



Date 1 November 1948

TO: Mr. Orlander S. Cochran  
RFD # 1  
COLLEGE PARK, GEORGIA

The authorized inscription for a Government headstone of the general type (furnished for all decedents except those who served only during the Civil and Spanish-American Wars) includes: (1) The State from which the veteran came; (2) religious emblem in a small circle above the inscription on the face of the headstone; and (3) the dates of birth and death.

In order that the appropriate information, as desired by the next of kin, may be shown on the headstone for the decedent whose name is listed below, it is requested that you fill in the proper spaces indicated below the data called for, and RETURN THIS FORM PROMPTLY TO THE

SUPERINTENDENT, MARIETTA NATIONAL CEMETERY, MARIETTA, GEORGIA

Superintendent of Cemetery or Commanding Officer of Post

If this form is not returned to the Superintendent within fifteen (15) days from date of mailing, the headstone will be ordered with the data as to religious emblem, State and date of birth inscribed thereon as shown in the official records, and NO CHANGE WILL BE MADE AT A LATER DATE AT GOVERNMENT EXPENSE.

To be filled in by Superintendent or Commanding Officer

Name of Veteran Cochran, Ralph L.  
and Organization \_\_\_\_\_

\* Rank, ~~etc.~~ Sgt.

Grave or lot No. 4007-A Section "K"

\* Date of death July 19, 1944

Date buried 1 November 1948

To be filled in by Next of Kin

\* State desired Georgia

\* Religious emblem desired Latin Cross  
(Latin Cross for Christian Faith, Star of David for Hebrew Faith)

\* Date of birth March 30, 1923

\* Address of kin College Park, Georgia; Route #1

\* Signature Orlander S. Cochran sr Date November 3, 1948

*file  
3 Dec 48  
P. Cochran*

Date 1 November 1948

TO: Mr. Orlander S. Cochran  
RD # 1  
COLLEGE PARK, GEORGIA

The authorized inscription for a Government headstone of the general type (united for all  
decadents except those who served only during the Civil and Spanish-American Wars) includes:  
(1) The State from which the veteran came; (2) religious emblem in a small circle above the inscription  
on the face of the headstone; and (3) the dates of birth and death.

In order that the appropriate information, as desired by the next of kin, may be shown on the  
headstone for the decedent whose name is listed below, it is requested that you fill in the proper spaces  
indicated below the data called for, and RETURN THIS FORM PROMPTLY TO THE

SUPERINTENDENT, MARSHALL NATIONAL CEMETERY, MARSHALL, GEORGIA

Superintendent of Cemetery or Commanding Officer of Post

If this form is not returned to the Superintendent within fifteen (15) days from date of mailing,  
the headstone will be ordered with the data as to religious emblem, State and date of birth inscribed  
thereon as shown in the official records, and NO CHANGE WILL BE MADE AT A LATER DATE  
AT GOVERNMENT EXPENSE.

To be filled in by Superintendent or Commanding Officer

Name of Veteran Cochran, Ralph L.

Rank, etc. Sgt.

Grave or lot No. 4007-A Section "K"

Date of death July 19, 1944

Date buried 1 November 1948

To be filled in by Next of Kin

State desired Georgia

Religious emblem desired Latin Cross

(Latin Cross for Christian Faith, Star of David for Hebrew Faith)

Date of birth 10/15/1893

Address of kin College Park, Ga.

Signature Ralph L. Cochran

Date November 3, 1948



FORM 313 (2-28-48)



# DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3508 00898

DATE  
15 | 05 | 48  
DAY | MONTH | YEAR

NAME  
COCHRAN RALPH L

SERIAL NUMBER  
34764279

RANK  
SGT

ARM  
1

DATE OF DEATH  
DAY | MONTH | YEAR

CEMETERY  
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS  
1  
4322 | 05  
CODE | DIST. PT.

PLOT  
0 9 175

ROW  
9

GRAVE  
175

COUNTRY  
FRANCE

CAUSE OF DEATH  
1

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
MARIETTA NATIONAL CEMETERY  
MARIETTA, GEORGIA

NAME AND ADDRESS OF NEXT OF KIN  
ORLANDER S. COCHRAN (FATHER)  
RURAL FREE DELIVERY #1  
COLLEGE PARK, GEORGIA

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME  
Cochran, Ralph L.

SERIAL NUMBER  
34764279

RANK  
Sgt

DATE OF DEATH

DATE DISINTERRED  
3-Dec-47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
USAAF

RELIGION  
Utd

IDENTIFICATION VERIFIED BY  
R. W. Gantzel, 1 Lt QMC  
NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Khaki Uniform and mattress cover

CONDITION OF REMAINS  
[Disturbing text redacted]

### OTHER MEANS OF IDENTIFICATION

Last 4 digits of ASN with first 3 letters of last name found on waistband of trousers.

MINOR DISCREPANCIES ?  
None

### REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Jan 48

BY R. W. Ahearn

CASKET SEALED BY  
R. W. Ahearn

EMBALMER (Signature)  
*R. W. Ahearn*

CASKET BOXED AND MARKED  
DATE 27 Jan 48 BY T. C. Snider

SHIPPING ADDRESS VERIFIED BY E. N. Ciampo, 1 Lt FA  
*Everett A. Ciampo*

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

*James A. Hoovler*  
James A. Hoovler, 1 Lt Inf

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAN

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM USMC Blossville		TO Casketing Point B - St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER T/4 Kovalski	
SIGNATURE OF SHIPPER W. T. Dailly, Capt QMC	DATE 17 Jan 48	SIGNATURE OF RECEIVER <i>D. A. MacKenzie</i> D. A. MacKenzie, Capt Inf	DATE 17 Jan 48

## 2. SHIPPED

FROM Casketing Point B - St Laurent		TO Casketing Point A - Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Fagan	
SIGNATURE OF SHIPPER D. A. MacKenzie, Capt Inf	DATE 8 Sep 48	SIGNATURE OF RECEIVER <i>E. N. Ciampo</i> E. N. Ciampo, 1 Lt FA	DATE 8 Sep 48

## 3. SHIPPED

FROM Casketing Point A -Cherbourg		TO Port Unit Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER SFC Fuller	
SIGNATURE OF SHIPPER E. N. Ciampo, 1 Lt FA	DATE 9 Sep 48	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> John E. Hendry Jr, Maj CAC	DATE 9 Sep 48

## 4. SHIPPED

FROM Port Unit Cherbourg		TO NYPOE	
KIND OF CONVEYANCE USAT Carroll Victory		NAME OF CONVOYER Kenneth W. Whercott, Capt TC	
SIGNATURE OF SHIPPER John E. Hendry Jr, Maj CAC	DATE 25 Sep 48	SIGNATURE OF RECEIVER <i>K. W. Whercott</i> Kenneth W. Whercott, Capt TC	DATE 25 SEP 1948

## 5. SHIPPED

FROM NYPOE		TO NYPOE	
KIND OF CONVEYANCE		NAME OF CONVOYER COLLEGE BARR	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> for JAMES L. McKinnon COLONEL, T. O. PORT TRANSPORTATION OFFICER	DATE 8 OCT 1948

## 6. SHIPPED

FROM NYPOE		TO Det #5	
KIND OF CONVEYANCE Train		NAME OF CONVOYER Jason D. Hiffin	
SIGNATURE OF SHIPPER JAMES L. McKinnon COLONEL, T. O.	DATE 10/14/48	SIGNATURE OF RECEIVER <i>Jason D. Hiffin</i> Jason D. Hiffin, Capt Pric	DATE 10/14/48

## 7. SHIPPED

FROM PORT TRANSPORTATION OFFICER		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

# MESSAGEFORM

MESSAGE CENTER No.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) ATLANTA GENERAL DISTRIBUTION DEPOT  
ATLANTA, GEORGIA

SECURITY CLASSIFICATION

ACTION TO:

ORLANDER S. COCHRAN

DELIVER AND REPORT  
ANY CHARGES

BURIAL FREE DELIVERY #1

SEP 30 1948

COLLEGE PARK, GEORGIA

PRECEDENCE FOR  
ACTION INFORMATION ORIGINAL MESSAGEREFERS TO ANOTHER MESSAGE  
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE

SGT RALPH L COCHRAN

ARE ENROUTE TO THE UNITED STATES PD OUR RECORDS INDICATE

YOU WISH REMAINS INTERRED IN

MARIETTA

NATIONAL CEMETERY PD PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO ATLANTA GEN DISTRIBUTION DEPOT ATTENTION GRAVES REGISTRATION DIVISION ATLANTA GEORGIA PD REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS PD WHILE FINAL INTERMENT OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS TO THE NATIONAL CEMETERY FOR SEVERAL WEEKS PD HOWEVER NATIONAL CEMETERY SUPERINTENDENT WILL NOTIFY YOU BY TELEGRAM DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE PD APPROPRIATE JOINT MILITARY AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS ORGANIZATIONS OR MILITARY OR NAVAL PERSONNEL PD INTERMENT EXPENSE ALLOWANCE OF SEVENTY FIVE DOLLARS IS NOT AUTHORIZED IN ANY CASE WHERE BURIAL IS MADE IN A NATIONAL CEMETERY PD PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM PD

JOHN H PRUITT LT COL QMC

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

OFFICIAL TITLE

SYMBOL

DATE-TIME GROUP

PAGE OF

(1)

WESTERN UNION

WESTERN UNION

WESTERN UNION

RELATIONS CENTER RECEIVED

OCT 1 12 41 PM '4

ATLANTA GEN. DIST. DEPTO

WUA309 11 COLLECT

ATLANTA GA OCT 1 1012A

ATLANTA GENERAL DISTRIBUTION DEPOT

ATTN GRAVES REGISTRATION DIV QR ATLA

ORIGINAL INSTRUCTIONS REGARDING BURIAL LATE SGT RALPH L COCHRAN

CONFIRMED

ORLANDER S COCHRAN.

RECEIVED  
ATL. GEN. DIST. DEPOT

OCT 1 1 09 PM 1948  
10

U. S. ARMY  
ATLANTA, GEORGIA

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

# WESTERN UNION

1220

SYMBOLS

DL = Day Letter

NL = Night Letter

LC = Deferred Cable

NLT = Cable Night Letter

Ship Radiogram

JOSEPH L. EGAN  
PRESIDENT

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

RECEIVED

Oct 29 1 32 P

ATLANTA GEN. DIST. D.

6837636

U. S. ARMY  
ATLANTA, GEORGIA

OCT 29 1 36 PM 1948

RECEIVED AGR  
ATL GENL DIST. DEPOT

Atlanta General Depot,  
Atlanta, Ga. 27 Oct. 1948

DELIVER AND REPORT  
SUPERINTENDENT ANY CHARGES  
MARIETTA NATIONAL CEMETERY  
MARIETTA, GEORGIA

THE FOLLOWING REMAINS ARE READY FOR SHIPMENT PD

<u>RANK</u>	<u>NAME</u>	<u>SERIAL NUMBER</u>	<u>RACE</u>
TEC 5	WILLIAM P ADAMS	34089942	W
SGT	RALPH L COCHRAN	34764279	W
PVT	HARDMAN HAMMOND	14029405	W
PVT	CHUIN W JOHNSON	6299508	W
TEC 5	LEROY M KIRBY	6837636	W
SGT	WILLIAM L MINOR JR	34689985	W
SGT	SIDNEY A MYHAND	7080233	W
2 LT	ARTHUR B POPE	0-808135	W
PVT	LADSON REECE	34353156	W
2 LT	HENRY F SMITH	0-2066892	W
CPL	DAVID R. WATKINS	34262614	W

RE PVT CHUIN W JOHNSON CONTACT MRS JULIA ROBBINETT LAURENS STREET DUBLIN  
GEORGIA PD RE 2 LT ARTHUR B POPE CONTACT MRS ERNEST POPE 651 COLLIER ROAD  
ATLANTA, GEORGIA PD NEXT OF KIN TO PVT LADSON REECE IS NOW RESIDING AT 228  
CAMPBELL HILL STREET MARIETTA GEORGIA PD

JOHN H. PRUITT

LT. COLONEL, QMC

Atlanta General Depot,  
Atlanta, Ga. 27 Oct. 1948

DELIVER AND REPORT  
ANY CHARGES

ADVISE BY TELEGRAM DATE AND HOUR YOU DESIRE DELIVERY PD

JOHN H. FRUIT  
LT. COL., GSC

CASE NO.		INSPECTION CHECK LIST					SPACE NO.
							6-8-596
NAME OF DECEASED (Last, First, Middle Initial)		BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE	
COCHRAN, RALPH L.		AAF	W	P	M		
RANK OR GRADE	SERIAL NUMBER	CONSIGNEE					
SGT	34764279	MARIETTA NATIONAL CEMETERY MARIETTA, GA.					
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)			CONDITION OF SHIPPING CASE (Check One)				
			<input type="checkbox"/> SATISFACTORY <input checked="" type="checkbox"/> UNSATISFACTORY				
FINISH (Exterior)			REMARKS <i>Case scratched</i>				
FINISH (Interior)							
HANDLES							
HANDLE BOLTS							
STENCILING—NAME PLATE							
HEALTH PERMIT MARKER							
HEALTH PERMIT NUMBER							
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)			CONDITION OF CASKET (Check One)				
			<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (Exterior)			REMARKS				
HANDLES AND FASTENINGS							
STENCILING—NAME PLATE							
CAM LOCKS (Sealing)							
ODOR OR MOISTURE							
<b>ROUTED THROUGH</b>							
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input checked="" type="checkbox"/> REPAIR SHOP				
CONDITION OF REMAINS			CASKET REPAIRED				
<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
NECESSARY DISINFECTION (Explain)			CASKET EXCHANGED				
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
			SHIPPING CASE REPAIRED				
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
			SHIPPING CASE EXCHANGED				
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
			REMARKS				
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR		
					<i>H. S. Bennett</i>		
			123	10 20 48			
REMARKS							



FAMILY CORRESPONDENCE BRANCH  
ACCEPTANCE SECTION

DATE 8 June, 1948

<u>NAME</u>	<u>RANK</u>	<u>SERIAL NO</u>	<u>DD#</u>
COCHRAN, RALPH L.	SGT.	34 764 279	Coded Not Dispatched
<u>Cemetery</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
BLOSVILLE, FRANCE	0	9	175

<u>OPTION</u>	<u>FROM</u>	<u>TO</u>
	NO CHANGE	
<u>CONSIGNEE</u>		
<u>NAME</u>	BISHOP AND POE FAIRBURN, GEORGIA	MARIETTA NATIONAL CEMETERY MARIETTA, GEORGIA
<u>ADDRESS</u>		<i>05</i>
<u>DC#</u>	# 05	
<u>NEXT OF KIN</u>	NO CHANGE	
<u>NAME</u>		
<u>ADDRESS</u>		

AUTHORITY 345 ATTACHED.

W-3

*W.P.*  
23 JUN 1948

*Mulligan*  
MULLIGAN  
ES  
SLAUGHTER

# REQUEST FOR DISPOSITION OF REMAINS

L 4/12

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

DATE:

Sgt Ralph L. Cochran, 34 764 279 (ARC)  
 Plot O, Row 9, Grave 175,  
 United States Military Cemetery  
 Blosville, France

22 March 1948

uniform Prevacc 3/31  
 F-4

NIF  
 4/22

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

## PART I

1. Orlander S. Cochran  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- |   |                                  |  |   |
|---|----------------------------------|--|---|
| <input type="checkbox"/> WIDOW  | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD     | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input checked="" type="checkbox"/> FATHER  | <input type="checkbox"/> MOTHER  | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD   |
| <input type="checkbox"/> RELATIONSHIP OTHER THAN ABOVE <small>(Specify)</small> _____ |                                  |  |   |

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

(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 Marietta, GA.
- (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

Coded  
 error  
 6-1-48

donald

Slaughter

**PART I (Continued)**

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

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

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

OR

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

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
Cochran	Bessie	L.	Mother
Rural Free Delivery #1	College Park	Fulton	GA.

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.

Orlander S. Cochran Rural Free Delivery #1  
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)

Orlander S. Cochran College Park, GA.  
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 5th day of April, 1948, at city (or town) of Atlanta, county of Fulton, and State (or Territory or District) of Georgia

Josephine A. Reynolds  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

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

**PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

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

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

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

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

**PART III**

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

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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



QUEST FOR DISPOSITION OF REMAINS

L 3/18

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

DATE:

Sgt. Ralph L. Cochran, 34 764 279  
 Plot O, Row 9, Grave 175,  
 United States Military Cemetery  
 Bloisville, France

20 February 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, Mr O.S. Cochran

(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

(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO \_\_\_\_\_ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_ (LOCATION OF CEMETERY SELECTED)

CANCELLED

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT Marietta National, (Ga.) (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

CANCELLED  
U.S. NAT. CEM.

*Coded  
16 Apr 48  
W. Baker*

*B. Fisher*

**PART I (Continued)**

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

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

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

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

FULL NAME OF FUNERAL DIRECTOR <p align="center">Bishop &amp; Poe</p>			
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.	
	Fairburn, Ga.	Fairburn 2311	

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

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

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

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

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

Orlander S. Cochran  
(SIGNATURE OF NEXT OF KIN)

Orlander S. Cochran  
(NAME PRINTED OR TYPED)

Route # 1  
(STREET AND NUMBER)

College Park, Ga.  
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 5th day of March

1941 at city (or town) of Fairburn, county of Fulton, and State (or Territory or

District) of Georgia

[Signature]  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

N.P.  
(OFFICIAL TITLE)

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

**PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

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

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

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

\_\_\_\_\_ (DATE)

\_\_\_\_\_ (SIGNATURE OF NEXT OF KIN) \_\_\_\_\_ (STREET AND NUMBER)

\_\_\_\_\_ (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.



\*NOTE-

PAGE \*

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

DATE: April 9, 1948

FROM: (Miss) Edna Mattox

Cochran, Ralph L., Sgt.  
34 764 279  
SUBJECT: Plot 0, Row 9, Grave 175  
U.S. Military Cemetery  
Blosville, France

Next of Kin: Mr. O.S. Cochran  
Old Address: RFD #1, College Park, Georgia  
New Address:

Your Reference: QMGMR 293

In compliance with your request of 22 March 1948 for an investigation in connection with the disposition of the remains of this deceased serviceman, we submit the following information:

1. OQMG Form 345  has been submitted by Mr. O.S. Cochran Father  
(Name) (Relationship)  
. was  
 ~~was~~ submitted on 2 April 1948  
(date)

2. Remarks:

See copy of Atlanta Chapter  
letter attached.

*Edna Mattox*

(Miss) Edna Mattox  
Director, Home Service  
Southeastern Area

*File - man  
19 Apr 48  
S. H. H. H.  
L. J. H. H.*

Department of the Army  
Office of the Quartermaster General  
Washington 25, D.C.

MEMORANDUM FOR THE QUARTERMASTER GENERAL  
SUBJECT: [Illegible]

(Name) [Illegible]

Text of this [Illegible]  
Old address: [Illegible]  
New address: [Illegible]

Your [Illegible]

In compliance with your request of [Illegible] in connection with the disposition of the remains of this deceased service-  
man, we submit the following information:

1. [Illegible] has been established by [Illegible] (Name)

[Illegible] on [Illegible] (Name)

2. [Illegible] for copy of [Illegible] letter attached.

RECORDS BRANCH

APR 12 12 43 PM '48

MEMORIAL DIVISION



April 7, 1948.

Miss Helen B. Koft  
Assistant Director, Home Service  
Southeastern Area  
American Red Cross  
230 Spring Street, N. W.  
Atlanta 3, Georgia.

Re: COCHRAN, Ralph L., Sgt.  
ASN: 34 764 279

Next of Kin:  
Mr. O. S. Cochran  
Rural Free Delivery #1  
College Park, Georgia.

Attention: Mrs. Sara H. Boyd  
Home Service Correspondent.

Dear Miss Koft:

We are in receipt of your letter of March 29th and we are glad to report that we have been able to contact the father of the above named deceased serviceman.

Mr. Cochran was familiar with Form 345 and stated that he had completed this form with the help of a funeral director and had sent it in over six weeks ago. The wife of his son has remarried since his death and Mr. Cochran also sent in a copy of her marriage certificate. While he was in our office he again completed Form 345, but there was some question in his mind about his son's grade at the time of death, and he took the form home so that he might check this information. He was not sure, but believed that his son might have been a Staff Sergeant at the time of his death. Mr. Cochran understood that this was the only information he had to add to the form as it was signed and notarized while he was in our office. He assured worker that he would mail the form that day, which was April 2nd.

Very truly yours,

(Mrs.) Anne B. Panaccion  
Acting Director, Home Service.

By: (Mrs.) Linda B. Williams.

LEW/jf

*File now  
19 April 8  
S. Williams  
L. Williams*

C  
O  
P  
Y



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

In Reply Refer To RR By: QMGR 293 Cochran, Ralph L., Sgt., 34 764 279  
Plot O, Row 9, Grave 175  
United States Military Cemetery  
Bloisville, France

22 March 1948

P R I O R I T Y

Miss Edna Mattox, Director of Home Service  
Southeastern Area, American Red Cross  
230 Spring Street, Northwest  
Atlanta 3, Georgia

Dear Miss Mattox:

The Next of Kin of the above captioned deceased father

(relationship)

Mr. O. S. Cochran, Rural Free Delivery #1, College Park, Georgia

(name)

(address)

has failed to return a Form 345 indicating disposition instructions for the remains.

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

Incls.

ant

MAR 22 10 38 AM '48  
O. O. M. G.  
MAIL & RECORDS BRANCH

2016  
Sgt. Ralph L. Cochran, 34 764 279  
Plot O, Row 9, Grave 175,  
United States Military Cemetery  
Blosville, France

20 February 1948

Mr. O. S. Cochran  
Route #1  
College Park, Georgia

Dear Mr. Cochran:

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.

2016  
24 L.W.  
A.R.C. part 2 27 Mar 48

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

293  
Cochran Ralph L.  
34-764-279

DATE 2 FEB 1948

TO: Letter of Inquiry Section

(Thru Officer in Charge)

(FORM 734 will indicate file dispatched to LOI SECTION)

Reference:

NAME COCHRAN RALPH L. RANK Sgt.  
SERIAL NUMBER 34764 279 CEMETERY BLOSVILLE, FR  
PLOT 0 ROW 9 GRAVE 175

Request new\* LOI be sent to:

NAME COCHRAN, O. S. RELATIONSHIP father  
ADDRESS RFI  
CITY COLLEGE PARK STATE Ga.

Basis of request: (Must include definite facts)

Corrected No. K. and address  
Per VA. 19 Jan 48

Request Approved:

Approving Officer's Remarks: Miss LOI to father *[Signature]*

\* Strike out if no LOI previously dispatched

*✓ Rush*

L.O.I. SENT 20 FEB 1948

*Father NAT  
M.P.W.*

*File - 2-19-48  
M.H.W.*

*ARC sent 22 Mar 48*



65

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

3/37  
8

In Reply Refer To: QMGDM 293

12 NOV 1947

Cochran, Ralph L.

SN 34 764 279

Date of Birth 30 March 1923

~~XC 3271188~~  
~~11-19-47~~  
SLB

SUBJECT: Request for information re next of kin of above named deceased serviceman of World War II.

TO: Director, Dependents and Beneficiaries Claims Service  
Veterans Administration  
Washington 25, D. C.

For use in determination of final disposition of remains of the above identified deceased serviceman, it is requested that appropriate information be entered on the lower portion of this letter and that one copy of the completed letter be returned to this office.

1 Incl: encl  
Envelope

*Mark J. Gill*  
MARK J. GILL  
Major, QMC  
Memorial Division

Date 1-19-48  
Veteran's  
Name Ralph L Cochran  
XC 3671188

Information in the VA case file indicates that the deceased serviceman was survived by the relatives listed below.

NOTE - A. Identify two persons in the following order or preference:

1. Widow
2. Male children over 21 years
3. Female children over 21 years
4. Father

B. If parent is listed, state whether natural, step-, adoptive or foster parent.

C. If no information is available concerning any surviving relatives, state "None".

Relationship:	Name	Address
WIDOW :		
(If none, state "None":	<u>Katherine Patton, Fairburn Georgia</u>	
:Has she remarried?	<u>Yes</u>	If so, is proof of remarriage on file?
	<u>Yes</u>	
	<u>Walter VA at <u>Russ L Cochran</u></u>	<u>Same</u>

RECEIVED  
VETS SEC

JAN 14 48 AM

DIRECTOR W.H. Davis  
CLAIMS SERVICE  
(Address) VA Bldg 5  
Atlanta, Ga

FILE ATTACHED  
NO FILE  
FILE CHARGED TO  
VET NAME FILE

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315

1948

1. The Adjutant General's Office is the principal office for the preparation and maintenance of the records of the Army. It is also responsible for the preparation and maintenance of the records of the Adjutant General's Office.

2. The Adjutant General's Office is the principal office for the preparation and maintenance of the records of the Adjutant General's Office.

3. The Adjutant General's Office is the principal office for the preparation and maintenance of the records of the Adjutant General's Office.

4. The Adjutant General's Office is the principal office for the preparation and maintenance of the records of the Adjutant General's Office.

5. The Adjutant General's Office is the principal office for the preparation and maintenance of the records of the Adjutant General's Office.



RECEIVED  
DEPENDENTS  
AND BENEFICIARIES  
CLAIMS DIVISION  
JAN 16 1948  
V. A. BRANCH NO. 5  
ATLANTA, GA.

Nov 12 1948  
O.G.  
MAIL & RECORDS

MAIL & RECORDS BRANCH

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

12 NOV 1947

In Reply Refer To: QMGIM 293

Cochran, Ralph L.  
SN 34 764 278

Date of Birth 30 March 1923

SUBJECT: Request for information re next of kin of above named deceased serviceman of World War II.

TO: Director, Dependents and Beneficiaries Claims Service  
Veterans Administration  
Washington 25, D. C.

For use in determination of final disposition of remains of the above identified deceased serviceman, it is requested that appropriate information be entered on the lower portion of this letter and that one copy of the completed letter be returned to this office.

1 Incl:  
Envelope

MARK J. GILL  
Major, QMC  
Memorial Division

*MJO*

mlg

Date \_\_\_\_\_  
Veteran's Name \_\_\_\_\_  
XC \_\_\_\_\_

Information in the VA case file indicates that the deceased serviceman was survived by the relatives listed below.

NOTE - A. Identify two persons in the following order or preference:

1. Widow
2. Male children over 21 years
3. Female children over 21 years
4. Father

B. If parent is listed, state whether natural, step-, adoptive or foster parent.

C. If no information is available concerning any surviving relatives, state "None".

Relationship:	Name	:	Address
WIDOW :			
(If none, :			
state "None":			
: Has she remarried?			: If so, is proof of remarriage on file?
: _____			
: _____			
: _____			

NOV 12 1 03 PM '47  
D. O. M. G.  
RECORDS BRANCH

DIRECTOR  
CLAIMS SERVICE  
(Address) \_\_\_\_\_

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C

IN REPLY REFER TO BURIAL OF

Sgt. Ralph L. Cochran, 34 764 279  
Plot O, Row 9, Grave 175,  
United States Military Cemetery  
Bloesville, France

17 September 1947

Mrs. Katherine L. Cochran  
Rural Free Delivery #4  
Douglasville, Georgia

Dear Mrs. Cochran:

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*

THOMAS B. LARKIN

Major General

The Quartermaster General

Incls.

L.O.I. SENT 20 FEB 1948

*File  
12 Nov 47  
m J Bill*

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



REASON CHECKED  
Unclaimed  Refused .....  
Unknown .....  
For better address .....  
Moved, Left no address .....  
No such office in state .....



PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300.  
(PMGG)

POSTMASTER: IF ADDRESSEE HAS REMOVED AND  
NEW ADDRESS IS KNOWN, NOTIFY SENDER ON FORM  
3547, POSTAGE FOR WHICH IS GUARANTEED.



Sgt. Ralph L. Cochran, 34 764 279  
Plot O, Row 9, Grave 175,  
United States Military Cemetery  
Blasville, France

17 September 1947

Mrs. Katherine L. Cochran  
Rural Free Delivery #4  
Douglasville, Georgia

Dear Mrs. Cochran:

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.

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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.

hls

SEPT 23 3 01 PM '47  
MAIL & RECORDS DIVISION

FORM 314.6  
Graves Registration  
( European )

*Smith*

26 November 1946

SUBJECT: Burial Records *cm*

TO: Commanding Officer  
American Graves Registration Command  
European Theater Area  
APO 887, c/o Postmaster  
New York, New York

1. Request the burial reports and grave markers for the following decedents be changed to read as underscored:

CEMETERY: United States Military Cemetery Bloisville, France.

<u>NAME</u>	<u>RANK GRADE</u>	<u>SERIAL NO.</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>	<u>ORGANIZATION</u>
Collins, William O.	<u>T/SGT</u>	20 402 405	L	8	146	—
293 Cochran, Ralph L.	SGT	34 764 279	O	9	175	<u>670th Bomb Sq (L)</u> <u>416th Bomb Gp</u>
Courson, Simpson P.	PVT	14 017 385	C	10	188	<u>Hq &amp; Hq Co, 2nd Bn,</u> <u>502nd Preht Inf</u> <u>Comp Div</u>
Condren, John W.	<u>SGT</u>	36 007 846	C	8	142	<u>Hq Co, 3rd Bn, 507th</u> <u>Inf Regt, 82nd A/B Div</u>
Christianna, Harold L.	PFC	32 850 957	E	9	175	<u>Co G, 314th Inf Regt</u> <u>79th Inf Div</u>
De Antonis, Arthur	PVT	35 749 656	S	3	56	<u>Co K, 329th Inf Regt</u> <u>83rd Inf Div</u>

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. KELLY  
Major, GMC  
Assistant

Jew

VB

DEFUNTION RECORDS BRANCH

14 NOV 1946

DATE

NAME COCHRAN, RALPH L.

SERIAL NO 3476 42 79 - Sgt

CEMETERY Blosville, France

PLOT 0

ROW 9

GRAVE 175

LETTER Field

Correct Records to Read

ORG

~~DOD - 19 JULY 1944~~

W Parrish

SPECIAL CHECKER

File  
26 Nov 46  
Wougherty  
RAX

SPQYG 293  
Cochran, Ralph L.

27 March 1946

Mrs. Katherine L. Cochran  
RFD #4  
Douglasville, Georgia

Dear Mrs. Cochran:

The War Department is most desirous that you be furnished the burial location of your husband, the late Sergeant Ralph L. Cochran, A.S.N. 34 764 279.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, France, plot O, row 9, grave 175.

This cemetery is located approximately twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France, and is under the constant care and supervision of United States military personnel.

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

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

mm

HK

LMS

l





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

**REPORT OF DEATH**

DATE 28 August 1944  
 rm 4627

293

FULL NAME <b>Cochran, Ralph L.</b>		ARMY SERIAL NUMBER <b>34 764 279</b>	GRADE <b>Sgt.</b>										
HOME ADDRESS <b>Douglasville, Ga.</b>		ARM OR SERVICE <b>Air Corps</b>	DATE OF BIRTH <b>30 Mar 1923</b>										
PLACE OF DEATH <b>European Area</b>	CAUSE OF DEATH <b>Killed in Action</b>		DATE OF DEATH <b>19 July 1944</b>										
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>18 March 1943</b>	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	YEARS	MONTHS	DAYS							
YEARS	MONTHS	DAYS											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Katherine L. Cochran, Wife, RFD #4, Douglasville, Ga.</b>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Katherine Louise Cochran, Wife, RFD #4, Douglasville, Ga.                  Barbara Ann Cochran, daughter, same as wife's                  Mrs. Bessie Lou Cochran, Mother, RFD #1, College Park, Ga. *</b>													
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**

**\*Declined to designate any other beneficiaries.**

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

BATTLE

NON-BATTLE

*James W. Reinhart*  
 BY ORDER OF THE SECRETARY OF WAR  
**James W. Reinhart**  
 ADJUTANT GENERAL

SEP 1944 FILE

audit

293

19

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Katherine L. Cochran

R. F. D. #4

Douglasville, Georgia

Effects of:

Name

Sgt Ralph L. Cochran

ASN

34,6279

Case No.

182714 D

Wt.

DATE 7 February 1945

Sumpter:lal

*Maymie Turner*  
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  
 Warehouse Division  
 Files Branch, Adm. Div.

*1 etc*  
FEB 9 1945

REMARKS:

Franked **REBBA**  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 1

FEB 15 1945

FEB 7 1945

*mls*  
Shipping Clerk



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

(S-3-7-45) ✓  
 JRM:JS:lal ✓  
 February 7, 1945

182714

IN REPLY REFER TO: \_\_\_\_\_

Mrs. Katherine L. Cochran ✓  
 R. F. D. #4  
 Douglasville, Georgia ✓

Dear Mrs. Cochran:

The Army Effects Bureau has received some additional effects of your husband, Sergeant Ralph L. Cochran.

These effects are being forwarded to you for distribution according to the laws of the state of the soldier's legal residence.

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

Yours very truly,

A. L. SMITH  
 Administrative Assistant  
 Army Effects Bureau

INVENTORY OF EFFECTS

1 Pr Gunners Wings ✓	3 Cigarette Lighters ✓
1 Fountain Pen ✓	1 Bible ✓
2 Insignia (metallic) ✓	1 Wallet (containing pictures) ✓
7 pr Wool socks ✓	1 Pipe ✓
1 pr Cotton socks ✓	1 Writing tablet ✓
1 pr Shoes low cut ✓	1 pkg playing cards ✓
1 Cap Garrison ✓	1 pr shoe laces ✓
3 Undershirts ✓	1 shoe shine cloth ✓
4 Handkerchiefs ✓	1 Tilet article bag ✓
1 Shaving kit ✓	20 Letters ✓
1 Sewing kit ✓	
2 Plastic soap boxes ✓	
2 Web belt with brass buckle ✓	
1 Pencil ✓	

I certify that the foregoing inventory comprises all of subjects effects and that effects were shipped to Effects Co, Stanley Warehouse Division, U S Forces, Liverpool, England, by delivering \_\_\_\_\_

on \_\_\_\_\_

1944.

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

FEB 15 1945

FEB 7 1945

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

5 August 1944  
Date

670th Bombardment Squadron (L), 416th Bomb Gp (L), APO 140, U S Army  
(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>COCHRAN</u>	<u>RALPH</u>	<u>L.</u>	<u>SGT</u>	<u>34764279</u>	
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)	(Control No)
					(For use of Effects QM ETOUSA)

Organization 670th Bombardment Squadron (L), 416th Bombardment Group (L)  
(Unit - - - - Not Branch or Service)

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

Designated Beneficiary (With address) MRS. RALPH COCHRAN (Wife)  
RFD #4, Douglasville, Georgia

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

U.S.M.O. # <u>8569</u>	Amt \$ <u>1.90</u>	U.S.M.O. # <u>None</u>	Amt \$ <u>None</u>
U.S.M.O. # <u>None</u>	Amt \$ <u>None</u>	U.S.M.O. # <u>None</u>	Amt \$ <u>None</u>

U.S. Official Check # None Amt. None Bank None  
(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.

NAME

COCHRAN, RALPH

SGT

BAY

PALLET

BOX

TALLY

20

57

6515

TYPE OF PKG.

WHSE. SPACE

INVENTORIED

BOX

SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECT BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER	ORIGINAL NUMBER OF PACKAGES <u>1</u>		MISSING <input type="checkbox"/>
TALLY NUMBER <u>6515</u>	INVENTORY DATE <u>29 Jan 1945</u>	CASE NUMBER <u>182714</u>	POW <input type="checkbox"/>
EFFECTS OF <u>Ralph L. Cochran</u>	RANK <u>Sgt</u>		ABANDONED <input type="checkbox"/>
A.S.N. <u>34764279</u>	ORGANIZATION <u>670 Bomb Sq (L) 416 Bomb Gp (L)</u>		

CLOTHING	PERSONAL ITEMS	CONTAINERS
<input checked="" type="checkbox"/> BELT	<input type="checkbox"/> BRACELET, IDENTIFICATION	<input checked="" type="checkbox"/> BAGS, CLOTH
<input type="checkbox"/> BELT, MONEY (NO MONEY)	<input type="checkbox"/> BRUSHES	<input type="checkbox"/> BAGS, TRAVEL
<input type="checkbox"/> CLOTH, WASH	<input type="checkbox"/> CAMERAS	<input checked="" type="checkbox"/> BILLFOLD (NO MONEY) <u>w/c</u>
<input type="checkbox"/> COATS	<input type="checkbox"/> GLASSES	<input type="checkbox"/> CASE,
<input checked="" type="checkbox"/> FOOTWEAR, PR.	<input type="checkbox"/> KNIVES	<input type="checkbox"/> FOOTLOCKER
<input type="checkbox"/> GLOVES, PR.	<input checked="" type="checkbox"/> 3 LIGHTERS	<input checked="" type="checkbox"/> 2 KIT, SEWING
<input checked="" type="checkbox"/> HANKERCHIEFS	<input checked="" type="checkbox"/> 1 MISC. INSIGNIA	<input checked="" type="checkbox"/> 1 KIT, TOILET
<input type="checkbox"/> HEADWEAR	<input checked="" type="checkbox"/> 1 MISC. ITEMS	<input type="checkbox"/> KIT, WRITING
<input type="checkbox"/> JACKETS	<input checked="" type="checkbox"/> 1 PEN, FOUNTAIN	<input type="checkbox"/> PAPERS AND MISC.
<input type="checkbox"/> OVERCOATS	<input checked="" type="checkbox"/> 1 PENCIL, MECHANICAL	<input type="checkbox"/> BOOKS
<input type="checkbox"/> SCARFS	<input checked="" type="checkbox"/> 1 PIPES	<input type="checkbox"/> BOOKS, ADDRESS
<input type="checkbox"/> SHIRTS	<input type="checkbox"/> RELIGIOUS ARTICLES	<input type="checkbox"/> BOOKS, NOTE
<input checked="" type="checkbox"/> SOCKS, PR.	<input type="checkbox"/> RIBBONS, DECORATION	<input type="checkbox"/> BOOKS, PILOT LOG
<input type="checkbox"/> TIES	<input type="checkbox"/> RINGS	<input type="checkbox"/> DIARY (REMOVED FOR DURATION)
<input type="checkbox"/> TOWELS	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> FILMS.
<input type="checkbox"/> TROUSERS, PR.	<input type="checkbox"/> TOILET ARTICLES	<input checked="" type="checkbox"/> LETTERS
<input checked="" type="checkbox"/> TRUNKS, PR.	<input checked="" type="checkbox"/> 1 WATCH	<input type="checkbox"/> PAPERS, PERSONAL
<input checked="" type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WINGS	<input type="checkbox"/> PHOTOS
<u>1 medal</u>		<input type="checkbox"/> SHOE SHINE ARTICLES
		<input type="checkbox"/> SHORT SHORTER
		<input type="checkbox"/> SOUVENIRS
		<input type="checkbox"/> SOUVENIR MONEY
		<input checked="" type="checkbox"/> STATIONERY
		<input checked="" type="checkbox"/> TESTAMENTS
		<input type="checkbox"/> U.S. MONEY (AMOUNT)

REMARKS: (Wife)  
 Mrs. Ralph Cochran  
 R.F.D. No 4.  
 Douglasville, Georgia

ATTACHMENTS: FORM #54  FORM #100   
 Inventory of effects

C.A.T.	WEIGHT	GI REMOVED
<u>None</u>		<input checked="" type="checkbox"/> SHORTAGE ON REVERSE
WAREHOUSE SPACE <u>198</u>	STORED BY <u>mk</u>	<input type="checkbox"/> IDENT. TAGS REMOVED
INVENTORIED BY <u>Blair</u>	DATE SHIPPED <u>FEB 2 1945</u>	<input type="checkbox"/> DIARY REMOVED
PACKED BY <u>Shaw</u>	CHECKED BY <u>mk</u>	<input type="checkbox"/> LOCKED STORAGE
	<input checked="" type="checkbox"/> #3 OR ADDITIONAL	<input type="checkbox"/> LAUNDRY REMOVED
		<input type="checkbox"/> FILM REMOVED



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Katherine L. Cochran

SHIP TO: R.F.D. #4

Douglasville, Georgia

Effect of Sgt. Ralph L. Cochran

Name 34764279

ASN 182714 D

Case No.

Wt.

DATE 23 January 1945

Sumpter:lal

*James E. Schneider*  
FOR: Effects Quartermaster

REMARKS:

Enclose 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  
 Warehouse Division  
 Files Branch, Adm. Div.

*1 pkg*

JAN 25 1945

REMARKS:

FRANKED  
Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Prt. Chgs. \_\_\_\_\_  
No. of Packages 1

JAN 20 1945

JAN 24 1945

*AD*  
Shipping Clerk



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

JRM:JS:ba  
January 24, 1945

IN REPLY REFER TO: 182714 S

*fe*

Mrs. Katherine L. Cochran  
RFD #4  
Douglasville, Georgia

Dear Mrs. Cochran:

The Army Effects Bureau has received some additional property of your husband, Sergeant Ralph L. Cochran.

These effects, contained in one package, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

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

Extending every sympathy, I am

Sincerely yours,

A. L. SMITH  
Administrative Assistant  
Army Effects Bureau

SUBJECT: Report of transactions in disposing of the effects of  
Ralph L. Cochran (Name of deceased), 34764279 late a  
Sgt (Grade), Air Corps (Organization, Army or Service) who died  
on the 19th day of July, 1944, at European Area.

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

1. Complying with A. W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O. 228, Hq., KCQM 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 \$ \_\_\_\_\_ 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 7 November 1944, pursuant to special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Katherine L. Cochran 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. Katherine L. Cochran of R.F.D. #4, Douglasville State of Georgia, is the widow of the

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel Q.M.C.  
(Name, Rank, Organization)  
SUMMARY COURT MARTIAL

SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER <u>39</u>	ORIGINAL NUMBER OF PACKAGES <u>1</u>		MISSING <input type="checkbox"/>
TALLY NUMBER <u>5738</u>	INVENTORY DATE <u>13 Jan 1945</u>	CASE NUMBER <u>7142714</u>	POW <input type="checkbox"/>
EFFECTS OF <u>Ralph L. Cochran</u>	RANK <u>Sgt</u>		ABANDONED <input type="checkbox"/>
A.S.N. <u>34764279</u>	ORGANIZATION <u>Air Force</u>		

PACKAGE DESCRIPTION # I pkg

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

REMARKS: No information checked  
No correspondence

ATTACHMENTS: FORM #54 FORM #100  
Is R Label  
Overseas inventory

C.A.T. wife <u>Katherine L. Cochran</u> <u>Rt 4</u> <u>Douglasville, Ga</u>	WEIGHT	GI REMOVED
WAREHOUSE SPACE <u>158</u>	DATE SHIPPED <u>JAN 20 1945</u>	SHORTAGE ON REVERSE
INVENTORIED BY <u>Blum</u>	<u>JAN 25 1945</u>	IDENT. TAGS REMOVED
PACKED BY <u>[Signature]</u>	#43 OR ADDITIONAL	DIARY REMOVED
STORIED BY <u>[Signature]</u>		LOCKED STORAGE
CHECKED BY <u>[Signature]</u>		LAUNDRY REMOVED
		FILM REMOVED







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

(S-1-10-45)  
 JRM:LB:ds  
 November 10, 1944

IN REPLY REFER TO 132714 B

Mrs. Katherine L. Cochran  
 R. F. D. #1  
 Douglasville, Georgia

Dear Mrs. Cochran:

Thank you for the information recently given the Army Effects Bureau in connection with disposal of personal property of your husband, Sergeant Ralph L. Cochran.

I am inclosing a check for \$1.90, which is the only property belonging to him received at this Bureau.

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

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

It is probable that additional effects of Sergeant Cochran will reach this Bureau at a later date. As it is my intention to forward any such property to you immediately upon arrival here, I ask that you please notify us, without fail, in the event there is any change in your address within the next six months.

I wish to express my sympathy in the loss of your husband.

Sincerely yours,

F. A. ECKHARDT  
 Captain Q.M.C.  
 Assistant

2 Incls—  
 Check  
 Envelope

Receipt acknowledged:

Mrs Katherine L Cochran  
 Signature

Nov 20 - 44  
 Date

ARMY SERVICE CENTER  
KANSAS CITY QUARTERMASTER DEPT.  
ARMY SERVICE CENTER  
KANSAS CITY, MISSOURI



KANSAS CITY, MO.  
NOV 22 1944

file Langfearville 182714  
to October 29, 1944  
Wm L

IMMEDIATE ACTION

Dear Sir,

It has been over three months now since the death of my husband, Sgt. Ralph L. Cochran and they said his personal things would be sent to me right away. I think it's time you sent them to me I know you have had enough time to get them by now. I see if you can't send them to me. I'll appreciate very much. If you don't have them let me know something about it soon.

Sincerely yours  
Dora Athine L. Cochran



KANSAS CITY, MO.

NOV - 1 1944



Serial No. 34764579 Name Ralph T. Cochran

Grade Sgt Rank

Organization Matthew T. Cochran - 9 AF

Address Matthew T. Cochran (Wife)

Nearest Relative Rt. 4 Doughenville, La.

Address

Killed in Action Yes Died of Disease

Date 7/19/45 Hospital

Battle Area Information

Place of Burial Blossie County, France

Point of Coordination 364-9347

Description of Body

Members Missing

Signed Pvt. August H. Gust



WAR DEPARTMENT

182714

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 28 August 1944

rm 4627

FULL NAME Cochran, Ralph L.		ARMY SERIAL NUMBER 34 764 279		GRADE Sgt.	
HOME ADDRESS Douglasville, Ga.		ARM OR SERVICE Air Corps		DATE OF BIRTH 30 Mar 1923	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in Action		DATE OF DEATH 19 July 1944	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 18 March 1943		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Katherine L. Cochran, Wife, RFD #4, Douglasville, Ga.					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Katherine Louise Cochran, Wife, RFD #4, Douglasville, Ga. Barbara Ann Cochran, daughter, same as wife's Mrs. Bessie Lou Cochran, Mother, RFD #1, College Park, Ga. *					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)		YES		NO	

ADDITIONAL DATA AND/OR STATEMENT

\*Declined to designate any other beneficiaries.



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

BATTLE  
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR  
*James W. Reinhart*  
James W. Reinhart.  
ADJUTANT GENERAL

11755 11756