

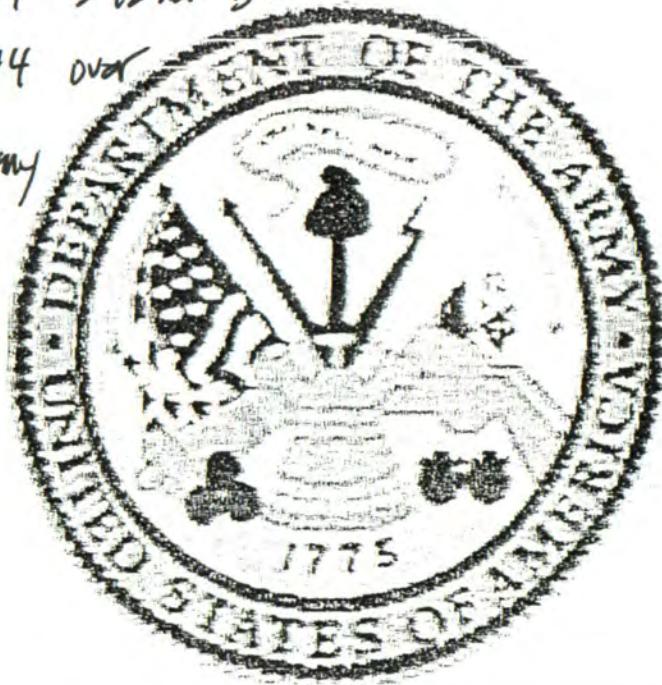
SSGT Earl J. Propst

578th BS, 392nd BG

9-13-44 over

Propst

Ruhrschwem, Germany



INDIVIDUAL DECEASED
PERSONNEL FILE

67

FILE COPY

RRE Form #43
25 Sep 43

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

PROFST Earl J S SG 15070720
(Last Name) (First Name) (Initial) (Rank) (ASN) A

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

671

UN. 2017 (St. Avold Gen.)
 2017
 1101 00 25
 1430 29 Oct 1944

2017 St. Avold, France

Arrived at cemetery by _____ From _____
 (in car) (on foot) (at landing point)

Place of death Rudesheim Germany 1454 sheet T-2 scale 1:100,000 G.S.G. S.

No. 4416 Nord De Guerre Grid

Remains recovered by 3046 CM.GR.REG.OC. S/Sgt Coleman
 name and organization (St. Avold Gen.)

Evacuated to cemetery by 3046 CM.GR.REG.OC. Sgt Petty 39341472
 name and organization

Is lead list attached No Are names of deceased found in same order as this
 (yes/no)

Unknown starred Yes Are circumstances described which may indicate organization
 (yes/no)
 of the deceased Yes If only part of a body was received, was a careful
 (yes/no)

Search made for other parts of Unknown Yes
 (yes/no)

If remains came from vehicle, plane, etc., Plane removed, no information on
 type of vehicle or plane, nickname,

Type of plane available.
 Serial number, organization or symbols
 (St. Avold Gen.)

Crew list Unidentified X-2016* who may be identified as Probst, Theo. This
 (names of other deceased and positions in which found)
 name was entered in Cemetery records and further verified by Burghermeister.

If a tank, which hatch is worn free and available for escape use Does not apply.

If organization to which vehicle or plane was assigned or if names of all other
 deceased are not known, give detailed information concerning vehicle or plane

Plane removed.
 (parts or markings or symbols) (place) (removed by German fire, etc.)

(removed in tank, field, by tanks, etc.) (removed by mine explosion)

(parts of men who escaped)/order position of other vehicles or planes in vicinity

Detail a description of personal effects None
 (indicate exact location on part of body
 where found)

REPORT OF INVESTIGATION - AREA SEARCHING

To be completely filled out and attached to each copy of
GR Form 1, "Report of Burial" when disinterment is accomplished.

2d. Serial No.:

1. Unidentified X-2017* Unk Unk AAF
(Full name of deceased) (Rank) (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached. (To be filled out at disinterment) No tags
3. Give exact location of isolated grave, furnishing coordinates and letter prefix, map sheet, scale and series used Rudesheim, Germany WM1454 Sheet T-2 Scale 1:100,000 G.S.G.S. No. 4416 Nord De Guerre Grid.
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (include plot, row and grave if organized cemetery) Rudesheim Cemetery Rudesheim, Germany WM1454
5. Approximate or established date of death (state which & give basis for date selected) (Est) 14 Sept 1944 from Burgermeister's records, Rudesheim
6. Approximate or established date of burial (give basis for date established) (Est) 14 Sept 1944 from Burgermeister's records, Rudesheim
7. Manner in which grave was marked and all information contained on the marker No markings
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)
Burgermeister - Dr. Faust, Geisenheimer Str. 26, Rudesheim
Priest - Pfr. Willig, Schmidt Str., Rudesheim
Police - Ringsdorf (Address unavailable)
Cemetery caretaker - Trohmann, Friedhof Str., Rudesheim
10. If buried in a coffin, give description and markings (To be filled out at disinterment) Plain wooden box No markings.
11. Action taken Disinterred.
- Disinterment approved by 526 QM GP.
Disinterment and ~~reburial~~ made by: S/Sgt. Coleman
Date of ~~buried~~/reburial: 25 OCT 1945
Place of ~~buried~~/reburial U.S. Military Cemetery: St. Avold, France
Plot 00 Row 1 Grave 25
- NOTE: Additional particulars regarding investigation will be placed on reverse side
- *Cross out word not applicable
Serial # 4

WENDELL CLAPP
SFC 526 QM CO 0-159661
Signature of Investigating Officer Q.
LT. WENDELL CLAPP
Rank 0159661 ASN

MS.D. UNIT #2
5046 QM DRIVES - LIBIS RAILROAD, J.C. A.T.
AIC 758, U.S. ARMY

20 November, 1945

SUBJ: report of investigation, bodies M. & 1454

To : CO, 556th Gl. Art 758, U.S. Army.

1. We received a report, your cause number thirty-eight (38), that was submitted by 1st Lt De G, 2d ADA Reg, 1st Air Service, 19 Dec 1945. This report states that an American pilot was buried in the town of Rudesheim (km 1454, street 150, 1/250,000). His name was given to them as John Hopkins or Father William, Schmidtstrasse 24, Rudesheim. He further states that the man's identification tag might have been buried with him.

2. Investigation of this town prior to the receipt of this report revealed graves of three Americans, two together who were supposed from the same plane crash, and one separate which was supposed to be John Hopkins. One of the two together was re-identified as Probst, Theo. Investigators contacted the Bürgermeister (Faust), Father Willig, the police chief (Rinckord), the cemetery caretaker (Karl Fromm) and some townspeople. All agreed that the single grave was that of the man who happened a P-51 and whom Father Willig knew quite well. Well enough, in fact, so that he claims to have valued the friendship considerably. He states that Hopkins used to tell about what a wonderful place New York is. It is not clear whether he refers to the city or the state. Hopkins is supposed to have died with lung trouble at the hospital in Rudesheim.

3. Disinterment of the three graves by members of this company discovered three bodies as reported. Of the two together, neither had any means of identification that was conclusive, so they were buried as X-2010 (St. Avold cem.) (shown on Bürgermeister records as Probst, Theo) and X-2017 (St. Avold cem.), Plot Q, Graves 24 and 25 respectively. The single grave yielded a body with no identification tag around the neck bearing the name of William E. Gorring, 30965239, religion catholic. Further processing of the body revealed no conflicting evidence and he was sent to St. Avold Cemetery to be buried in Plot Q, grave 52.

4. A special investigation at Rudesheim upon receipt of the report mentioned in paragraph one revealed nothing new. The priest gave us a signed statement that he was present at the burial of John Hopkins in the churchyard cemetery at Rudesheim. But he, the Bürgermeister, the caretaker of the cemetery, the police chief and some other people are now confused. They agree that the single grave was supposed to be that of Hopkins. In their confusion they have persuaded each other (and then dissuaded each other again) that Hopkins was the other one in the two graves together. This does not seem logical if what they said is true about the two coming from the same plane, and Hopkins coming from the hospital at a different time.

At the time of the first investigation the rear right propeller
was found with serial number 111-754, drawing number 5457-A-1.
At the time of the second investigation parts of the plane were located, and the
following information taken from it: "The right propeller was mounted on
one wing. The rear right propeller had serial number 111-7740-A-10.
The left propeller was mounted on the other wing. The propeller
had serial number 111-754, drawing number 5457-A-1.".

5. During investigation during which I talked to Mr. Sturzel, Mr. Schmid, and Sister Tschirnau and had access to the hospital records of the hospital where our men and women were hospitalized satisfied beyond doubt that the body in the simple grave was actually that of a U.S. The Sister who took care of the men in the hospital clinic there were five Americans in the same room. Mrs. INS was one of them. The others were named HANNAH, ALICE D., and MURKIN, and of course a U.S. MURKIN was the only who died. The rest were either cured there
or sent to other hospitals. She further said that although a U.S. claimed he was Catholic and had not been "baptized", he was baptized before his death, and last rites performed by Father Anton Miller of Rudessheim. The error on the town records was determined to have been due to some confusion on the part of Father Miller as to which man died. He reported the name to the proper church's office as MURKIN, which was incorrect. No further information is available here, and none seems necessary.

Wendell Clegg
Lt. Col. USAF 1st Lt. CIO
Donning

st
1 Ind.
HEADQUARTERS, 536 Quartermaster Group, AF 758, U.S. Army, 25 November 1945.

TO: Commanding General, First Field Headquarters, AGRC, AF 757, U.S. Army

1. Forwarded as a matter pertaining to your Headquarters, case references,
"Ltr Mil Nov 1st 1942, dtd 19 June 1945 (John no line, 1 German burial
report (MURKIN - E. Gorin))."

2. Three (3) Reports of Burial (GRS No.1) and supporting forms are included
pertaining to the above-entitled cases.

Frank W. Heywood
Colonel, U.S.
Commander.

4 Incls.:

- Incl-1 Ltr 11 Nov 1st 1942 dtd 19 June 1945
Incl-2 GRS No.1 and supporting forms (MURKIN - E. Gorin)
Incl-3 GRS No.1 and supporting forms (X2016)
Incl-4 GRS No.1 and supporting forms (X2517).

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED-

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER <i>WATERLOO WEST READING</i>		
SIGNATURE OF SHIPPER <i>CL. WATKIN'S FARMING</i>	DATE	SIGNATURE OF RECEIVER <i>WATERLOO WEST (V.M.C.)</i>	DATE

6. SHIPPED

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

7. SHIPPED

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

29 April 1949

Sgt Earl J. Propst, ASN 15 070 720
Plot J, Row 22, Grave 7
Headstone: Cross
St. Avold (France) U. S. Military Cemetery

Mr. Earl Propst
Route #4
Morgantown, West Virginia

Dear Mr. Propst:

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

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

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

Sincerely yours,

H. FELDMAN
Major General
The Quartermaster General

reg

REGISTER OF DENTAL PATIENTS AT

CAMP DENTAL CLINIC (PC-1)

CAMP DAVIS, N. C. #2632120

(1) SURNAME

(2) CHRISTIAN NAME

*Frank Carl J.
Frank Carl J. Schlesinger
19 42 20 1930*

(3) RANK (4) COMPANY

(5) REGIMENT OR STAFF CORPS

(6) AGE YEARS (7) RACE

(8) NATIVITY

(9) SERVICE YEARS

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

R
9-1-15-m
9-1-16-o
9-1-16-f
9-1-8-f

(11) DATES AND NATURE OF TREATMENTS
AND OPERATIONS

June	1943
Exam	9
A	9
A	
A	
A	9

(12) RESULTS AND REMARKS

J.A.C. Robinson
R.J.Bruce
R.J.B. -24

RUDOLPH H. FRIEDRICH

LT. COL. DENTAL CORPS

R.H.F.
Dental Corps, U. S. A.

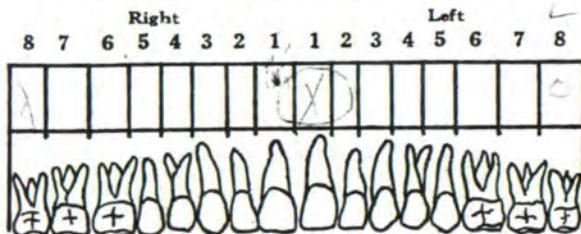
Form 79—MEDICAL DEPARTMENT, U. S. A.

16—20622

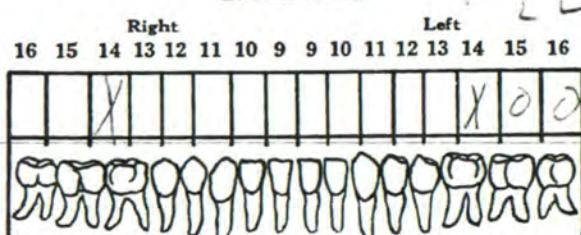
(Revised Feb. 24, 1941)

*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS II

Occlusion : Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

Date July 1943, 1943

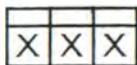
7/1/43
Dental Corps, U. S. A.

*Restorable carious teeth by O

Nonrestorable carious teeth by /

Missing natural teeth by X

Teeth replaced by denture
(horizontal line)



Teeth replaced by fixed bridge
(oval to include abutments)



DENTIFICATION SECTION
MEMORIAL DIVISION

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL			ARMY SERIAL NUMBER	GRADE
5	1	0	1	0
HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR	SHOE SIZE
5'10	160	Blue	Black	9

LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation)

5th Cavalry Regt. 3rd Co. 1st Sqd.

PLACE OF DEATH OR PLACE LAST SEEN IF MIA					
5th Cavalry Regt. 3rd Co. 1st Sqd.					

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

STATION	DATES
5th Cavalry Regt. 3rd Co. 1st Sqd.	5-1942 - 10-1943
5th Cavalry Regt. 3rd Co. 1st Sqd.	10-1943 - 1-1944
5th Cavalry Regt. 3rd Co. 1st Sqd.	1-1944 - 5-1945
5th Cavalry Regt. 3rd Co. 1st Sqd.	5-1945 - 8-1945
5th Cavalry Regt. 3rd Co. 1st Sqd.	8-1945 - 10-1945
5th Cavalry Regt. 3rd Co. 1st Sqd.	10-1945 - 1-1946

FRACTURES AND/OR BREAKS	TATTOOS AND/OR BIRTH MARKS
1	2

DENTAL CHART

8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8

UPPER RIGHT

UPPER LEFT

16 15 14 13 12 11 10 9

9 10 11 12 13 14 15 16

LOWER RIGHT

LOWER LEFT

X - EXTRACTED

O - CARIOUS

/ - CARIOUS NON-RESTORABLE



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

S/Sgt Earl J. Propst, 15 070 720
 Plot Q, Row 1, Grave 25,
 United States Military Cemetery
 Saint Avold, France

16 October 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, EARL PROBST

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

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

PRIVATE CEMETERY LOCATED AT _____

(LOCATION OF CEMETERY SELECTED)

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)

 YES NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

None

CODED 15 070 720

OQMG FORM 345 MILITARY
14 NOV 1946

16-50411-1

PAGE 1

DEC 9

PART I (Continued)

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

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

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

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

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

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

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

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

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

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

Earl Propst
(SIGNATURE OF NEXT OF KIN)
Earl Propst
(NAME PRINTED OR TYPED)

Route #4
(STREET AND NUMBER)
Morgantown W. Va.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 21st day of Nov.,
1947, at city (or town) of Morgantown, county of Monongalia, and State (or Territory or
District) of West Virginia.

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

Patent D. Henry
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public Commission Expires Feb 18, 1957
(OFFICIAL TITLE)
10-50411-1

PART I RELINQUISHMENT OF DISPOSITION AUTHORITY

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

I, THE _____, AS THE NEXT OF KIN OF THE DECEASED
(PLEASE INSERT RELATIONSHIP)

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

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

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

(DATE)

(SIGNATURE OF NEXT OF KIN)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

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

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

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

(DATE)

(SIGNATURE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART I (Continued)

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

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

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

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

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

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

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

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

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

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

Earl Probst
(SIGNATURE OF NEXT OF KIN)
Earl Probst
(NAME PRINTED OR TYPED)

Route #4
(STREET AND NUMBER)
Morgantown W. Va.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 21st day of Nov.,
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District) of West Virginia.

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

Ralph D. Henry
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public Commission Expires Feb 18 1957
(OFFICIAL TITLE)

S/Sgt Earl J. Propst, 15 070 720
Plot QQ, Row 1, Grave 25,
United States Military Cemetery
Saint Avold, France

16 October 1947

Mr. Earl Propst
Rural Free Delivery #4
Morgantown, West Virginia

Dear Mr. Propst:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 1, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after the date you receive this letter? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LANKIN
Major General
The Quartermaster General

Incls.

enc

107-21317-11
U.S. QUARtermaster CORP.
O.C.M.C.

S/Sgt Earl J. Propst, 15 070 720
Plot QQ, Row 1, Grave 25,
United States Military Cemetery
Saint Avold, France

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If you should elect Option B, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after the notification you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls.

Q.M.C.
RECORDED MAIL

cont

DET 21 3 17 PM '47

20 September 1946

Mr. Earl Propst
Rural Free Delivery #4
Morgantown, West Virginia

Dear Mr. Propst:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Staff Sergeant Earl J. Propst, A.S.N. 15 070 720.

93
The records of this office disclose that his remains are interred in the U. S. Military Cemetery St. Avold, plot QQ, row 1, grave 25. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located twenty-three miles east of Metz, France, and is under the constant care and supervision of United States military personnel.

The War Department has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide the next of kin with full information and solicit his detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

St
T. B. LARKIN
Major General
The Quartermaster General

1 13 PM
1
[]
2
3
O.Q.M.C.
RECORDED
1946

Propst Earl J 15070720 S/Scd 5 Aug 23
x 392 Bomb Gp H 25 Oct 45 x

Propst, Earl Father
Rural Free Delivery Number Four
Morgantown, W. Va.

Prev. Br. as Unk X-2017 (St. Avold)

Positive Identification

US MIL Cem St Avold, France QC 1 25 Propst Earl J 15070720
mh

CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS TAKEN FROM AG CAS CARI

& MACR J 441

ELETARY ST AVOID PLOT QQ ROW 1 GRAVE 25

NAME : PROPST EARL J
RANK : S SGT
ASN : 15070720
ORGANIZATION : 392 BOMB GP H
DATE OF DEATH : 13 Sept. 44
PLACE OF DEATH : ---
CAUSE OF DEATH : ---

RECORDED BY
RECORDS BRANCH

G.J. 19 Aug. 46

(Signature)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

24 July 1946

Date

PROPS T	Earl	J.	S/Sgt	15070720
Last Name	First	Initial	Rank	Serial No.
Unit		392 Bomb. Gp. H.		Organization
RUDESHEIM, Germany		14 September 1944		KIA
Place of Death		Date of Death		Cause of Death
1530 - 25 October 1945		U.S. Military Cemetery St. Avold, France		
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location
25	1	62		Cross
Grave Number	Row Number	Plot Number		Type of Marker

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags Previously buried as Unknown X-2017 (St. Avold)
How were remains identified? Identified through:

- 1) Est. date and place of death of X-2017 in agreement with MACR for AC 42-50279 of which Propst was a crew member.
- 2) Civ. Cemetery Records list "Propst" as one of two American Airmen buried in RUDESHEIM Cemetery, where X-2017 was disinterred.
What means of identification were buried with the body?
- 3) X-2017 was recovered from Rudesheim Cemetery with an identified crew member of AC 42-50279.
- 4) Favorable comparison of tooth charts for X-2017 and Propst, Earl J. 15070720.

To determine Right or Left use Deceased's Right and Left.

Who is buried on:	JOYNT	0-702283	2/Lt	392 Bb. Gp. H.	24
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	END	of	ROW	Organization	Grave No.

"Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

If print of identification tag is not affixed fill in below:



Emergency Addressee _____ Unknown
Name _____

Address _____

Religion _____ Unknown

List only Personal Effects Found on Body and disposition of same:

NONE

This corrected copy of Report of Burial, prepared in the Office of the American Graves Registration Command.

FILE

23 SEP 1946

Philip J. Wolf

Signature of Officer or other person reporting burial

PHILIP J. WOLF
Maj., QMC

Verified by G.R.S. Officer

Previously buried in isolated grave located at: RUDESHEIM, Germany,
WM 1454, Sh.T-2 1:100,000 GGGS
4416 Nord De Guerre Grid

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height:

Laundry Marks:

Weight:

Number of Rifle:

Color of Eyes:

Wear Glasses?

Color of Hair:

Is Tooth Chart Attached?

Race:

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Deceased's Left	Deceased's Right

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

TOOTH CHART																
Deceased's Left						Deceased's Right										
Upper	8	7	6	.5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by G; linking anchor teeth; replacements by artificial teeth X																

Characteristics: _____

Other Data: _____

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

Left Hand	Right Hand

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

24 Oct 45

Date

PROPIST, Earl J.
Unidentified-X-2017*S Sgt
UNK150707ZC
UNK

Serial No.

Last Name	First	Initial	Rank	
Unk	398d Bomb Gr (M)		AAF	
Coord:wM1474	Unit	23	Organization	
Rudesheim, Germany	Date	(Est) 14 Sept 44	Cause of Death	Plane Crash
Place of Death	Date	Date of Death	Q200284	
1530 25 OCT 1945	U.S.Mil.Cem.St, Avord, France		Name or Coordinates of Location	
Tune and Date of Burial	Name of Cemetery		(Temp) Cross	
25	Grave Number	Row Number	Plot Number	Type of Marker

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags

How were remains identified? Deceased's identification tags were used

IDENTIFIED BY FIELD APRV'D BY HQMGR - 6, SEPT 46

Remains were not identified

What means of identification were buried with the body? Previously buried in isolated grave

GRS Form #1 in bottle

Coord:wM1474
Rudesheim, Germany

To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	X-2016*	Unk	2nd Lt.	AAF	24
	Name	Serial No.	Rank	Organization	Grave No.

Deceased's Left:

	Name	Serial No.	Rank	Organization	Grave No.
--	------	------------	------	--------------	-----------

S/Sgt COLEMAN, 3046 M. GR. CO.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

If print of identification tag is not affixed fill in below:

Emergency Addressee -Unk Mrs. Alice J. Propst (M)
NameRFD #4, Morgantown, West Va.
Address

Religion Unk

List only Personal Effects Found on Body and disposition of same:

No personal effects

Disinterring Officer

Reinterring Officer

LTC W. DEL C. APP

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

RESTRICTED

W. D. EILM
610 GR. CO.

TAKE FINGERPRINTS IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height: 5'10" Laundry Marks: Unk
 Weight: 170 Name of Rifle: Unk
 Color of Eyes: Decomposed
 Color of Hair: Brown
 Is Tooth Chart Attached? Yes
 Race: White

(If possible, have medical personnel take a tooth chart; if no medical personnel present, fill in a tooth chart below. In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.)

This body, Unidentified X-2017*, is believed to be from same plane as Unidentified X-2016*

Unidentified X-2016*, is believed to be Identified as Probst, Theo. This name was entered in Cemetery records, and further verified by Burgermeister.

Title: Unknown. If unknown refer to

St. AVOIC Cemetery Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.

Follow front
written by [unclear]

61300 MI 4, RD 105

Thumbs

TOOTH CHART

		Deceased's Left								Deceased's Right								Upper			
		SEE ATTACHED TOOTH CHART				Upper				Lower				Upper				Lower			
		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4
In the following record, indicate by a checkmark (X) which teeth were lost, or replaced by artificial teeth.																					

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



E. 0.000 E. 0.000 S. 0.000 W. 0.000 N. 0.000

700-10 galvanized steel

ASR 805-1 1960

REPORT OF INVESTIGATION - AREA SEARCHING

To be completely filled out and attached to each copy of
GR Form 1, "Report of Burial" when disinterment is accomplished.
St Avold Cem

1. Unidentifies X-2017* Unk Unk AAF
(Full name of deceased) (Rank) . (ASN) (Organization)
2. State if identification tags were attached to remains, how many, and where attached. (To be filled out at disinterment) No tags
3. Give exact location of isolated grave, furnishing coordinates and letter prefix map sheet, scale and series used Rudesheim, Germany WM1454, Sheet T-2, Scale 1:100,000 GSGS No. 4416 Nord De Guerre Grid
NOTE: ATTACH OVERLAY SHOWING EXACT LOCATION OF ISOLATED GRAVE TYING LOCATION IN WITH PERMANENT LANDMARKS.
4. Full name of cemetery (include plot, row and grave if organized cemetery) Rudesheim, Cemetery Rusesheim, Germany WM1454
5. Approximate or established date of death (state which & give basis for date selected) (Est) 14 Sept 1944 from Burgermeisters records
6. Approximate or established date of burial (give basis for date established) Est 14 Sept 1944 from Burgermeisters records
7. Manner in which grave was marked and all information contained on the marker No markings
8. List personal effects found in possession of civilian or unauthorized military personnel, furnishing name and address of individuals concerned None
9. Names and addresses of all persons questioned concerning death or burial and information each furnished (contact local Mayor, priest, cemetery caretaker, those responsible for burial and any other possessing important information)
Burgermeister - Dr Faust, Geisenheimer Str. 26, Rudesheim
Priest PFR Willig, Schmidt Str., Rudesheim
Police - Ringsdorf, (Address unavailable)
Cemetery Caretaker - Trohmaun, Friedhof Str., Rudesheim
10. If buried in a coffin, give description and markings (To be filled out at disinterment) plain wooden box, no markings
11. Action taken Disinterred

Disinterment approved by 536 OM Group

Disinterment ~~exxxxxxxxxxxxxxx~~ made by: S/Sgt Coleman

Date of ~~burial~~/reburial: St Avold, France 25 October 1945

Place of ~~burial~~/reburial U.S. Military Cemetery: St Avold, France

Plot 20 Row 1 Grave 25

NOTE: Additional particulars regarding investigation will be placed on reverse side

L. W. Clapp
Signature of Investigating Officer

Rank LT. WENDELL CLAPP

ASN

01596611

*Cross out word not applicable

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

4066

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Staff Sergeant Earl J.

Propst, Army Serial Number 15,070,720, Air Corps, *✓*
to be dead. He was officially reported as missing in action as of the 13th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 14th day of September, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Hembert
ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA European	FLYING STATUS Yes	JUMP STATUS No	LINE OF DUTY Yes	OWN MIS-CONDUCT No	ON DUTY STATUS Yes	ABSENCE AUTH'D 1945
PREVIOUS REVIEWS None	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 16 Oct 1941	LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH) Over three years	YEARS three	MONTH years	DAYS	
DATE OF BIRTH 3 Aug 1923	HOME ADDRESS Morgantown, West Virginia					

EMERGENCY ADDRESSEE		
NAME Mrs. Alice J. Propst	RELATIONSHIP Mother	ADDRESS Rural Free Delivery Number Four Morgantown, West Virginia

BENEFICIARIES		
NAME Mr. Earl Propst	RELATIONSHIP Father	ADDRESS Rural Free Delivery Number Four Morgantown, West Virginia
NAME Mrs. Alice Propst	RELATIONSHIP Mother	ADDRESS Rural Free Delivery Number Four Morgantown, West Virginia

REMARKS	Distribution <u>56</u> Circumstances of disappearance: The subject person was a crew member of an airplane that was hit by enemy antiaircraft fire and was last seen in a steep dive in the vicinity of Schwabisch-Hall, Germany, while on a combat mission.
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CORRECTED COPY

REPORT OF BURIAL

TM 10-630 AND AR 30-1015

24 July 1946

Date

PROPT	Earl	J.	S/Sgt	15070720
Last Name	First	Initial	Rank	Serial No.
392 Bomb Gp. H.				
RUDESHEIM, Germany	Unit	13	Organization	
Place of Death	Date of Death	14 September 1944	KIA	Cause of Death
1530 - 25 October 1945	Time and Date of Burial	U.S. Military Cemetery St. Avold, France	Name of Cemetery	Name or Coordinates of Location
25	Grave Number	1	Plot Number	Cross
	Row Number	00		Type of Marker

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

If No Identification Tags Previously buried as Unknown X-2017 (St. Avold)
How were remains identified? Identified through:

- 1) Est. date and place of death of X-2017 in agreement with MACR for AC 42-50279 of which Propst was a crew member.
- 2) Civ. Cemetery Records list "Propst" as one of two American Airmen buried in RUDESHEIM Cemetery. What means of identification were buried with the body? was disinterred.
- 3) X-2017 was recovered from Rudesheim Cemetery with an identified crew member of AC 42-50279.
- 4) Favorable comparison of tooth charts for X-2017 and Propst, Earl J.

15070720.

To determine Right or Left use Deceased's Right and Left.

Who is buried on:	JOYNT	0-702263	2/Lt.	392 Bb. Gp. H.	24
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	END	OF	ROW		
	Name	Serial No.	Rank	Organization	Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

If print of identification tag is not affixed fill in below:

Emergency Addressee _____ Unknown _____

Religion _____ Unknown _____

List only Personal Effects Found on Body and disposition of same:
This corrected copy of Rept of Burial, prepared in the office of the American Graves Registration Command.

NONE

REBURIAL

Previously buried in isolated grave located at: RUDESHEIM, Germany
WM 1454, Sh.T-2 1:100,000 GSGS 4416
Nord de Guerre Grid

s/t/ PHILIP J. WOLF
Maj., QMC

A TRUE COPY:

Joseph E. McCloskey
JOSEPH E. MC CLOSKY
2nd Lt, Inf

Signature of Officer or other person reporting burial

Verified by G.R.C. Officer

**REPORT OF BURIAL
IF DECEASED UNIDENTIFIED**

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height:

Laundry Marks:

Weight:

Number of Rifle:

Color of Eyes:

Wear Glasses?

Color of Hair:

Is Tooth Chart Attached?

Race:

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate and describe any scars, birthmarks, moles, deformities, etc.

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

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

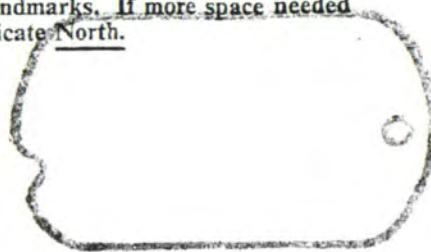
		TOOTH CHART							
		Deceased's Left				Deceased's Right			
		Upper	Lower	Upper	Lower	Upper	Lower	Upper	Lower
8	7	6	5	4	3	2	1	1	2
8	7	6	5	4	3	2	1	1	2

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by G; linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.



AG P BR HQ SOS

1/22560

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

REPORT OF DEATH

plm-1D563

DATE 16 Sep 1946

FULL NAME PROPST, EARL J.		ARMY SERIAL NUMBER 15 070 720	GRADE S/SGT			
HOME ADDRESS Morgantown, W. Va.		ARM OR SERVICE AC	DATE OF BIRTH 3 Aug 1923			
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action	DATE OF DEATH 13 Sep 1944				
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 16 Oct 1941				
EMERGENCY ADDRESSEE (Name, relationship, and address) Alice J. Propst, mother, RFD #4, Morgantown, W. Va.		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS				
BENEFICIARY (Name, relationship, and address) Earl Propst, father, RFD #4, Morgantown, W. Va.						
Alice Propst, mother, address as above						
INVESTIGATION MADE	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (Specify below)
YES	NO	YES	NO	YES	NO	YES X NO
ADDITIONAL DATA AND/OR STATEMENT						
				<input checked="" type="checkbox"/> BATTLE		<input type="checkbox"/> NON-BATTLE

Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942 as amended, showing presumed date of death as 14 Sep 1945. This "Report of Death" based on information received since that date is issued in accordance with Section 9 of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

BY ORDER OF THE SECRETARY OF WAR

EICE

H. M. Anderson

ADJUTANT GENERAL

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

REPORT OF DEATH

plm-1D563

DATE 16 Sep 1946

FULL NAME <u>PROPST, EARL J.</u>		ARMY SERIAL NUMBER <u>15 070 720</u>	GRADE <u>S/SGT</u>																							
HOME ADDRESS <u>Morgantown, W. Va.</u>		ARM OR SERVICE <u>AC</u>	DATE OF BIRTH <u>3 Aug 1923</u>																							
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in action</u>	DATE OF DEATH <u>13 Sep 1944</u>																								
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>16 Oct 1941</u>	LENGTH OF SERVICE FOR PAY PURPOSES <u>YEARS MONTHS DAYS</u>																							
EMERGENCY ADDRESSEE (Name, relationship, and address) <u>Alice J. Propst, mother, RFD #4, Morgantown, W. Va.</u>																										
BENEFICIARY (Name, relationship, and address) <u>Earl Propst, father, RFD #4, Morgantown, W. Va.</u>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">INVESTIGATION MADE</th> <th>IN LINE OF DUTY</th> <th>OWN MISCONDUCT</th> <th>WAS DECEASED ON DUTY STATUS</th> <th colspan="2">AUTHORIZED ABSENCE</th> <th colspan="2">IN FLYING PAY STATUS</th> <th colspan="2">OTHER PAY STATUS (Specify below)</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>NO</td> <td>YES</td> <td>NO</td> <td>YES</td> <td>NO</td> <td>YES</td> <td>NO</td> <td>YES <input checked="" type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> </tbody> </table>				INVESTIGATION MADE		IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)		YES	NO	YES	NO	YES	NO	YES	NO	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
INVESTIGATION MADE		IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)																	
YES	NO	YES	NO	YES	NO	YES	NO	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>															
ADDITIONAL DATA AND/OR STATEMENT						<input checked="" type="checkbox"/> BATTLE		<input type="checkbox"/> NON-BATTLE																		

Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942 as amended, showing presumed date of death as 14 Sep 1945. This "Report of Death" based on information received since that date is issued in accordance with Section 9 of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

BY ORDER OF THE SECRETARY OF WAR

H. M. Anderson

ADJUTANT GENERAL

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

BATTLE CASUALTY REPORT

AG 201	NAME PROPST EARL J 15 070 720	GRADE S/SGT SON	DATE CAS. REPORT RECEIVED <i>Letter TELEGRAM SENT 11 Sept 46</i>
	NAME AND AD- DRESS OF E. A. MRS ALICE J PROPST RD #4 MORGANTOWN WEST VIRGINIA		

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

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

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
S/SGT	PROPST, EARL J.	15070720	AC	ETO	U-2	252066-
TYPE OF CASUALTY		PLACE OF CASUALTY	DATE OF CASUALTY		CASUALTY CODE	
KILLED IN ACTION		IN	DAY	MONTH	YEAR	
			13	SEP		44

REMARKS: AG 704 /23 AUG 46/ CORRECTED COPY

HQS USFET. CAS LISTING NBR 42. CHANGE OF STATUS IN U PROJ. PDD TO KIA.
PL oo ETO.

~~ADDITIONAL XXXXX~~ REPORT OF DEATH ISSUED 16 SEP 1946. plm

Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942 as amended, showing presumed date of death as 14 Sep 1945. This Report of Death, based on information received since that date is issued in accordance with Section 9 of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

ACTION BY COMPOSITE SECTION: <input type="checkbox"/> REPORT VERIFIED		FORM 43	AG 201 REQ	FILE							
CASUALTY BRANCH FILE ATTACHED <input type="checkbox"/> OR CHARGED TO		DATE									
PREVIOUSLY REPORTED NO <input type="checkbox"/> YES <input type="checkbox"/>		(AS INDICATED BELOW)									
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED							
Form W 0353	0353	DEA	14 Sep 46								
FORWARDED TO <input type="checkbox"/>	SPEC. IDEN. <input type="checkbox"/>	C. & P. <input type="checkbox"/>	TELEGRAM <input checked="" type="checkbox"/>	LETTER <input type="checkbox"/>	CERTIF. <input type="checkbox"/>	F. REL. <input type="checkbox"/>	CORRES. <input type="checkbox"/>	REPAT. <input type="checkbox"/>	G. R. B. D. <input type="checkbox"/>	NON-DEL <input type="checkbox"/>	
REPORT NOT VERIFIED <input type="checkbox"/>	NO FORM 43	NO CAS. BR. FILE	CHECKED BY <i>W. Joseph</i>		REVIEWED BY <i>J. M. C.</i>						
DISTRIBUTION "A" <input type="checkbox"/>	COPIES	DISTRIBUTION "B" <input type="checkbox"/>	COPIES								

WD AGO FORM 0365
1 MAY 1945

EDITION OF 1 JAN. 1945 MAY BE USED.

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

BATTLE CASUALTY REPORT

AG 201	NAME PROPST EARL J 15 070 720	GRADE S/SGT SON	DATE CAS. REPORT RECEIVED 11 Sept 46
	NAME AND AD. DRESS OF E.A. MRS ALICE J PROPT RED #4 MORGANTOWN WEST VIRGINIA		

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

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

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
S/SGT	PROPT, EARL J.	15070720	AC	ETO	U-2	252066-
TYPE OF CASUALTY		PLACE OF CASUALTY	DATE OF CASUALTY		CASUALTY CODE	
KILLED IN ACTION		IN	DAY	MONTH	YEAR	
			13	SEP		46

REMARKS: AG 704 /23 AUG 46/ CORRECTED COPY

HQS USFET. CAS LISTING NBR 42. CHANGE OF STATUS IN U PROJ. PDD TO KIA.
PL == ETC.

~~AMENDMENT XXXXX~~ REPORT OF DEATH ISSUED 16 SEP 1946. plm

Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942 as amended, showing presumed date of death as 14 Sep 1945. This Report of Death, based on information received since that date is issued in accordance with Section 9 of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

ACTION BY COMPOSITE SECTION: REPORT VERIFIED		FORM 43	AG 201 REQ							
CASUALTY BRANCH FILE ATTACHED		OR CHARGED TO	DATE							
PREVIOUSLY REPORTED NO		YES	(AS INDICATED BELOW)							
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED						
Form W 0353	0353	DEO	16 Sep 46							
FORWARDED TO	SPEC. IDEN.	C. & P.	TELEGRAM	LETTER	CERTIF.	F. REL.	CORRES.	REPAT.	S. R. B. D.	NON-DEL.
REPORT NOT VERIFIED	NO FORM 43	NO CAS. BR. FILE	CHECKED BY		REVIEWED BY					

DISTRIBUTION "A" COPIES DISTRIBUTION "B" COPIES

WD AGO FORM 0365

1 MAY 1945

EDITION OF 1 JAN. 1945 MAY BE USED.

403967
T

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

REPORT OF DEATH

plm-1D563

DATE 16 Sep 1946

FULL NAME PROPST, EARL J.		ARMY SERIAL NUMBER 15 070 720	GRADE S/SGT			
HOME ADDRESS Morgantown, W. Va.		ARM OR SERVICE AC	DATE OF BIRTH 3 Aug 1923			
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action	DATE OF DEATH 13 Sep 1944				
STATION OF DECEASED European Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 16 Oct 1941	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS				
EMERGENCY ADDRESSEE (Name, relationship, and address) Alice J. Propst, mother, RFD #4, Morgantown, W. Va.						
BENEFICIARY (Name, relationship, and address) Earl Propst, father, RFD #4, Morgantown, W. Va. Alice Propst, mother, address as above						
INVESTIGATION MADE	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (Specify below)
YES	NO	YES	NO	YES	NO	YES X NO YES NO
ADDITIONAL DATA AND/OR STATEMENT						
<input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE						

Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942 as amended, showing presumed date of death as 14 Sep 1945. This "Report of Death" based on information received since that date is issued in accordance with Section 9 of said act, and its effect on prior payments and settlements is as prescribed in Section 9.

BY ORDER OF THE SECRETARY OF WAR

U. M. Anderson

ADJUTANT GENERAL

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

In Reply Refer To: 403167

(S-10-16-45)
RTB:JFH:pam
August 8, 1945

Mrs. Alice J. Propst
R.F.D. # 4
Morgantown, West Virginia

Dear Mrs. Propst:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your son, Staff Sergeant Earl J. Propst:

2 cartons and contents

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

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

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

Yours very truly,

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

1 Incl--
Envelope

Receipt acknowledged:

mrs. alice j propst
(Signature of Bailee)
Eff. QM Form 205 (11 Apr 45)

8/20/45
(Date)

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Alice J. Propst

SHIP TO:
S/Sgt. Earl J. Propst I.P.D. # 4

Effects of: 15070720 Morgantown, West Virginia

Name 403167 M

ASN

Case No.

Wt.

DATE 8 August 1945

RTB:JFH:pam

B Manville

FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check

Remove G.I.

Acct. No. _____

Note discrepancy in _____

Amount _____

Films removed

Inclose "Valuables" item

Diary removed

Ship "Valuables" item(s)

Laundry removed

ROUTING:

Accounting Branch

1 Warehouse Division

2 Files Branch, Adm. Div.

1/10/45 P.M. 7-16
2 ✓

REMARKS:

Franked _____

Est. Exp. Chgs. _____

Est. Int. Chgs. _____

No. of packages _____

AUG 13 1945

Shipping Clerk

ARMY EFFECTS BUREAU
DRY CLEANING LISTARMY EFFECTS BUREAU
LAUNDRY LISTTALLY
NO.

403 108

TALLY
NO.403,167
nd

P-0720E

DRY CLEANING

do
not
use

LAUNDRY

do
not
use

SHIRTS, WOOL
TROUSERS, WOOL
COAT, SERVICE, WOOL
JACKET, FIELD
OVERCOAT, LONG
OVERCOAT, SHORT, WOOL
CAP, GARRISON, WOOL
CAP, GARRISON, W/LEATHER COTTON
CAP, SERVICE, W/LEATHER COTTON
TIES, WOOL
GLOVES, LEATHER OR WOOL
SCARFS
SWEATERS
TRUNKS, SWIM

SHIRTS, DRESS, COTTON
HANKERCHIEFS
TROUSERS, COTTON
TIE, COTTON
UNDERSHIRTS, COTTON ✓ 121
DRAWERS, COTTON ✓ 107
SWEATSHIRTS, COTTON OR WOOL ✓ 107
DRAWERS, WOOL
SOCKS, COTTON, FR. ✓ 125
SOCKS, WOOL, FR. ✓ 125
PAJAMA TOPS
PAJAMA BOTTOMS
FATIGUES, 1 PC, COTTON
FATIGUES, TOPS, COTTON
FATIGUES, TROUSERS, COTTON
CAP, FATIGUE, COTTON
BELT, COTTON
TOWEL ✓ 04 09
CLOTH, WOOL
CAP, GARRISON, LEATHER COTTON
CAP, SERVICE, LEATHER COTTON
GLOVES, COTTON
LEGGINGS
SUPPORTER, ATHLETIC
SCARFS
TRUNKS, GYM
BAG, BACKPACK

48

WEIGHT

WAREHOUSE SPACE

3299

STORED BY

B-10

1000

SHIPPED
1995

INVENTORIED BY

CHECKED BY

CHECKED BY

NAME PROSPT, EARL J. S SG 120

BAY	PALLET	BOX	TALLY
41	32		8679
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
BOX			
QM Form 48			

PACKAGE/DESCRIPTION	ARMY EFFECTS BUREAU INVENTORY
---------------------	-------------------------------

NAME Eduard J. Propst
 A.S.N. 150707-07 RANK S/Sgt.

L
 P.O.W.
 ABANDON
 TALLY
 NO. 8
 INV. DATE 16-7
 ORIG. NO. 1
 OF PKGS.
 BOX NO.
 SHEET 1
 OF 1 SHEET
 ORGANIZATION
576 Kompanie
37th Inf. Regt.

Belt	TOWELS & WASHCLOTHS	WINGS
BELT, MONEY (NO MONEY)	CLOTHING	BAGS, CLOTH OR TRIFEL
Cloth, Wash	BRACELET IDENT.	BILGPOLD, (NO MONEY)
Coats	Brushes	Case
Footwear, Pr.	CAMPBAS	FONTINCKER
Gloves, Pr.	Glasses	FIG. SEW, FIG. OR WHITF
Handkerchiefs	Knives	BOOKS
Headwear	Lighters	Books, Address
Jackets	MISC.	Books, Pilot Log
Overcoats	Pen, Fountain	DIARY (REMOVED FOR D.P.)
Scarfs	Pencil, Mechanical	FIRES
Shirts	Pipes	Letters
Socks, Pr.	RELIGIOUS ARTICLES	Papers, Personal
Ties	RIBBONS, DECORATION	Photos
Towels	Tobacco	SHOE SHINE ARTICLES
Trousers, Pr.	Toilet Articles	SHORT SMOKE
Trunks, Pr.	WATCH	SOUVENIRS
Underwear		SOUVENIR MONEY
		STATIONERY
		TESTAMENTS
		U.S. MONEY (AMOUNT)

1. U.S. Stamp Book w/ P. - 125-25

REMARKS <u>ED Propst</u>	ATTACHMENTS	FORM #54	FORM #100
<u>REMOVED FROM</u>			<u>REMOVED</u>
<u>TO THE PLANO TOURE</u>			
<u>CLUTCH BAG</u>			
C.A.T. <u>ASAR</u>			
WAREHOUSE SPACE	STORED BY	WEIGHT	G.I. REMOVED
<u>7-1116</u>	<u>R.L.</u>	<u>54 ±</u>	<u>SHORTAGE ON REVERSE</u>
INVENTORIED BY		DATE SHIPPED	IDENT. TAGS REMOVED
PACKED BY	CHECKED BY	1945	DIARY REMOVED
		1945	LOCKED STORAGE
			LAUNDRY REMOVED
			FILM REMOVED

ADDITIONAL REMARKS

SHORAGES

U.S. GOVT. CHECK SHORT

--- NUMBER

DATE

SYMBOL

AMOUNT

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

Kinder

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

2 October 1944

Date

576 Bomb Sq. SIC Bomber Gp. (), A-1 NBP.
(Organization and A.I.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-14, APO 507.

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

Propst	Carl	J.	E/Capt.	15070720
(Last Name)	(First Name)	(MI)	(Rank)	(ASN) (Control No) (for use of Effects QM)

Organization 576 Bomb Sq. SIC Bomber Gp. ().
(UNIT -----Not branch of service)

*Status. (~~Decedent~~, Missing in Action, ~~Priesthood~~) on the 15th day of

September 1944
Designated Beneficiary (with address)

Mr. Carl J. Propst, Route #4, Mountain, West Virginia. (Father)

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

U.S.M.O	Amt \$	U.S.M.O #	Amt \$
U.S.M.O.	Amt \$	U.S.M.O.#	Amt \$
U.S. Official Check #		Amt.	Bank (Name & Branch)

Bank Accounts _____

Debtors _____

Creditors _____

Inclosed is _____
(Will Power of Attorney, War Bond, Travelers Checks. Describe Fully)

REMARKS (if any)

* Strike out words not applicable.

Negative report where applicable.

INVENTORY OF EFFECTS

(Attach extra sheets if necessary)

CL. NO. I
2 Sunhat & case ✓
3 Vaseline 16 oz ✓
2 Fr. finger ✓
1 Award bar ✓
2 Air medal and ribbons ✓
1 P. tie ✓
1 Address book ✓
3 Handled letters ✓
1 Folder + P. Form 5's ✓

CL. NO. II

1 Fr. shoes, (boots) ✓
2 Fr. shoes, low cut ✓
2 Fr. tennis shoes ✓
2 Fr. slippers ✓
3 Bath towels ✓
Undershirt wool ✓
1 Fr. swim trunks ✓
Cap, Garrison ✓
1 Supporter ✓
Undershirts, etc. ✓
2 Fr. breeches, cotton ✓
2 Fr. socks, wool ✓
3 Neckties ✓
1 razor ✓
1 tooth brush ✓
2 Fr. gloves ✓
1 comb & comb ✓
1 Gribbage set - th cards ✓
1 Mirror in case ✓

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects QM, FTOUSA, A.P.O. 507, G-14, U.S. Army by delivering to Station Guernsey on 8 Oct. 1944.

A.M. Station 118

Robert E. Nichols

Signature - Robert E. Nichols
let. Lt. Air Corps

Ans't. Name - Robert E. Nichols
276th Bomb Sq. (B)

Rank & Organization