCH

JUN 29 2 28 PM '48

RECORDS DIVISION

REC'D TO [illegible]

QMGH 293
Bursiel, Francis H.
SN O-749 712

7 September 1949

SUBJECT: Organization

TO: The Adjutant General
Rec. Adm. Ctr., Demob. Rec. Br. WW II, (Officers)
4300 Goodfellow Boulevard, Bldg. 105
St. Louis, Missouri

1. The inclosed application for a flat granite marker is forwarded with the request this office be informed if the late Francis H. Bursiel rendered service with our unit.

As requested the application be returned with the above information.

FOR THE ACTING THE QUARTERMASTER GENERAL:

1 Incl
appl

NORMAN S. WIGGS
Lt Col, QMC
Memorial Division

SEP 7 4 43 PM '49
O. C. M. G.
MAIL & RECORDS BRANCH

293 ~~AGRS DC-S 201~~ Bursiel, Francis H. 1st Ind
(7 Sept 49) O 749 712
SUBJECT: Organization

AGO, Department of the Army, Records Administration Center, St. Louis 20,
Mo. 26 September 1949

TO: The Quartermaster General, Department of the Army, Washington 25, D. C.
Attn: Memorial Division

No record has been found by this office to show that Francis H. Bursiel, serial number O 749 712, rendered service with the Eighth Air Force. The records show however, that subject individual did render service with the Ninth Air Force.

FOR THE ADJUTANT GENERAL:

1 Incl
n/c

E. C. Hoge
E. C. HOGE
Lt. Colonel, AGD
Chief, Demob Pers Rec Branch

RECEIVED
MEMORIAL DIVISION
SEP 27 1949

File
E. C. Hoge
10/4/49

Department of the Army, Headquarters, Washington, D.C. 20315
The Adjutant General, Department of the Army, Washington, D.C. 20315
Attention: Adjutant General

As records have been found to have been destroyed in the
process of the investigation, the following information is being
furnished for your information and records.

[Faint signature]
Adjutant General
Department of the Army
Washington, D.C. 20315

1
2



QMGMH 293
Bursiel, Francis H.
SN O-749 712

19 October 1949

Mrs. Ella L. Bursiel
26 South Common Street
Lynn, Massachusetts

Dear Mrs. Bursiel:

Reference is made to the inscription to appear on a Government flat granite marker for the grave of the late Francis H. Bursiel.

The words "Killed in Belgium" cannot be added to form a part of the inscription authorized at Government expense; however, they may be shown on the marker in place of the religious emblem, the expense of which must be borne from private funds. In this event, when the stone is ordered the name and address of the contractor will be furnished and all arrangements for additional lettering, at private expense, must then be made with him direct.

The official records show this decedent served with 9 AIR FORCE, 416 AAF BOMB GP, 668 AAF BOMB SQ. It will not be possible to inscribe the organization in full as there is not sufficient space on a Government flat marker, although the air force, group or squadron may be shown thereon. The records do not show he served with 8th Air Force; however, if you have any papers showing this service and will forward them to this Office, another search of the records will be made. You are assured that any documents you send will be carefully safeguarded and returned to you when they have served their purpose.

In the event you are unable to locate the required documents and will accept one of the three order forms inclosed for your choice of organization, please sign and return the form on which appears the inscription you prefer, advising if you desire the Latin Cross omitted in order that this space may be reserved for additional lettering.

Sincerely yours,

L. M. FELLBAUM
Major, QMG
Memorial Division

4 Incls
1 order form
2 order form
3 order form
4 env

OCT 21 PM '49

OCHC H.S. BR

ehd
gw

293 Bursiel, Francis H. 0-749712

1st Lt.

349081

DSJ:LK:cms
May 8, 1946

125/8

Dear Mrs. Bursiel:

The Army Effects Bureau has received some additional property of your husband, First Lieutenant Francis H. Bursiel.

This property consisting of a flight record is being sent you.

If, for some reason, the property has not reached you at the expiration of thirty days from the date of this letter, please notify me so tracer can be instituted.

Yours very truly,

D. S. JOHNSTON
2nd Lt., GIC
Chief, Adm. Div.

SCREENED
4-6-48

9

60

67

✓
349081

RTB:LK:cms
December 26, 1945

✓
Dear Mrs. Bursiel:

Your inquiry to Washington, D. C.,
has been referred to the Army Effects Bureau for reply
in connection with the personal effects of your husband,
First Lieutenant Francis H. Bursiel.

Army Regulations do not provide for the for-
warding of identification tags to the soldier's family.
One of the two identification tags is interred with the
remains, and the duplicate is securely attached to the
grave marker.

I hope this information will be useful to you.

Yours very truly,

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

ll

7 ✓

38 ✓

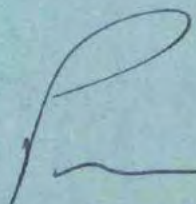
19 ✓

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS
1	EFFECTS QUARTERMASTER	ARMY EFFECTS BUREAU		DATE
2	KANSAS CITY 1, MISSOURI			
3				

For necessary action.

PIERCE
PRENN


Incl.

Ltr dtd 11-15-45

BRANCH REGISTRATION SECTION
 NOV 13 40 AM '45
 MEMORIAL DIVISION

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE	TELEPHONE
	MEMORIAL DIVISION, PLANNING & REGISTRATION BRANCH, TEMPO "C" WASHINGTON 25, D. C.			5 December 1945	

349081

RTB:LK:sh
November 9, 1945

Dear Mrs. Bursiel:

This acknowledges your recent letter relative to the personal effects of your husband, First Lieutenant Francis H. Bursiel.

3

I regret that more personal effects were not received here. Our records do not indicate that any other of his property was recovered; however, if we later receive information about his belongings, you will be promptly notified.

50

So that you may better understand the difficulties encountered in the recovery of personal effects, I am inclosing an information circular on the subject.

47

Yours very truly,

1 Incl--
Form 51

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

ek

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Eleanor P. Bursiel
946 Washington Street

Effects of: Whitman, Massachusetts
Name 1st Lt. Francis H. Bursiel

ASN 0-749712

Case No. 349081 D

Wt.

DATE 17 October 1945
Kauer:geh

B. Hammer
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS

SHIP DAMAGED PROPERTY

Franked
Ext. Exp. Chgs.
Est. Frt. Chgs.
No. of package

miw
Shipping Clerk

October 2, 1945

Dear Sirs: *209 OK* 34908/

My husband, ^{1st} Lieutenant

Francis H. Bursiel, was killed

in action December 25, 1944.

I would like to know what progress has been made in bringing his personal property home.

I would appreciate hearing from you immediately.

(Mrs) Eleanor P. Bursiel

DEPT. OF EFFECTS BUREAU

KANSAS CITY, MO.

OCT - 5 1945

NAME BURSIEL, FRANCIS --- 4712

BAY

PALLET

BOX

TALLY

~~58~~ 56

12

2390

TYPE OF PKG.

WHSE. SPACE

INVENTORIED

~~NEW~~ BOX



Army Effects Bureau
A.C. G.M. Depot
601 Hardesty Ave.
Kansas City, Missouri

9th Washington

Whitman, Mass

CLASS II—Continued

NUMBER	ARTICLES
6	Ties, Khaki ✓
1	Tie, Green ✓ 2 Picture Frames ✓
3	Pair Gloves ✓ 1 Brush ✓
1	Cap, Gyarank ✓ 1 Shoe Kit ✓
1	Hat, Service ✓
9	Shorts ✓
2	Undershirts ✓
24	Pair Socks ✓
2	Belts, Web ✓
19	Handkerchief (1) ✓
2	Pair Pajamas ✓
3	Pair Oxfords ✓
1	Pair Sweat Pants ✓
5	Towels, Bath ✓
1	Towel, Face ✓
1	Bag Soiled Laundry (1) ✓
1	Book ✓
1	Bottle Perfume ✓
1	Stationary Folder ✓
1	Cigar Box with misc articles ✓
1	Sewing Kit ✓
	Money { Specie \$ _____
	Notes \$ _____ NONE

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 ON Depot, Communication
 (Give name and degree of relationship; if legal representative
Zone, APO 513.

or beneficiary named by the deceased, so state)

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

Robert F. Price

ROBERT F. PRICE
 Major, Air Corps
 Commanding

AFPO 140, US Army
 (Station)

5 January, 1945
 (Date)

*Strike out words not applicable.

349081

RTB:HL:crw
August 25, 1945

Mrs. Eleanor P. Bursiel
946 Washington Street
Whitman, Massachusetts

Dear Mrs. Bursiel:

The Army Effects Bureau has received from overseas some property of your husband, First Lieutenant Francis H. Bursiel.

This property, consisting of souvenir money, is being sent you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

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

Yours very truly,

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

ea
67

Summary Court-Martial
ARMY SERVICE FORGES
KANSAS CITY QUARTERMASTER DEPT.
601 Hardesty Avenue
Kansas City 1, Missouri

JRM:HL:crw

Case No. 349081

Date 25 August 1945

SUBJECT: Report of transaction in disposing of the effects of

Francis H. Bursiel late a
(Name of decedent) D-748712
(Army Serial Number)

First Lieutenant who died
(Grade) Air Corps
(Organization, Army or Service)

on the 25 day of December, 1944, at European Area

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 23 August 1945, pursuant to Special Orders 228, Headquarters KQCM Depot, dated 25 September 1943, the application or affidavit of _____

Mrs. Eleanor P. Bursiel for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Eleanor P. Bursiel of
(Name of person found entitled)

946 Washington Street, Whitman State of
(Number, Street or Avenue) (City, Town or Village)

Massachusetts, is the Widow of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, OMC

(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Eleanor P. Bursiel

SHIP TO:

946 Washington Street

1st Lt. Francis H. Bursiel Whitman, Massachusetts

Effects of:

Name O-749712

ASN 349081 D

Case No.

Wt.

DATE 25 Aug 1945

RTB:HL:crw

Burton

PO1: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REMARKS:

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

AUG 31 1945

MW

Shipping Clerk

RESTRICTED

INVENTORY OF PERSONAL EFFECTS
US Mil. Gen. No.1 Foy, Belgium

15 Feb 45

Date

SUBJECT: Inventory of Personal Effects of:

<u>BURSIEL</u>	<u>Francis</u>	<u>H</u>	<u>Unk</u>	<u>Unk</u>
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)
TO: Effects Quartermaster, Communications Zone, APO 887 US Army				
The above named individual of <u>9th Bomber Division</u> <u>AAF</u>				
			(Unit)	(Organization)
was reported	<u>deceased</u>	about <u>23 Dec 1944</u>		
(Status-Killed, MIA, Hospitalized, etc.)				(Date)
Designated Beneficiary if information readily accessible				
<u>Unk</u>				

INVENTORY OF EFFECTS

1 Souvenir French Franc note (10 Francs)
No currency

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

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

I certify that the above items constitute all of the effects, secured by
me, of the above named individual and that they ~~were~~ forwarded to the Effects
Depot by truck on will be 1 Mar 45
(Rail, Truck, etc.) (Date)

Name

W E Samson
WILLIAM E SAMSON

Rank & ASN

1st Lt QMC

Any additional pertinent information:

Organization

3043 QMGR CO

RESTRICTED

19 FEB 1945

APO 140, U S Army
5 February 1945

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : ~~Effects QM, Personal Effects & Baggage~~, APO 513, U S Army.

In accordance with Par 15 b (3) (c), ETO SOP No 26, "Burials and Effects", dated 9 June 1944, as amended, transmitted herewith Inventory of Effects, WD AGO Form 54, for following named Officer :

- a. BURSIEL, FRANCIS H. 1st Lt. O 749 712
(Name) (Rank) (ASN)
- b. 668th Bombardment Squadron (L), 416th Bombardment Group (L)
(Organization)
- c. Missing in Action d. 25 December 1944
(Status) (Date)
- e. Mrs. Eleanor Bursiel (Wife) 946 Washington St. Whitman, Mass.
(Designated Beneficiary, Relationship, and address)
- f. None
(Class II Assets)
- g. None
(Debtors)
- h. None
(Creditors)
- i. Effects shipped by Govt Motor Transport on
2 February 19 45, to Q 256
- j. Remarks: None

For the Commanding Officer:

Joseph A. Haubrich
JOSEPH A. HAUBRICH
Captain, Air Corps
Ass't Adjutant

1 Incl:
Incl 1 - WD AGO Form 54.

137002

247108

B-9712E

LAUNDRY INVENTORY
ARMY EFFECTS BUREAU

B-9712E BM

DRY CLEANING		Do not use	LAUNDRY		Do not use
2	TROUSERS, WOOL ✓ 48	2	3	SHIRTS, WOOL ✓ ✓	3
1	COAT, SERVICE, WOOL ✓ 30	1		TROUSERS, COTTON	
	OVERCOAT, LONG			TIE, COTTON	
	OVERCOAT, SHORT, WOOL			UNDERSHIRTS, COTTON	
	CAP, GARRISON			SHIRTS, DRESS, COTTON	
1	CAP, SERVICE ✓ rain	1	2	DRAWERS, COTTON ✓ ✓	2
	TIES, WOOL			SWEATSHIRTS, COTTON OR WOOL	
2	GLOVES, LEATHER OR WOOL ✓ 60	2		DRAWERS, WOOL	
	SCARFS, SILK, RAYON, OR WOOL			SOCKS, COTTON, PR.	
	SWEATERS			SOCKS, WOOL, PR.	
	TRUNKS, SWIM		2	PAJAMA TOPS ✓ ✓	2
	LEGGINGS		2	PAJAMA BOTTOMS ✓ ✓	2
	BATHROBES			FATIGUES, 1 PC., COTTON	
	BED ROLL			FATIGUES, TOPS, COTTON	
	COMFORTER			FATIGUES, TROUSERS, COTTON	
1	Rain coat ✓ belt			FATIGUES, CAP	
* 2	handkerchiefs salvaged (most stained)			BELT, COTTON	
			2	TOWEL, HAND	
				TOWEL, BATH ✓ ✓	2
				CLOTH, WASH	
				GLOVES, COTTON	
				JACKET, FIELD	
				SUPPORTERS, ATHLETIC	
		* 9		HANDKERCHIEFS ✓ 18	9
				SCARFS, COTTON	
				CASE, PILLOW	
				TRUNKS, GYM	
				SHEETS, COTTON	
				BAGS, BARRACKS	

File 10-17 018

395

82

TALLY NO. ORIG. NO. OF PKGS. EXAMINING DATE 25 Sept. 45 BOX NO. SHEET OF SHEETS

NAME FRANCIS H. BURSIEL A. S. N. 0-749712

ORGANIZATION RANK 1st Lt. CASE NO.

WAREHOUSE SPACE 217-Y EXAMINED BY M. McCarty + Whittlesey SUPERVISOR'S OK PM LAUNDRY REMOVED FROM FOOTLOCKER

PACKAGE DESCRIPTION 1 Oct 9-45 1ctn WEIGHT CHECKED BY Bradley CHECKED AND PACKED BY Bradley SHIPPED DATE OCT 19 1945 BY WHOM

BURSIEL, FRANCIS H (OFFICER)
NAME

BAY	PALLET	BOX	TALLY
	5	42	77

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

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

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

CONTAINERS ADDRESSED TO <i>none</i>	INFORMATION <i>none Reshipped</i>
NAME AND STATUS VARIATIONS	CROSS REFERENCE

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

TALLY NO. <i>77</i>	ORIG. NO. OF PKGS. <i>1</i>	EXAMINING DATE <i>10 Aug 1945</i>	BOX NO. <i>42</i>	SHEET <i>4</i> OF <i>1</i> SHEETS
NAME <i>Francis H. Bursiel</i>			A. S. N. <input checked="" type="checkbox"/>	
ORGANIZATION <i>9th Bomber Division</i>			RANK <i>(officer)</i>	CASE NO. <i>349081</i>
WAREHOUSE SPACE <i>S</i>		EXAMINED BY <i>Pouysee</i>	DIARY REMOVED	
PACKAGE DESCRIPTION <i>1 pair</i>		PACKED BY <i>Martin</i>	PHOTO FILM REMOVED	
WEIGHT		INSPECTED BY <i>B</i>	MOTION PICTURE FILM REMOVED	
		STORED BY <i>M.P.W.</i>	SHIPPED	
			DATE <i>AUG 31 1945</i>	BY WHOM <i>[Signature]</i>

2 Trays

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

**EFFECTS INVENTORY
ARMY EFFECTS BUREAU**

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

CONTAINERS ADDRESSED TO

none

INFORMATION

(wife)
Mrs. Francis Bursiel
946 Washington St.
Whitman, Massachusetts

NAME AND STATUS VARIATIONS

*Form 43 shows Francis Bursiel
S.D. Card shows Francis Harold Bursiel*

CROSS REFERENCE

DAMAGED

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

File 10-17 47

Feb 1977

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE <i>25 Sept. 45</i>	BOX NO.	SHEET OF SHEETS
NAME FRANCIS H. BURSIEL		A. S. N. 0-749 712		
ORGANIZATION		RANK <i>1st Lt.</i>	CASE NO.	
WAREHOUSE SPACE 1920X	EXAMINED BY <i>M. McCarty + Whittlesey</i>	DIARY REMOVED		
PACKAGE DESCRIPTION <i>File</i>	PACKED BY <i>R. B. ...</i>	PHOTO FILM REMOVED		
WEIGHT 43	INSPECTED BY	MOTION PICTURE FILM REMOVED		
	STORED BY	SHIPPED		BY WHOM
		DATE Oct 19 1945		

ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

1 photo - frame broken

SHORTAGES

U. S. GOV'T CHECK SHORT

1 shirt wool
1 handkerchief
1 bag Sealed Laundry

NUMBER

DATE

SYMBOL

AMOUNT

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

E. J. McCarty
INVENTORY CLERK

Nolan
SUPERVISOR

G. I. REMOVED

349081

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU	STATUS	
INBOUND INVENTORY			DECEASED	
G. R. OR SUB GR LABEL			MISSING	
WILL OR POWER OF ATTY.			P. O. W.	
TALLY IN FORM 43			ABANDONED	
			UNKNOWN	

BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS	1 <i>[Handwritten]</i>
BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL	
BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL	
BOOKS	BRUSHES	PEN, FOUNTAIN	
BRACELET, IDENT.	CASE	PHOTOS	
CAMERAS	CLOTH, WASH	PIPES	
CLOTHING	COATS	RINGS	
MISC. ARTICLES	FOOTLOCKER	SCARFS	
RELIGIOUS ARTICLES	FOOTWEAR, PR.	SHIRTS	
RIBBONS, DECORATION	GLASSES	SOCKS, PR.	
SHORT SNORTER	GLOVES, PR.	STATIONERY	
SOUVENIR MONEY	HANDKERCHIEFS	TIES	
SOUVENIRS	HEADWEAR	TOBACCO	
TESTAMENTS	JACKETS	TOILET ARTICLES	
TOWELS & WASHCLOTHS	KITS	TOWELS	
U. S. MONEY (AMOUNT)	KNIVES	TROUSERS, PR.	
WATCH	LETTERS	TRUNKS, PR.	
WINGS	LIGHTERS	UNDERWEAR	

CONTAINERS ADDRESSED TO <i>none</i>	INFORMATION <i>none</i> <i>Rechecked</i>
NAME AND STATUS VARIATIONS	CROSS REFERENCE

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

TALLY NO. <i>7842</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>17 Apr 46</i>	BOX NO.	SHEET _____ OF _____ SHEETS
NAME <i>FRANCIS H BURSIEL</i>		A. S. N. <i>0-749712</i>		
ORGANIZATION <i>9th Bomb Div (M) 97th Comd 416 B 668A</i>		RANK <i>1st Lt</i>	CASE NO.	
WAREHOUSE SPACE <i>144</i>	EXAMINED BY <i>[Signature]</i>	DIARY REMOVED		
PACKAGE DESCRIPTION <i>#1 envelope</i>	WEIGHT	PHOTO FILM REMOVED		
	PACKED BY <i>[Signature]</i>	MOTION PICTURE FILM REMOVED		
	INSPECTED BY <i>[Signature]</i>	SHIPPED		
STORED BY <i>[Signature]</i>	DATE <i>MAY 10 1946</i>	BY WH		

BURSIEL, Francis. 1st LT. O-749712 UNK Case 126135

WHSE SP. 202 C.

BURSIEL FRANCIS H										O-749712										1		LT AC		M 4		KIA		25DEC4				MRU OR SCU									
NAME										SERIAL NUMBER										GRADE		ARM OR SERVICE		RACE		DAY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 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 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80				MRU OR SCU											
19										416 BOMB GP L										L324		ORGANIZATION NAME		SHIPMENT NO.		OR NAME				A.P. NO.											
MORNING REPORT LOCATOR CARD										REMARKS																															
GAINS:										OTHER CHANGES:																															
A-ASSIGNED OR ATTACHED UNASSIGNED, JOINED										1-CHANGE IN GRADE																															
B-ASSIGNED OR ATTACHED UNASSIGNED, NOT YET JOINED										2-SICK ABSENT FROM POST																															
C-ARRIVAL & ASSIGNMENT FROM OTHER THEATERS, BASES, DEPARTMENTS, OR THE CONTINENTAL U.S.										3-RETURN TO DUTY FROM ABSENT SICK, DS OR ASSIGNED NOT YET JOINED																															
LOSSES:										4-DEPARTURE FOR TEMPORARY DUTY OUTSIDE U.S.																															
J-TRANSFER (SAME MRU OR SCU)										5-RETURN FROM TEMPORARY DUTY OUTSIDE U.S.																															
K-TRANSFER (DIFFERENT MRU OR SCU)										6-DEPARTURE ON DS (SAME MRU OR SCU)																															
L-TRANSFER (OUTSIDE U.S.)										7-DEPARTURE ON DS (DIFFERENT MRU OR SCU)																															
M-BATTLE CASUALTY, MISSING, CAPTURED OR DEATH										8-DEPARTURE ON DS (OUTSIDE U.S.)																															
N-HONORABLE DISCHARGE																																									
O-DISCHARGE NOT HONORABLE & NON BATTLE DEATH																																									
P-RELIEVED FROM ASSIGNMENT AT U.S. HOSPITAL AFTER WOUNDED IN BATTLE																																									
Q-DIED FROM BATTLE WOUNDS IN U.S. HOSPITAL																																									
DETACHED SERVICE:																																									
I-ARRIVAL ON DS																																									
R-RELIEF FROM ATTACHMENT																																									
NAME										SERIAL NUMBER										MRU OR SCU		GRADE		TYPE RACE		ARM OR SERVICE		DATE OF CHG.		SUB UNIT		ORGANIZATION NAME				STATION NAME OR		SHIPMENT NO.		A.P. NO.	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 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 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80																																									
IBM 729957																												LICENSED FOR USE UNDER PATENT 1,772,492													

W.D., A.G.O. FORM NO. 302 1 OCTOBER 1943

BURSIEL FRANCIS H										O-749712										1		LT AC		M A		MIA		25DEC4				MRU OR SCU									
NAME										SERIAL NUMBER										GRADE		ARM OR SERVICE		RACE		DAY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 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 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80				MRU OR SCU											
9										416 BOMB GP L										L273		ORGANIZATION NAME		SHIPMENT NO.		OR NAME				A.P. NO.											
MORNING REPORT LOCATOR CARD										REMARKS																															
GAINS:										OTHER CHANGES:																															
A-ASSIGNED OR ATTACHED UNASSIGNED, JOINED										1-CHANGE IN GRADE																															
B-ASSIGNED OR ATTACHED UNASSIGNED, NOT YET JOINED										2-SICK ABSENT FROM POST																															
C-ARRIVAL & ASSIGNMENT FROM OTHER THEATERS, BASES, DEPARTMENTS, OR THE CONTINENTAL U.S.										3-RETURN TO DUTY FROM ABSENT SICK, DS OR ASSIGNED NOT YET JOINED																															
LOSSES:										4-DEPARTURE FOR TEMPORARY DUTY OUTSIDE U.S.																															
J-TRANSFER (SAME MRU OR SCU)										5-RETURN FROM TEMPORARY DUTY OUTSIDE U.S.																															
K-TRANSFER (DIFFERENT MRU OR SCU)										6-DEPARTURE ON DS (SAME MRU OR SCU)																															
L-TRANSFER (OUTSIDE U.S.)										7-DEPARTURE ON DS (DIFFERENT MRU OR SCU)																															
M-BATTLE CASUALTY, MISSING, CAPTURED OR DEATH										8-DEPARTURE ON DS (OUTSIDE U.S.)																															
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NAME										SERIAL NUMBER										MRU OR SCU		GRADE		TYPE RACE		ARM OR SERVICE		DATE OF CHG.		SUB UNIT		ORGANIZATION NAME				STATION NAME OR		SHIPMENT NO.		A.P. NO.	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 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 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80																																									
IBM 729957																												LICENSED FOR USE UNDER PATENT 1,772,492													

W.D., A.G.O. FORM NO. 302 1 OCTOBER 1943

BURSIEL, Francis H.

UNK

UNK

TIF 214

FEB.

DECEASED

NI DATE 27-3-45

T/O FD 1320

K.C.

126 135

BURSIEL, F. H.
O-749712

Lt.

OL 38051

FL, recd 20 July 1944

clear

946 Washington Street
Whitman, Massachusetts

Shipped to Port QM, APO 507	
AUTHORITY TELETYPE ACWAR R-9502 (15.6.43)	
Tally Out	E. 2002 Check 17341
List	152 Date DEC 1 1944

BURSIEL, Francis

Lt.

O-749712

~~UNK~~
KIA

SHIPPED TO K.C.

7 Jul 45

BAGG. LIST No. 1

SHEET No. 1

TYPE OF CONTAINER

DELETED ON T/O NO. FD. 2083

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

349081

4894

-BATTLE CASUALTY REPORT

NAME BURSIEL FRANCIS H				SERIAL NUMBER 0-749712	GRADE 1 LT	ARM OR SERVICE AC	REPORTING THEATRE ETO
PLACE OF CASUALTY GERMANY9		DATE OF CASUALTY DAY MONTH YEAR 25 DEC 44		FLYING OR JUMPING STAT M	TYPE OF CASUALTY MIA	SHIPMENT NUMBER 003	

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH

MR.-MRS.-MISS-FIRST NAME-MIDDLE INITIAL-LAST NAME MRS ELEANOR P BURSIEL	RELATIONSHIP WIFE	DATE NOTIFIED 10 Jan 45 rsw
NO. AND NAME OF STREET-CITY-STATE 946 WASHINGTON STREET WHITMAN MASSACHUSETTS		

REMARKS:

CORRECTED COPY



CASUALTY BRANCH, A.G.O.
 JAN 9 3 38 PM '45
 RECEIVED

ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED FORM 49 AG 201 REQ. ¹⁴¹

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 COPIES S. R. & D. CERTIF. M. & M. NON-DEL.

REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY: Robert 10 Jan 45

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" _____ COPIES

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

DISTRIBUTION "B" _____ COPIES *me*

(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.

NAME BURSIEL, FRANCIS

RANK Lt.

ASN O-749712

STATUS

MIA
~~UNK.~~

SHIPPED TO: K, C.

DATE: 7 Jul 45

PAGE, LIST NO. 1

SHEET NO. 1

TYPE OF CONTAINER *Ctn*

FILED ON P/O NO. FD 2083

CASE No. 126135

RP.
C/126135.

PHYSICAL INVENTORY

APRIL 1945

NAME : BURSIEL, FRANCIS

RANK : —

ASN : 0749712 STATUS UNR.

ITEM : CTN RIN ()
SPEC ()

DATE SHIPPED _____ () 202-B

TAKEN OUT NUMBER _____ INV. BY _____

BURSIEL, FRANCIS

1ST LT

126133

~~2 A~~ 2 June

BURSIEL, FRANCIS IST/LT. O-749712 Unk. case 126135

2 june

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE 349081

WASHINGTON 25, D.C.

DATE 17 Mar 45

REPORT OF DEATH

FULL NAME Bursiel, Francis H.		ARMY SERIAL NUMBER 0749712	JOB GRADE 1st Lt.
HOME ADDRESS Saugus, Mass.		ARM OR SERVICE Air Corps	DATE OF BIRTH 9 Nov 21
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action.		DATE OF DEATH 25 Dec 44
LOCATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 19 Jun 43	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Eleanor P. Bursiel, wife, 946 Washington St., Whitman, Mass.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Eleanor P. Bursiel, wife, Same as above.
Mrs. Chas. E. Bursiel, mother, 19 E. Denver St., Saugus, Mass.
Soldier declines to designate any other person as alternate beneficiary.

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
										X			

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 25 Dec 44 until such absence was terminated on 6 Mar 45, when evidence considered sufficient to establish the fact of death was rec'd by the Secretary of War from the Commanding General, European Area.

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O. U. S. A.
S. O. Q. M. G.	G. P. D.	ARMY EFFECTS BUREAU
S. A. G.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BY ORDER OF THE SECRETARY OF WAR
James W. Pinkney
 ADJUTANT GENERAL

RC: 349081

October 19, 1945

Army Effects Bureau
 Kansas City, Missouri

10
 11.5

Dear Sirs:-

File I am in receipt of your
 letter of 17 October, 1945 and also
 the two cartons containing the
 personal effects of my husband,
 the late First Lieutenant Francis
 H. Burriel, O-749712.

I have reason to believe that
 I have not received all of his
 personal effects and would like
 to know if there is more

to follow. While these missing
effects have little or no value
to anyone else, they are of
great value to me.

I would appreciate hearing
from you immediately.

Sincerely yours,
'Mrs' Eleanor P. Burriel

to get on with the missing
affairs have little or no value
to anyone else, they are of
great value to me.
I would appreciate having
them for me immediately.

Sincerely yours,

Wm. L. Brown, Jr.

RECEIVED
MAY 1 - 1941
U.S. DEPARTMENT OF JUSTICE
DIVISION OF INVESTIGATION
WASHINGTON, D. C.