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

BUDGET BUREAU No. 49-RZ77.

REQUEST FOR DISPOSITION OF REMAINS

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

S/Sgt Dale S. Brown, 17 152 717
Plot Q, Row 6, Grave 130,
United States Military Cemetery
Neuville-en-Condroz, Belgium

15 January 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, Faye Brown (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) *(Please indicate relationship to the deceased by placing an "X" in the proper box.)*

☒ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD

☐ FATHER ☐ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE (*Specify*) _____

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

☒ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. NEUVILLE-EN-CONDROZ

☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

_____ (NAME AND LOCATION OF CEMETERY)

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

☐ 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 8-24648

J. Williams

OQMG FORM 14 NOV 1946 345 MILITARY

16—50411-1

JUN 6 1948

PAGE 1

Bryan

PART I (*Continued*)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your [illegible] 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 (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.

OR

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

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

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

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

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.

Faye Brown
(SIGNATURE OF NEXT OF KIN)

Faye Brown
(NAME PRINTED OR TYPED)

(STREET AND NUMBER)

Bonaparte, Iowa
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 3rd day of March, 1948, at city (or town) of Fort Madison, county of Lee, and State (or Territory or District) of Iowa

Kathryn M. Carter
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

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

10—50611-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN)

_____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED)

_____ (CITY AND STATE)

PART III

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

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

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

_____ (DATE)

_____ (SIGNATURE)

_____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED)

_____ (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

U. S. GOVERNMENT PRINTING OFFICE

S/Sgt Dale S. Brown, 17 132 717
Plot G, Row 6, Grave 130,
United States Military Cemetery
Neuville-en-Condroz, Belgium

19 January 1948

Mrs. Faye G. Brown

Davenport, Iowa

Dear Mrs. Brown:

The people of the United States, through the Congress have authorized the disinterment and final burial of the honored dead of World War II. The Quartermaster General of the Army has been entrusted with this solemn 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 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 its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Encls. 4

pdj

JAN 15 11 18 AM '48
O.Q.M.G.
MAIL & RECORDS BRANCH

QMCMM 293

Brown, Dale S.
SN 17 152 727

Address Reply to
THE QUARTERMASTER GENERAL
Attention: Memorial Division

22 August 1946

Mrs. Dale S. Brown
Bonaparte, Iowa

Dear Mrs. Brown:

This office has been requested to furnish you information concerning your husband, the late Staff Sergeant Dale S. Brown.

The official report of burial shows that the remains of your husband were originally interred in the Garrison Cemetery, Mittmund, Germany, but were later disinterred and moved to a more suitable site where constant care of the grave can be assured by our Forces in the field.

The report of burial further discloses that the remains of your husband are now interred in Plot Q, Row 6, Grave 130, in the United States Military Cemetary Neuville-en-Condroz, located nine miles southwest of Liege, Belgium.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

mbn

JAMES L. PRESTON
Major, QMC
Assistant

JLP

Cc AAF

(Germany K-54)
6136

B/5

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
APO 887 U S ARMY

WBM/BED/sb

RRE 293.9 (IB) 10 August 1946

293 Brown, Dale S. (17152727)

~~SUBJECT: Isolated Burials.~~

TO : Chief of Staff, United States Army,
Washington 25, D.C.
Attention: Office of the Quartermaster General.

1. Reference is made to letter, your Office, file SPQYG-293, Brown, Dale S., 17152727, Ltr #969-B, subject "Report of Burial", dated 30 March 1946.

2. The remains of S/Sgt Dale S. Brown have been reburied in US Military Cemetery Neuville-en-Condroz, plot Q, row 6, grave 130.

3. Report of Interment will be forwarded your Office, upon completion of processing at this Headquarters.

FOR THE COMMANDING OFFICER:

Walter B. Morrow
WALTER B. MORROW
Major, Infantry
Actg Asst Adj Gen

-OUT-
13 AUG 1946
12039

MAA 44
2/1 28 av1
Geo Freeman

AFPPA-S

Lt. Satterfield
AFPPA-S/GWS/jva/6484
Rm 5D867 4/19/46

AAF 201 - (11358) Brown, Dale S.
(KU 3304) 17152717

Mrs. Dale S. Brown
Bonaparte, Iowa

Dear Mrs. Brown:

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

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

In regard to Staff Sergeant Dale S. Brown, these records indicate that he was found dead by the Germans on 31 December 1944, after his B-17 (Fortress) bomber had sustained damage from enemy fighters and crash landed near Emden, Germany. These records also state that he was interred on 3 January 1945, in grave number 211, in the Memorial Garrison Cemetery at Wittmund (53° 32' North Latitude, 7° 45' East Longitude).

Interrogation of returned members of Sergeant Brown's crew reveals that your husband died in the presence of all of his fellow crew members shortly after they crash landed from injuries sustained in aerial combat.

The Quartermaster General in his capacity as Chief, American Graves Registration 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 husband's burial has not been confirmed and you have not been notified by the Quartermaster 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 husband's valuable contribution to our cause sustain you in your bereavement.

Very sincerely,

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

SAVE

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

SPQYG 293
Brown, Dale S.
17 152 727
Ltr #969-3

30 March 1946

SUBJECT: Report of Burial

TO: Commanding General
American Graves Registration Command
European Theater Area, Versailles, France
APO 887, c/o Postmaster New York, New York.

1. Request that a Report of Burial, if completed, or other currently available information be furnished concerning the following named decedent for whom no report is on hand in this office:

NAME: Brown, Dale S. DATE OF DEATH: 31 Dec 1944

RANK: S/Sgt PLACE OF DEATH: 4 km north of Eschen, Germany.

SERIAL NO.: 17 152 727

2. The following information has been received in this office which may aid in the location and recovery of his remains:

PLACE OF BURIAL: Garrison Cemetery, Grave No. 211, at Wittmund, Germany.

WFS
SDC
WGS

Information obtained from captured German records, MI-3504.

MAR 28 7 PM '46
REGISTRATION AND RECORDS BRANCH
MEMORIAL DIVISION

3. If no Report of Burial is on hand, it is requested that this office be furnished the approximate time during which the particular area where his remains are believed to be located will be searched.

FOR THE QUARTERMASTER GENERAL:

MAR 29 3
D.Q.M.G. BR.
MAIL & RECORDS

W. G. SITNEK
Major, QMC
Assistant

25-68144-8K

Name: Brown, Dale S. 17152717

~~Gefangenenlager:~~ KÜ 2704

Gefangenen-Nr.: 293 Brown, Dale S.

Staatsangehörigkeit: U.S.A.

Nr. der Liste:

Seite der Liste:

Name: Brown

Vornamen: Dale S. (S)

Beruf:

Religion:

Rank: S/Sgt

Dienstgrad: S/Sgt

Geburtstag u. Geburtsort:

Truppenteil: Organization: air force, Machine Fortress

Masch. Fortress

Vorname des Vaters:

Komp. usw. A.S.N.

Matr. Nr. 17 152 717

Familienname der Mutter:

Ort und Tag der Gefangennahme oder Internierung:

Name u. Anschrift der zu benachrichtigenden Person:

Verwundungen, Verletzungen oder Tod: Dead

FILE

27 MAR 1946

wann und von wo zugegangen:

Aufenthalt u. Veränderungen: † 31.12.44 / 13 20 Emden

Notlandung b. Westerhusen 4 km nördl.

Died 31 Dec 1944 at 13:20 o'clock at Emden

Grablage: Standortfriedh. Wittmund Nr. 277

Burial: Garrison Cemetery at Wittmund, Germany;

Grave No. (277) 211

gem. d. Dulag-Lu-Ia 2691/45 v. 15.1.45.

V 4 a - Ref. IV 1

Totenl. Nr. 64

lfd. " 31

II. Meld. d. Wm. St.O. Lds. führer Wittmund abgal. u. D.V. 2066/45

Source of Information: Report from Dulag-Luft 2691/45; dated 15 Jan. 1945.

V.4a — Ref. IV.

appears on Dead List 64/3

II. Report from Armed Forces Staff Officer Wittmund, Report no. 2066/45.

RRE Form #43
20 Sep 48

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

BROWN	Dale	S	S SG	17152717
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

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

STATION FILE

Incl #

REPORT OF INVESTIGATION
AREA SEARCH

AGRC Form 10 (Revised)
1 January 1946

24. May 1946
Date

NAME Dale S. Brown RANK S/Sgt. ASN 17152717

ORGANIZATION A.A.F.

MEANS OF IDENTIFICATION Identification tag

(All statements above this line will be completed, upon final) processing, by the clerical staff at the unit processing point.)

SECTION A — GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation? No If so, state the following information:
   a. NAME RANK ASN
   b. ORGANIZATION
2. Was partial identification established? Yes If so, state the facts as to whom you believe the deceased to be:
   a. NAME Dale Brown RANK S/Sgt ASN 17152717
   b. ORGANIZATION A.A.F.
3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Gr. 110 Robert Lee
   Gr. 112 Unknown American
   (Use reverse side for listing of crew members from MARC)
   a. Date of above burials 3. Jan. 1945 Common Graves? Single
5. Name and Type of Cemetery Military Cemetery
   (Military or Civilian)
6. Map Coordinates of the Cemetery K 54/R 031 538 1:250,000
   a. Town Wittmund Country Germany
   . Give exact location in cemetery of the remains.
   a. Section Row Grave 211
   b. Is Sketch attached? No
8. If remains are not located in a cemetery, give exact location.
   a. Town Coordinates
   b. Is Sketch attached?
   c. Is area mined?
9. How is the grave marked? wood peg # 211
10. If grave is marked with cross, give exact markings thereon No cross
    a. From what source was this information obtained?
    (Identification tags, personal effects)
    1. By whom
11. Where are the cemetery records? Community Hall, Wittmund, Germany
    (Town Hall, cemetery, burgermeister's office)

30 000. 3. 46. P. & Co Fulda

a. What information was contai thereon? Dale Brown S/Sgt 1715 7
died 31. Dec. 1944 - buried 3. Jan. 1945

b. Where was the information obtained? Personal effects

c. By whom? T. Bronsemme, Rysum, Germany

12. What is the date of death? 31. Dec. 1944

a. Give basis Cemetery Records at Wittmund, Germany

13. What is the cause of death? Injuries sustained in plane crash

b. Give basis T. Bronsemme, Rysum, Germany

14. What is the date of burial? 3. Jan. 1945

a. Give basis Cemetery Records Wittmund, Germany

15. What was the place of death? Rysum, Germany Coords K 54/Q 532 320 1:250,000

b. Give basis T. Bronsemme, Rysum, Germany

16. Where were the reamains found? Rysum, Germany Coords K 54/Q 532 320 1:250,000

a. By whom? T. Bronsemme, Rysum, Germany

b. Is sketch attached? No

17. Was a casket used? Yes Who furnished the casket? German Civilian

Type of casket Wood How marked? No marking

18. Who made the burial Albert Penning
(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? Albert Penning, 103 Finkenburg Str.
Wittmund, Germany

SECTION B — AIR CORPS DECEASED (To be completed only if deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? No

a. Give location in plane from which the bodies were removed Unknown
(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 Unknown

b. Markings and/or name on plane Unknown

c. Give numbers on motors, machine guns, instruments, radios or other equipment: Unknown

21. How did crash occur? enemy planes Anti-aircraft No

Enemy Planes? Yes Collision? No

22. Did plane explode in the air? Yes On ground? No

23. Did plane burn in the air? Yes On ground? Yes

24. What was the direction of the flight? North West

25. What was the civilian opinion regarding destination of plane? England

26. Had bombs been released prior to the crash? Yes

27. Does specific time and date of crash correspond with date of death of above named deceased? Yes

28. Number of planes in formation prior to crash Unk

29. State precise time and date of plane crash 31. Dec. 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? Burn?

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? Prisoners?

SECTION D — OTHER BRANCH (To be filled out if B & C are not applicable).

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? No

If not, state reason Taken by Luftwaffe (names unknown)

a. Were identification tags found at the time of death? No

Where? By whom?

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.

b. Were personal effects found at the time of death? Yes

Where? On body By whom? T. Brensemme

Present disposition Unknown

c. Was deceased identified by living members of the crew at the time of death? No

d. Did Cemetery Register or cross indicate the immunization shot?

42. Was Deceased given first aid? No If so, where?

By whom? Are statements from the medical people attached?

43. Was deceased evacuated to a German civilian hospital? No

Where? Names of people concerned

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains? No

(Burnt? Decapitated? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? No

a. If so, give basis for positive assumption

b. If so, has higher headquarters been notified?

47. Was case previously investigated? No By whom?

When?

48. Give full names, addresses, and information obtained from each person interviewed

T. Brensemme, Rysum Germany

49. Are all positive statements regarding identification and particulars surrounding death attached? Yes

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No

51. Was investigation preceded by anvanced publicity? Yes

(If special investigation, give case number)

52. Give Brief Narrative Deceased died of injuries in plane crash near Rysum. Germany.

(Use attached, sheets if necessary)

Adolf Stahlmann
Signature of Interpreter

Rank ASN

Organization

James F. Smith
Signature of Investigator

S.F.C. 44145332
Rank ASN

6858 G.R.Co. 528 Group
Organization A.P.O. 751

FORM 1

KU-350 U

REPORT ON CAPTURE OF MEMBERS OF ENEMY AIR FORCES

Distributer:

Air District Command XI, Ic		1x
Dulag-Luft		1x
Hospital		1x
for file		1x

POST: Air Base HQs A 12/XI

PLACE: Wittmundhafen

DATE:

REGARDING: ~~AAAAAAIIIPPPPPPPP~~ OF, one B 17 G (Fortress) at Westerhusen, 4 km North of Emden;

EM. LANDING: AT: 1320 hrs., December 31st, 1944.

NAME: *(LAST OR SURNAME)* B r o w n

FIRST NAME: Dale S

SERIAL NUMBER: *(USA)* Rank: S/Sgt. 17152717

RESULT: *(DEAD OR CAPTURED)* recovered dead

PLACE AND TIME OF CAPTURE: December 31st, 1944

NAME OF HOSPITAL: ./.

PLACE, DATE AND TIME OF INTERMENT: Post Cemetery Wittmund, Grave Nr. 211 January 3rd, 1945.

illegible
signed:.....
Major, Commanding

Stamp:
Dulag-Luft, Wetzlar
Received January 10, 1945
File Center and Message Stn.

FIIF

27 MAR 1946

6-3224 AF(1)

BURIAL INFORMATION REPORTED BY GERMAN GOVERNMENT THROUGH AMERICAN LEGATION, BERN, SWITZERLAND

Received U.S. Army

NAME (Last, First, Middle)	GRADE	ORGANIZATION
Brown, Dale S.	S/Sgt.	Air Corps "Machine Gunner" S.N. 1715 2717
DATE OF BIRTH	PLACE	

EMERGENCY ADDRESSEE

DATE OF DEATH OR CAPTURE	PLACE
KIA Dec. 31, 1944	

PLACE OF BURIAL	ROW NO.	GRAVE NO.	TYPE OF BURIAL	DATE OF BURIAL
Garrison Cem. at Wittmund, Germany			☐ SINGLE ☐ COMRADE	

OTHER MEMBERS OF CREW OF

NAME	GRADE	NAME	GRADE
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

PERSONAL EFFECTS

SOURCE OF INFORMATION: GERMAN LIST OF AMERICAN CASUALTIES NO. 64/31 — PAGE NO.

PLACE Saalfeld/Saale, Germany — DATED 31 Mar 1944

REMARKS

Burial inf. as received in the German language: "Verst. Standortfriedhof Wittmund."

FILED
27 MAR 1946

OQMG FORM 302a
Rev 22 Jun 45

25-4791U-20M

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

CEMETERY NEUVILLE EN CONDROZ PLOT Q ROW 6 GRAVE 130

213

NAME : BROWN DALE S

RANK : S/SGT

ASN : 17152717

ORGANIZATION : 100 BOMB GP H

DATE OF DEATH : ---

PLACE OF DEATH : ---

CAUSE OF DEATH : ---

G.J. 17 July 46
(Signature)

AD QMC FORM 1042
Rev. 1 Apr. 1945
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

Date of report: 24th May 1946

Imprint identification Tag if Possible. DO NOT TYPE

BROWN, DALE S.
17152717 T42-44 C
T

SECTION 1. IDENTIFICATION

NAME (Last, First, Middle Initial)	Serial number
Brown, Dale S.	17152717

Grade	Organization	Branch of service
S/Sgt	Unk	A.A.F.

Race	Religion	If other than U. S. dead, Give name of country.
White	Protestant	

Place of death	Cause of death	Date of death
Eysum, Ger. K 54/Q 532 320 1:250,000	Injuries sustained in plane crash	31 Dec. 1944

Emergency addressee *(Name, Relationship and Address.)*
Unknown

Identification tags found on body *(1, 2, or None)*	If no tags found on body, describe means of identification. *If unidentified fill in section 3 on reverse.*
One	
Were substitute tags provided *(Yes or No)*	

List personal effects found on body and disposition of same

No personal effects

SECTION 2. BURIAL *If 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, K 382 192 GSGS 4042 1:250,000

Date of burial	Hour	Buried in *(Shroud, Blanket, or name of other)*	Type of grave marker	Plot no.	Row no.	Grave no.
12 June 1946	1230	coffin	cross	Q	6	130

Was this a re-burial *(Yes or No)*	If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location of grave	Plot no.	Row no.	Grave no.
Yes	Civilian Cemetery Wittmund, Ger. K 54/R 031 538 1:250,000			211

Type of religious ceremony	Person conducting burial rites	If identification tags not used, describe identification data and containers buried with body

Identification tag buried with body *(Yes or No)*	Identification tag attached to marker *(Yes or No)*
Yes	No

FILE
6 SEP 1946

Body buried on deceased left, Name *(Last, First, Middle Initial)*	Rank	Serial number	Organization	Grave No.
LARSON, Lincoln A.	Unk	O-805847	Unk	131
Body buried on deceased right, Name *(Last, First, Middle Initial)*	Rank	Serial number	Organization	Grave No.
O'REILLY, Frances W.	Unk	32197151	Unk	129

Signature of officer preparing report
ROBERT F. MEES 2nd Lt. Inf.
6858 QM. Gr.Reg.Co. Disinterring Officer

Signature of GRS officer verifying report
WILLIAM E. [illegible], 1ST LT, INF.
1st Field Hq, Reinterring Officer

DISTRIBUTION OF REPORT: *Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.*

SECTION 3. UNIDENTIFIED REMAINS

INSTRUCTIONS

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body, found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars or tattoos

Weapon and serial number	Laundry marks	Where body was buried or found

For tooth chart see attached Form I-A.

REMARKS

Left Little Finger | Left Ring Finger | Left Middle Finger | Left Index Finger | Left Thumb | Right Thumb | Right Index Finger | Right Middle Finger | Right Ring Finger | Right Little Finger

Furnish sketch and map reference and coordinates for burial in other than established cemetery

O'KEEFFE, Frances W.	Unk	3219181	Unk
LARSON, Lawson A.	Unk	0-805847	Unk

Remarks

WILLIAM E. BERTRICH, 1st Lt, INF.
1st Field Hq. Reinterring Officer

ROBERT P. [illegible] 2nd Lt. Inf.
658th QM. Gr.Reg.Co. Disinterring Officer

WD QMC FORM 1042
Rev: 1 Apr. 1945
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

Date of report: 24 May 1946

Imprint identification Tag if Possible
DO NOT TYPE
BROWN, DALE S.
17152717 T43-44 C

SECTION I. IDENTIFICATION

NAME (Last, First, Middle Initial)	Serial number
Brown, Dale S.	17152717

Grade	Organization	Branch of service
S/Sgt	100 Bomb Gp H	A.A.F.

Race	Religion	If other than U. S. dead; give name of country
White	Protestant	

Place of death	Cause of death	Date of death
Eyrum, Ger. K 54/4 532 320 1:250,000	Injuries sustained in plane crash	21 Dec. 1944

Emergency addressee (Name, Relationship and Address)
Unknown

Identification tags found on body (1, 2, or None)	If no tags found on body, describe means of identification. If unidentified, fill in section 3 on reverse.
One	
Were substitute tags provided (Yes or No)	

List personal effects found on body and disposition of same

No personal effects

SECTION 2. BURIAL If 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, K 352 192 0808 4042 1:250,000

Date of burial	Hour	Buried in (Schroud, Blanket, or name of other)	Type of grave marker	Plot no.	Row no.	Grave no.
12 June 1946	1230	coffin	cross	9	6	130

Was this a re-burial (Yes or No)	If a re-burial, indicate Name, Number, coordinates of previous cemetery, and location of grave	Plot no.	Row no.	Grave no.
Yes	Civilian Cemetery Wittmund, Ger. K 54/2 031 538 1:250,000			211

Type of religious ceremony	Person conducting burial rites	If identification tags not used, describe identification [redacted] buried with body
	[redacted]	

Identification tag buried with body (Yes or No)	Identification tag attached to marker (Yes or No)
Yes	[redacted]

Body buried on deceased left, Name (Last, First, Middle Initial)	Rank	Serial number	Organization	Grave No.
LARSON, Lincoln A.	Unk	O-405847	Unk	131
Body buried on deceased right, Name (Last, First, Middle Initial)	Rank	Serial number	Organization	Grave No.
O'REILLY, Frances M.	Unk	32197151	Unk	129

Signature of officer preparing report
ROBERT F. IRES 2nd Lt. Inf.
5856 QM. Gr.Reg.Co. Disinterring Officer

Signature of GRS officer veriftyng report
WILLIAM E. KEITWICH, 2ST LT, INF.
1st Field Rp. Reinterring officer

DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed duplicate also one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

Left Little Finger

Left Ring Finger

Left Middle Finger

Left Index Finger

Left Thumb

Right Thumb

Right Index Finger

Right Middle Finger

Right Ring Finger

Right Little Finger

SECTION 3. UNIDENTIFIED REMAINS

INSTRUCTIONS

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below and any other clues under "Other" such as shoe size, social security number; position of body, found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

Height	Weight	Color of eyes	Color of hair	Birthmarks, scars or tattoos

Weapon and serial number	Laundry marks	Where body was buried or found

For tooth chart see attached Form 1-A.

REMARKS

[redacted]

Furnish sketch and map reference [illegible] tes for burial in other than established cemetery

Remarks

WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 15 Feb 45

jcd 2861

FULL NAME	ARMY SERIAL NUMBER	GRADE
Brown, Dale S.	17152727	S/Sgt
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Bonaparte, Iowa	Air Corps	1 Apr 22
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action.	31 Dec 44
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	5 Nov 42	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Faye C. Brown, wife, Bonaparte, Iowa

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Faye Brown, Bonaparte, Iowa wife.
Florence Brown, mother, Cantril, Iowa
Soldier declines to designate alternate beneficiaries.

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

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 31 Dec 44 until such absence was terminated on 8 Feb 45, when evidence considered sufficient to establish the fact of death was rec'd by the Secretary of War from German Government through the International Red Cross.

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

BY ORDER OF THE SECRETARY OF WAR:

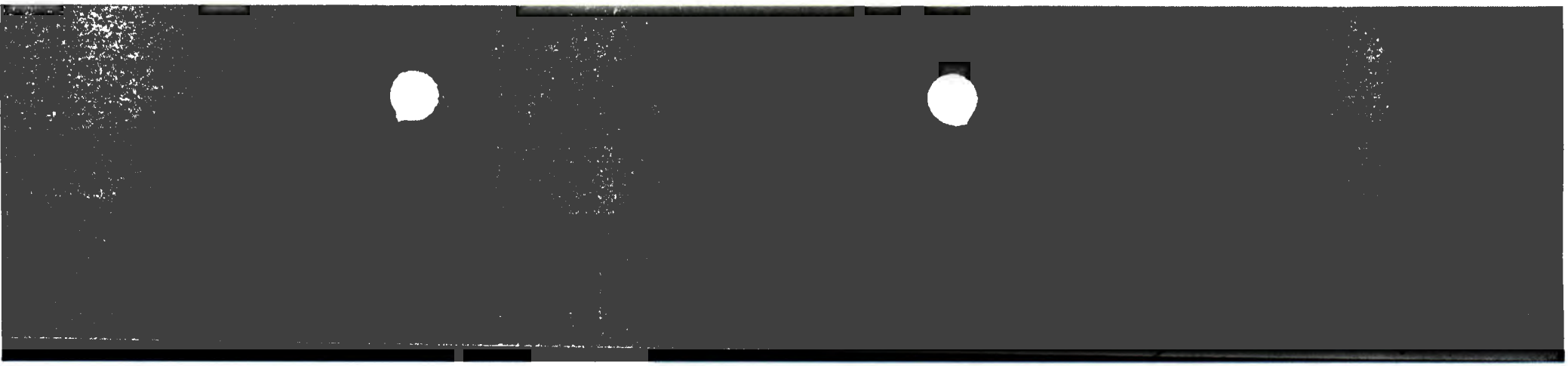
James A. Ulio

ADJUTANT GENERAL

23 FEB 1945

WD AGO FORM 55-1
1 DECEMBER 1944

THIS FORM SUPERSEDES WD AGO FORM 55-1, 29 MAY 1944, WHICH STOCKS ARE EXHAUSTED.



370319

RTS:BT:bm
September 28, 1945

Mrs. Faye C. Brown
Bonaparte, Iowa

Dear Mrs. Brown:

The Army Effects Bureau has received from overseas some personal effects of your husband, Staff Sergeant Dale S. Brown.

These effects are being forwarded to you in one carton and one envelope. In addition, a medal which was awarded him is being sent, under separate cover, by Registered Mail.

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 action 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 soldier's legal residence.

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

Yours very truly,

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Faye C. Brown

Bonaparte, Iowa

Effects of: S/Sgt. Dale S. Brown

Name

ASN 17152717

Case No. 370319 D

Wt.

SCREENED
3-24-48 WC

DATE 21 September 1945
RTB:BT:bm

FOR: Effects Quartermaster

REMARKS:

_____ Inclose Bureau Check
Acct. No._____
Amount_____
_____ Inclose "Valuables" item
_x_ Ship "Valuables" item(s)

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

ROUTING:

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

REGISTERED
967-112

1 env inv 9/18/45
1 ctn " 9/20/45

VALUABLES SHIPPED
DATE 10/2/45

REMARKS:

Franked OCT 9 1945
Est. Exp. Chgs._____
Est. Frt. Chgs._____
No. of packages 2

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

370319

RTB:KD:sh
September 11, 1945

Dear Mrs. Brown:

This refers to your recent inquiry regarding the personal effects of your husband, Staff Sergeant Dale S. Brown.

I am sorry to report that the Army Effects Bureau has not yet received any of his property. It is reasonable to assume, however, that his belongings ultimately will reach here, as all War Department agencies have instructions to forward the personal effects of military personnel to this Bureau for disposition. Transportation delays generally are encountered in delivery of effects, and considerable time should be allowed for the return of property from overseas.

Promptly upon receipt here of any of your husband's belongings, disposal action will be taken.

Yours very truly,

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

JHM:BT:bm

Summary Court-Martial
ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 Hardesty Avenue
Kansas City 1, Missouri

Case No. 370519

Date 27 September 1943

SUBJECT: Report of transaction in disposing of the effects of

Dale S. Brown, 17152717 late a
(Name of deceased) (Army Serial Number)

Staff Sergeant, Air Corps who died
(Grade) (Organization, Army or Service)

on the 11 day of December, 1944, at Normandy Area

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 25 September 1943, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Faye C. Brown for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

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

Bonaparte, State of
(Number, Street or Avenue) (City, Town or Village)

Iowa, is the widow of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

Eff. QM Form 75

370,319

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

ATTACHMENTS	
X	INBOUND INVENTORY
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
1	TALLY IN FORM 43

STATUS	
DECEASED	
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

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

CONTAINERS ADDRESSED TO

Faye Brown
Bonaparte Iowa.

INFORMATION

Mrs. Florence Brown (mother)
Central, Iowa.

NAME AND STATUS VARIATIONS

—

CROSS REFERENCE

Rel 7-25

		REC'D BY			
	CHECK		NUMBER		BUREAU CHECK
	MONEY ORDER			X	TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY	VA			TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

VALUABLES SHIPPED
DATE 10/5/45
BY

1 AIR MEDAL W/RIBBON
1 CITATION

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET / OF SHEETS
		20-Sept-45		

NAME: DALE S. BROWN
A. S. N.: 17152717
ORGANIZATION:
RANK: S/SGT
CASE NO.:

WAREHOUSE SPACE: 3650
EXAMINED BY: M. Larason
PACKED BY: Easley
INSPECTED BY:
STORED BY: RMC

PACKAGE DESCRIPTION: #1 carton
WEIGHT:

DIARY REMOVED
PHOTO FILM REMOVED
MOTION PICTURE FILM REMOVED

SHIPPED
DATE: OCT 9 1945
BY WHOM:

EFF. QM FORM 11 (15 JUNE 45) 100M LA RUE, E. C. 7-8-45

ADDITIONAL REMARKS

REMOVALS (*other than G. I.*)	DAMAGES (*List type of damage-extent*)

SHORTAGES

U. S. GOV'T CHECK SHORT

	NUMBER
	DATE
	SYMBOL
	AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

NAME BROWN, DALE S. S.[illegible] 2717

BAY	PALLET	BOX	TALLY
	13		1729 1729

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
BOX		

Eff. QM Form 43

INVENTORY OF EFFECTS
(Attach extra sheets if necessary)

2 pair gym trunks
1 pair swim trunks
1 brief case, air medal 2 pictures folders, wings.
6 neckties
3 khaki caps
1 OD cap
2 pair slippers
1 bath towel
1 wash cloth
1 handkerchief
1 web belt
1 pr low quarter shoes
6 pr socks
1 mechanical pencil
1 toilet kit with toilet articles
1 shoe shinning bag
1 box containing letters
1 folder of form 5's

I certify that the foregoing inventory comprises all of subject's effects and that the effects were shipped to the Effects QM, UK, APO 507, US Army by delivering to QUARTERMASTER, AAF Sta 139 on 1 February 19 45

Hansell W. Ramsey
Signature (In ink)

HANSELL W. RAMSEY,
Name

1-Lt, Air Corps, 418 Bomb Sqdn.
Rank and Organization

Block Letters

** Strike out words not applicable.
(#)Negative report, where appropriate.

(3 copies to Effects QM, UK; 1 copy in box with effects; 1 copy to CG, European Theater of Operations, APO 887(Attention: AG Casualty Division); 1 copy to Station S-1 Officer; 1 copy retained)

[redacted] 1945
Date

418 Bombardment Squadron, 100 Bombardment Group (H) AAF, APO 559 NYC, NY.
Organization and APO Number

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, UK, APO 507, U.S. Army.

Transmitted herewith in accordance with letter, Hq, European Theater of Operations, 15 Nov 1944, file AG 332.3 PubGA, subject:"Disposition of Personal Effects in UK", is an inventory of Effects concerning the subject named below:

BROWN	Dale	S	S Sgt	17152717	
(Last Name)	(First Name)	(MI)	(Rank)	(ASN)	(Control No) (For use of Effects QM

Organization
418 Bombardment Squadron, 100 Bombardment Group (H) AAF
(UNIT - - - -Not Branch of Service)

Status: (~~Deceased~~, Missing in Action, Prisoner of War, Killed in Action)**on the [redacted] day of Decembers 19 44

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

USMO NO. none AMT $ _____ USMO NO. _____ AMT $ _____

USMO NO. none AMT $ _____ USMO NO. _____ AMT $ _____

US Official Check No. none Amt _____ Bank _____
(Name and Branch(

(#)Bank Accounts none

(#)Debtors none

(#)Creditors none

(#)Inclesed is none
(Will, Power of Attorney, War Bond, Travellers Checks Describe Fully)

REMARKS: (If any) DESIGNATED BENEFICIARY: Mrs Florence Brown (M)
Cantril, Iowa.

Filed
rvd

Bonaparte, Ia
August 28, 1945

370,319
DSL

INQUIRY CLERK

Dear Sirs,

I am writing you in regard to the personal effects of my husband, S/Sgt. Dale S. Brown (17152717), Air Corps, who has been reported killed in action over Germany, December 31, 1944.

I would appreciate any information you could give me concerning this matter.

Thank you very much.

Mrs. Faye C. Brown
Bonaparte, Iowa

MISSING IN ACTION.

BROWN, Dale S. S/Sgt. 17152717.

S.W.B. 50415.

Rec'd Feb. 5th, 1945.

370,319

Mrs. Reed.

SHIPPED TO PO[illegible] CM APO 507
LIST EF 362 CHECK NO. 59334
APR 30 1945 TALLY OUT NO. E-1966

370.3 [illegible] DI

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

ATTACHMENTS	
	INBOUND INVENTORY
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY.
	TALLY IN FORM 43

STATUS	
DECEASED	
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

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

CONTAINERS ADDRESSED TO

None

INFORMATION

Mrs. Faye C. Brown
Bonaparte, Iowa

NAME AND STATUS VARIATIONS

[illegible] 9-25

CROSS REFERENCE

• Found in the effects of George J. Koulontzanis. ASN. 15382993

		REC'D BY	
	CHECK		NUMBER
	MONEY ORDER		SYMBOL
	BOND		
	TRAV. CHECK		AMOUNT
	FOREIGN CURRENCY		
	U. S. CURRENCY		

	BUREAU CHECK
	TRANSMIT ORIGINAL
	ORIG. REG. MAIL
	TO G. A. O.
	MUTILATED
	TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

TALLY NO. 1587

ORIG. NO. OF PKGS.

EXAMINING DATE 19 Sept 45

BOX NO.

SHEET ___ OF ___ SHEETS

NAME DALE S. BROWN ADDITIONAL

A. S. N. 17152717

ORGANIZATION

RANK —

CASE NO.

WAREHOUSE SPACE S

EXAMINED BY M. McCarty + Whittlesey

PACKED BY L. Crace

INSPECTED BY [illegible]

STORED BY MLW

DIARY REMOVED

PHOTO FILM REMOVED

MOTION PICTURE FILM REMOVED

SHIPPED

DATE OCT [illegible] 194[illegible]

BY WHOM [illegible]

PACKAGE DESCRIPTION #1 Env

WEIGHT

ADDITIONAL REMARKS

REMOVALS (*other than G. I.*)	DAMAGES (*List type of damage-extent*)

SHORTAGES

U. S. GOV'T CHECK SHORT

	NUMBER
	DATE
	SYMBOL
	AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED