

# INDIVIDUAL DECEASED PERSONNEL FILE

QMC FORM REV 11 FEB 48 1194

WARRANGER SENT OF MAY 1950

RRE Form #43 20 Sep 48

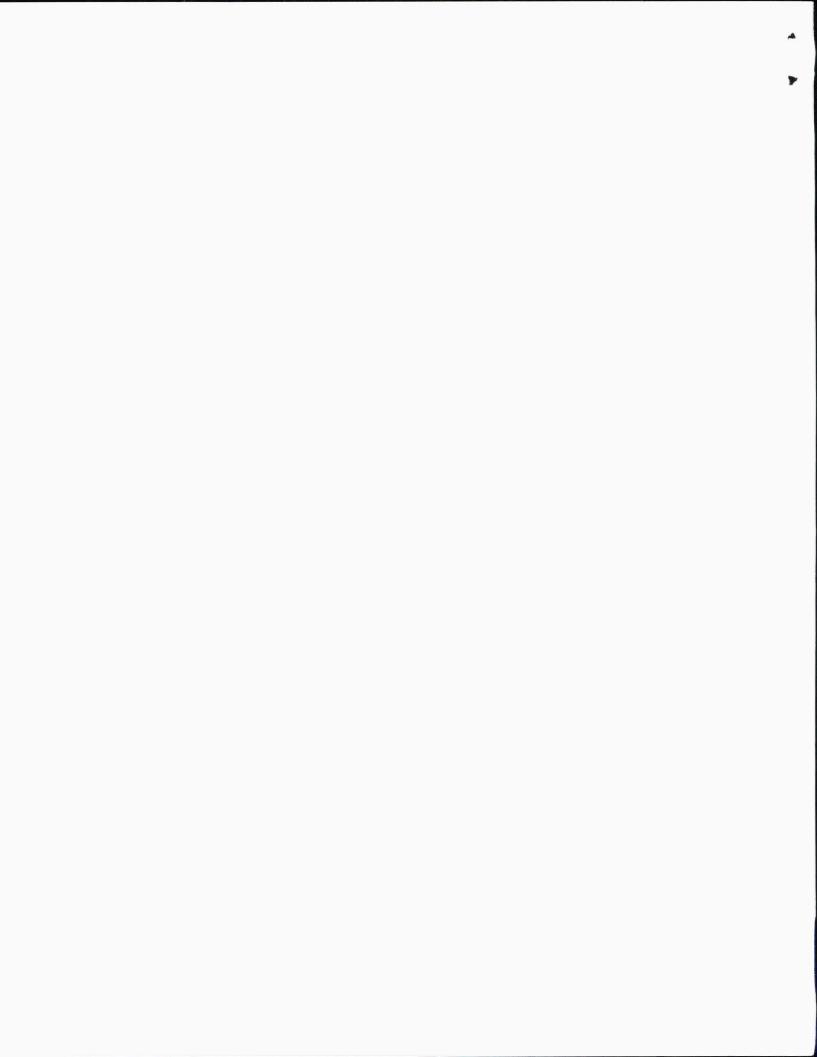
Attached hereto correspondence and or other identifying media of possible archival value, pertaining to:

0-803296 (First Name)

Subject remains have been permanently interred overseas in the United

States Military Cometery USIG MNU/ILLE

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| mith              | ÷ .                                      | (Beisehungsort)                                |
| (Familienname)    | Lee W.                                   |  |
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# DEFARTMENT OF THE ARMY OFFICE OF THE QUARTERMASTER GENERAL WASHINGTON 25, D. C.

| In Reply refer                            | to QNEAT 293 Chith, Lee T. Ch 0 303 296   | 6 October 1949                                     |
|---|---|--|
| SUBJECT:                                  | Identification of former  | JNKNOTT deceased.                                  |
|   | Commanding Officer<br>Quartermaster Activity<br>Kansas City Records Center<br>Kansas City 1, Missouri<br>Attn: Effects Quartermas |  |
| 1.  | The remains which were pro  | eviously interred as UMCHOTELY 1/35 ,              |
| Plot I                                    | , Row 3 , Grave 36  | , USIC <u>Couville-on-Condros, Bolgium</u>         |
| <u>lst it</u><br>whose Nex                | ice W. inith 0 303 296,   | Board of Review as those of                        |
| etilo.                                    | Ground, Indiana   |  |
| 2.  | The identification has be   | en approved by this Office.                        |
| J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |   | VI. E. CANTBELL Lt. Colonel, CMC Memorial Division |

lst Lt Lee W. Smith. ASN 0-303 296

Headstone: Cross

Meuville-en-Condroz (Belgium)

U. S. Military Cemetery

Mr. B. Wilson Smith

Battle Ground, Indiana

Dear Mr. Smith:

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

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

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

Sincerely yours,

E. FELDMAN Major General, USA . The Quartermaster General

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QMGOD 293. Smith, Lee W., lst Lt.

1st Ind

SN U 803 296 \_\_

Department of the Army, OQMG, Washington 25, D. C.,

25 November 1949

TO: Commanding Officer, Quartermaster Activities Kansas City Records Center (AGO), Missouri

ATTENTION: Effects Quartermaster

Information requested has been entered on basic form.

BY COMMAND OF MAJOR GENERAL FELDMAN:

TALETANTATATAN

Major, QMC

Field Service Division

101

GREEN COPY





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#### KANSAS CITY QUARTERMASTER DEPOT ARMY EFFECTS BUREAU

SOI HARDESTY AVENUE KANSAS CITY 1, MISSOURI S-13 Nov 49 HOC/DF/srs 13 October 1949

IN REPLY REFER TO 212,008

## REQUEST FOR INFORMATION

|   | ls                          | t Lt.        |              |          | 0-8032    |          |
|---|-----------------------------|--------------|--------------|----------|-----------|----------|
| Smith. Lee W. (Name)  | <del></del>                 | (Rank)       | <del> </del> | •        | (AS       | N)       |
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| AC 535TH BB SQ (Following to be filled  | 381ST BR GP<br>in by OQMG). | Branch       | of Serv      | vice and | or Organ  | nization |
| DATE OF DEATH   |                             | 22 FEBRU     | ARY 19       | 44       |           |          |
| PLACE OF CASUALTY   |                             |              |              |          |           |          |
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| DATE OF LAST PREVIOUS S   |                             |              |              |          |           |          |
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| TO WHOM (If made)   |                             | AME          | JOK . WY     | ite same | a)        |          |
| Write below the name dividual we have previous his relationship. This noted above cannot be l | usly contacted information  | וחוד חיו ייי | CHSE         | : 1100 . | ~ ~ ~ ~ ~ | ,        |
| MRS. LEONA J. SMITH   | MOTHER)                     |              |              |          |           |          |
| SAME AS FATHER'S  |                             |              | <del></del>  |          |           |          |
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|   | 91                          | rgnacure     | M. J.        | INGEMAN  | , MAJOR,  | ОИС      |
| Remarks:  |                             |              |              | ·        |           |          |
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L.13.25x1

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

6 October 1949

lst Lt Lee W. Smith, 0 803 296 Plot I, Row 3, Grave 66 United States Military Cemetery Neuville-en-Condroz, Belgium

Bink.

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|  |   | PART I  |  |  |
| <i>I</i>   |   |   | (Please indicate relat<br>"X" in the proper bo | ionship to the deceased by placing an  |
| •,   | (PLEASE PRINT OR TYPE   | NAME OF NEXT OF KIN)  | x the the proper box                           | x-,  |
| ☐ widow ·  | WIDOWER   | SON OVER 21 YEARS OLD   |  | DAUGHTER OVER 21 YEARS OLD   |
|  | MOTHER  | BROTHER OVER 21 YEAR  | RS OLD   | SISTER OVER 21 YEARS OLD   |
| RELATIONSHIP OTHER T                                   | HAN ABOVE (Specify)   |   |  |  |
| DESIGNATED ABOVE, NO  1. BE INTERRED IN A PE           | W DO DECLARE THAT IT IS M   | Y DESTRETHAT THE REMAINS: (Please Y CEMETERY OVERSEAS.  Y POSSESSION OR TERRITORY THEREO  | place an "X" in the box of                     | •  |
|  |   | (NAME AND LOCATION OF CEMETE  | •  |  |
| 3. BE RETURNED TO                                      | (FOREIGN COUNTRY)   | . THE HOMELAND OF THE DECE  | ASED OR NEXT OF KIN, F                         | FOR INTERMENT BY NEXT OF KIN IN A  |
| PRIVATE CEMETERY LO                                    |   |   |  |  |
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| (Please indicate if your                               | own religious services at a lo  | cation other than the selected nationa  |  | placing an "X" in the proper box)  |
| THE NAME OF THE DECEASED this fact by inserting the wo | o, THE SERIAL NUMBER AND  | GRADE ARE CORRECT EXCEPT FOR THE  | FOLLOWING CHANGES: (III                        | no corrections are necessary, indicate   |
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| OOMG FORM 345 MIL                                      | ITARY   | 1950411-2<br>8 <b>4                                    </b>                               |  | PAGE 1   |

| <u> </u>  | PART I (Continue          |                                   |   |  |
|---|---------------------------|-----------------------------------|---|--|
| f on Page 1 of this form you have selected Option Num   |                           | ·                                 | ceremonies desired at a l                     |  |
| her than the selected national cemetery, complete one<br>AS THE NEXT OF KIN. DO FURTHER DECLARE THAT I DESIRE THE | of these sections.        |                                   |   |  |
| LAST NAME   | FIRST NAME                | <del></del>                       | MIDDLE INITIAL                                |  |
|   |                           |                                   | ļ   |  |
| NUMBER AND STREET   | CITY OR TOWN              | COUNTY OR PROVINCE                | STATE OR TERRITORY O<br>U. S. A., OR COUNTRY  |  |
| EXPRESS OFFICE (Nearest railroad passenger station)   | TELEGRAPH ADDRESS         |                                   | TELEPHONE No.                                 |  |
| I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DE   | SIRE THE REMAINS TO BE    | SENT TO THE FOLLOWING FUNERA      | L DIRECTOR WHO HAS AGREE                      |  |
| FULL NAME OF FUNERAL DIRECTOR   | · <u>-</u>                |                                   | <u> </u>                                      |  |
| NUMBER AND STREET   | CITY OR TOWN              | COUNTY OR PROVINCE                | STATE OR TERRITORY OF<br>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 PER  | RSON-NEXT IN LINE OF KINS | SHIP AFTER ME, AS SET FORTH IN TH | E PAMPHLET, "DISPOSITION                      |  |
| WORLD WAR II ARMED FORCES DEAD." IS:  | L FIDET NAME              | LANDRIE INITIA                    | L DEL ATIONOUS TO                             |  |
| LASI NAME   | FIRST NAME                | MIDDLE INITIAL                    | RELATIONSHIP TO<br>DECEASED                   |  |
| NUMBER AND STREET .   | CITY OR TOWN              | COUNTY OR PROVINCE                | STATE CR TERRITORY OF<br>U. S. A., OR COUNTRY |  |
| MARKS OR ADDITIONAL INSTRUCTIONS (For additional space t  | ise page 4.")             |                                   |   |  |
| EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II   | ARMED FORCES DEAD," I A   | AM THE NEXT OF KIN AND THE INDIV  | /IDUAL AUTHORIZED TO DIRE                     |  |
| the undersigned, DO SOLEMNLY SWEAR (OR AFFI   | RM) that the statement    | ts made by me in the foregoin     | g document are full and                       |  |
| B. Wilson mith (SIGNATURE OF NEXT OF KIN)   | <del></del>               | (STREET AND I                     | NUMBER)                                       |  |
| B. VILSON SNITH (NAME PRINTED OR TYPED)   |                           | CITY AND S                        | LA<br>STATE)                                  |  |
| Subscribed and duly sworn to before me according to   | o law by the above-nam    | ned applicant this                | day of Orth                                   |  |
| strict) of  |                           |                                   |   |  |
| strict) of  | <del></del>               | <i>;</i>                          |   |  |
|   | )<br>Ou .                 | in Francis                        | Commence Persons                              |  |
| NOTE.—Page 4 is part of the notarial attestation.   |                           | (SIGNATURE OF OFFICER AUTHORIZED  | TO ADMINISTER OATHS)                          |  |

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

(OFFICIAL TITLE)

PARTHE-RELINQUISHMENT OF DISPOSITION AUTHRITY

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| (PLEASE<br>ED IN PART I OF THIS FORM, DO HEREBY REL  | INSERT RELATIONSHIP) LINQUISH MY RIGHTS TO DIRECT TH  | E FINAL DISPOSITION OF THE DEMAINS OF THE  |
| NEXT EXISTING PERSON IN THE ORDER OF   | ELIGIBILITY OF DECEDENT'S SURV  | IVORS IS:  |
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| RELATIONSHIP TO THE DECEASED   |   |  |
| RELATIONS IN TO THE DESIGNATION  |   |  |
| NUMBER AND STREET  | CITY OR TOWN  | STATE OR COUNTRY   |
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| M I UNDERSTAND SHALL HAVE THE RIGHT  | TO DIRECT FINAL DISPOSITION OF  | THE REMAINS OF THE DECEASED.   |
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|  | PART III  |  |
| are NOT the next of kin authorized to direc  | PART III  | e fill in PART III of this form.   |
| are NOT the next of kin authorized to direct   | PART III ct the disposition of remains, please  |  |
| S TO NOTIFY YOU THAT I AM NOT THE NEXT OF ON PAGE 1 OF THIS FORM. THE FOLLOW   | PART III ct the disposition of remains, please  | SENAL DISPOSITION OF THE   |
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PAGE 4

MALF 293 mich, Lee W. U.O. 303 296

at La round, Indiana

Coar r. mith:

the official report of burded has been received and discloses that the relains of your son were and included in the dividing denetary as independent of the limit when the finite converged in the series of the first of the firs

the report further hand as that these remains have now been emphasis in the being hold to that dead kery a adding the position instructions from the next of the fitter for reference to the United to see or for parameter burial in an ownedge case very.

lears are inclosed informational possilets regarding the Leturn of this are all test to put, including a disposition form on which you may include from this is a little of the readily to the property continuation, you say that the property continuation, you say that you have the readily to a somply this your increasions as indicated thereon.

In order deat this office may also inmediate action toward the final disposition of the remains of your deat, in it unjet that you complete the inclosed form, "Request for ideposition of Termine" and real it to this office, this will be inclosed colle-addressed envelope which requires no postage.

thy I extend by sincere sympathy in your reat loss.

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|                          | AL LOCATION (C.    |             |  | PLOT            | ROW          | GRAVE          | 6      | DECEDERI (CASE, |
|                          | uville-en-C        | ondroz,     | Belgium  | I               | 3            | 66             | Smith, | (1,08           |
| ADDRESSEE<br>MR.         |                    |             |  | ADDRESS (Street |              | •              | 1      |                 |
| MK3.                     | 3. Smith           |             |  | Battle Gr       | ound, Ind    | Lans           | Lee    | First,          |
| RELATIONSHIP             | Father             |             |  |                 |              |                |        |                 |
| PARAGRAPHS<br>(Sequence) |                    |             | ADDITIONAL DATA                                    | - MODIFICATIONS |              |                |        | Middle)         |
|                          | FORM LTR "A        |             | IN   | ITIAL LOI       | •            |                |        |                 |
| Para. 1                  |                    |             |  |                 |              |                |        |                 |
| Para. 2                  | - line 3 - 4 - 5 - | Plot I,     | n, Germany<br>Row 3, Grave 66<br>Suville-en-Condro | z,              |              |                |        |                 |
| Para. 3                  |                    |             |  |                 |              |                |        |                 |
| Paras. 5                 | , 6, and 7         |             |  |                 |              |                |        |                 |
|                          | -ncls:             |             |  |                 |              |                |        |                 |
|                          | !                  | Note act    | ion sheet for le                                   | tter to Effec   | ts યો        |                |        | GRADE           |
|                          |                    |             |  |                 |              |                |        |                 |
|                          |                    |             |  |                 |              |                | 1,4    |                 |
|                          |                    |             |  |                 |              |                | 1,t    |                 |
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|                          |                    |             |  |                 |              |                |        | 35              |
|                          |                    |             |  |                 |              |                | 0      | SERIAL NUMBER   |
|                          |                    |             |  |                 |              |                | 803    | N C K           |
|                          |                    |             |  |                 |              |                | 296    | E R             |
|                          |                    |             |  |                 |              |                | 6      |                 |
|                          |                    |             |  |                 |              |                | !      |                 |
|                          |                    |             |  |                 |              |                |        |                 |
|                          |                    |             |  |                 |              | •              |        |                 |
|                          | ALS AND DATE       |             | TYPIST INITIALS                                    |                 | REVIEWER INI | TIALS AND DATE | _      |                 |

AIRWALL

#### DEPARTMENT OF THE ARMY

OFFICE OF THE QUARTERMASTER GENERAL

WASHINGTON 25, D. C.

| IN REPLY F | REPER TO QMG | <u>IT 293</u> |  |
|------------|--------------|---------------|--|
|            | SHITH,       | Lee 4.        |  |
|            | 1/1.t.,      | C-3U3296      |  |

26 September 1949

| SUBJECT: | Identification of World War II Deceased   |
|----------|---|
| TO:      | Commanding General American Graves Registration Command European Area APO 58, c/o Postmaster Hew York, New York |

| 1. The identification        | of lst Lt. Lee 18 | . Smith,  | D-803296 |         |
|------------------------------|-------------------|-----------|----------|---------|
| (formerly X 1435             | Plot I            | _, Row    | 3        | and     |
| Grave 66 USMC Neuv           | ille-en-Condroz,  | Helgium   | ····     | )       |
| as established by your Headq | uarters has been  | approved  | by this  | office. |
| 2. Request all records       | be amended acco   | ordingly. |          |         |
| FOR THE JUART TRACTE         | R GEHERAL:        |           |          |         |

cc: Adm Sec rar/Willis N. Farmer T. H. METZ Lt. Colonel, QMC Memorial Division REE

TEC

Unknown Belgium X- 1435 (Neuville-en-Condros)

28 May 1947

CG, Amer. GRC, Exp Europen Area, APO 58, c/o PM New York

Unknown Belgium Wisc (Neuville-en-Condros)

1439
(X-1434, 1435, 1438/&
1440

rtb

Unk X-1435 (Belgium Neuville-en-Condroz)

12 Nov 46

Lowry Fld., Colo.

The second of th

Ork Belsium (Misc) X-1434, 35, 38, 39, 40 (Meuville-en-Condroz)

₹w.

### OFFICE ( THE QUARTERMASTER GENERAL OF .HE ARMY

|         |   |   |             | DUE, HOUR AND DATE  |  |  |  |
|---------|---|---|-------------|---|--|--|--|
| NO.     | FROM-                                       | TO-                                       | DATE        | 5<br>MESSAGE  |  |  |  |
| 6<br>wi | NOK Sec<br>Repat Br<br>Mem Div              | Res Sec<br>Unit II<br>Repat Br<br>Mem Div | 250et<br>49 | 293 Smith, Lee W., ASH 0 303 296  Neuville, I-3-66  Called father on 21 Oct 49 at the home of his sister-in-law, telephone 193. He desires Option 1, and is week. |  |  |  |
|         |   | _   | ļ           |   |  |  |  |
| In<br>I | TION: Susp<br>cls<br>tr to fathe<br>93 file |   |             | CRAIG<br>71507  |  |  |  |
|         |   |   |             |   |  |  |  |
|         |   | ·   |             | 345 acept. 26 set. 49. Father -opt.   |  |  |  |
|         |   |   |             |   |  |  |  |
|         |   |   |             |   |  |  |  |
|         |   |   |             | THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE U. S. GOVERNMENT PRINTING OFFICE 16-49650-5   |  |  |  |

#### OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

|            |       |             |            | DUE, HOUR AND DATE   |
|------------|-------|-------------|------------|--|
| 1<br>NO.   | FROM— | то <u>—</u> | DATE       | 5<br>MESSAGE   |
|            |       |             | ÷ :        |  |
|            |       |             | <u>.</u> . |  |
| <i>f</i> . | ·     |             |            |  |
|            |       |             |            |  |
| ,          |       |             |            |  |
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|            |       |             |            | A Company of the Comp |

#### OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

|     |  | <del> · · · · · · · · · · · · · · · · ·</del>         |               | DUE, HOUR AND DATE                   |             |                      |  |  |  |
|-----|--|---|---------------|--------------------------------------|-------------|----------------------|--|--|--|
| NO. | FROM—  | TO-   | DATE          |                                      | ·           | 5<br>MESSAGE         |  |  |  |
| 2   | Rec Unit<br>Resol Sec<br>Repat Br<br>Mem Div | Resol Sec Repat Br<br>Repat Br Corres Sec             |               | pat Br   49   SMITH, Lee W., and dis |             |                      | ch of necessary letter to NOK of dispatch of notification to |  |  |
|     |  |   |               | l Incl<br>293 file                   |             | .rro::s\11th<br>5057 | Thomas<br>71672  |  |  |
|     | Repat Br<br>Corr Sec                         | Chief<br>Repat Br<br>Rec Unit<br>Resol Sec<br>Mem Div | 6 Oct<br>1949 | Lee W.                               | Combination |                      | 3 file for SMITH,  |  |  |
|     |  | Attn:<br>Hiss Thomas                                  | ·             | Incl<br>n/c                          |             | KPAUSS<br>5072       |  |  |  |
| 1   | Rep Unit<br>Ranol Sec<br>Repat Fr<br>Mem Div | Asses a<br>Proc Unit<br>Assol Rec<br>Repair Rr        | 7 Job<br>1940 | leconis<br>Surmandel fo              |             |                      | mit. 393 file  |  |  |
|     |  | ·   |               | Inol.<br>n/2                         | .a<br>70    | ral veki im<br>Sa    | Thodias<br>71672   |  |  |
|     |  |   |               | TIIIS FOI                            |             |                      | THE OFFICIAL FILE  |  |  |

### OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

|          |  |  |                                      | DUE, HOUR AND DATE  |
|----------|--|--|--------------------------------------|---|
| 1<br>NO. | FROM-                                      | TO-  | DATE                                 | 5<br>MESSAGE  |
| 1        | Chief,<br>Ident Br<br>Ident Sec<br>Mem Div | Chief,<br>Repat Br<br>Resol Sec<br>Rec Unit<br>Mem Div | 26 Sep<br>49                         | <ol> <li>Attached case file forwarded for necessary correction of records and deflagging.</li> <li>All records in Ident. Section have been amended and the Field notified.</li> </ol> |
|          |  | Attn: Mr.  | McMorris                             |   |
|          |  | IN TURN  |                                      | 1. For necessary Grave Location Letter to NOK.  |
|          |  |  |                                      | 2. For dispatch of notification to Effects QM.  |
|          | WILLIS                                     | HEPATHIA, SEP 28 10 40 PM 140                          | SEP 29 11 00 PM 349 ADDRIVE DIVISION | l Incl: 293 file for SMITH, Lee W. 1/Lt., 0-803296  METZ 74059  BERRY 2462  |
|          |  |  |                                      | THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE U. S. GOVERNMENT PRINTING OFFICE 18—49850-5   |

| IDENTI                                       | FICATION CHECK LI         | ST               | 20 Sept. 1949  |
|--|---------------------------|------------------|----------------|
| UNKNOWN X- NO. OR OTHER DESIGNATION $X-1435$ | CEMETERY Neuville-en-Cond | roz, Bel. PLOT   | ROW GRAVE 3 66 |
| IDENTIFIED AS LEE W., 1st Lt.                | 0-803296                  |                  |                |
| ITEM   | FAVORABLE                 | UNFAVORABLE      | UNKNOWN        |
| DATE AND PLACE OF DEATH                      | X                         |                  |                |
| CAUSE OF DEATH                               | X                         |                  |                |
| SENTAL CHART                                 | No tooth chart a          | railable         |                |
| COLOR HAIR                                   |                           |                  |                |
| ESTIMATED HEIGHT                             | X                         |                  |                |
| ESTIMATED WEIGHT                             | X                         |                  |                |
| SCARS, FRACTURES, ETC.                       |                           |                  |                |
| LAUNDRY MARKS                                |                           | Drawers marked - | 1428 cannot be |
| SHOE SIZE                                    |                           | associated with  |                |
| TYPE CLOTHING                                | Х                         |                  |                |
| IDENTIFICATION TAG                           |                           |                  | <u> </u>       |
| PERSONAL EFFECTS                             |                           |                  |                |
| STATEMENT OF CIVILIANS                       |                           |                  |                |
| ENEMY RECORDS                                | X                         |                  | <del></del>    |
| EMERGENCY MEDICAL TAG                        |                           |                  |                |
| PAY BOOK (EM/OFF.)                           |                           |                  |                |
| SIGNED STATEMENT OF IDENTITY                 |                           |                  |                |
|  |                           |                  |                |
|  |                           |                  | <del> </del>   |
|  | ;                         |                  |                |
|  |                           | <del></del>      |                |

Aircraft #42-59395, of which 1st Lt. Smith was a crew member, crashed 22 Feb. 1944, at coordinates - 51.48 N. - 8.55 E., while on a combat mission to Oschersleben, Germany (52.02 N. - 11.15 E.). All ten (10) crew members were casualties, seven (7) of whom have been identified.

The remains of Unknown X-1435 were disinterred from Hiddesen, Germany (54.30 M. - 13.05 E.), the same cemetery from which the identified crew members of subject aircraft were recovered.

Officer's clothing found on the remains of X-1435 is in agreement with the grade of Lt. Smith. AAF wings also found with the remains of the Unknown decedent are in agreement with the position occupied by Lt. Smith as Pilot of A/C 42-39895. Lt. Smith is the only remaining Officer to be accounted for.

German Records, AV 786, reveal that an airplane crashed 22 February 1944, at Hiddesen, Germany. Seven crew members, including the name of Lt. Lee V. Smith. 0-805296, and two unknowns are listed as dead and interred the Community Cemetery of Hiddesen.

The identifications of Unknown X-1434 and X-1438 have been established by the Field as T/Sgt. Kemper and Sgt. Solway, respectively, the two remaining crew members of Lt. Smith to be accounted for. Cases are being submitted simultaneously for approval.

No other Reports of Burial of record indicating Ehberg, Germany as place of death and Hiddesen, Germany as disinterment, of Unknown American deceased.

Ridgewell, England

381st Bomb (H) 535th Bomb (H)
Ridgewell
Oschersleben, Germany

Good
22 Feb. 1944 1340

VIII B.C.

To destination Combat

.

בי 8<sup>0</sup>55 – איפע<sup>0</sup>ב5 – 31

I

X

B-17G K-1820-97 . 42-39895

43-66198 43-66202

43-66203 43-66213

12 Cal .50 Machine Guns: Frigi-

374951 394601 - 377432 - 394587 376707 377304 - 375340 380526 369042 - 375319

Missing in Action.

10

0

10

| X-1437<br>X-1436<br>X-1440 | Smith, Les W.  Evans, Rowland H.  Mavigator ** Meier, Lebnard P.  Bombardier * Kaufman, Harold M.  Engineer Kaufman, Harold M.  Engineer Kaufman, Harold M.  Lappala, John W.  Larson, Lester P.  Left Maist Gnr.  Solway, Reginald C.  Right Maist Gnr.  Zanning, Andrew F. | lst Lt. 2nd Lt. 2nd Lt. 2nd Lt. T/Sgt. T/Sgt. S/Sgt. Sgt. | 0-803296<br>0-681361<br>0-808110<br>0-635123<br>35495091<br>31208854<br>12164372<br>19193194<br>37266808 | KIA X-1435 Neu.  KIA H-12-298 Neu  KIA I-3-69 Neu  KIA K-12-299 "  KIA X-1434 Neu.  KIA I-3-62 "  KIA I-3-59 "  KIA X-1438 "  KIA H-12-297 " |
|----------------------------|--|---|--|--|
| <b>X-1</b> 439             | Tail Gunner ** Eden, Lawrence V.   | S/Sgt.  | 12211631   | KIA I-3-72 "   |

Rosato, Ralph R. S/Sgt. 12155222 X Perdue, Donald J. S/Sgt. 37302316 X

\*Evans ident. by 1 ID tog. \*\* Identified by EC comparison, physical characteristics, etc \*Kaufman ident. by 1 Id tag; ikanalng ident. by Id tags. All identified crew members disinterred from Hiddesen. /a/Seth A. Armstead Jr.

/t/SETH A. ARESTEAD JR., 0-737323 Captain, Air Corps 535th Bomb Sq (H)

#### AV 786

| 11 | Meier     | Leonhard<br>P. |                            | 24 April 1944<br>at 16,00 | Hiddesen; Common | B 17 G, 5 V b Fortress<br>II; at Allhornsberg<br>2 Km northwest of Hid-<br>dersen, near Detmold<br>22 Feb. 1944 at 13,50 |
|----|-----------|----------------|----------------------------|---------------------------|------------------|--|
| il | Eden      | Lawrence V.    | 12211631<br>T 43           | 11                        | и                | n  |
| Ħ  | Kaufmann  | H. W.          | 0-685123<br>T 43           | n                         | u                | n  |
| 11 | Larsen    | Lester P.      | 16164372<br>T 43           | H                         | 11               | н  |
| ** | Smith     | Les W.         | 0-803296<br><b>T</b> 43.   | H                         | 11<br>3          |  |
| n  | Zappala   | John           | 31208854<br>T 43           | tt                        | П                | <b>H</b>   |
| 11 | Kemper    | Harold C.      | Unknown                    | H                         | 11               | 11   |
| 11 | Ellington | Lowalt         | 335 <b>3</b> 06 <b>3</b> 9 | 11                        | 11               | н  |
| 11 | Unknown   | unknown        | unknown                    | 11                        | 11               | ` н  |
| 11 | ıı .      | #              | :1                         | 11                        | R                | 11   |

Sign: C O Major

A second of the wayner

1

Page 6

#### DOCUMENT ON DEATH

Name : SMITH, 24/73

First Name : Lee W

Rank : Lieutenant

Date of death : February 22, 1944

Place of death : Hiddesen

Cause of death : Crash of airplane

Place of interment : Local Cemetery Hiddessen

Grave Location : Grave No. 4

Date and time of interment : February 25, 1944; 1730

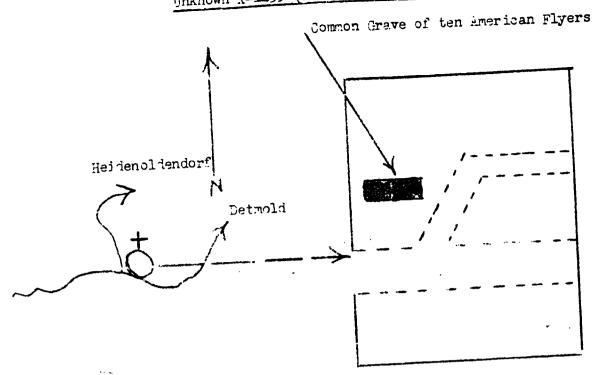
Remakrs : The above named aviator is a crew-member of an American simplane, crashed in

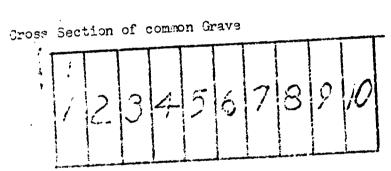
Hiddesen on February 22, 1944

Signed for

Plass

# Unknown X-1435 (Neuville-En-Condroz Belgium)





| 1. 2nd 4t. 2               | 1737 (Nenaltie-Pu-Courton)  | the state of the s |     |
|----------------------------|---|--|-----|
| 3. Unknown X               | 1136 (Neuville-En-Condroz)<br>1137 (Neuville-En-Condroz)                | Sheet Po3. Scale   |     |
| 5. A.F. Manr<br>7. Unknown | .ng<br>-1438 (Neuville-En-Condroz)                                      | 3-2-4-685 QM.Gr. Reg.  | Co. |
|                            | . Evans<br>-11:30 (Neuville-En-Condroz)<br>-11:40 (Neuville-En-Condroz) |  |     |

# AREA SEARCH

| AGRC Form 10 (Revised)  |                          | 8. Ap                      | ril 1946.                               |
|---|--------------------------|----------------------------|---|
| 1 January 1946  |                          | . Date                     |   |
| NAME Unknown X-1135 (Neuville-En-Con  | ndramk Unk.              | ASN U                      | nk                                      |
| ORGANIZATION A.A.F.   |                          |                            |   |
| MEANS OF IDENTIFICATION None  |                          |                            |   |
| •   |                          |                            | •                                       |
|   |                          | • -                        |   |
| (All statements above this line   |                          |                            | -                                       |
| unit processing point.)   |                          |                            | • |
|   |                          | <u>.</u>                   | <del></del>                             |
| SECTION A - GENERAL (To be completed by inv                                   | restigators in all cases | ;)                         |   |
| 1. Was positive identity acquired for the deceased the following information: | d through the surface    | investigation?             | lf so, state                            |
| a. NAME   | RANK                     | ASN                        |   |
| b. ORGANIZATION   |                          |                            |   |
| 2. Was partial identification established?                                    | If so state ti           | ne facts as to whom you be | lieve the deceased to be.               |
| a. NAME   | RANK                     | ASN                        | novo me docedaga to be.                 |
| b. ORGANIZATION   |                          |                            |   |
| 3. NAMES OF OTHER DECEASED BURIED IN IMA                                      |                          |                            |   |
| See attached overlaw  |                          |                            |   |
| (Use reverse side for listing of crew members, from                           |                          |                            |   |
| a. Date of above burials 25. Feb. 1944  | - Common                 | Graves? <u>yes</u>         |   |
| 5. Name and Type of Cemetery Civilian   |                          |                            |   |
| (Military or Civilian)  |                          |                            |   |
| 6. Map Coordinates of the Cemetery L52/B 7                                    | 63-702 P.3. 1:           | 100,000                    |   |
| a. Town Hiddesen Country Germ   | any                      | •                          |   |
| 7. Give exact location in cemetery of the remains.                            |                          |                            |   |
| a. Section South Row n  | one                      | Grave none                 |   |
| b. Is Sketch attached? yes  |                          |                            | •                                       |
| 8. If remains are not located in a cemetery, give                             |                          |                            |   |
| a. Town Coordinates   |                          |                            |   |
| b. Is Sketch attached?  |                          |                            | •                                       |
| c. Is area mined? no  |                          |                            |   |
| 9. How is the grave marked? Cross   |                          |                            |   |
| 10. If grave is marked with cross, give exact markings                        | thereon Here 1:          | ies 1 <b>9</b> English Fli | ers, died 22.Feb.l                      |
|   |                          |                            |   |
| a. From what source was this information obtai                                | ned? Personal e          | ffects                     |   |
| (Identification tags, personal effects)                                       |                          |                            |   |
| 1. By whom Deppendorf, Police Chie  | ef, Hiddesen.Ger         | <b></b>                    |   |
| 11. Where are the cemetery records? Burgermet                                 |                          |                            |   |
| · , ,   | (Town Hall, ce           | metery, burgermeister's of | tice)                                   |

|             | a. What information was contained thereon? Date of Death number of deceased names of deceased  |
|-------------|--|
| *           | date of burial  b. Where was the information obtained? Personal effects  |
|             | c. By whom? Luftwaffe (name Unknown)   |
| 10          | What is the date of death? 22. Feb. 1944   |
| 12.         |  |
| 12          | a. Give basis Luitwaire (name Unknown)  What is the cause of death? Injuries sustained in plane crash  |
| 13.         | b. Give basis Luftwaffe (na me Unknown)  |
|             | What is the date of burial? 25. Feb. 1914  |
| 14.         |  |
|             | a. Give basis Lessmann, Hiddesen, Ger.   |
| 15.         | What was the place of death? Ehberg, Germany  b. Give basis  Luftwaffe(name Unknown)  Coords L52/B 735-717 P.3.  |
|             | b. Give basis Luftwaffe(name Unknown)  Where were the reamains found? Forest of Phberg, Ger. Coords L52/B 735-717 Pe3.   |
| 16.         | Where were the reamains found? It is a China Chi |
|             | a. By whom? Depbendori, Police Uniel, Hiddesen, Ger.   |
|             | b. Is sketch attached? NO  |
| 17.         | Was a casket used? no Who furnished the casket?  |
|             | Type of casket How marked?   |
| 18.         | Who made the burial <u>Givilian</u> (Civilian, American Mil. or German Mil.)   |
|             | a. What are the names and addresses? Deppendorf, Ger. Police Chief   |
|             | Hindenburgstr 202 Hiddesen, Ger.   |
|             | (other names Unknown)  |
| SEC         | CTION B — AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).   |
|             | Were remains found in the plane wreckage?  |
|             | a. Give location in plane from which the bodies were removed   |
|             |  |
|             | (Tail gunner, pilot, radio, turret, etc., or front, side of plane)   |
|             | b. Near wreckage? Yes  |
| 20.         | Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).  |
|             | a. Type of Plane North American Liberator B-24   |
|             | b. Markings and/or name on plane Wreckage evacuated by Luftwaffe March 1944  |
|             | c) Give numbers on motors, machine guns, instruments, radios or other equipment:   |
|             | Unk  |
| 21.         | How did crash occur?  Anti-aircraft no   |
|             | Enemy Planes? yes Collision? no  |
|             | Did plane explode in the air? yes On ground? yes   |
| 23.         | Did plane burn in the air? NO On ground? Yes   |
|             | What was the direction of the flight? north- east to south-west  |
| <b>2</b> 5. | What was the civilian opinion regarding destination of plane? south-west Germany.  |

| 26. Had bombs keen released prior to the crash?   |
|---|
| 27. Does specific time and date of crash correspond with date of death of above named deceased?   |
| 28. Number of planes in formation prior to crash  |
| 29. State precise time and date of plane crash 13,15 hrs. 22. Feb. 1944 (Night?) (Day?)   |
| 30. Were parachutists seen? no How many? Escaped?   |
| Prisoners?  |
| SECTION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).   |
| 31. Were remains found in wreckage of a tank?   |
| a. Give specific position in tank from which deceased was removed   |
| (Radio man, driver, assistant driver or front, side, or back)   |
| b. Near wreckage?   |
| 32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)   |
| a. Type of tank   |
| b. Markings and/or name of tank   |
| c. Numbers on motors, machine guns, ammunition, instruments, etc  |
| 33. What was the type of enemy action that resulted in the tank's disablement?  |
| 34. Did tank explode?   |
| 35. Number of tanks in immediate vicinity at time of disablement  |
| 36. Does spezific time and date of disablement correspond with date of death of above named deceased?   |
| 37 Precise time and date of destruction of tank   |
| (Night?) (Day?)   |
| 38. Did any of the crew members escape?   |
| SECTION D — OTHER BRANCH (To be filled out if B & C are not applicable).  |
| 39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire)   |
| If so, give complete and thorough results of the interrogation.   |
| a. Are all certificates and statements of people who poss essed knowledge of the case attached?  40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed |
| deceased  |
|   |
|   |
|   |
| SECTION E — GENERAL (To be completed by investigation in all cases)   |
| 41. Were personal effects recovered by the investigating team?  |
| If not, state reasonFersonal effects taken by Luftwaile   |
| a. Were identification tags found at the time of death?   |
| Where?  |
| Present disposition   |
| If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.                                    |

#### CASE HISTORY

UNKNOWN NO. X-1435.

U. S. Military Cemetery Neuville.

1st Lt Lee W. Smith, 0-803296.

- 1. A/C B17G, 42-39895, crashed in the vicinity of Ehberg, Germany, on 22 February 1944.
- 2. All ten crew members were reported KIA.
- 3. Seven of the casualties have been reburied as Knowns in USMC Neuville.
- 4. With the identification of K-1435 as Lt. Smith, K-1438 as Sgt. Solway and X-1434 as T/Sgt Kemper, all remaining casualties are accounted for.

C. Sawroy

To Clinical Records Branch

For disposition

The records show medical treatment as follows:

Hospital

To

Register Number

|  | ORIAL DIVIS        |                  |               |                |
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AGRAC FORM 1-380 (Indicate dentures, bridgework, etc., if shown.)

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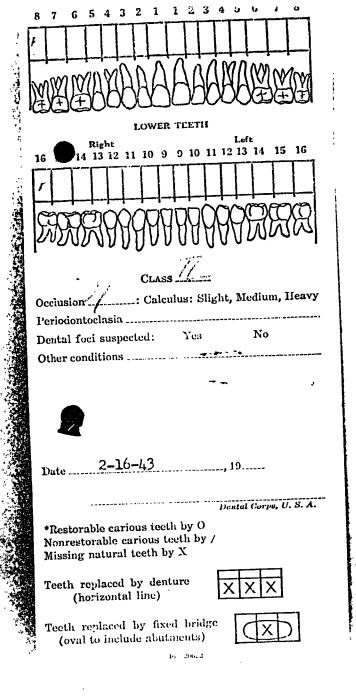
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| Smith, Lee ".                                 |                   | lst Lt.               | 0-803296                             |  |
| ORGANIZATION 575                              | RACE              | CREED                 | FORMER SERIAL NUMBER (If applicable) |  |
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| Smith, Lee N.                                  | • (1000)                |             |           | lst It.           | NUMBER<br>0-803296                   |
| ORGANIZATION                                   |                         |             | RACE      | CREED             | FORMER SERIAL   NUMBER (If applicabl |
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U. S. GOVERNMENT PRINTING OFFICE 16-49865-1

DATE FORWARDED TO FIELD -

MEM DIV REP REC BR CAPT FOLAROS EXT 5641 CG AGRC PARIS FRANCE

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HQ EUCOM FRANKFURT GERMANY AGRC 2699 MULTIPLE ADDRESS

FROM CMGMM REURAD ABLE GEORGE ROGER CHARLIE TWO SIX NINE NINE

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FOR THE QUARTERMASTER GENERAL

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| Smit.             | h, Lee W.               | 0-803 296                 | lst Lt.          |
| ORGAN JATION A1   |                         |                           | DATE OF DEATH    |
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| FRLACE            |                         | DATE OF BURIAL            | DATE OF REBURIAL |
|                   | uropean Area            | 25 Feb. 1944              |                  |
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| Unknowns          |                         |                           | 19 Dec. 1946     |
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Smith, Lee W. C-803 296

7 June 1946

Smith, Lee W.

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0-803 296

22 February 1944.

And green region to the first of the control of the

Allhornsberg, 2 km. northwest of Hiddesen, near Detmold, German

Community Cemetery, Comrades Grave, Grave No. 4, at Hiddesen, Germany :

Captured German Records.

3145 July 1960 -1/E 7 June 1946

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AMF 201 - (2935) Smith, Lee Wilson (AV-786) 0-807296

22 March 1946

Mrs. Leona J. Smith Battle Ground Indiana

Dear Mrs. Smith:

I am writing to you in reference to your son who gave his life in the service of his Country during the European conflict.

In an effort to furnish the maxt of kin with all available details concerning casualties among our personnel, the Army kir Forces recently completed the translation of several volumes of captured German records.

In regard to your son, First Lieutenent Lee Hilson Smith, these records indicate that he was Filled 22 February 1924, when the B-17 (Flying Fortress) in which he was "lying crashed at Hiddenses, (342 301 N, 137 51 T) Prissia. These records further state that he was interred in the Community Comstery, Grave No. 4, on the Island of Hiddenses, 25 February 1944, 5:30 p.m.

The Cuartermaster Ceneral in his capacity as Chief. American Graves Degistration Service, is charged with the responsibility of notifying the legal next of kin concerning grave locations of members of the military forces who are killed or die outside the continental limits of the United States. If the report of your sen's burial has not been confirmed and you have not been notified by the Cuartermaster General, that official will furnish you definite information immediately upon receipt of the official report of interment from the Commanding General of the Theater concerned.

May the knowledge of your son's valuable contribution to our cause sustain you in your bereavement.

Very sincerely,

LEDN W. JOHNSON Brigadier General, USA Chief, Personnel Services Division

| PLACE  ENERGENCY ADDRESSEE  DATE OF DEATH  22 February 19th  PLACE  Community Cemetery, Hiddesen, Germany  PROBLE  Community Cemetery, Hiddesen, Germany  DATE OF BURIAL  COMMANDE  RAPK  NAME  RAPK  NAME  RANK  Maier, Leonard P.  Caufmann, H. W.  Caufmann, Lester P.  Cauffe of Infoguation: Derman List of Supplian Caspalities No.  24/73  Carte of Infoguation: Derman List of Supplian Caspalities No.  24/73  Carte of Infoguation: Derman List of Supplian Caspalities No.  24/73  Subvees  | MAME (Last First Middle)          | PANK                    | Mac                                    | IZATION<br>Chine - Fortress |                |
|--|-----------------------------------|-------------------------|--|-----------------------------|----------------|
| PLACE  22 February 1944  PLACE OF DEATH  Community Cometary, Hiddesen, Germany PROBLES OF SURIAL  Community Cometary, Hiddesen, Germany PROBLES OF SURIAL  SINGLE COMPANDE 24 February 1944  THATE OF RESURIAL  ROW NUMBER Comrades grav under large of Portress II  RAME RAMK  Maier, Leonard P. S. Kemper, Harold C.  Eden, Lawrence V. T. Ellington, Lowalt  Saufmann, H. W. S. Two Unknown  PLACE OF INFORMATIONS DEPMAN LIST OF EMERICAN CASUALTIES NO. 24/73  STUDESE 244 April 1944  Saalfeld/Saale, Germany  DATE  PLACE  Saalfeld/Saale, Germany  DATE  Saalfeld/Saale, Germany  DATE   | SMITH, Lee W.                     |                         | All                                    | r Corps 0-8032              | 96 <b>T</b> 43 |
| PLACE  22 February 19th  PLACE  22 February 19th  PLACE  Community Cemetery, Hiddesen, Germany  DATE OF SURIAL  DATE OF RESURIAL  MAME  RANK  NAME  RANK  Meier, Leonard P.  S. Kemper, Harold C.  Eden, Lawrence V.  Zaufmann, H. W.  Larsen, Lester P.  Zappala, John  15.  Zappala, John  15.  Zappala, John  15.  Zappala, John  16.  Saalfeld/Saale, Germany  DATE  PLACE  Saalfeld/Saale, Germany  DATE  Saalfeld/Saale, Germany  DATE  Saalfeld/Saale, Germany  DATE  Saalfeld/Saale, Germany   | 11.0                              | FLACE                   |  |                             |                |
| 22 February 19th PLACE OF SURIAL  Community Cemetery, Hiddesen, Germany DATE OF BURIAL  COMMUNITY Cemetery, Hiddesen, Germany DATE OF BURIAL  DATE OF REBURIAL  COMPAGE  21 February 19th  Fortress II  HAME  RAMK  Majer, Leonard P.  Caufmann, H. W.  Caufmann, H. W.  Larsen, Lester P.  Zappala, John  Code of Surial  Code of Surial  ROW NUMBER  GRAVE NUMBER  Comrades grave under large of commany  DATE OF REBURIAL  RAMK  MAME  RAMK  MAME  RAMK  Mame  RAMK  Mame  RAMK  Mame  RAMK  Leonard P.  Caufmann, H. W.  Caufman | EMERGENCY ADDRESSEE               |                         |  |                             |                |
| Community Cometery, Hiddesen, Germany    Page of Eurial   Date of Burial   Date of Reburial  | DATE OF DEATH                     | PLACE                   | ······································ |                             | <del></del>    |
| Community Cometery, Hiddeson, Germany  PRE OF EURIAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF REBURIAL   | 22 February 1944                  |                         |  |                             |                |
| Community Cemetery, Hiddesen, Germany  PATE OF SURIAL  SINGLE COMMADE  2h February 19hh  THES MEMBERS OF CREW OF FORTRESS II  HAME RAMK NAME RAMK  Meier, Leonard P  | PLACE OF SURIAL                   |                         | •                                      | ROW NUMBER                  | GRAVE NUMBER   |
| DATE OF BURIAL  SINGLE  COMRADE  2l. February 19lil  THER MEMBERS OF CREW OF FORTESS IT  HAME  RAMK  Meier, Leonard P.  Eden, Lawrence V.  Eden, Lawrence V.  Larsen, Lester P.  Zappala, John  PRODUCT OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  2li/73  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  2li/73  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  2li/73  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  2li/73  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  2li/73  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  2li/73  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.  SALES OF INFORMATION: SERMAN LIST OF SMEPIJAN CASUALTIES NO.   |                                   |                         |  |                             |                |
| SINGLE COMMADE 2L February 19hh  THER MEMBERS OF CREW OF FORTRESS IT  HAME RAMK MAME RAMK  Meier, Leonard P. 6. Kemper, Harold C.  Eden, Lawrence V. 7. Ellington, Lowalt  Saufmann, H. W. 6. Two Unknown  Larsen, Lester P. 9.  Zappala, John 11.  Saufmann Sepsonal effects  CLACE OF INFORMATION: SERMAN LIST OF AMERICAN CASUALTIES NO. 24/73  IS NUMBER 15034010 SARIFOLD SERMAN LIST OF AMERICAN CASUALTIES NO. 24/73  Salfeld/Scale, Germany  Date  |                                   |                         |  |                             |                |
| Portress IT  HAME RANK NAME RANK  Meier, Leonard P. 5. Kemper, Harold C.  Eden, Lawrence V. 7. Ellington, Lowalt  Saufmann, H. W. 6. Two Unknown  Larsen, Lester P. 9.  Zappala, John 10.  PROBAL EFFECTS  CLACE OF INFORMATIONS SERMAN LIST OF AMERICAN CASUALTIES NO. 21/73  IS NUMBER DATE:  1523 21 April 1944 Saalfeld/Saale, Germany  DATE   | THE OF EURIAL                     | DATE OF BURIAL          |  | DATE OF REBURIAL            | . '            |
| HAME RAMK NAME RAMK  Meier, Leonard P. 5. Kemper, Harold C.  Eden, Lawrence V. 7. Ellington, Lowalt  Saufmann, H. W. 6. Two Unknown  Larsen, Lester P. 9.  Zappala, John  CLACE OF INFORMATION: SERMAN LIST OF AMERICAN CASUALTIES NO. 2h/73  IS NUMBER DATE  DATE  PLACE  Saalfeld/Saale, Germany  DATE   | SINGLE COMRADE                    | 2lı Februa              | ry 10ld.                               |                             |                |
| HAME RANK  Meier, Leonard P.  Eden, Lawrence V.  Eden, Lawrence V.  The Ellington, Lowalt  Saufmann, H. W.  Larsen, Lester P.  Zappala, John  10.  Zappala, John  10.  Zappala FFECTS  CLACE OF INFORMATION: SERMAN LIST OF AMERICAN CASUALTIES NO.  S NEWSER  Date  PLACE  M523  PLACE  Sauffeld/Saale, Germany  Date   |                                   |                         | <u> </u>                               |                             |                |
| Meier, Leonard P.  Eden, Lawrence V.  Remper, Harold C.  Laufmann, H. W.  Larsen, Lester P.  Zappala, John  PSONAL EFFECTS  CLACE OF INFORMATION: SERMAN LIST OF AMERICAN DASUALTIES NO.  SHUMBER  1523  PLACE  PLACE  Saalfeld/Saale, Germany  DATE   |                                   |                         |  |                             |                |
| Eden, Lawrence V.  Zaufmann, H. W.  Larsen, Lester P.  Zappala, John  PSSCHAL EFFECTS  CLACE OF INFORMATION: GERMAN LIST OF AMERICAN CASUALTIES NO.  24/73  LS NUMBER  1523  PLACE  Saalfeld/Saale, Germany  DATE  | HAME.                             | NAME                    | RANK                                   |                             |                |
| Eden, Lawrence V.  Zaufmann, H. W.  Larsen, Lester P.  Zappala, John  PSONAL EFFECTS  CLACE OF INFORMATION: SERMAN LIST OF AMERICAN CASUALTIES NO.  24/73  IS NUMBER  4523  PLACE  Saalfeld/Saale, Germany  DATE   | Meier. Leonard P.                 |                         | i. Kempe                               | r. Harold C.                |                |
| Eaufmann, H. W   |                                   |                         |  |                             |                |
| Larsen, Lester P. 9.  Zappala, John ::.  CLACE OF INFORMATION: GERMAN LIST OF AMERICAN CASUALTIES NO. 24/73  IS NUMBER DATE PLACE  14523   | Eden, Lawrence V.                 |                         | 7. Ellin                               | gton, Lowalt                |                |
| Larsen, Lester P. 9.  Zappala, John ::.  CLACE OF INFORMATION: GERMAN LIST OF AMERICAN CASUALTIES NO. 24/73  IS NUMBER DATE PLACE  14523   | You from T. T.                    |                         |  | 951                         |                |
| Zappala, John  EPSONAL EFFECTS  CLACE OF INFORMATION: BERMAN LIST OF AMERICAN DASUALTIES NO. 24/73  IS NUMBER  14523  PLACE Saalfeld/Saale, Germany DATE   | auimann, n. w.                    |                         | e. Two                                 | Unknown                     |                |
| Zappala, John  EPSONAL EFFECTS  CLACE OF INFORMATION: BERMAN LIST OF AMERICAN CASUALTIES NO. 24/73  IS NUMBER  14523  PLACE  Saalfeld/Saale, Germany  DATE   | . Larsen. Lester P.               | ,                       | 3.                                     |                             |                |
| CLACE OF INFORMATION: GERMAN LIST OF AMERICAN CASUALTIES NO. 24/73  LS NUMBER  1,523  24 April 1944  Saalfeld/Saale, Germany DATE  |                                   |                         |  |                             |                |
| CLASE OF INFORMATION: BERMAN LIST OF AMERICAN CASUALTIES NO. 24/73  LS NUMBER  1,523  24 April 1944  Saalfeld/Saale, Germany DATE  | . Zappala, John                   |                         | ::.                                    |                             |                |
| 1523 PLACE 24 April 1944 Saalfeld/Saale, Germany DATE  | EPSONAL EFFECTS                   |                         |  |                             |                |
| 1523 PLACE 24 April 1944 Saalfeld/Saale, Germany DATE  |                                   |                         |  |                             |                |
| 24 April 1944 Saalfeld/Saale, Germany  | CURCE OF INFORMATION: GERMAN LIST | OF AMERICAN DASUALT     | IES 10. 2.                             | 4/73                        |                |
| DATE   | US NUMBER                         | PLACE                   |  |                             |                |
| DATE   | 4523                              | Saalfeld/Saale, Germany |  |                             |                |
| 24 April 1944  | TAMP. INCOMMENTAL CONTESTED BOLD  | . T                     | .A) T100                               | DATE                        |                |
|  | AME: THEORMATION CENTER FOR FAIRO | 4542 O. #44 440 C#20    | . AL' 165                              | 24 A                        | pril 1944      |

Co. List 24

Run4522

### ENERY CASUALTY FORM

| 1. CURRENT NO. /   |          |
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| 2. COUNTRY (MATICHALITY) A. 5  |          |
| 3. Dente. J. Fr. W   |          |
| 4. DATE OF BIRTH   |          |
| 5. MAYE OF FATHER  |          |
| 6. MAIDEN MARIE OF MOTHER  |          |
| 7. ADDRESS OF FARENTS  |          |
| 8. NAME AND ADDRESS OF WEXT OF KIN   |          |
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## PHYSICAL EXAMINATION

partial 64

| S:      | mith                     | Lee_            | Wilson   | o <b>-</b> 8032 <b>9</b> 6       | 26                                    | 7/26/10          |
|---------|--------------------------|-----------------|--|----------------------------------|---------------------------------------|------------------|
|         | Last Namer Annahom       | First Name      | in the second of | Serial No.                       | Age                                   | Date             |
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|         |                          |                 |  |                                  | · · · · · · · · · · · · · · · · · · · | <u> </u>         |
| Height_ | 73inches,                | Weight 130      | _lbs. Pulse7°  | _F & R B.P:                      | 127 /                                 | 78               |
|         |                          |                 | Feet: NORMAL   | •                                | Lungs: NOR                            | MALE OF          |
| Heart   | NORMAL                   |                 | Indomes NODA   | .4.4.1                           | _                                     | <b>.</b>         |
| neart.  | NORMAL                   |                 | Abdomen: NOR   | MAL                              | Hernia: NO                            | NE minutes       |
| G. U.:  | NORMAL                   |                 | Hemorrhoids. N   | ONE                              | Varicose Ve                           | ins: NONE        |
|         | Inspection: N            | ORMAL           | Feild of Form.   | NORMAL Cold                      | or Vision: N                          | ORMAL to A.O.C.  |
|         | Pupils; equal            | react to L.     | & A. Accommod  | ation: RL_                       | <u> ۶.۶.</u> P.C.B.                   | 13 P.D 54        |
|         | Visual Acuity            | R: 20 <u>20</u> | gl 20,L: 20  | 0 <u>/ 20</u> gl 20/ <del></del> | Jaeger: H                             | 2:1-12 L: 1-13 . |
| ;       | Heterophoria 1           | Eso <u> </u>    | :0 RH:1 LH   | Prism Diver                      | rgence c                              | epth Per: 12     |
| }       | Nares: NORMA             | <b>L</b>        | Ton  | nsils:                           |                                       |                  |
| EARS:   | External R:              | normal L        | : NORMAL Τιπ   | apani: R: NORM                   | AL L: NOR                             | RMAL             |
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|         | ر يا <del>د</del> نې     | ; ;; a.         | ))) -LATTU <b>GE</b>   |                                  |                                       |                  |
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| FLYING  | PERSONNEL DENTAL I<br>Office of the Denta | DENTIFICATION: FORMS:   | ty of the Air Surgeon.                  |
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| APPROVED usu + Scarion D                              | ental Surgeon                             | Examining Dental Officer  | Theorem !!                              |

# REGISTER OF DENTAL PATIENTS AT

|    | (1) 5        | SURN  | *          |       |            |               |              | (2) C            | HRIS        | STIA              |                   | ME   |   |
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| j  | ;            |       |            |       |            |               | !            |                  | İ           |                   | !                 | :  | (12) PESILTS AND REMARK:  |
| i. |              | _     | i          | !     | i          | <u>.</u>      |              | <u> </u>         | 1           | -                 | i                 | <u>;                                    </u> |   |

Dental Corps, C. S. A.

FORM 79-MEDICAL DEPARTMENT, U. S. A. (Revised Feb. 24, 1941)
18-20622

### \*REPORT OF DENTAL SURVEY

### UPPER TEETH

| 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8                                  |   |
|--|---|
|  |   |
| MMMAAAAAAAMMM  |   |
| LOWER TEETH  | Į |
| Right Left 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16         |   |
| 7 1  |   |
|  |   |
| CLASS TE   |   |
| Occlusion Or M: Calculus: Slight, Medium, Heavy Periodontoclasia |   |

| Date | 10-1,19 75          |
|------|---------------------|
|      | R.B. Kats CX        |
|      | Dontal Command 1: 5 |

\*Restoral e carious teeth by O Nonrestor, ble carious teeth by / Missing matural teeth by X

Pental foci suspected: Yes

Other conditions Mon:

Teeth re; aced by denture (he social line)



Teeth remaced by fixed bridge (oval to include abutments)



16-20622

HEADY S.INTUIS
MEDFIC.N GR.VIS RIGISTA TION COLLAND
EUROPEAN AREA
.PO 58 US MELY

RECOMMENDED 0

SMITH, Lee W. \_\_\_\_lst\_Lt (Name) (Rank)

prevaly buried as Unknown X-1435 , US C Neuville, Belgium Identication accepted in accordance with Letter, File AGAC-S 293.9 (27 Mar 47) D-M, Dept, TAGC, 9 April 47, subject: Establishment of Boards of Review for Identiation of Unknown Dead Overseas, by the following members of the Board of Re, established by Par 5, SC #16, Hq.A.G.R.C. dated 3 Feb 1949.

Capt.Jc. HAYES, 0-1577297

QID Capt. Stanley C. TYMEEIL, 0-1304296 In

T, 0-1594512 CE

MMENDED 4/ \_t linest t. OGIESBY, 0-449004

2

I. H. Mart. 13 131 QMC Chief. Identification de-

Memorial Division, OCHO

| Form No. 1   | REP   | ORT OF   |  | A L   | 17 February.49                         |
|--|---|--|--|---|--|
| (Revised I Sept. 1943)   | a sale s  | TM 10-630 AND 'AR  | 30-1815  |   | Date                                   |
| SMITE  | Lee   | Ý.   | 1,   | /Lt   | 0-803296                               |
| Last Name  | First   | Initial  | •  | _   | Serial No.                             |
| 535  | Bb. Sq.   | 381 Bb.  | GD.H.  | 8th AF Organization   |  |
| Ehberg, Germany  | th .  | 22 Februa<br>Date of I   |  | •   | e crash<br>f Death                     |
| 1230 19 April Time and Date of Bu  | 1946 US   | C Meuville-er  |  |   |  |
| 66   | .r.a.   | Name of Ce<br>T  | metery   |   | inates of Location Cross               |
|  | ow Number   | Plot   | Number :   |   | Type of Marker                         |
| Disposition of Identification  | n Tags : Buried with  | body Yes No  | Attached to  | Marker Yes N  | ° п                                    |
| If No Identification Ta  | Denomi  | ously buried   |  |   |  |
| How were remains   | identified? Ident   | ified through  | : 1. Off   | cicer's cloth   | ing found on                           |
| the remains of   |   |  |  |   |  |
| ficer. 2. AAF p  |   |  |  |   |  |
| ment with the r  |   |  |  |   |  |
| ce of death of   | X-1435 are in   | agreement wi   | ith Macr f   | for $A/C$ B17G,   | 42-39895 of                            |
| which Lt. Smith  |   |  |  |   |  |
| same cemetery a  |   |  |  |   |  |
| 39895. 5. Germa  |   |  |  |   |  |
| and lists the n<br>To determine Right or l   | ames of six c   | rew members c  | of A/C 42=   |   |  |
| Who is buried on:  | cent use Decease.   | a b right and Deri   | •  | S   | .r.                                    |
| vv no is buried on .   |   |  |  |   | •-•                                    |
|  | BRUNNER.  | 0-682287   | Unk  | Unk   | 65                                     |
| Deceased's Right:  | BRUNNER.  | 0-682287<br>Serial No.   | Unk<br>Rank  | Unk<br>Organization   |  |
| Deceased's Right:  | Name<br>WATERFIELD  | Serial No.<br>T-61656  | Rank<br>Unk  |   | 65                                     |
| Deceased's Right:  | Name  | Serial No.   | Rank   | Organization  | 65                                     |
| Deceased's Right: Deceased's Left:   | Name<br>WATERFIZID<br>Name  | Serial No. T-61656 Surfal No.  | Rank<br>Unk<br>Rank  | Organization Unk Organization   | 65<br>Grave No.<br>67<br>Grave No.     |
| Deceased's Right: Deceased's Left:   | Name<br>WATERFIELD  | Serial No. T-61656 Surfal No.  | Rank<br>Unk<br>Rank  | Organization Unk Organization   | 65<br>Grave No.<br>67<br>Grave No.     |
| Deceased's Right: Deceased's Left:   | Name<br>WATERFIZID<br>Name  | Serial No. T-61656 Surfal No.  | Rank Unk Rank Rank   | Organization Unk Organization en other than officer rep                                     | 65<br>Grave No.<br>67<br>Grave No.     |
| Deceased's Right: Deceased's Left:   | Name<br>WATERFIZID<br>Name  | Serial No. T-61656 Surfal No.  sation of person furnishin  | Rank Unk Rank Rank   | Organization Unk Organization en other than officer rep                                     | 65<br>Grave No.<br>67<br>Grave No.     |
| Deceased's Right: Deceased's Left:   | Name<br>WATERFIZID<br>Name  | Serial No. T-61656 Surfal No.  sation of person furnishin  | Rank  Unk Rank  g above Data white the state of the state | Organization Unk Organization en other than officer rep fixed fill in bellow :              | 65<br>Grave No.<br>67<br>Grave No.     |
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| Deceased's Right: Deceased's Left:   | Name<br>WATERFIZID<br>Name  | Serial No. T-61656 Surfal No.  sation of person furnishin  | Rank  Unk Rank  g above Data white the state of the state | Organization Unk Organization en other than officer rep fixed fill in bellow:               | 65<br>Grave No.<br>67<br>Grave No.     |
| Deceased's Right: Deceased's Left:   | Name<br>WATERFIZID<br>Name  | Serial No. T-61656 Surfal No.  sation of person furnishin  | Rank Unk Rank  gabove Data wh ion tag is not aff   | Organization Unk Organization en other than officer rep fixed fill in bellow:               | 65<br>Grave No.<br>67<br>Grave No.     |
| Deceased's Right: Deceased's Left:   | Name<br>WATERFIZID<br>Name  | Serial No.  T-61656  Serial No.  Lation of person furnishin  If print of identificati  Emergency Addresse  | Rank  Unk Rank  Rank  Ig above Data white the second secon | Organization Unk Organization en other than officer rep fixed fill in bellow:  Name         | 65<br>Grave No.<br>67<br>Grave No.     |
| Deceased's Right:  Deceased's Left:  Signature or Name, Rai                                      | Name WATERFIGID Name  and if possible Organia                                       | Serial No.  T-61656  Surfal No.  Lation of person furnishin  If print of identificati  Emergency Addresse  Religion Prote                        | Rank Unk Rank  gabove Data wh ion tag is not aff Unknow  | Organization Unk Organization en other than officer rep fixed fill in bellow:  Name         | 65<br>Grave No.<br>67<br>Grave No.     |
| Deceased's Right:  Deceased's Left:  Signature or Name, Rad  List only Personal Effec            | Name WHTERFIZID Name  ak and if possible Organic ts Found on Boo                    | Serial No.  T-61656  Surfal No.  Lation of person furnishin  If print of identificati  Emergency Addresse  Religion Prote                        | Rank Unk Rank  gabove Data wh ion tag is not aff Unknow  | Organization Unk Organization en other than officer rep fixed fill in bellow:  Name         | 65<br>Grave No.<br>67<br>Grave No.     |
| Deceased's Right:  Deceased's Left:  Signature or Name, Rad  List only Personal Effect  REBURIAL | Name WATERFIZID Name  nk and if possible Organia  fs Found on Boo                   | Serial No.  T-61656  Serial No.  Lation of person furnishin  If print of identificati  Emergency Addresse  Religion Prote  ly and disposition of | Rank Unk Rank  gabove Data wh ion tag is not aff . Unknow stant of same: This cor  | Organization Unk Organization en other than officer rep fixed fill in bellow:  Name Address | Grave No. 67 Grave No. porting burial. |
| Deceased's Right:  Deceased's Left:  Signature or Name, Rad  List only Personal Effec            | Name WATERFIZID Name  ak and if possible Organis ts Found on Boolete  ed in isolate | Serial No.  T-61656  Serial No.  Lation of person furnishin  If print of identificati  Emergency Addresse  Religion Prote  ly and disposition of | Rank Unk Rank  gabove Data wh ion tag is not aff  Unknow  stant of same: This cor Burial p   | Organization Unk Organization en other than officer rep fixed fill in bellow:  Name Address | Grave No. 67 Grave No. orting burial.  |

Hiddesen, Germany L52/B 763-702 P.3. 1:100,000.

Command,

| Signature of Officer or other person reporting burial |         |
|---|---------|
|   |         |
| Verified by G.R.S. Office CEORGE L.                   | FREEMAN |
| lst Lt  | OMC     |

WD (. - FORM 1042 Date of report REPORT OF INTERMENT r. ۱٤ 15 برر ا Rev (AR 30-1810 and AR 30-1815) 8. April 1946. (Supersedes GRS Form 1) Imprint Identification Tag if Possible SECTION I. IDENTIFICATION DO NOT TYPE NAME (Last, First, Mindle Initial) . Serial number 0-803296 SMITH, Lee W. Organization Grade Branch of service Unk - 1/Lt Unk A.A. F. ليليكوك الماثل Race 🧸 If other then U.S. dead. Religion · Give name of country. White Place of death Shberg, Ger Cause of death Deceased diad from injuries Date of death sustained in clane crash 22. Feb. 1944 L52/B 735-717 P.3. Emergency addressee (Name, Relationship and Address.) Unknown if no tags found on body, describe means of identification. Identification tags found on body If Enigentified fill in section 3 on reverse. (1. 2. or None) Ident. by field, accepted by Col. Metz 23 Sept 49 -none Were substitute tags provided (Yes or No) (Yes or No) ారం గ్రా**ంగ**్ మో **.ార**మ్ క్రాంగ్రామ List personal effects found on body and disposition of same (one) note Book (no markings) (one) A.A.F. Wings (Insignia) (one) 1.4.F, Collar Insigna Forwarded to wage . Marc SECTION 2. BURIAL in other than in established cemetery furnish sketch and map coordinates on reverse. Name, Number, Coordinates and location of cemetery U.S.Military Cemetery, Neuville-En-Condroz, Belgium) Sheet 6(K) 42 Buried in (Schrour, Blan- Type of grave Plot no. Date of burial Hour Row no. Grave no. Vet. or name of other) marker 1230 19 Apr/46 I Cross It a re-burial, indicate Name, Number, coordinates of previous cometery, and location Was this a re-burial (Yes or No) of grave Civilian Cemetary, Hiddesen, Ger. Plot no. Row no. Grave no. L52/B 763-702 P.3. 1:100,000 see overlay Person conducting burial rites - it identification rags not used, describe identification Type of religious ceremony data and containers buried with body Report of interment in Bottle Identification tag buried - Identification, tag, attached to with body (Yes or No) - marker (Yes or No) no no Body buried on deceased left, Name (Last, First, Pricale - Rank -Serial number | Organization | Grave No. T-61656 67 WATERFIELD, Lewis Unk Unk Serial number Organization Grave No. Body buried on deceased right, Name (Last, First, Middle Rank) 0-682287 Unk 65 Initial) BRUNNER, Joseph J. Unk 20BERT F. DRIES. 2nd Lt. Inf.

6858QM.Gr. Reg. Co. Disinterring Officer.

6800 QM CR Det (GA), Explant A Docentagaring report DISTRIBUTION OF REPORT: Signed original for US and alled dead, Reinterninga Officerpy for enemy cead, the Quartermaster General through Hac. GRS Officer. Copies for retention in theater as prescribed by theatercommand

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| the Quartermaster General th   | rrough Haq. GRS (                          | Officer, Copies to                 | or retention                | in theater as b               | rescribed by                                | thealer con                       | nmän <b>d</b> er. |

### WAR DEPARTMENT

# THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

| r 4 %)  |  |                                     |  |                     |                                |                        |               |            |  |
|---|--|-------------------------------------|--|---------------------|--------------------------------|------------------------|---------------|------------|--|
| Smith, Lee W.   |  |                                     |  | 0-803               | 296                            |                        | st Lt         | ,          |  |
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| EMERGENCY ADDRESSEE (HAME, RELATIONSHIP & ADDRESS)  |  |                                     |  |                     | <u></u>                        |                        |               |            |  |
| Leona J. Smith, mother; Batt  | le Gro   | und, I                              | ndiana                                       | L.                  |                                |                        |               |            |  |
|   |  |                                     |  |                     |                                |                        |               |            |  |
|   |  |                                     |  |                     |                                |                        |               |            |  |
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| his mother; Leona J. Smith;   | and ra   | tner,                               | B Sur  | .ca re              | នេ <u>ប</u> មប្ <sub>ម</sub> . | T A 25 %               | , <b>90</b> 5 | i 🚣        |  |
| e <u>Ground</u> , Indiana   | NAS  | DECEVEED                            | AUTH   | CRIZED              |                                | ING PAY                | OTHER         |            |  |
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WD. AGO. FORM NO. 82-1, 29 MAY 1944 @

# WAR DEPARTMENT OF THE ADDITION THE PROPERTY OF

BATTLE CASUALTY REPORT

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| REPORT             | NOT VERI                        | F150 _      | NO F        | ORM 4  |             | O CAS, BR                 |                        |           | ED BY         |               | <del></del> | 7/          | 7        | A.EM.    |               | +-                                    | 11/1/-   | نه به                       |
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|                    |                                 | DIS         | TRIBUT      | TION   |             |                           | - <del></del>          |           | <u>.</u>      |               |             |             |          |          |               |                                       |          |                             |
|                    | FURNISH                         |             |             |        |             |                           |                        |           |               |               |             |             |          |          |               |                                       |          |                             |
| AIR                | THATULDA                        | GENE        | RAL         |        |             | СН                        | EF. WAR                | BOND      | DIVISIO       | N             |             |             | OFFLO    | ERS S    | BRANCH,       | A.G.O                                 |          |                             |
|                    | RICAN REE                       |             |             |        |             | <u> </u>                  | EF. WAR                |           |               |               |             |             | P.Q.W    | . INFO   | D. BUREA      | .U, C.F                               | M.G.     |                             |
|                    | Y EFFECTS                       |             |             |        |             | <del> </del>              | ARMY                   |           |               |               |             | _           | 4        |          |               |                                       |          | UNIT U.S.C.G.               |
| · <del> </del>     | r CHIEF O                       |             | -           |        |             | c.c                       |                        | •         | ÇOMMA         |               |             | <u> </u>    | 1        |          | URITY E       |                                       |          |                             |
| <del> </del>       | EAU OF PU<br>Ja <b>lty pa</b> y |             |             |        |             | jj                        | E. OF SPEC             |           | ERVICES       | DIV.          |             | -           | {        |          | SENERAL       |                                       |          |                             |
| ·-·i               | F OF ARM                        |             |             |        |             | $\vdash$                  | INCTOR, W              |           | 4.00          |               |             | -           | ļ        |          | ANT GEN       |                                       | Ne ~-    |                             |
|                    | F OF STAF                       |             | LRT. COP    | -OLRIN |             | <b>  </b>                 | .ISTED BR<br>ANCE OFFI |           |               | MA MTG        | H DC        | <u> </u>    | 1        |          | ING ADM       |                                       | •        |                             |
| ·                  | ONOLOGICA                       |             | IT, CAS. i  | BR.    |             | <del></del>               | CHINE RE               |           |               |               |             | -           | ĺ        |          | . CASUA       |                                       |          | •                           |
|                    | F, P.O.W.                       |             |             |        |             | <b> </b>                  | ICE OF D               |           |               | ,             | •           | -           |          | - 0,411  | , CABUM       | _,, 0                                 |          | •                           |
|                    |                                 |             |             |        |             |                           |                        |           |               |               |             | 1           |          |          |               |                                       |          |                             |

### WAR DEPARTMENT

### THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25. D. C.

212008

REPORT OF DEATH

| Smith, Lee W.  Home Address  Battle Ground, Indiana PLACE OF DEATH  Germany STATION OF DECEASED  European Area EMERGENCY ADDRESSEE (HAME, RELATIONSHIP & ADDRESS) Leona J. Smith, mother; Battle Ground, Indi  | ARMY SERIAL  O-803  ARM OR SERV              | 296<br>orps                 | I ST<br>DATE      | 1462                       |                   |
|--|--|-----------------------------|-------------------|----------------------------|-------------------|
| Smith, Lee W.  Home address  Battle Ground, Indiana PLACE OF DEATH  Germany STATION OF DECEASED  EUropean Area EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  | AIP C  | 296 ice                     | I ST DATE         | E LIT                      |                   |
| Smith, Lee W.  Home address  Battle Ground, Indiana PLACE OF DEATH  Germany STATION OF DECEASED  EUropean Area EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  | AIP C  | 296<br>orps                 | DATE DATE         | . <u>Т.</u> т.<br>ор віятн | <u> 1917</u>      |
| Battle Ground, Indiana PLACE OF DEATH  Germany Killed in STATION OF DECEASED  EUropean Area EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)   | AIP C  | orps<br>RY ON               | DATE DATE         | OF BIRTH                   | 1917              |
| Battle Ground, Indiana PLACE OF DEATH  Germany Killed in STATION OF DECEASED  EUropean Area EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)   | AIP C  | orps<br>RY ON               | DATE DATE         | OF BIRTH                   | 1917              |
| Battle Ground, Indiana PLACE OF DEATH  Germany Killed in STATION OF DECEASED  EUropean Area EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)   | AIP C  | orps<br>RY ON               | DATE DATE         | OF BIRTH                   | 191               |
| Battle Ground, Indiana  PLACE OF DEATH  Germany Killed in  STATION OF DECEASED  EUropean Area  EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  | Air C  | orps                        | DATE              |                            | 191               |
| CAUSE OF DEATH  Germany STATION OF DECEASED  EUropean Area EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  | DATE OF ENT                                  | RY ON                       | DATE              | AUG<br>OF DEATH            | 191               |
| Germany Killed in  European Area  Emergency addresses (name, relationship & address)   | DATE OF ENT                                  | RY ON                       | DATE              | AUG<br>OF DEATH            | 191               |
| Germany Killed in  European Area  Emergency addresses (name, relationship & address)   | DATE OF ENT                                  | RY ON                       | DATE              | OF DEATH                   |                   |
| EUPOPORN APOR EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)   | DATE OF ENT<br>CURRENT AC                    |                             | 22                |                            |                   |
| EUPOPORN APOR EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)   | DATE OF ENT<br>CURRENT AC                    |                             | 22                |                            |                   |
| EUPOPORN APOR EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)   | DATE OF ENT<br>CURRENT AC                    |                             | 1 2 2             | 77 Y                       | 3 C) ( )          |
| European Area EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)   | CURRENT AC                                   |                             |                   | Feb                        | <u>. L </u>       |
| EMERGENCY ADDRESSEE (MAME, RELATIONSHIP & ADDRESS)   |  | FIVE RESTUICE               | LE PO             | NGTH OF S                  | SERVICE<br>RPOSES |
| EMERGENCY ADDRESSEE (MAME, RELATIONSHIP & ADDRESS)   | 28 Ma  | DERO.                       | YEAR              | MONTH                      | S DAYS            |
| EMERGENCY ADDRESSEE (MAME, RELATIONSHIP & ADDRESS)   |  | e 10μ3                      | 1                 | 1                          | İ                 |
|  |  | J = 7 - 7                   |                   | <del></del>                | <del></del>       |
| Leona J. Smith, mother; Battle Ground, Indi  |  |                             |                   |                            |                   |
|  | Lana .                                       |                             |                   | .•                         |                   |
|  | •  |                             |                   |                            |                   |
| •  |  |                             |                   |                            |                   |
|  |  |                             |                   |                            |                   |
| Beneficiary (name, relationship & address)   | ` /  |                             |                   | · .                        |                   |
| On 2 Apr 41, while an enlisted man, he desi  | gnated/a                                     | s his l                     | penefi            | ciar                       | 168               |
| his mother; Leona J. Smith; and Father, B.   | Smit the mar                                 | recti                       | 70 <sup>3</sup> T | hotin                      |                   |
| nis mother; beong J. Smith; and Father, D.   | Contract of                                  | 202027                      | . or i            | 000                        |                   |
| of Battle Ground, Indiana. (no break in ser  |  |                             | <del></del>       |                            |                   |
| INVESTIGATION IN LINE OF DUTY OWN MISCONDUCT ON DUTY STATUS  | AUTHORIZED                                   | IN PLYING                   |                   |                            | Y SELOW)          |
|  | YES NO                                       | YES                         | NO                | YES                        | NO                |
|  |  | x                           |                   |                            | 1                 |
| X   X   X   X   X  |  | <u>. A.   </u>              | L                 |                            |                   |
| The individual named in this report of deat Department to have been in a missing in act February 1944 until such absence was termin when evidence considered sufficient to esta death was received by the Secretary of War Government through the International Red Cr | ion stat<br>nated on jublish the<br>from the | 3 from<br>30 June<br>9 fact | of<br>1944<br>182 |                            |                   |
|  |  |                             | ~                 |                            |                   |

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# CAJUALTY MESJAGE

# **TELEGRAM**

OFFICIAL BUSINESS-GOVERNMENT RATES

| FROM   | WARD | EPARTM   | ENT |
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| BUREAU | AGO  |          |     |
|        |      | 44W 7656 |     |

AG 201 MITH, LRS W ASN 0-803296 (S MAR 4)

SPXPC-N 053086-14 (5) 7 MARCH 1944

MHE LEONA J SMITH

1/

BATTLE DEGUND INDIANA

THE SECRETARY OF WAR DESIRES ME TO EXPRESS HIS DEEP REGRET THAT YOUR

FIRST LIBUTURANT

(RELATIONSHIP)

(GRADE)

(GRADE)

(NAME)

HAS BEEN REPORTED MISSING IN AUTION SINCE

TOWNSTY TWO FEBRUARY

(DATE)

DATE)

DETAILS OR OTHER INFORMATION ARE RECEIVED YOU WILL BE PROMPTLY NOTIFIED PERIOD

ULIO

OFFICIAL:

THE ADJUTANT GENERAL

BATTLE

ADJUTANT GENERAL

THIS COPY FOR ARMY EFFECTS BUREAU

Not to be delivered by phone except when authorized by the sender. Not to be delivered between the hours of 10 PM and 7 AM.

W. D., A. G. O. FORM 802-4 20 SEPTEMBER 1943 212008

Dear Mr. Smith:

The Army Effects Bureau has received from overseas some property of your son, First Lieutenant Lee W. Smith.

This property, consisting of personal papers, is being sent you.

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

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

Yours very truly,

D. S. JOHNSTON And Lt., QMG Chief, Adm. Division

|  |  | INCLOSE VALUABLES            | PECHPIENT FROM          |
|--|--|------------------------------|-------------------------|
| MOUNT OF CHECK                                 | NOTE D REPANCY IN  | SHIP VALUABLES               | CASUALTY REPORT         |
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|  | RANK   |                              | LETTER                  |
|  | Mr. B  | . Smith                      | NO. STYPE OF CONTAINER  |
|  |  |                              | ENVELOPE                |
|  | Battl  | e Ground, Indiana            | CARTONS                 |
| lst Lt. Lee W. Smi                             |  | •                            | PACKAGE                 |
| /  |  |                              | FOOT LOCKER             |
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EFF OM FORM |11

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| ATTACHMENTS   |              |  |                               |                              | DECE            |  | 1           |
| INBOUND INVENTORY   |              | EFFECTS  | INVE                          | ENTORY                       | MISS            |  |             |
| G. R. OR SUB GR LABEL   |              | ARMY EFFE  |                               |                              | P. O.           |  | •           |
| WILL OR POWER OF ATTY.  |              | ARMI EFF   | -015                          | DONLAG                       |                 | DONED  |             |
| TALLY IN FORM 43  |              |  |                               |                              | UNKN            |  |             |
| BAGS, CLOTH OR TRAV   | /F1          | BELT   |                               | OVERCOATS                    | 1               |  |             |
| BELT, MONEY (NO MO  |              | BOOKS, ADDRESS                                   |                               | PAPERS, PERSONAL             | 1               | Flunct<br>Michiga  |             |
|   | i            | BOOKS, PILOT LOG                                 | ļ <del> </del>                | PENCIL, WECHANICAL           |                 | 1300 6401  |             |
| BILLFOLD (NO MONE)  | ''           | BRUSHES  |                               | PEN, FOUNTAIN                | }               |  |             |
| BOOKS BRACELET, IDENT.  | <u> </u>     | CASE   | ×                             | <del>-</del>                 |                 | Puronal  |             |
| CAMERAS   |              | CLOTH, WASH                                      | -                             | PIPES                        | 1               | 100 hines  | _           |
| CLOTHING  | <del></del>  | COATS  |                               | RINGS                        |                 | ( /  |             |
| MISC. ARTICLES  |              | FOOTLOCKER                                       |                               | SCARFS                       |                 |  | _           |
| RELIGIOUS ARTICLES  |              | FOOTWEAR, PR.                                    |                               | SHIRTS                       |                 |  |             |
| RIBBONS, DECORATIO  | N -          | GLASSES  |                               | SOCKS. PR.                   |                 |  | _           |
| SHORT SNORTER   |              | GLOVES, PR.                                      |                               | STATIONERY                   |                 |  |             |
| SOUVENIR MONEY  |              | HANDKERCHIEFS                                    |                               | TIES                         |                 |  | <del></del> |
| SOUVENIRS   |              | HEADWEAR   |                               | TOBACCO                      |                 |  |             |
| TESTAMENTS  |              | JACKETS  |                               | TOILET ARTICLES              |                 |  |             |
| TOWELS & WASHCLOT   | нѕ           | KITS   | ĺ                             | TOWELS                       |                 |  |             |
| U. S. MONEY (AMOUN  | T)           | KNIVES   |                               | TROUSERS. PR.                |                 |  |             |
| WATCH   | <u> </u>     | LETTERS  |                               | TRUNKS. PR.                  |                 | !<br>  |             |
| WINGS   | 1            | LIGHTERS   | <del>- 1</del>                | UNDERWEAR                    | I D M A T 1 C 1 | 1  | <u> </u>    |
| CONTAIL   | NERS ADDRES  | SED TO   | j                             | INFO                         | INMATIO!        | (mother)   | I           |
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|   |              |  | 1-                            | bro. Leona S<br>Lattle Erona | ,               | ٠, ،   |             |
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| ·   | REC'D        |  |                               |                              | REFERE          | BUREAU CHECK TRANSWIT ORIGINAL   |             |
| CHECK MONEY ORDER BOND  | REC'D        |  | IUMBER<br>SYMBOL              |                              | REFERE          | BUREAU CHECK TRANSWIT ORIGINAL ORIG. REG. WAIL   |             |
| CHECK MONEY ORDER BOND TRAV. CHECK  | REC'D        |  | SYMBOL                        |                              | REFERE          | BUREAU CHECK TRANSWIT ORIGINAL ORIG. REG. WAIL TO G. A. O.   |             |
| CHECK MONEY ORDER BOND  | REC'D        |  |                               |                              | REFERE          | BUREAU CHECK TRANSWIT ORIGINAL ORIG. REG. WAIL TO G. A. O. MUTILATED   |             |
| CHECK MONEY ORDER BOND TRAV. CHECK  | REC'D        |  | SYMBOL                        |                              | REFERE          | BUREAU CHECK TRANSWIT ORIGINAL ORIG. REG. WAIL TO G. A. O.   |             |
| CHECK MONEY ORDER BOND TRAY, CHECK FOREIGN CURRENCY   | REC'D        |  | SYMBOL                        |                              | REFERE          | BUREAU CHECK TRANSWIT ORIGINAL ORIG. REG. WAIL TO G. A. O. MUTILATED   |             |
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| CHECK MONEY ORDER BOND TRAY, CHECK FOREIGN CURRENCY   | REC'D        | . PLAC   | DATE BANK                     | aue.                         |                 | BUREAU CHECK  TRANSMIT ORIGINAL  ORIG. REG. MAIL  TO G. A. O.  MUTILATED  TO ISSUING AGENCY  |             |
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| CHECK MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY  | REC'D        | PLAC   | DATE  BANK OR E OF ISSU PAYEE | aue.                         |                 | BUREAU CHECK  TRANSMIT ORIGINAL  ORIG. REG. MAIL  TO G. A. O.  MUTILATED  TO ISSUING AGENCY  |             |
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KANSAS CITY QUARTURANSTER DEPOT Case No. 212008

601 Hardesty Avenue
Kansas City 1, Missouri Date 12 March 12 March 1945

JOHN R. WURPHY. Colonel. Q.H.C. (Name, Rank, Organization) SULMARY COURT MARTIAL

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# ARMY SERVICE FORCES KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE KANSAS CITY I, MISSOURI

IN REPLY REFER TO 22.2008

March 9, 1945

Dear Mr. Smithe

The Army Effects Bureau has received from overseas some personal effects of your son, First Lieutenant Lee W. , Smith.

I am inclosing a check for \$39.91, representing funds which belonged to him. The remainder of the property is being forwarded to you in one carton and one package.

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.

The ection of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the officer's legal residence.

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

Yours very truly,

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

1 Incl—Check

### ARM SERVICE FORCES ARM EFFECTS BUREAU

### CEDER FOR SHIPMENT

Mr. B. Smith

SHIP TO:

Battle Gound, Indiana

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| *Stri              | ke out words not                  | applicable.   |     |

### 535TH BOMBARDMENT SQUADRON 381ST BOMBARDMENT GROUP (H) APO 557

14 April, 1944

SUBJECT: Transmittal of Money Orders.

TO : Effects Quartermaster, G-14, APO 507, U.S. Army.

1. Transmitted herewith are money orders pertaining to following named Officers and enlisted man "Missing in Action" from sortic over Oschersleben, Germany on 22 February, 1944:

|   | 1st Lt LEE W. | SMITH 0-     | 803296   | (\$15.95)<br>(15.95) |            |                            |
|---|---------------|--------------|----------|----------------------|------------|----------------------------|
|   | 2d Lt JAMES C | . EVANS O-   | 747001   | (15.95)              | <i>5</i> : |                            |
| • | 2d Lt DONALD  | E. HERDLICKA | 0-686244 | (15.95)              | 1-         | 1 5 KFR (\$44              |
|   | 2d Lt JOHN D. | HICKS        | 0-809606 | ( 11.88)             | 7          | 1 5 454 1944<br>Depor 3-14 |
|   | 2d Lt HAROLD  | W. KAUFMAN   | 0-685123 | (15.95)              | <b>b</b> . | AAA 309                    |
|   | 2d Lt LEONARD | P. MEIER     | 0-808110 | (11.88)              |            |                            |
| : | S/Sgt Lester  | P. Larson    | 12154372 | (84.36)              | `.         |                            |
|   | •             |              |          |                      |            | ا الشاء                    |

For the Squadron Commander:

RICHARD L. TANSEY, Captain, Air Corps, Executive Officer.

l Incls:

Incl 1 - 7 Postal money orders.

CONTROL NO

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| 16 | Sentember | 1944. |
|----|-----------|-------|
|    | (Date)    |       |

# 55577 BOLD DE CET SQUATRON 38187 BOLD DE CET GROEF (H) JPO 557

SUBJECT: Transmittal of Inventory of Personal Effects.

: Effects Quartermaster, EFCUSA, Depot G-1h, AFO 507, U.S. Army. **5**0

Transmitted herewith in accordance with Adm. Cir. #80, dated 25 October 1913, Hg, SOS, BUCUEL, is Inventory of Effects concerning subject named below.

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| ( hast Mamo)          | (First Name)               | ( L.)                                     | (Rank)          | ( 12 2 W )    | (Sentrel Mo.)            |     |
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1 Incl: Incl 1 - Udl 02699

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(Over)



(212008)

Lee W. Smith, 0-803296, 1st Lt., AC, deceased.

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

1 \_\_W.D.,A.G.O. Form No. 77

of





#### CARMY SERVICE RECEIVE

#### KANSAS CITY QUARTERMASTER DEPOT ARMY EFFECTS BUREAU

COLHARDESTY AVENUE KANSAS CITY 1, MICSOURI S-13 Nov 49 HOC/DF/zrs 13 October 1949

IN REPLY REFER TO 212,008

1

## REQUEST FOR INFORMATION

| Cath for W                | 1st Lt.  | 0-803296  |
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| CHICK TOO 10              | (Rank)   | (ASN)   |
| FC 535TH BB SQ            | RMERLY UNKNOWN X-1435,<br>381ST BB GP              | NEUVILLE  |
| Following to be filled i  | n by OQMG). Branch of                              | Service and/or Organization   |
| DATE OF DEATH             | 22 FEBRUARY  | 1944  |
| PLACE OF CASUALTY_        |  |   |
| NEXT OF KIN MR. B. (Na    | WILSON SMITH                                       | FATHER<br>(Relationship)  |
| ADDRESS BATTI             |  |   |
| PREVIOUS SHIPMENT X       | YES NO (   | Check one)  |
| DATE OF LAST PREVIOUS SHI | IPMENT (If any)                                    | 20 MAY 46   |
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|                           | sly contacted in the ca<br>information will be use | nate beneficiary or an in-<br>ase file. If a relative, li<br>ed only if the next of kin |
| MRS. LECNA J. SMITH (M    | OTHER)   |   |
| SAME AS FATHER'S          |  |   |
|                           | Signature 7  | 1 Lugeman   |
| Remarks:                  | M.   | J. INGEMAN, MAJOR, QMC  |
|                           |  |   |
|                           |  |   |

Eff CM Form 129

QMGOD 293, Smith, Lee W., 1st Lt. 1st Ind SN U 803 296

Department of the Army, OQMG, Washington 25, D. C., 25 November 1949

TO: Commanding Officer, Quartermaster Activities Kansas City Records Center (AGO), Missouri ATTENTION: Effects Quartermaster

Information requested has been entered on basic form.

BY COMMAND OF MAJOR GENERAL FELDMAN:

M. J. INGEMAN

Major, QMC

Field Service Division

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ml/LL/vlm 6 December 1949

212008

Mr. B. Wilson Smith Eattle Ground, Indiana

Dear Er. Smith:

Thank you for the information recently given the irmy Effects Eureau in connection with the disposal of personal property belonging to your son, the late First Lieutenant Lee W. Smith.

This property, consisting of one pair pilot wings and one Air Corps insigne, was sent you under separate cover 6 December 1943 for disposition.

If, for some reason, the property has not reached you within thirty days, please notify this Durane so bracer can be instituted.

Sincerely yours,

H. O. CAIDWELL Effects Quartermaster

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Date on report REPORT OF INTERMENT (AR 3C-1810 and AR 30-1815) and desapor 176. rication Tag if Possible SECTION L. IDENTIFICATION DO NOT TYPE 44 to 25 to 25 to NAME (Last, First, Middle Initial) Senal number Colon ven x-1135 (New 111e-in-Condros) Grade Organization Branch of service (,) Cale 1.4.7. Religion If other than U.S. dead. 36454 Give name of country. !ink Place of death sterns or. Cause of death riggs in injuries Date of death 52/1 735-717 .3. motsion is land mash and a way 22. 1966 Emergency addressee (Name, Relationship and Address.) 7 44 C 3875 Identification tags found on body if no tags found on body, describe means of identification. (1. 2. or None) If unicentified fill in section 3 on reverse. Were substitute tags provided (Yes or No) List personal effects found on body and disposition of same (and are pak (so within a) SECTION 2. BURIAL if other than in established cemetery luraish sketch and map coordinates on reverse. Name, Number. Coordinates and location of cemetery ed. Alivery materna, in will a in- on rec, at less those 6(%) he Date of burial Hour Buried in (Schroud, Blan- Type of grave Flot no. Row no. Grave no. 19 APR. 46 ker, or name of other) Was this a re-burial if a re-burial, indicate Name, Number, coordinates of previous cemetery, and location (Yes or No) iviliam Constany, Commencer, Com. Plot no. Row no. Grave no. ..... are rearlay... Triple of religious Person concucting burial rites It identification tags not used, describe identification ceremony data and containers buried with body identification tag buried identification tag sittened to with body (Yes or No) marker (Yes or No) sport - interment in facily Body buried on decembed left braine (LALL may, made Runn Serial number | Organization Grave No. laitial) WATERFIELD, LEWIS 7-61656 Body buried on processed right Nama (Last, First, Middle Rank) Serial number | Organization Grave No. Initia) BZUNUEZ, JOSEPH J. 0-6+22+7 is attire of person propering peper Signature of Gas officer verifying report . "nd -t. n/.

DISTRIBUTION OF REPORT! Signed original for US and samed bead, signed ofiginal and one copy for enemy bead, to the Constermaster General through the CRS Officer. Copies for retermon in theater as prescribed by theater commander.

| 5.                     | SECTION 3. UNIDENTIFIED AAINS   |  |
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| ## L                   | INSTRUCTIONS  |  |
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| Left<br>Ring Finger    | (b) A fingerprint, or prints, are the most valuable of<br>chart at lett, or as many as possible. If no fingerprints or<br>every tooth will be ind cated on the tooth chart in accorded<br>accomplished if one or more fingerprints are secured. | prints can be secured, the condition of each and   |
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| i eft<br>Middle Finger | Weapon and serial number Laundry marks  | Where body was buried or found   |
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## RESTRICTED

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| SUBJECT : Inventory of Perso  | nal Effects of :                        |                       |  | (Date)  |
|   |   |                       |  |   |
| (Last name)   | (First name)                            | (Mi)                  | (Rank)   | (ASN)   |
| TO: Effects Quartermaster, C  |   |                       |  | •   |
|   |   |                       |  |   |
| The above named indi  | Vicual OI                               | (Unit)                | (Organ   | nization)   |
| was reportedStatus (KI)   |   | about                 |  | 194   |
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| I certify that the above<br>ndividual and that <sup>t</sup> they were f | orwarded to the Ef                      | fects Depot           | secured by me, of  | the above named   |
| у   | on                                      |                       | 194 . /  | ,   |
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| ny additional pertinent informa   | ation :                                 |                       | -  | -   |
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AG ETO Form Nº 26.

CHECKED & A

RESTRICTED

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| Nearest Relative Address Killed in Action Date Battle Area Place of Burial Point of Coordination Description of Body                      | Died of I Hospital Information | Disease                                 |
| Nearest Relative Address Killed in Action Date Battle Area Place of Burial Point of Coordination Description of Body                      | Died of I Hospital Information | Disease                                 |
| Address Cilled in Action Date Battle Area Clace of Burial Coint of Coordination Description of Body                                       | Died of I Hospital Information | Disease                                 |
| Cilled in Action  Date  Battle Area  Clace of Buriel  Coint of Coordination  Description of Body  | Died of I Hospital Information | Disease                                 |
| Pate Battle Area Place of Buriel Point of Coordination Description of Body  | Hospital Information           | ille                                    |
| Place of Burial Point of Coordination Description of Body   | Information                    | ille                                    |
| Place of Burial<br>Point of Coordination<br>Description of Body   | Neuv                           | ille                                    |
| Description of Body   |                                |   |
| Description of Body   |                                |   |
| Description of Body   |                                |   |
|   |                                |   |
|   |                                | *************************************** |
| Members Missing   |                                |   |
| ~   | ************************       |   |
|   |                                |   |
|   | Signad                         |   |
|   |                                | ·                                       |
| 4   |                                | M                                       |
|   |                                | •                                       |
|   |                                |   |
|   |                                |   |
| ·<br>( V-142-)  |                                |   |
|   |                                |   |
|   | i                              | PKG                                     |
|   | 6749                           | - 1 4/B                                 |
|   |                                | 12-10-48                                |
|   |                                | NYPE                                    |
|   | Members Missing                | Members Missing  Signed  K. X-1435)     |

EFF QM FORM 49

## **RESTRICTED**

# INVENTORY FORM

8. April 1946

DATE

| SUBJECT: Inventory of Personal Effects of:  Unknown X-L135(Neuville-En-Condoz)  (LAST NAME) (MI)  | Unk<br>(RANK)          | High                                    |
|---|------------------------|---|
| TO: Effects Quartermaster, Communications Zone, APO   |                        | US Army                                 |
| The above named individual of Unk (UNIT) was reported KIA about   | 22. Feb.               | 194                                     |
| STATUS (KIA, MIA. Hosp. etc.)   | (DATE)                 | 4                                       |
| Designated Beneficiary if information readily accessible Unknown  |                        |   |
| INVENTORY OF EFFEC  | CTS                    | *************************************** |
| (one) Note Book (no markings) (one) AAF wings (Insingnia) (one) AAF collar Insingnia  Money in the amount of has been turned into Form WDFD 38 enclosed.            | (NAME OF FINANCE OFFIC |   |
|   |                        |   |
| I certify that the above items constitute all of the effects, individual and that they were forwarded to the Effects Depot by  (RAIL, TRUCK, ETC.)  Nam  Rank  Orga |                        |   |
| Any additional pertinent information:   |                        |   |



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#### KANSAS CITY QUARTERMASTER DEPOT ARMY EFFECTS BUREAU

601 HARDESTY AVENUE KANSAS CITY 1. MISSOURI

IN REPLY REFER TO 212008

HOC/AID/em 22 November 1949

Mr. 3. Smith
Battle Ground, Indiana

Dear Mr. Smith:

The Army Effects Bureau has just received information from The quartermaster General indicating that one pair pilot wings and one Air Corps insigne, which have been held at this Bureau, have been identified as belonging to your son, the late First Lieutenant Lee W. Smith. The fastener is missing from the Air Corps collar insigne.

In view of the lapse of time since our previous correspondence, I shall appreciate it if you will indicate whether you wish these items sent you. If so, they will be forwarded promptly upon receipt of the confirmation of your address.

Your reply may be made on the reverse of this letter, if you desire, and mailed in the inclosed self-addressed envelope which requires no postage.

Sincerely yours,

l Incl Envelope

Effects Quartermaster

cur.

M. H. C. Caldwell, Effects Junitermeeter. Dien din - We male appreciate very much the forwarding, to our address, of the articles you mention, which belonged to our Don Lee H. Amith. your very truly, B. Wilson Smith, Battle Ground,

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# DEPARTMENT OF THE ARM OFFICE OF THE QUARTERIASTER GENERAL WASHINGTON 25, D. C.

| In Reply refer | to QNGMF 293 Smith, Lee W. SN 0 803 296  | 6 October 1949   |
|----------------|--|------------------|
| SUBJECT:       | Identification of former UNKNOWN deceased.   | 195              |
| то:            | Commanding Officer Quartermaster Activity Kansas City Records Center Kansas City 1, Missouri Attn: Effects Quartermaster | 533193           |
| 1.             | The remains which were previously interred as  | UMMGROURT X 1435 |
| Flot I         | , Row 3 , Grave 66 , USEC Neuville-en-   | Condroz, Belgium |
| have been      | identified by a GRS Field Board of Review as t   | those of         |
| lst Lt         | Lee W. Smith 0 803 296.  |                  |
|                | records of this Offi   | ce, is           |
|                |  |                  |
| Battle         | Ground, Indiana  |                  |
| 2.             | The identification has been approved by this C   | Office.          |

BY CO, MAND OF MAJOR GENERAL FELLMAN:

W. E. CAMBELL Lt. Colonel, QUC Memorial Division

OCI ON ON SANACI.

( ) Action to be taken regarding effects in Warehouse Storage.

E. Winsky