

NON-RECOVERABLE REMAINS REEXAMINATION OF RECORDS

AREA OF DEATH English Channel	CASE NUMBER
NAME (Last, First, Middle Initial) CRUZE, Raymond K.	RANK 1st Lt.
SERIAL NUMBER 0- 747 755	

IN THE COURSE OF THIS REEXAMINATION IT HAS BEEN DETERMINED THAT THE CIRCUMSTANCES OF DEATH WERE SUCH THAT: (Check appropriate box)

THE REMAINS OF THE DECEDENT COULD NOT HAVE BEEN RECOVERED

THE REMAINS OF THE DECEDENT COULD HAVE BEEN RECOVERED. HOWEVER, AFTER REVIEW OF THE FOLLOWING IT HAS BEEN DETERMINED THAT EVIDENCE DOES NOT EXIST TO CONTRADICT A FINDING OF NON-RECOVERABILITY:

	INITIALS OF ANALYST
1. 293 FILE OF DECEDENT	
2. GEOGRAPHICAL CLUE INDEX FILE OF UNKNOWN RECOVERED FROM APPROPRIATE AREA, COMPARED WITH DECEDENT	
3. OTHER DOCUMENTS OR SOURCES	

REMARKS

X

RECOMMEND APPROVAL	APPROVED	DATE
NAME OF CASE ANALYST <i>Hayden</i>	CASE REVIEWER, FINAL DETERMINATION SECTION <i>C. C. Wasson</i> C. C. WASSON CAPT. QMC	DEC 1 - 1950
CHIEF, FINAL DETERMINATION SECTION		

MEMORIALIZATION OF NON-RECOVERABLE
REMAINS OF WORLD WAR II

THIS FILE HAS BEEN AUDITED FOR NON-RECOVERABILITY

NAME (Last, First, Middle)

CRUZE, RAYMOND K.

RANK

1 LT

SERIAL NUMBER

0747755

ARM OF SERVICE

AAF

DATE OF DEATH

18 JULY 44

AREA OF DEATH

ENGLISH CHANNEL

NAME OF AUDITOR

KROOP

DATE

13 NOV 50

NAME OF REVIEWER

BOWMAN

DATE

14 NOV 50

REMARKS

CONTROLLED CASE

NAME H Cruze, Raymond K.	GRADE 1/Lt	SERIAL NO. O 747 755
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DO NOT TAKE ANY ACTION ON THIS CASE OR RELEASE INFORMATION FROM THIS FILE WITHOUT THE CONCURRENCE OF:

<input type="checkbox"/> LIAISON OFFICE, MEMORIAL DIVISION	FLAGGED BY (<i>Initials</i>)
--	--------------------------------

<input checked="" type="checkbox"/> IDENTIFICATION BRANCH, MEMORIAL DIVISION	FLAGGED BY (<i>Initials</i>)
--	--------------------------------

UNKNOWN X -	NON-RECOVERABLE CASE NO. 2825	A-Z CARD FLAGGED BY	333 CARD FLAGGED BY
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IMPORTANT

THIS FORM MUST BE MAINTAINED ON TOP OF 293 FILE AT ALL TIMES UNTIL CANCELLED BY MEMORIAL DIVISION.
 ONLY THE "CONGRESSIONAL TOPPER", OQMG FORM 391, MAY BE PLACED OVER THIS FORM.

**NON-RECOVERABLE CASE
RECORD OF REVIEW AND APPROVAL**

CA NUMBER 2825 (1)
AREA OR ZONE(S) European

NAME (Last, First, Middle Initial)

RANK

SERIAL NUMBER

CRUZE CRUZE, Raymond K.

1/Lt

O 747 755

THE ATTACHED PROCEEDINGS OF THE FIELD BOARD OF REVIEW HAVE BEEN REVIEWED AND THE FINDINGS OF NON-RECOVERABILITY OF THE REMAINS OF THE FOLLOWING INDIVIDUAL(S) ARE APPROVED. (Corrections in name, rank, and/or serial number have been effected when appropriate.)

Individual Case

IN THE COURSE OF THIS REVIEW THE FOLLOWING SOURCES OF INFORMATION HAVE BEEN EXAMINED FOR ADDITIONAL CLUES. COPIES OF ANY DOCUMENTS BELIEVED MATERIAL TO THE CASE ARE ATTACHED FOLLOWING THE PROCEEDINGS OF THE FIELD BOARD OF REVIEW.

	INITIALS OF ANALYST		INITIALS OF ANALYST
1. 293 FILE OF SUBJECT(S) DECEASED	<i>CSH</i>	4. ALPHABETICAL INDEX OF "BELIEVED TO BE" AND TENTATIVELY IDENTIFIED UNKNOWNNS	<i>CSH</i>
(CROSS OUT THOSE NOT APPLICABLE) 2. a. REPORT OF DEATH b. FINDING OF DEATH c. STATUS REVIEW & DETERMINATION	<i>CSH</i>	5. ALPHABETICAL FILE OF FORMER UNKNOWNNS NOW IDENTIFIED	<i>CSH</i>
3. A - Z FILE OF KNOWN INTERMENTS IN U.S. MILITARY CEMETERIES, ISOLATED LOCATIONS, AND SEA BURIALS	<i>CSH</i>	6. OTHER DOCUMENTS OR SOURCES OF INFORMATION ENUMERATED BELOW	<i>CSH</i>

6a. Geographical Clue Index File of Unknownns from Pertinent Area.

6b. Missing Air Crew Report

THE FACTS AND CIRCUMSTANCES HAVE BEEN FOUND TO BE SUBSTANTIALLY AS PRESENTED IN THE ATTACHED PROCEEDINGS OF THE FIELD BOARD OF REVIEW, WITH THE FOLLOWING EXCEPTIONS:

None

file

JUL 1 9 1949

S. Christy
Identification Branch

NAME OF CASE ANALYST

C. S. Hart/vmw

CASE TO BE FORWARDED TO _____

FOR CONSIDERATION OF NOTIFICATION TO INTERESTED PARTIES.

RECOMMEND APPROVAL

APPROVED

DATE

CASE REVIEWER, FINAL DETERMINATION SECTION

CHIEF, FINAL DETERMINATION SECTION

CHIEF, IDENTIFICATION BRANCH

W. A. Wolf
W. A. WOLF

W. R. Deweese
W. R. DEWEESE, 1st Lt OMC

G. W. Rogers
by G. W. ROGERS, Capt OMC

13 July 1949

28 25

19 APR. 1948

Trans thru in 2818-19

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 U S ARMY

Proceedings of a Board of Officers appointed in accordance with letter File AGAO - S 293.9 (27 Mar 47), D-M, War Dept, TAGO, 9 Apr 47.

The board convened pursuant to Par 4, SO No. 33, Headquarters, American Graves Registration Command, APO 58, US Army, 22 Mar 48, at the Astoria Hotel, Paris, France on 19 APR. 1948. The purpose of the board was to determine the non-recoverability status of certain casualties now under the jurisdiction of this command.

The board reviewed report of investigation, statements of witnesses and other papers contained in the files of American Graves Registration Command, EA, pertaining to the case of the following named casualty/casualties, the remains of which have not been recovered. The case records and other data considered are attached.

CASE No.	NAME	ASN	GR DE
27	CRUZE, Raymond K.	O-747755	1st Lt.

FINDINGS: The board having carefully considered the evidence before it, finds the remains of said casualty/casualties are non-recoverable,

RECOMMENDATION: That the case concerning subject casualty/casualties be forwarded to the Office of The Quartermaster General for final approval.

EDWARD D. MULVANNITY, Lt Col, QMC

Grosvenor W. Fish
GROSVENOR W. FISH, Maj, QMC

F. P. Sweeney
FRANCIS P. SWEENEY, Maj, INF

OWEN F. McCANN, Capt, QMC

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

SUBJECT : Non-recoverable Remains

TO : Non-recoverable Board AGRC

1. It is recommended that the Board take action on the following case:

NAME : CRUZE, Raymond K. 1st Lt O-747755

ORGANIZATION : 416th Bb.Gp.(L) 668th Bb.Sq.(L) IX Bomb.Cmd.

PLACE OF DEATH : ENGLISH CHANNEL


DATE OF DEATH : 18 July 1944.

SYNOPSIS OF CASE : The above was the pilot of aircraft # 43-9975 which departed England 18 July 1944 on a mission to the Continent. Subject aircraft was severely damaged by flak over France. Engine failure necessitated the pilot's ditching the plane in the English Channel. The pilot and two additional crew members - who comprised the entire crew - were able to free themselves from the rapidly sinking aircraft. Crew member Sgt Samuel H. GIESY, 39 554 134 was rescued by Air Sea Rescue and the remains of crew member Sgt Frank E. CHERRY, 34 774 161, were recovered from the sea by Air Sea Rescue one hour after the crash. The pilot was last observed by Sgt Giesy as struggling in the water. Air Sea Rescue conducted a search of the crash area for signs of the pilot which proved unsuccessful. To date no information has been received at this headquarters regarding the missing flyer and it can be concluded that he was lost at Sea.

Reference is made to MACR # O-346 and appended statement.

2. Every effort has been made to correlate this case with records in this headquarters pertaining to unknown deceased interred in US Military Cemeteries and reported isolated burials. The results are negative.

3. It is recommended that the remains, based upon the above information and research, be declared non-recoverable.


WALTER B. MORROW
Major, Infantry
Chief, Isolated Burials

E X T R A C T

MISSING AIR CREW REPORT NO. 0-346...

Wethersfield England

1. ORGANIZATION : Location AAF Sta. 170... Command or Air Force IX Bomb Command
Group 416th Bomb (L)... Squadron 668th Bomb (D) Detachment ---...
2. SPECIFY : Point of Departure Wethersfield... Course not available...
Intended Destination Glos-S/Risle RR/J... Type of mission Operational...
3. WEATHER CONDITIONS AND VISIBILITY AT TIME OF CRASH OR WHEN LAST REPORTED
.. Not available... .. Approx....
4. GIVE : (a) Day... 18... Month... July... Year 1944... Time 1500... and
location Eng. Channel off Little-Hampton Sussex Engl last known
whereabouts of missing aircraft.
(b) Specify whether () Last Sighted; () Last contacted by radio;
() Forced down; () Seen to crash; () or Information not available
5. AIRCRAFT WAS LOST, OR IS BELIEVED TO HAVE BEEN LOST, AS A RESULT OF :
(Check only one) () Enemy Aircraft; () Enemy Anti-Aircraft. () other
circumstances as follows.. Pilot forced to ditch airplane in English Channel
.....
6. AIRCRAFT: Type, Model and Series A-20-G-35... AAF Serial Number 43-9975
Aircraft Nickname.....
7. ENGINES: Type, Model and Series Not Available... AAF Serial Number. (a).
Not Available(b).....(c).....(d).....
8. INSTALLED WEAPONS (Furnish Make, Type and Serial Number):
(a).....(b).....(c).....(d).....
(e).....(f).... Not available ..(g).....(h).....
(i).....(j).....(k).....(l).....
9. THE PERSONS LISTED BELOW WERE REPORTED AS: (a) Battle Casualty. Battle.
(b) Non Battle Casualty.....
10. NUMBER OF PERSONS ABOARD AIRCRAFT: Crew... 3... Passengers. 0... Total... 3
(Starting with pilot, furnish the following particulars: If more
than 10 persons were aboard aircraft, list similar particulars on
separate sheet and attach original to this form.)

CREW POSITION	NAME IN FULL (last name first)	RANK	SERIAL NUMBER	PRESENT STATUS
1. Pilot.....	<u>CRUZE, Raymond K</u>	<u>1st Lt.</u>	<u>0-747755</u>	<u>KIA</u>
2. Gunner. Arm.....	<u>CHERRY, Frank E</u>	<u>Sgt</u>	<u>34774161</u>	<u>KIA</u> <i>Cambridge</i>
3.. (Body of IM recovered by Air Sea Rescue and unsuccessful attempt made to 4.. resuscitate soldier.)				
5.. Gunner. Eng....	<u>GIESY, Samuel H Jr.</u>	<u>Sgt</u>	<u>39554134</u>	<u>SIA</u> <u>RTD</u>
6.. (Soldier was SIA suffering from exposure to cold water, possible fracture 7.. right hand and multiple bruises. Soldier was returned to duty.				
8.....				
9.....				
10.....				

11. REMARKS:

GIESY, Samuel H, Jr, Sgt, 39554134 saw the forced landing.

12. IF PERSONNEL ARE BELIEVED TO HAVE SURVIVED, ANSWER YES TO ONE OF THE FOLLOWING STATEMENTS : (c) Any other reason (Specify)

Air Sea Rescue squad, rescued crew. Body of Cherry, Frank E was recovered and Giesy Samuel H, Jr was rescued.

Date of Report ; 24 February 1945

/s/ George Schenkein
/t/ GEORGE SCHENKELIN
Captain, Air Corps
Adjutant.

REGISTER OF DENTAL PATIENTS AT

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

(1) SURNAME

(2) CHRISTIAN NAME

Cruze, Raymond K. (O-747755)

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

2nd Lt. 668th B.S. 416th B.G. AAF

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

27

"

Tenn.

28/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

(12) RESULTS AND REMARKS

DENTAL IDENTIFICATION RECORD

File

APR - 8 1949

G. W. ROGERS
Capt., QMC
Identification Branch

Dental Corps, U. S. A.

***REPORT OF DENTAL SURVEY**

UPPER TEETH

Right					Left										
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	o	o				m	ml	ml	d		do				
	A	A				S	S	S	S		A				

LOWER TEETH

Right					Left										
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	X	o											X	o	
		A											A		

CLASS IV

Occlusion Good: Calculus: Slight, Medium, Heavy

Periodontoclasia neg

Dental foci suspected: Yes No

Other conditions _____

Space between R4 & L9.
 " " L9 & 10.
 R16 drifted mesially
 L15 & 16 " "

Date July 22, 1943

Capt. J. L. Murphy
 Dental Corps, U. S. A.

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

Teeth replaced by denture
 (horizontal line)

X	X	X

Teeth replaced by fixed bridge
 (oval to include abutments)

(X)		

REGISTER OF DENTAL PATIENTS AT

0-747755

(1) SURNAME <i>Cruise, Raymond K.</i>		(2) CHRISTIAN NAME	
(3) RANK <i>2nd Lt.</i>	(4) COMPANY <i>53rd</i>	(5) REGIMENT OR STAFF CORPS <i>46th Bomb. Grp.</i>	
(6) AGE, YEARS <i>27</i>	(7) RACE <i>W</i>	(8) NATIVITY <i>Tenn.</i>	(9) SERVICE, YEARS <i>2-3/12</i>

IDENTIFIED	IDENTIFIED	RECORD

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	0	0				m	md	mr	m	20					
	A	A				5	55	55	5	A					

LOWER TEETH

Right									Left								
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
	X	090												X	0		
	AAA													A			

CLASS IV

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia none

Dental foci suspected: ~~Yes~~ No

Other conditions

Date July 5, 1943

Morris J. Wilson, Capt.
Dental Corps, U.S. A.

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

Teeth replaced by denture
(horizontal line)

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

Teeth replaced by fixed bridge
(oval to include abutments)

	X	
--	---	--

REGISTER OF DENTAL PATIENTS AT

A.A.F.C.C., Nashville, Tenn.

(1) SURNAME

(2) CHRISTIAN NAME

CRUZE

Raymond K.

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

A/C

D-3

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

26

W

Tenn.

1 1/2

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

UPPER TEETH

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

LOWER TEETH

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

CLASS IV

Occlusion g : Calculus: Slight, Medium, Heavy

Periodontoclasia m

Dental foci suspected: Yes No

Other conditions m

Date _____, 1960

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)		

PHYSICAL EXAMINATION FOR FLIGHT

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

1. Cruze Raymond Dyle 2nd Lt. AC 0-747755 27 2 1/2 yrs.
 (Last name) (First name) (Middle initial) (Grade and arm or service) (Serial No.) (Age) (Years service)

2. 416th Bomb Group (L) Flying Status Qualified 4/16/43
 (Address) (Purpose of examination)¹ Yuma Arizona
 (Date and result last examination)

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

3. Temperature 98.6 Vaccinations: Typhoid series, No. 2 Last 1943; smallpox 1943; reaction Vaccinia
 (Date) (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.)

Same as last "64" examination
Denies all else.

5. Eye: Inspection Normal Nystagmus None
6. Associated parallel movements Normal Pupils: Equality Equal Reaction Normal
7. Visual acuity: R. E., 20/ 15, correctible to 20/ - L. E., 20/ 15, correctible to 20/ -
8. Depth perception (uncorrected) 9 mm. With correction - mm.
9. Heterophoria at 6 meters: Eso 0 Exo 2 R. H. 0 L. H. 0 Prism divergence 6
10. Red lens test Normal Angle convergence: Pcb 46 mm. Pd 62 mm. 68 °
11. Accommodation: R. 10.5 D. L. 10 D. Addition required for 50 cm. R. - L. -
 (Jaeger type): Right J. 1-13", correctible to J. -: Left J. 1-13", correctible to J. -
12. Color vision Normal (A.O.C. Book)
13. Field of vision (form): R. Normal L. Normal Ophthalmoscopic: R. None L. --
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. - L. -
18. Nares Normal Tonsils Normal
19. Teeth:
- | | | | | |
|-----|------------------------|--------------|------------------------|--|
| (a) | Right | (Examinee's) | Left | |
| | 8 7 6 5 4 3 2 1 | | 1 2 3 4 5 6 7 8 | |
| | 16 15 14 13 12 11 10 9 | | 9 10 11 12 13 14 15 16 | |
- (b) Remarks, including other defects None
- (c) Prosthetic appliances None (d) Classification² IV
20. History of swing, train, air, or sea sickness Denies
21. Barany chair (when indicated with results) Not indicated
22. Posture Good Figure Slender Frame Medium
 (Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)
23. Height, 68 inches. Weight, 150 pounds. Chest: Inspiration 36 1/2 Expiration 33 1/2 Rest 34 Abdomen 30
24. Skin and lymphatics Normal Endocrine system Normal
25. Bones, joints, muscles Normal Feet Normal
26. Heart Normal
27. Pulse rate, 60-88 B.P.: S. 104-106 D. 68-68 Schneider 4/4 Pulse immediately after exercise 102
 Two minutes after exercise 88 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 Negative 4/17/43 Wassermann¹ --
 Urinalysis: Reaction Acid Sp. gr. 1.024 Albumin Negative Sugar Neg. Microscopical Negative
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 --
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, La. 22/ July 1943
 (Place) (Date)

Charles W. Norvell MEDICAL Corps.
 (Name and grade)

CHARLES W. NORVELL, Captain

Donald J. Reichert Medical Corps.
 (Name and grade)

DONALD J. REICHERT, Captain

REVIEWED AND APPROVED:

Warren J. Conen, Medical Corps.
 (Senior flight surgeon)

WARREN J. CONEN, Major

David Frost Medical Corps.
 (Name and grade)

DAVID FROST, 1st Lt.

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

0-747755

(1) SURNAME <i>Cruze, Raymond K.</i>		(2) CHRISTIAN NAME	
(3) RANK <i>2nd Lt.</i>	(4) COMPANY <i>53rd</i>	(5) REGIMENT OR STAFF CORPS <i>46th Bomb. Sq.</i>	
(6) AGE, YEARS <i>27</i>	(7) RACE <i>W</i>	(8) NATIVITY <i>Leam.</i>	(9) SERVICE, YEARS <i>2-3/12</i>

<p style="font-size: 2em; transform: rotate(-45deg);">Dental Department</p>	<p style="font-size: 2em; transform: rotate(-45deg);">Dental Examination Record</p>	

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

***REPORT OF DENTAL SURVEY**

UPPER TEETH

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	0	0				m	2	m	6	m		00			
	A	A				5	55	55	5		A				

LOWER TEETH

Right								Left							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	X	0, 90											X	0	
	A	A											A		

CLASS IV

Occlusion n: Calculus: Slight, Medium, Heavy
 Periodontoclasia None
 Dental foci suspected: Yes No
 Other conditions _____

Date July 5, 1943
Morris J. Wilson
 Capt. Dental Corps, U. S. A.

*Restorable carious teeth by 0
 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

NAME Cruze Raymond K.
(Surname) (Christian Name)

CADET EXAM-DENTAL CLINIC - - Y. A. A. F., Yuma,

UPPER TEETH

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	A o	A o				S m	S d	S m	S m		A do				
Right								Left							

LOWER TEETH

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	X	A o											X	A o	
Right								Left							

CLASS IO

OCCLUSION normal : CALCULUS, SLIGHT. MEDIUM, HEAVY.

GINGIVAE normal

DEFECTIVE TEETH none

ABNORMALITIES none

DATE 4-14, 1943 J. J. Jones 1st Lt
Dental Corps U.S. ARMY

NONRESTORABLE TEETH BY / TEETH REPLACED BY DENTURE X/X/X

MISSING NATURAL TEETH X TEETH REPLACED BY BRIDGE (X)
(Oval to include abts.)

F.S.W.S. No. 14

DENTAL RECORDING

NAME CRUZE, RAYMOND K. 37005372
 26 (Surname) (Christian Name) 9

AVIATION CADET, AAFBFS, MARANA, ARIZONA

UPPER TEETH

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	A O	A O				S m	S mo.	S mo.	S m		A do				

Right

Left

LOWER TEETH

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	X	A ooo.											X	A O.	

Right

Left

CLASS IV

OCCLUSION normal CALCULUS: SLIGHT MEDIUM HEAVY
 OK.

GINGIVAE normal

DEFECTIVE TEETH none

ABNORMALITIES none

DATE 2-18, 1948

F. E. Fulmer
 Capt. Dental Corps US Army

NON-RESTORABLE TEETH BY /

MISSING NATURAL NATURAL TEETH
 BY X

TEETH REPLACED BY DENTURE X / X

TEETH REPLACED BY BRIDGE (O/X/O)
 (Oval to include abts.)

**IDENTIFICATION SECTION
MEMORIAL DIVISION**

✓

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL CRUZE, RAYMOND K.			ARMY SERIAL NUMBER 3700 5373 0 747735		GRADE 1 Lt.
HEIGHT 5'4"	WEIGHT 150	COLOR EYES BROWN	COLOR HAIR BROWN	SHOE SIZE 7 1/2 D	DATE OF DEATH

LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation)
668th Bomb Sq.

PLACE OF DEATH OR PLACE LAST SEEN IF MIA
LAST SEEN SWIMMING TO SHORE IN ENGLISH CHANNEL

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

STATION	DATES
LAUREL, MISS	12-31-43
TUSON, ARIZ	12/42 - 2/43
MARANA,	2/43 - 4/43
YUMA, ARIZ	4/43 - 6/43
Edgewood Arsenal	3-26-41 - 9-12-42

FROM: WD, AGO CLINICAL RECORDS BRANCH
NO RECORDS ON FILE

FRACTURES AND/OR BREAKS NOT SHOWN	TATTOOS AND/OR BIRTH MARKS NOT SHOWN
---	--

DENTAL CHART

4/16/42

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

see 79 attached

X - EXTRACTED 0 - CARIOUS / - CARIOUS NON-RESTORABLE

REGISTER OF DENTAL PATIENTS AT

Hennepin
L. C. A. A. F. Lake Charles **20**

(1) SURNAME

(2) CHRISTIAN NAME

Cruze, Raymond K (O-747755)

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

2nd/Lt.

068th B. Sq., 416th B.G.

(6) AGE, YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

27

W

K Tenn.

2-6/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

(12) RESULTS AND REMARKS

Calculus

1943

9-29 Exam

10-2 QT

10-5 QT

10-6 QR

10-10 QT

C1 IV

AMB

NE

RW

Acc. RW

RW

Major J. L. Murphy
 Dental Corps, U. S. A.

*REPORT OF DENTAL SURVEY

20A

UPPER TEETH

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

LOWER TEETH

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

CLASS IV

Occlusion M: Calculus: Slight, Medium, Heavy

Periodontoclasia neg

Dental foci suspected: Yes No

Other conditions _____

Date 9-29, 1943

Capt A M Beebe
MS 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)

--	--

DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial) <i>Cruze Raymond K.</i>		GRADE <i>1/LT</i>	PRESENT SERIAL NUMBER <i>0-747753-</i>
ORGANIZATION <i>AC 668th Bomb Sq</i>	RACE <i>white</i>	CREED	FORMER SERIAL NUMBER (If applicable) <i>37005372</i>
DATE OF DEATH/MIA	CAUSE OF DEATH <i>Kia</i>	PLACE OF DEATH OR PLACE LAST SEEN IF MIA <i>Last seen swimming to shore in English Channel</i>	
DATE OF FOD <i>July 18-1944</i>	HEIGHT <i>5'4"</i>	WEIGHT <i>150</i>	COLOR EYES <i>Brown</i>
		COLOR HAIR <i>Brown</i>	SHOE SIZE <i>7 1/2 J</i>

DENTAL CHART

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

X = Extracted

O = Carious

1 = Carious Non-Restorable

FRACTURES AND/OR BREAKS <i>Not shown</i>	TATTOOS AND/OR BIRTHMARK <i>Not shown</i>
---	--

ADDITIONAL INFORMATION

FILE

JUN 1 1948

E. J. Sullivan, 1st Lt., QMG
IDENTIFICATION BRANCH

WAR DEPARTMENT

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

REPORT OF DEATH

vjd/3607

DATE 9 June 1945

FULL NAME Cruze, Raymond K.		ARMY SERIAL NUMBER 0747755	GRADE 1st Lt.
HOME ADDRESS Wellington, Kansas		ARM OR SERVICE AC	DATE OF BIRTH 21 Jun 16
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 18 July 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 22 June 43	LENGTH OF SERVICE FOR PAY PURPOSES
		YEARS	MONTHS
			DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mr. Pinkney S. Cruze, father, 2314 Dominguez, Torrance, Calif.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mr. Pinkney S. Cruze, father, same as above.

Mrs. Dicie J. Cruze, mother, R. Rt. 3, Wellington, Kansas.

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			X

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

"The individual named in this report of death is held by the War Department to have been in a missing in action status from 18 July 1944 until such absence was terminated on 5 May 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War ~~fr~~ from a commander in the European Area."

FILE

JUN 18 1945

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

Eli S. Fowler

ADJUTANT GENERAL

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

160/63

REPORT OF DEATH

vjd/3607

DATE 9 June 1945

FULL NAME Cruze, Raymond K.		ARMY SERIAL NUMBER 0747755	GRADE 1st Lt.
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BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Mr. Pinkney S. Cruze, father, same as above.
Mrs. Dicie J. Cruze, mother, R. Rt. 3, Wellington, Kansas.

INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
										<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

"The individual named in this report of death is held by the War Department to have been in a missing in action status from 18 July 1944 until such absence was terminated on 5 May 1945, when evidence considered sufficient to establish the fact of death was received by the Secretary of War ~~fr~~ from a commander in the European Area."

COPIES FURNISHED:

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

BY ORDER OF THE SECRETARY OF WAR:

Eli S. Fowler

ADJUTANT GENERAL

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

160163 33

-BATTLE CASUALTY REPORT

NAME				SERIAL NUMBER			GRADE		ARM OR SERVICE		REPORTING THEATRE	
CRUZE RAYMOND K				0-747755			1 LT		AC		ETO	
PLACE OF CASUALTY				DATE OF CASUALTY			FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER	
EN CHAN				DAY	MONTH	YEAR	A		MIA		138	

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME				RELATIONSHIP				DATE NOTIFIED			
MR PINKNEY S CRUZE				FATHER				29 JULY 44 1jt			
NO. AND NAME OF STREET—CITY—STATE											
RURAL ROUTE NUMBER THREE				WELLINGTON				KANSAS			

REMARKS:

CORRECTED COPY



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

CASUALTY BRANCH FILE ATTACHED OR CHARGED TO DATE

PREVIOUSLY REPORTED NO YES (AS INDICATED BELOW):

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

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

REPORT NOT VERIFIED NO FORM 43 NO CAS. BR. FILE CHECKED BY Valerik 28 July 44 REVIEWED BY

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

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

DISTRIBUTION "A" 22 COPIES

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

DISTRIBUTION "B" COPIES

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

160163

DSJ:BLF:cms
June 5, 1946

el
6/5

Dear Mr. Cruze:

The Army Effects Bureau has received some additional property of your son, First Lieutenant Raymond K. Cruze.

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

Yours very truly,

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

9

60

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
	NAME	SHIP VALUABLES	<input checked="" type="checkbox"/> CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK		FORM 20
<p>1/Lt. Raymond K. Cruze</p> <p>0-747755</p> <p>160163-D</p> <p>Mr. Pinkney S. Cruze</p> <p>2314 Dominguez</p> <p>Torrance, California</p>			LETTER
			NO. & TYPE OF CONTAINER
			<input checked="" type="checkbox"/> ENVELOPE
			CARTONS
			PACKAGE
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE GI
			SHIP BLOODSTAINED
			SHIP DAMAGED
REMOVE BL'DSTAINED			
REMOVE DAMAGED			
FILMS REMOVED			
DIARY REMOVED			
DSJ:BLF:bs	SUMMARY COURT DATA		DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		6-5-46
REMARKS			MAIL REVIEWER (initials)
			ll
			SHIPPED
			FRANKED
			EXPRESS
			FREIGHT
			DATE SHIPPED
			SHIPPED CLERK
			JUN 7 1946
			277K
ROUTING			
ACCOUNTING BRANCH			
<input checked="" type="checkbox"/> WAREHOUSE			
<input checked="" type="checkbox"/> FILE			

ORDER FOR ACTION

160163 *st*

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

BAGS, CLOTH OR TRAVEL BELT, MONEY (NO MONEY) BILLFOLD (NO MONEY) BOOKS BRACELET, IDENT. CAMERAS CLOTHING MISC. ARTICLES RELIGIOUS ARTICLES RIBBONS, DECORATION SHORT SNORTER SOUVENIR MONEY SOUVENIRS TESTAMENTS TOWELS & WASHCLOTHS U. S. MONEY (AMOUNT) WATCH WINGS	BELT BOOKS, ADDRESS BOOKS, PILOT LOG BRUSHES CASE CLOTH, WASH COATS FOOTLOCKER FOOTWEAR, PR. GLASSES GLOVES, PR. HANDKERCHIEFS HEADWEAR JACKETS KITS KNIVES LETTERS LIGHTERS	OVERCOATS PAPERS, PERSONAL PENCIL, MECHANICAL PEN, FOUNTAIN PHOTOS PIPES RINGS SCARFS SHIRTS SOCKS, PR. STATIONERY TIES TOBACCO TOILET ARTICLES TOWELS TROUSERS, PR. TRUNKS, PR. UNDERWEAR	<div style="font-size: 2em; font-family: cursive;">1 flight</div> <div style="font-size: 2em; font-family: cursive;">re hold</div>
--	---	---	--

CONTAINERS ADDRESSED TO <div style="font-size: 2em; font-family: cursive;">none</div>	INFORMATION <div style="font-size: 1.5em; font-family: cursive;">Security state Bank Wellington Kansas</div>
NAME AND STATUS VARIATIONS	CROSS REFERENCE <div style="font-size: 1.5em; font-family: cursive;">Bentley S Cruz 2043 Wellington Kansas (father)</div>

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>1381</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>2 May 46</i>	BOX NO.	SHEET _____ OF _____ SHEETS
NAME <i>RAYMOND KYLE CRUZE</i>			A. S. N. <i>0-747755</i>	
ORGANIZATION <i>9 AF 416 20 668 Sq</i>			RANK <i>2A</i> CASE NO.	
WAREHOUSE SPACE <i>128</i>		EXAMINED BY <i>Brought</i>	DIARY REMOVED	
PACKAGE DESCRIPTION <i>#envelope</i>		PACKED BY <i>Brought</i>	PHOTO FILM REMOVED	
WEIGHT		INSPECTED BY <i>Brought</i>	MOTION PICTURE FILM REMOVED	
		STORED BY <i>Brought</i>	SHIPPED	
			DATE <i>JUN 7 1946</i>	BY WHOM <i>mk</i>

RBK *f*

ADDITIONAL REMARKS

REMOVALS (other than G. I.)

DAMAGES (List type of damage-extent)

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

CRUZE, RAYMOND K.

IT

7755

BAY

PALLET

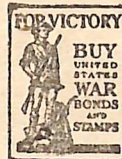
BOX

TALLY

7381

TYPE PKG.

F.R.



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

(S-8-30-45)
 GHG:LH:wh
 June 29, 1945

IN REPLY REFER TO 160163

Mr. Pinkney S. Cruze
 2314 Dominguez Street
 Torrance, California

*fill
fill*

Dear Mr. Cruze:

Since our letter of May 29, the Army Effects Bureau has received from overseas some more property of your son, First Lieutenant Raymond K. Cruze.

This property, contained in three cartons, is being sent you for safekeeping.

I shall appreciate your acknowledging delivery by signing one copy of this letter in the space indicated and returning it to this Bureau in the inclosed "postage free" envelope.

Yours very truly,

R. T. BROWN
 1st Lt. Q.M.C.
 Asst. to Chief, Adm. Division

1 Incl--Envelope

Receipt acknowledged:

Pinkney S. Cruze
 (Signature of Bailee)

7-9-45
 (Date)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Pinkney S. Cruze
2314 Dominguez Street
Torrance, California

Effects of Lt. Raymond K. Cruze
Name

O-747755

ASN

160163

Case No.

Wt.

DATE June 29, 1945
CHG:LH:wh

Schramm
FCR: 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.

*No of Cartons } inv 5-1-45
1 2
1 3 } inv 6-6-45*

REMARKS:

Franked
Est. Exp. Chgs.
Est. Frt. Chgs.
No. of packages 3

JUN 16 1945

PACKAGE DESCRIPTION <i>#1 ctu</i>	ARMY EFFECTS BUREAU INVENTORY		DECLARED	
			MISSING	<input checked="" type="checkbox"/>
		160,163	P.O.W.	
			ABANDONED	
			TALLY NO.	7609 ✓
			INV. DATE	6 June 45 ✓
			ORIG. NO. OF PKGS.	1
NAME <i>Raymond K. Cruze</i>			BOX NO.	17
A.S.N. <i>1747 753</i>		RANK <i>1st Lt</i>	SHEET	1 ✓
			OF SHEETS	1
			ORGANIZATION	<i>668th Bomb Sq 146th Bomb Gp</i>

Belt		TOWELS & VASECLOTHES	1	WINGS ✓
BELT, MONEY (NO MONEY)	X	CLOTHING		BAGS, CLOTH OF TRAVEL
Cloth, Wash		BRACELET IDENT.		BILLFOLD, (NO MONEY)
Coats		Brushes		Case
Footwear, Pr.		CAMERAS		Footlocker
Gloves, Pr.		Glasses		ALT. SHM, TLL, OR HEARING
Handkerchiefs		Knives		BOOKS
Headwear		Lighters		Books, Address
Jackets	X	MISC. IN SIG		Books, Pilot Log
Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUE)
Scarfs		Pencil, Mechanical		FILMS
Shirts		Pipes		Letters
Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal
Ties	X	RIBBONS, DECORATION		Photos
Towels		Rings		Shoe Shine Articles
Trousers, Pr.		Tobacco		SHORT SHORTER
Trunks, Pr.		Toilet Articles		SOUVENIRS
Underwear		WATCH		SOUVENIR MONEY
				Stationery
				TACITAMENTS
				U.S. MONEY (AMOUNT)

REMARKS <i>Father</i>	ATTACHMENTS	FORM #54	FORM #100
<i>Mr. Pinbney S. Cruze</i>		<i>1. inventory</i>	
<i>P.O. Wellington, Kansas</i>			

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>2638</i>	STORED BY <i>[Signature]</i>	SHORTAGE ON REVERSE
INVENTORIED BY <i>Begley</i>	DATE SHIPPED <i>JUL 4 1945</i>	IDENT. TAGS REMOVED
PACKED BY <i>Cruze</i>	CHECKED BY <i>[Signature]</i>	DIARY REMOVED
	#43 OR ADDITIONAL	LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

File entries
SPD

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME

CRUZE, R. K. LT. 755

BAY	PALLET	BOX	TALLY
62	40	17	7609

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN		

3 August 1944

Headquarters, 416th Bomb Gp (L)
(Organization and A.P.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-14, A.P.O. 507,
U.S. Army.

Transmitted herewith in accordance with Adm. Cir. #80, dated 25 Oct. 1943, Hq, SOS, ETOUSA, is Inventory of effects concerning subject named below.

<u>CRUZE</u>	<u>RAYMOND</u>	<u>K</u>	<u>1ST LT</u>	<u>O 747 755</u>	
(Last Name)	(First Name)	(MI)	(Rank)	(ASST)	(Control No)
					(For use of Effects QM ETOUSA)

Organization 668th Bomb Sq. 416th Bomb Gp (L)
(Unit - - - - Not Branch or Service)

*Status. (~~Deceased~~, Missing in Action, ~~Prisoner of War~~) on the 18
day of July 19 44.

Designated Beneficiary (With address)
Mr Pinknoy S. Cruze (Father)
RR #3, Wellington, Kansas
Cl. II Assets: Cash found in effects, less cost of money order inclosed
herewith

U.S.M.O. # <u>None</u> Amt \$ _____	U.S.M.O. # <u>None</u> Amt \$ _____
U.S.M.O. # <u>None</u> Amt \$ _____	U.S.M.O. # <u>None</u> Amt \$ _____

U.S. Official Check # None Amt. _____ Bank _____
(Name and Branch)

#Bank Accounts None

#Debtors None

#Creditors None

#Inclosed is None
(Will, Power of Attorney, War Bond, Travelers Checks.
Describe fully)

*Strike out words not applicable.
#Negative report where applicable.

INVENTORY OF EFFECTS

- 1 Blouse ✓
- 1 Pilot Wings ✓
- 1 Set 1st Lt Bars ✓
- 1 ETO Ribbon ✓
- 1 Pre Pearl Harbor Ribbon ✓
- 1 Air Medal Ribbon ✓

JAN 16 1945

ARMY EFFECTS BUREAU
DRY CLEANING LIST

ARMY EFFECTS BUREAU
LAUNDRY LIST

160,163
TALLY NO.

TALLY NO.

C-7755E

041 017

1 May 1945

R. K. Cruzel
O-747755

C-7755E

1 chn

DRY CLEANING		do not use	LAUNDRY		do not use
	SHIRTS, WOOL			SHIRTS, DRESS, COTTON	
2	TROUSERS, WOOL	42 21		HANDKERCHIEFS	
	COAT, SERVICE, WOOL			TROUSERS, COTTON	
	JACKET, FIELD			TIE, COTTON	
1	OVERCOAT, LONG	1050 14		UNDERSHIRTS, COTTON	
	OVERCOAT, SHORT, WOOL			DRAWERS, COTTON	
	CAP, GARRISON, WOOL			SWEATSHIRTS, COTTON OR WOOL	
	CAP, GARRISON, W/LEATHER COTTON			DRAWERS, WOOL	
	CAP, SERVICE WOOL			SOCKS, COTTON, PR	
	CAP, SERVICE, W/LEATHER COTTON			SOCKS, WOOL, PR.	
	TIES, WOOL			PAJAMA TOPS	
	GLOVES, LEATHER OR WOOL			PAJAMA BOTTOMS	
	SCARFS			FATIGUES, TOPS, COTTON	
	SWEATERS			FATIGUES, TROUSERS, COTTON	
	TRUNKS, SWIM			CAP, FATIGUE, COTTON	
				BELT, COTTON	
				TOWEL	
				CLOTH, WASH	
				CAP, GARRISON, "NO LEATHER" COTTON	
				CAP, SERVICE, "NO LEATHER", COTTON	
				GLOVES, COTTON	
				LEGGINGS	
				SUPPORTERS, ATHLETIC	
				SCARFS	
				TRUNKS, GYM	
				BAGS, BARRACKS	

192

WAREHOUSE SPACE	3014	STORED BY	[Signature]	WEIGHT	
INVENTORIED BY	Blair	CHECKED BY	[Signature]	DATE SHIPPED	
PACKED BY	Hessner				JUL 4 1945

File
[Signature]

[Signature]

C-1122E

C-1122E

[Handwritten signature]

160,163

PACKAGE DESCRIPTION #1 dm	ARMY EFFECTS BUREAU INVENTORY	DECEASED <input type="checkbox"/> MISSING <input checked="" type="checkbox"/> P.O.W. <input type="checkbox"/> ABANDONED <input type="checkbox"/> TALLY NO. 7609 INV. DATE 1 May 45 ORIG. NO. OF PKGS. 1 BOX NO. SHEET 1 OF 1 SHEETS ORGANIZATION 668 Bomb Sq. 416 Bomb Sq
NAME R. K. CRUZE A.S.N. 0-747755 RANK 1st LT.		

<input checked="" type="checkbox"/> 2 BELT <input checked="" type="checkbox"/> BELT, MONEY (NO MONEY) <input checked="" type="checkbox"/> CLOTH, WASH COATS FOOTWEAR, PR. <input checked="" type="checkbox"/> 2 GLOVES, PR. <input checked="" type="checkbox"/> HANDKERCHIEFS <input checked="" type="checkbox"/> 3 HEADWEAR JACKETS <input checked="" type="checkbox"/> 1 OVERCOATS <input checked="" type="checkbox"/> 1 SCARFS <input checked="" type="checkbox"/> 5 SHIRTS <input checked="" type="checkbox"/> SOCKS, PR. <input checked="" type="checkbox"/> TIES <input checked="" type="checkbox"/> TOWELS <input checked="" type="checkbox"/> 2 TROUSERS, PR. <input checked="" type="checkbox"/> TRUNKS, PR. <input checked="" type="checkbox"/> UNDERWEAR	<input checked="" type="checkbox"/> TOWELS & WASHCLOTHS CLOTHING BRACELET, IDENT. BRUSHES CAMERAS GLASSES KNIVES LIGHTERS <input checked="" type="checkbox"/> MISC. INSIGNIA PEN, FOUNTAIN PENCIL, MECHANICAL PIPES RELIGIOUS ARTICLES RIBBONS, DECORATION RINGS TOBACCO TOILET ARTICLES WATCH	WINGS BAGS, CLOTH OR TRAVEL BILLFOLD, (NO MONEY) CASE FOOTLOCKER KIT, SEW, TLT, OR WRITING BOOKS BOOKS, ADDRESS BOOKS, PILOT LOG DIARY (REMOVED FOR DUR) FILMS LETTERS PAPERS, PERSONAL PHOTOS SHOE SHINE ARTICLES SHORT SNORTER SOUVENIRS SOUVENIR MONEY STATIONERY TESTAMENTS U.S. MONEY (AMOUNT)
--	---	---

1 Trench (coat)

REMARKS	ATTACHMENTS	FORM #54	FORM #100
---------	-------------	----------	-----------

No Information
Rechecked

none

LAUNDRY

C.A.T. none	WEIGHT	<input checked="" type="checkbox"/> G.I. REMOVED
WAREHOUSE SPACE 121 Y	STORED BY dm	SHORTAGE ON REVERSE
INVENTORIED BY V. Russell	DATE SHIPPED JUL 4 1945	IDENT. TAGS REMOVED
PACKED BY Anthony	CHECKED BY [Signature]	DIARY REMOVED
	<input checked="" type="checkbox"/> #43 OR ADDITIONAL	LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

file return

ADDITIONAL REMARKS

SHORTAGES

U. S. GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

1- Type B-4 Bag

NAME CRUZE, R.K. LT 55

BAY	PALLET	BOX	TALLY
61	27		7609

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
VAL PAK	ALBERTON, x1kRXX10xxx170x8287x	



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU

601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

(S-7-29-45)
GHG:VJ:ih
May 29, 1945

IN REPLY REFER TO 160163

JUN 16 1945

Mr. Pinkney S. Cruze
2314 Dominguez Street
Torrance, California

Dear Mr. Cruze:

The Army Effects Bureau has received from overseas some more property of your son, First Lieutenant Raymond K. Cruze.

I am inclosing a Will and Power of Attorney which were included with his effects. The remainder of the property, contained in one package and one carton, is being sent you for safe-keeping.

I shall appreciate your acknowledging delivery by signing one copy of this letter in the space indicated and returning it to this Bureau in the inclosed "postage free" envelope.

Yours very truly,

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

3 Incls--
Will
Power of Attorney
Envelope

file

Receipt acknowledged:

Pinkney S. Cruze
(Signature of Bailee)

6-9-45
(Date)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:
1st Lt. Raymond K. Cruze

Mr. Pinkney S. Cruze
2314 Dominguez Street
Torrance, California

Effects of:
Name

0-747755

ASN

160163 M

Case No.

Wt.

DATE 29 May 1945
GHG:VJ:ih

Bales

FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

REGISTERED

867-912

VALUABLES SHIPPED

DATE 6/4/45

BY *[Signature]*

[Handwritten mark]

REMARKS:

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

JUN 6 1945

Shipping Clerk
[Signature]

MAY 11 1945

T-5-11 - 5/16

PACKAGE DESCRIPTION

ARMY EFFECTS BUREAU INVENTORY

DECEASED	<input type="checkbox"/>
MISSING	<input checked="" type="checkbox"/>
P.O.W.	<input type="checkbox"/>
ABANDONED	<input type="checkbox"/>
TALLY NO.	7609
INV. DATE	1-May-45
ORIG. NO. OF PKGS.	1
BOX NO.	
SHEET OF SHEETS	1
ORGANIZATION	668th Bomb Sq 467th Bomb Gp

I ctn

160,163

RAYMOND K CRUZE

NAME
A.S.N.

0-747755

RANK

1st Lt

BELT	<input checked="" type="checkbox"/>	TOWELS & WASHCLOTHS		WINGS	
BELT, MONEY (NO MONEY)	<input checked="" type="checkbox"/>	CLOTHING		BAGS, CLOTH OR TRAVEL	
CLOTH, WASH		BRACELET IDENT.		BILFOLD, (NO MONEY)	
COATS		BRUSHES		CASE	
FOOTWEAR, PR.		CAMERAS		FOOTLOCKER	
GLOVES, PR.		GLASSES		KIT, SEW, TLT, OR WRITING	
HANDKERCHIEFS		KNIVES		BOOKS	
HEADWEAR		LIGHTERS		BOOKS, ADDRESS	
JACKETS		MISC. INSIGNIA		BOOKS, PILOT LOG	
OVERCOATS		PEN, FOUNTAIN		DIARY (REMOVED FOR DUR)	
SCARFS		PENCIL, MECHANICAL		FILMS	
SHIRTS		PIPES		LETTERS	
SOCKS, PR.		RELIGIOUS ARTICLES		PAPERS, PERSONAL	
TIES		RIBBONS, DECORATION		PHOTOS	
TOWELS		RINGS		SHOE SHINE ARTICLES	
TROUSERS, PR.		TOBACCO		SHORT SNORTER	
TRUNKS, PR.		TOILET ARTICLES		SOUVENIRS	
UNDERWEAR		WATCH		SOUVENIR MONEY	

RAYMOND K CRUZE
 0-747755 1st Lt 1-May-45
 1 AIR MEDAL WITH RIBBONS 4 OAK LEAF CLUSTERS

VALUABLES SHIPPED
 DATE 6/4/45
 BY [Signature]

REMARKS	ATTACHMENTS	FORM #54	FORM #100
Mr Pinkney S Cruze R.R #3 Wellington Kansas			Inventory Form 77 Last will and testament Power of Attorney
C.A.T. None		WEIGHT	G.I. REMOVED
WAREHOUSE SPACE	1281 X		SHORTAGE ON REVERSE
INVENTORIED BY Williams	STORIED BY JCM		IDENT. TAGS REMOVED
PACKED BY [Signature]	CHECKED BY [Signature]	DATE SHIPPED JUN 6 1945	DIARY REMOVED
		#43 OR ADDITIONAL	LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

4 Towels		U. S. GOVT. CHECK SHORT
12 handkerchiefs		NUMBER
1 Bundle Laundry		DATE
1 wool scarf		SYMBOL
2 Raincoat	1	AMOUNT
2 Shirts	USMO #8291 AMT \$100.00	
1 Prs Gloves	USMO #8292 AMT \$89.00	
2 pants pink		
2 ties		
1 field cap		
1 Hat fur felt		

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

William

INVENTORY CLERK

J. J. Feaver

SUPERVISOR

G. I. REMOVED

NAME CRUSE, R.K. LT 7755

BAY

PALLET

BOX

TALLY

63

24

7609

TYPE OF PKG.

WHSE. SPACE

INVENTORIED

CTN

(3 copies to Effects Q.M. ETOUSA, 1 copy in box with effects, 1 copy retained)

23 July 1944
Date

Headquarters, 416th Bombardment Group (L) APO 140
(Organization and A.P.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-14, A.P.O. 507,
U.S. Army.

Transmitted herewith in accordance with Adm. Cir. #30, dated
25 Oct. 1943, Hq, SOS, ETOUSA, is Inventory of effects concerning subject
named below.

<u>CRUZE</u>	<u>RAYMOND</u>	<u>K</u>	<u>1ST LT AC</u>	<u>0 747 755</u>	
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)	(Control No)
					(For use of Effects QM ETOUSA)

Organization 668th Bomb Sq., 416th Bomb Gp (L)
(Unit - - - - Not Branch or Service)

*Status. (~~Deceased~~ Missing in Action, ~~Prisoner of War~~) on the 18
day of July 19 44.

Designated Beneficiary (With address)

Mr Pinknoy S. Cruze (Father)

RR #3, Wellington, Kansas.

Cl. II Assets: Cash found in effects, less cost of money order inclosed
herewith

U.S.M.O. # 8291 Amt \$ 100.00
U.S.M.O. # None Amt \$ _____

U.S.M.O. # 8292 Amt \$ 89.00
U.S.M.O. # None Amt \$ _____

U.S. Official Check # None Amt. _____ Bank _____
(Name and Branch)

#Bank Accounts None

#Debtors None

#Creditors None

#Inclosed is Last Will and Testament --- Power of Attorney
(Will, Power of Attorney, War Bond, Travelers Checks.
Describe fully)

*Strike out words not applicable.
#Negative report where applicable.

INVENTORY OF EFFECTS

7 Undershirts ✓	1 Squadron Insignia ✓
4 Towels Face ✓	1 Wrist Band ✓
4 Towels Bath ✓	1 Toilet Kit ✓
1 Cloth Face ✓	1 Personal Officers File ✓
7 Pr Socks ✓	1 Writing Set ✓
1 Pr Wool Socks ✓	1 Box Stationary ✓
1 Pr White Silk Gloves ✓	1 Sewing Kit ✓
17 Handkerchiefs ✓	1 Wallet ✓
1 Bundle Laundry ✓	1 Card Case ✓
1 Scarf Wool ✓	1 Check Book ✓
2 Raincoats ✓	1 Parker Pen & Pencil Set ✓
2 Poplin Shirts ✓	1 Air Medal (Ribbons Enclosed) ✓
1 Pr High Boots ✓	1 Pr Sun Glasses ✓
2 Pr Shoes ✓	
1 Pr Galoshes ✓	
1 Blouse w/Insignia ✓	
1 Pr Gloves ✓	
2 Pants Pink ✓	
1 Shirt Green ✓	
2 Ties ✓	
1 Cap Field ✓	
1 Hat Fur Felt ✓	

I certify that the foregoing inventory comprises all of subjects effects and that effects were shipped to Effects QM, ETOUSA, APO 507, C-14, U.S. Army, by delivering by _____ on _____ 1944.

JOSEPH A. HAUBRICH
1st Lt., Air Corps,
Ass't Adjutant.



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

IN REPLY REFER TO 160,163

JRM:HA:hlh
May 16, 1945

Mr. Pinkney S. Cruze
2314 Dominguez Street
Torrance, California

Dear Mr. Cruze:

This refers to your recent inquiry concerning the personal effects of your son, First Lieutenant Raymond K. Cruze.

All of his property received at the Army Effects Bureau to date has been forwarded. Our records indicate that additional property belonging to him has been prepared for shipment from overseas; however, due to transportation difficulties, it is uncertain as to when these effects will arrive here.

You may be assured that upon the receipt of any property, prompt shipment will be made to you.

Yours very truly,

HARRY NIEMIEC
2nd Lt. Q.M.C.
Chief, Correspondence Branch

file

Tarrance, Calif.
May 15, 1945

Dear Sirs,

Please avoid delay & further
information concerning Lt. Raymond K.
Cruze by forwarding all information to
new address. Previous address being:

Wellington Kansas
R. R. 3

New Address:

2314 Dominguez St.
Tarrance Calif.

Thanking you
Sincerely

Frederic S. Cruze



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

(8-7-9-45)
JRM:VJ:ih
May 9, 1945

IN REPLY REFER TO 160163

Mr. Pinkney S. Cruze
R. F. D. #3
Wellington, Kansas

Dear Mr. Cruze:

The Army Effects Bureau has received and is forwarding to you some additional property belonging to your son, First Lieutenant Raymond K. Cruze, consisting of funds in the amount of \$189.00. Bureau check for this sum is inclosed herewith.

As previously indicated, the transmittal of funds by this Bureau does not, of itself, vest title in you. Such property is forwarded in order that you may safely keep it on behalf of the owner, pending change in his status.

Please acknowledge receipt of the check by signing one copy of this letter in the space provided below and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

Yours very truly,

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

2 Incls--
Check
Envelope

Receipt acknowledged:

Pinkney S. Cruze
(Signature of Bailee)

5/12/45
(Date)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Pinkney S. Cruze

R. F. D. #3

Wellington, Kansas

Effects of:


Name 1st Lt. Raymond K. Cruze

ASN 0-747755

Case No. 160163 M

Wt.

DATE 2 May 1945
JRM:VJ:ih


FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check
Acct. No. 91991
Amount \$189.00
 Inclose "Valuables" item
 Ship "Valuables" item(s)

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

ROUTING:

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

68835 m

91991

160163

May 8,

45

Pinkney S. Cruze

189.00

One Hundred Eighty-Nine and No/100

REMARKS:

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

Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

Ku

160,163

CASE NO.		
TYPED BY	fy	
DATE	4/11/45	
STATUS	MIA	
NAME	Raymond K. Cruze	
A.S.N.	O-747755	
RANK	1st Lt	
ORGANIZATION	-	
AMOUNT	189.00	ACCOUNT NO.
LIST NO.	UK 454	<i>91991</i>
REMARKS	<i>hh</i>	<i>CR# 68835ff</i>

ACCOUNTING INVENTORY

Sky Mail

2314 Dominguez St.
Torrance, Calif.

Dear Sirs,

Have recieved the following articles
in a foot locker belonging to our son
Lt. Raymond K. Cruze.

- 3 Pr. trousers
- 3 shirts
- 3 sets wool underwear
- 1 Pr. heavy Pyjamas
- 1 heavy sweat shirt
- 1 Pr. shoes
- 1 testament
- 1 picture
- 1 shaving set.

would you please inform us if in
time he is reported dead will we
recieve his dress uniforms and other
personal belongings. Thanking you

John E.
H. E.

Sincerely
Pinkney S. Cruze

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

(S-6-10-45)
JRM:WA:en
April 10, 1945

In Reply Refer To: 160163

Mr. Pinkney S. Cruze
R.F.D. #3
Wellington, Kansas

Dear Mr. Cruze:

The Army Effects Bureau has received some personal effects belonging to your son, **First Lieutenant Raymond K. Cruze.**

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

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

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

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

Yours very truly,

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

Incl--
Envelope

Receipt acknowledged:

Pinkney S. Cruze
(Signature of Bailee)

5/2-45
(Date)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Pinkney S. Cruze

SHIP TO:

R.F.D. #3

1st Lt. Raymond K. Cruze

Wellington, Kansas

Effects of:

O-747755

Name

160163 M

ASN

Case No.

Wt.

DATE 10 April 1945
JRM:WA:an

Bales
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

F. H.

Carto
REMARKS:

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

Carto
Shipping Clerk

160163

PACKAGE DESCRIPTION

Footlocker

ARMY EFFECTS BUREAU INVENTORY

DECEASED
MISSING
P.O.W.
ABANDONED

TALLY NO. *7303*

INV. DATE *31 Mar, 1945*

ORIG. No. OF PKGS. *1*

BOX NO.

SHEET OF *1* SHEETS

ORGANIZATION
*668th, Bomb Sq.
416th, Bomb. Gr.*

NAME *R.K. Cruze*
A.S.N. *0-747755* RANK *LT.*

BELT		TOWELS & WASHCLOTHS		WINGS
BELT, MONEY (NO MONEY)	<input checked="" type="checkbox"/>	CLOTHING		BAGS, CLOTH OR TRAVEL
CLOTH, WASH		BRACELET IDENT.		BILLFOLD, (NO MONEY)
COATS		BRUSHES		CASE
FOOTWEAR, PR.		CAMERS		FOOTLOCKER
GLOVES, PR.		GLASSES		<input checked="" type="checkbox"/> KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS		KNIVES		BOOKS
HEATWEAR		LIGHTERS		BOOKS, ADDRESS
JACKETS		WISC. INSIGNIA		BOOKS, PILOT LOG
OVERCOATS		PEN, FOUNTAIN		DIARY (REMOVED FOR DUN)
SCARFS		PENCIL, MECHANICAL		FILMS
SHIRTS		PIPES		LETTERS
SOCKS, PR.		RELIGIOUS ARTICLES		PAPERS, PERSONAL
TIES		RIBBONS, DECORATION		PHOTOS
TOWELS		RINGS		SHOE SHINE ARTICLES
TROUSERS, PR.		TOBACCO		SHORT SKORTER
TRUNKS, PR.		TOILET ARTICLES		SOUVENIRS
UNDERWEAR		WATCH		SOUVENIR MONEY
				STATIONERY
				<input checked="" type="checkbox"/> TESTAMENTS
				U.S. MONEY (AMOUNT)

REMARKS

*No Information
Recorded*

ATTACHMENTS

FORM #54

FORM #100

Inventory of Effects

G.A.T. *Mr. P.S. Cruze
Route 3,
Wellington, Kansas*
WAREHOUSE SPACE *W-60*
INVENTORIED BY *Smart*
PACKED BY *R. Beach*

STORED BY *[Signature]*

DATE SHIPPED

APR 18 1945

CHECKED BY *[Signature]*

43 OR ADDITIONAL

G.I. REMOVED

SHORTAGE ON REVERSE

IDENT. TAGS REMOVED

DIARY REMOVED

LOCKED STORAGE

LAUNDRY REMOVED

FILM REMOVED

ADDITIONAL REMARKS

SHORTAGES

U. S. CVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

NAME CURZE, RAYMOND LT. 7733

BAY	PALLET	BOX	TALLY
32	1		7303

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
F.L.		

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1

P. L. Cruise

(Signature or name of addressee)

2

P. L. Cruise

(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery

6-7-45, 194*5*

Post Office Department

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$7
(GPO)



POSTMARK OF DELIVERING
OFFICE

140163

Return to

Street and Number,
or Post Office Box,

Army Effects Bureau
Kansas City Quartermaster Depot
(NAME OF SENDER)
601 Hardesty Avenue
Kansas City 1, Missouri

REGISTERED ARTICLE

No.

867-912

INSURED PARCEL

KANSAS CITY,

No.

MISSOURI



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

IN REPLY REFER TO 160163 Mc

(S-11-6-44)
JRM:VM:wb
October 6, 1944

CB

Mr. Pinkney S. Cruze ✓
R.F.D. #3 ✓
Wellington, Kansas ✓

Dear Mr. Cruze: ✓

Thank you for confirming your address in ✓
connection with disposal of a Will and Power of ✓
Attorney executed by your son, First Lieutenant ✓
Raymond K. Cruze, naming you beneficiary and attorney-
in-fact.

This document is inclosed herewith. ✓

Yours very truly,

O. M. DARNALL
Administrative Assistant
Army Effects Bureau

2 Incls--
Will
Power of Attorney



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

(S-9-29-44)
 JRM:VM:hjb
 August 29, 1944

IN REPLY REFER TO 160163-M

Mr. Pinkney S. Cruze
Rural Route Number 3
Wellington, Kansas

Dear Mr. Cruze:

The Army Effects Bureau has received a Will and Power of Attorney executed by your son, 1st. Lt. Raymond K. Cruze, who according to our present information is missing in action.

It is my intention to forward these documents to you; however, before placing them in the mail, I will appreciate your confirming the accuracy of above address.

For your convenience, there is inclosed an addressed envelope which requires no postage.

Yours very truly,

Leslie L. Kettering
 LESLIE L. KETTERING
 Captain Q.M.C.
 Assistant

1 Incl.--Envelope

*Dear Sir
 your letter rec'd as of Sept 1st
 the above address you have is correct
 Very Respt.
 Pinkney S. Cruze
 Route - 3
 Wellington
 Kansas*

*files
 JRM*



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

pdw
(S-9-29-44)

JRM:VM:hjb

August 29, 1944

160163-M

IN REPLY REFER TO

Mr. Pinkney S. Cruze
Rural Route Number 3
Wellington, Kansas

Dear Mr. Cruze:

The Army Effects Bureau has received a Will and Power of Attorney executed by your son, 1st. Lt. Raymond K. Cruze, who according to our present information is missing in action.

It is my intention to forward these documents to you; however, before placing them in the mail, I will appreciate your confirming the accuracy of above address.

For your convenience, there is inclosed an addressed envelope which requires no postage.

Yours very truly,

LESLIE L. KETTERING
Captain Q.M.C.
Assistant

1 Incl.--Envelope

CONTROL NO.

28105

L/asm.

1st August

1st Lt. Raymond K. Cruze O-747755.
668th Bomb Sq. 416th Bomb Gp.



KANSAS CITY, MO.

AUG 1 1944

MIA

18th July

2

1. General Power of Attorney (copy)
2. Last Will and Testament (copy)

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

Receipt acknowledged.

For the Effects Quartermaster.

G. H. GALVIN, JR.
1st Lt. Q.M.C.
Chief, Administrative Control Branch

POWER OF ATTORNEY
General

KNOW ALL MEN BY THESE PRESENTS: That, I, Raymond K. Cruze, a legal resident of the (Town, City, or county) of Wellington, State of Kansas, United States of America, now in the military service as a 2nd Lt, (Army Serial No. O-747755) in the Army of the United States, and anticipating that I may be required to go overseas in said military service, have made, constituted and appointed, and by these presents do make, constitute and appoint Pinkney Sylvester Cruze whose address is Wellington, Kansas, my true and lawful attorney to act in,

x
x
x

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25th day of September, nineteen hundred and forty three.

/s/ Raymond K. Cruze (SEAL)

WITNESSES:

<u>/s/ Richard D. Poindexter 2nd Lt. O-747887</u>	<u>Honolulu, T. H.</u>
	Address (Home)
<u>/s/ John W. White 2nd Lt. O-797754</u>	<u>Mendell Road, Rochester, Mass.</u>
	Address (Home)
<u>/s/ Richard B. Preusier 1st. Lt. AS O-789500</u>	<u>47 Adams St. Burlington, Vt.</u>

Acknowledgement

Calcasieu)
 (County or district)
) ss.
Louisiana)
 (State or country)

I, /s/ Iris E. Carter, do hereby certify, that I am a duly commissioned, qualified, and authorized notary public in and for the Calcasieu Louisiana (County or district, State or country) and that Raymond K. Cruze grantor in the foregoing Power of Attorney, dated September 25, 1943 and hereto annexed, who is personally well know to me as the person who executed the foregoing Power of Attorney, appeared before me this day within the territorial limits of my authority, and being first duly sworn, executed said instrument after the contents thereof had been read and duly explained to him, and acknowledged that the execution of asid instrument by him was his free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 25th day of September, 1943

My commission expires at death

(SEAL)
Certified a True Extracted Copy
Leslie L. Kettering
LESLIE L. KETTERING
Captain Q.M.C.

/s/ Iris E. Carter
(Notary Public)

Date: 28 June 1944

I have this date turned in the following listed items of my personal effects for shipment as prescribed in Circular #61, Hq., ETOUSA, dated 4 June 1944:

- 3 pr. Wool Underwear ✓
- 2 Sweat Shirts ✓
- 1 pr. Sweat pants. ✓
- 3 Khaki shirts ✓
- 1 Khaki cap. ✓
- 3 Khaki pants. ✓
- 1 Aftershave set. ✓
- 1 Field Jacket ✓
- 1 Testament ✓
- 1 Pen-Pencil set case. ✓
- 1 Photograph, ✓
- 1 Pr. Garrison Shoes. ✓

I certify that the items of government issue listed on this inventory and indicated by an asterisk (*) are my personal property and are authorized for this shipment by competent authority.

Signature: Raymond K. Cruze
 Name Rank ASN

I certify that I have inspected the contents of this effects box and have withdrawn all unauthorized or undesirable property and further certify that the above list is a correct inventory of contents.

Chester C. Wysocki
 (Signature of inspecting Officer)
 CHESTER C. WYSOCKI, Capt. A.C.