

1st LT James F. Claussen

313th Troop Carrier Group, 48th Troop Carrier

KIA 3/24/45 Wessel Germany

Jacob, Illinois



INDIVIDUAL DECEASED PERSONAL FILE

James F. Claussen

COPY

QMGOD 293, Claussen, James F., 1/Lt. 1st Ind
SN 0-2 056 149

Department of the Army, OQMG, Washington 25, D. C., 24 June 1949

TO: Commanding Officer, Scott Air Force Base, Scott Field, Illinois
ATTENTION: Casualty Assistance Officer

Information requested has been entered on basic form.

FOR THE QUARTERMASTER GENERAL:

WILLIAM F. CONLON
Major, QMC
Field Service Division

fer

HEADQUARTERS
SCOTT AIR FORCE BASE
ILLINOIS

SUBJECT: CASUALTY ASSISTANCE DATA

TO: Quartermaster General
Effects Section
Field Service Division
Washington 25, DC

* * * *

2. It is, therefore, respectfully requested that the informational data indicated below concerning the decedent and/or his next of kin be furnished by your office:

Re: James F. Claussen 1st Lt O-2 056 149

BENEFITS RECEIVED

PERSONAL EFFECTS

27 Aug 1945 21 Sep 1945
 YES DATE SHP'D 22 Oct 1945 5 Nov 1945

* * * *

/s/t/SAMUEL ROSEN
Chaplain (Major), USA
Casualty Assistance Officer

(EXTRACT COPY OF BASIC)

1st Lt James F. Claussen, 02 056 149
Plot Z, Row 10, Grave 239,
United States Military Cemetery
Margraten, Holland

1 December 1947

Mr. Ernest Claussen
Rural Route #1
Jacob, Illinois

Dear Mr. Claussen:

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

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

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

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

Sincerely,

Incls.

THOMAS B. LARKIN
Major General
The Quartermaster General

new

QMMR 314.6
Graves Registration
(European) *M. Grusa*

25 November 1946

SUBJECT: Burial Records - *Con.*

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

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

Cemetery: United States Military Cemetery Margraten, Holland

| NAME | RANK GRADE | SERIAL NO. | ORGAN. | PLOT | ROW | GRAVE |
|---|---------------|------------|--|------|-----|-------|
| Cope, Charles W | Pfc | 32 607 004 | Co I <u>554 Inf Regt</u> <u>94 Inf Div</u> | 8 | 8 | 108 |
| <i>CLAUSSEN</i> <u>293</u> Clausen, James F | M/s | 02 056 149 | _____ | 3 | 10 | 259 |
| Cox, John J | Pvt | 42 181 081 | _____ | 100 | 7 | 155 |
| Covert, James W | Pfc | 38 718 207 | Co I <u>119th Inf Regt</u> <u>50th Inf Div</u> | 12 | 11 | 275 |
| Crain, Eddie C | Pfc | 38 363 755 | Mq Co <u>3rd Inf</u> <u>355 Inf Regt</u> | 60 | 9 | 205 |
| <u>Clement, Robert L., Jr.</u> | Pfc | 38 489 551 | <u>84th Inf Div</u> | W | 5 | 198 |

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

FOR THE QUARTERMASTER GENERAL:

rb

MARTIN O. RILEY
Major, QMG
Assistant

VD

QMGYQ 293
Claussen, James F.
SN 0-2 056 149

25 September 1948

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

RH 195
Miss T. Beersma
Kakertsweg 23
Schaesberg (L) Holland

Dear Miss Beersma:

Your communication addressed to Headquarters, American Graves Registration Command has been referred to this office for reply relative to the home address of the late First Lieutenant James F. Claussen.

The communication has been forwarded to the next of kin of the late First Lieutenant James F. Claussen for whatever action he may deem necessary to take regarding your request.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

at

JAMES L. PRENN
Major, QMC
Assistant

JLP

REGISTRATION AND
RECORDS BRANCH

SEP 25 3 37 PM '48
MEMORIAL DIVISION

RH 14. 6 Holland

D

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
APO 887, US ARMY

WIF/GSA/mk

RRE (CLAUSSEN, James F.)

30 August 1946

SUBJECT: Transmittal of Request for Home Address

TO : Quartermaster General, Washington 25, D.C.

1. Attached hereto is a letter requesting the address of the next of kin of Lt. James F. CLAUSSEN, O-2056149, buried at Margraten, Z-10-239.

2. A copy of the letter acknowledging the inquirer's request is also inclosed.

FOR THE COMMANDING OFFICER:

D.B. Mohler
DON B. MOHLER
Major, QMC
Act Asst Adj Gen

Incl. a/s



HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN THEATER AREA
APO 887, US ARMY

30 August 1946

Miss T. Beersma
Kakertsweg 23
Schaesberg (L) Holland

Dear Miss Beersma,

We wish to acknowledge receipt of your letter requesting the home address of Lt. James F. Claussen, O-2056149, buried at Margraten, Z-10-239

No records of the address of the next of kin of our American soldiers who died in this war are available in our European offices. Your request is being forwarded to the Office of the Quartermaster General, Washington 25, D.C. It is the usual policy of that office to forward directly such requests to the next of kin for their decision as to whether they desire correspondence.

If the next of kin whose address you have requested do desire correspondence, you will hear directly from them.

Sincerely yours,

DON B. MOHLER
Major, QMC
Registration Division

C
O
P
Y

Schaesberg 28th of May 1946
Holland
9707

Dear Sir,

I write this letter in order to ask you - if possible - to give me the home address of:

Claussen, James F.
F.O. T-120795

GAAF

O-2056149 F43-43 A

Mr. F. E. Claussen
Red. No. I
Jacob, Ill.,

who died, giving us freedom, on the 24th of March 1945 at Rat and whose grave is at Margraten, Holland. I had the honour to adopt.

I thank you beforehand for your kindness.

Yours sincerely,

/s/ T. Beersma
Kakertsweg 23
Schaesberg (L.) Holland

QMGY G 293
Claussen, James F.
SN 0-2 056 149

25 September 1946

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

Mr. Ernest Claussen
Jacob, Illinois

Dear Mr. Claussen:

The attached communication in the enclosed envelope has been received in this office.

The communication is self-explanatory. Nothing is known by this office as to the writer and, accordingly, it is not felt that your name and address as the next of kin should be given unless you desire it.

While it is possible that the letter has been written in perfectly good faith, there have been some cases in other localities where similar person have imposed upon or become a nuisance to the next of kin. Therefore, as indicated, the letter is being forwarded to you for such action as you desire.

The official Report of Burial discloses that the remains of your son were interred in plot Z, row 10, grave 239, in the United States Military Cemetery Margraten, Holland, located ten miles west of Aachen, Germany.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

at
1 Incl.
Communication from Miss
T. Beersma

JAMES L. PRENN
Major, QMC
Assistant

REGISTRATION AND
RECORDS BRANCH
MEMORIAL DIVISION
SEP 25 3 37 PM '46
JLP

FILE UNDER NO. 293 - Claussen, James F. 1st Lt. O-205,6149

I N D E X S H E E T

SYNOPSIS

Memo Routing Slip

5 Dec 45

FROM: OCMG, Mem Div, Gr. Reg. Ident Sect.
TO: AGO, WW II Rec Admn Center, St. Louis, Mo.

RE: Information Required for Graves Registration.

DOCUMENT FILED UNDER NO.
293 - Unk. X-200 Holland (Margraten)
jpm

468797

RTB: IH:bjm
October 18, 1945

Mr. Ernest Claussen
Route #1
Jacob, Illinois

Dear Mr. Claussen:

The Army Effects Bureau has received from overseas some more property of your son, First Lieutenant James F. Claussen.

This property, contained in two cartons and one wooden chest, is being sent you for distribution. In addition, a medal which was awarded him is being sent, under separate cover, by registered mail. If, for some reason, it has not been received within the next thirty days, this Bureau should be informed so that tracer may be instituted.

Yours very truly,

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

5

468797

RTB: IH: bjm
September 18, 1945

Mr. Ernest Claussen
Route #1
Jacob, Illinois

Dear Mr. Claussen:

The Army Effects Bureau has received some additional property of your son, First Lieutenant James F. Claussen.

This property, consisting of one Air Corps Insigne and one Lieutenant Bar, is being forwarded to you in one envelope. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

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

Sincerely yours,

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

83

468797

RTB:GC:vd
August 27, 1945

Mr. and Mrs. Ernest Claussen
Route 1
Jacob, Illinois

Dear Mr. and Mrs. Claussen:

I am inclosing a check for \$231.70, representing funds of your son, First Lieutenant James F. Claussen.

No other property belonging to him has been received at the Army Effects Bureau to date.

Our action in transmitting funds does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of decedent's legal residence.

Money ordinarily is sent from overseas by mail in advance of other effects; therefore, it is probable that additional belongings of decedent will reach this Bureau at a later date. As it is intended to forward any such property to you promptly upon receipt here, I ask that you please notify this Bureau if there is a change in your address within the next few months.

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

Sincerely,

1 Incl
Check

C. S. QUINN
2nd Lt., QMC
Chief, Files Branch

RTB:GC:til
August 21, 1945

460797

PB

Dear Mrs. Claussen:

This refers to your recent inquiry regarding the personal effects of your son, First Lieutenant James P. Claussen.

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 son's belongings, disposal action will be taken.

Yours very truly,

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

WESTERN
UNION

DISTRIBUTION CENTER

RECEIPT OF REMAINS

AGR DIV., CHICAGO QM DEPOT

1818 W. PERSHING RD., CHICAGO 9 ILL. ROUTINE

DELIVER AND REPORT
ANY CHARGES

DAY LETTER

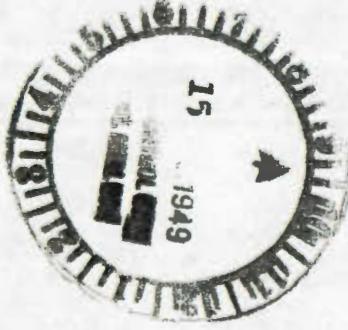
REMAINS CONSIGNDED TO:

WILSON FUNERAL HOME
AVA, ILLINOISREMAINS OF THE LATE 1 LT. JAMES F. CLAUSSEN SN 0-2056149

BEING SHIPPED TO YOU ACCCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 1

GM&O RR

DUE TO ARRIVE AVA, ILL. 2:35 PM SAT. 29 JAN. 1949

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS
TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 11770R. D. BLANKENHORN
LT. COL. QMC

SEARCHED
FILED
RECORDS ANNOTATED
DATE MAR 17 1949
NAME Director
R & R BR.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased
this 29 day of January, 1949

Harland A. Sommer
(Witness (Escort))

QMC FORM
REV 5 MAR 48 1193
DJH

U. S. GOVERNMENT PRINTING OFFICE 16-54787-1

24 JAN. 1949

Wilson Funeral Home
Bernard H. Wilson (Consignee)

MESSAGEFORM

| | | | | | |
|---|------------------|--------------------------|---------------------------|---------------------------|-------------------|
| MESSAGE CENTER NO. | | TRANSMITTING MEANS | | CRYPTOGRAPH OR CLEAR TEXT | |
| CALLS V | STA SER No NR | PRECEDENCE DAY LETTER | TRANSMISSION INSTRUCTIONS | ORIGINATOR | DATE-TIME GROUP |
| ACTION | INFORMATION | | EXEMPT | OPERATING SIGNALS | GROUP COUNT GR |
| SPACE ABOVE FOR SIGNAL CENTER ONLY | | | | | |
| FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL. | | | | SECURITY CLASSIFICATION | |
| ACTION TO: | | DELIVER | & SH | D | PRECEDENCE FOR |
| • ERNEST CLAUSSEN | | REPORT | ANY | FR | INFORMATION |
| • RURAL FREE DELIVERY 1 | | OFFC 17 | CHARGES | | |
| • TRENTON, ILLINOIS | | | | | |

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE **1 LT JAMES F. CLAUSSEN**

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO
WILSON FUNERAL HOME, AVA, ILLINOIS

WITHIN 48 HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF 48 HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAILROAD ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST 3 DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IN REPLY TELEGRAM REFER TO CONTROL

NUMBER **11770** AND FULL NAME OF DECEASED.

R. D. BLANKENHORN, Lt. COL.

18

WESTERN UNION

REV. 4E-1

| | | | | |
|-------------------------|--------------------|-----------|-----------------|-------------------------------------|
| SECURITY CLASSIFICATION | | SIGNATURE | AUTHORIZATION | |
| SYMBOL | ORIGINATING AGENCY | | DATE-TIME GROUP | OFFICIAL TITLE THOS. O. CALL |
| | | | | Major QMC |
| | | | | PAGE OF |

See

RRE Form #39
13 Jul 48

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

J.C.
CLAUSSEN James F 1 LT 02056149
(Last Name) (First Name) (Initial) (Rank) (ASN)

Repatriated to the United States: 11 DEC. 1948

STATION FILE

Incl #

~~CONFIDENTIAL~~

HEADQUARTERS
NINTH U.S. AIR FORCE
Office of the Commanding General
APO 339

Classification Cancelled

By Authority: The OMG

Signature: *[Signature]*

Date: *5/12/45*

704.5 GNMAG-BC

14 April 1945

SUBJECT: Casualty Reporting.

THRU :

TO : CG, US Strategic Tactical Air Force, APO 633, US Army.

1. The attached Reports of Burial are forwarded for your information, appropriate action and file.

2. In the event appropriate reports on ETO-Cas Form 1 or ETO-Cas Form 2 have been rendered, no further action is required. *✓ 95*

3. If the persons concerned were not members of your command, or if reports have been rendered under different name, spelling and/or serial number, such information will be indicated by indorsement hereon.

4. Other inclosures will be disposed of in accordance with current instructions.

FOR THE COMMANDING GENERAL:

H. J. Bartosik

H. J. BARTOSIK,
Lt Col., A.G.D.,
Asst. Adj. Gen.

14 Incls:

- 4 GRS Forms No 1, Reports of Burial
- 4 Inventory of Effects
- 4 WD AGO Forms No. 65-1
- (a) 1 WD AGO Form No. 77
- (b) 1 Identification Card

02055149 May. 2 - 10 - 239

| | |
|---------------------------|---------------------------|
| Claussen, James F. | T-120795 |
| X Shaw, George L. | T-120747 May 2 - 11 - 240 |
| (a) Brown, William A. Jr. | 0-462288 W - 2 - 40 |
| (b) Atteberry, Eugene T. | 0-744152 W - 6 - 150 |

X W/ Rude

~~RESTRICTED~~

FL #16.

-1-

~~CONFIDENTIAL~~

B2917

~~CONFIDENTIAL~~

293
AG 704

1st Ind

HEADQUARTERS, US STRATEGIC AIR FORCES IN EUROPE (MAIN), APO 633, US ARMY.

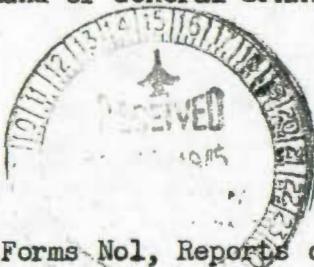
TO: Commanding General, Ninth Air Force, APO 696, US Army.

APR 24 1945

Forwarded as a matter pertaining to your command.



By command of General SPAATZ:



Karl A. Langford
KARL A. LANGFORD
Major, AGD
Asst Adj General

6 Incls: 8w/d

Incl #1 - 2 GRS Forms No. 1, Reports of Burial

Incl #2 - 2 AG ETO Form No. 26, Inventory of Effects

Incl #3 - 2 WDAGO Forms No. 65-1

Basic Ltr, Hq, Ninth US Army, dtd 14 April 45, Subj: Casualty Reporting

293

2nd Ind

HEADQUARTERS, NINTH AIR FORCE, APO 696, US ARMY 30 APR 1945

G

TO: Commanding General, IX Air Force Sv Comd, APO 149, US ARMY
(ATTN: Graves Registration Officer)

W. T. M. Jr.

6 Incls: n/c



HEADQUARTERS, IX AIR FORCE SERVICE COMMAND, APO 149, U. S. Army, 7 MAY 1945

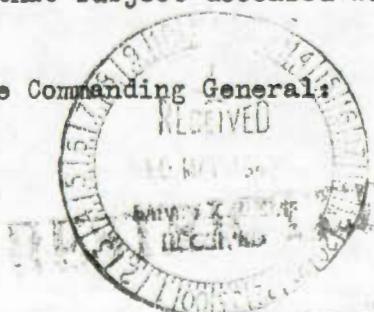
L-

TO: Commanding General, Base Air Depot Area, ASC, US Strategic Air Forces in Europe, APO 635, U. S. Army. (ATT: Graves Registration Officer)



The records of this Air Force have been thoroughly checked and no record was found to indicate that subject deceased were former members of the Ninth Air Force.

For the Commanding General:



W. H. A. Ruster
W. H. A. RUSTER
Captain AGD.
Asst Adj General

6 Incls: n/c

C 10437

B 2917

874 LC-107

Basic Ltr: Hq., 9th US Army, APO 339, OCG, dt. 14 April 1945,
file 704.5 GNMAG-BC, subj: Casualty Reporting.

293.

4th Ind.

L-D-7

HQ BASE AIR DEPOT AREA, ASC, US STRATEGIC AIR FORCES IN EUROPE,
AAF 590, APO 635, U. S. Army. 12 May 1945.

TO: Commanding General, Hq., Ninth United States Army, APO 339,
U.S. Army. (Thru: Commanding General, Hq., Com Z, European T
of Opns, USA, APO 887, U. S. Army)

1. The following listed deceased were found to have been
members of the Ninth Troop Carrier Command.

• Claussen, James F., T-120795
✓ Shaw, George L., T-120747

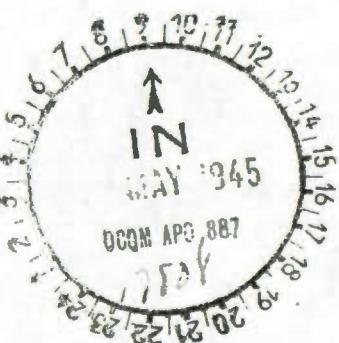
2. Inclosures have been withdrawn and forwarded to that
headquarters.

FOR THE COMMANDING GENERAL:

6 Incls: w/d.



for William C. Deinert
Capt QMC
JAMES W. F. SOUTHARD
Lt. Colonel, QMC
Quartermaster



B-2917

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

DATE 5 December 1945

393 Claussen, James F. (0-2056149) (6918233)

SUBJECT: Information required for Graves Registration.

TO : World War II Records Administration Center, AGO
4300 Goodfellow Blvd., St. Louis 20, Missouri

- a. Surname Claussen
b. Christian name James F.
c. Serial number 0-2056149
6918233
d. Grade and Organization
1st Lt. Air Corps
e. All camps stationed in the U.S.
prior to service overseas ✓
Mt. McClellan, Ala / Muskogee, Okla. 18 June Peoria, Ill.
Mt. Benning, Isa / Lubbock, Tex.
St. Kobbe, Panama
Kelly Field, Tex
Brady, Tex.
- f. Date and place of death
24 March 1945 Germany
g. Cause of death
KIA
h. Religious preference Not shown
i. Emergency Addressee
Mr. Frank E. Claussen (Father)
Jacob, Illinois
Date and place of induction
✓ 18 June Peoria, Ill.

BODY DESCRIPTION

- a. Age at enlistment or induction
b. Shoe size
c. Color of hair
d. Color of eyes
e. Height
f. Weight
g. Fractures or breaks

DENTAL CHART

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X

Upper Right Upper Left

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

Lower Right Lower Left

PD-P

3 Jan. 1946

file
7/8/46
mjt.

WAR DEPARTMENT

OFFICE OF THE QUARTERMASTER GENERAL

193 Claussen, James F. 0-2056149 SUBJECT: Information required for Graves Registration.

DATE

5 December 1945

TO : World War II Records Administration Center, AGO
4300 Goodfellow Blvd., St. Louis 20, Missouri

- a. Surname **Claussen**
- b. Christian name **James F.**
- c. Serial number **0-2056149**
- d. Grade and Organization
- e. **1st Lt. Air Corps** All camps stationed in the U.S.
prior to service overseas
- f. Date and place of death
- g. **24 March 1945** Germany
- h. **KJ** Religious preference
- i. Emergency Addressee
Mr. Frank E. Claussen (Father)
Jacob, Illinois
- j. Date and place of induction

BODY DESCRIPTION

- a. Age at enlistment or induction
- b. Shoe size
- c. Color of hair
- d. Color of eyes
- e. Height
- f. Weight
- g. Fractures or breaks

DENTAL CHART

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

Upper Right Upper Left

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

Lower Right Lower Left

11/18/46
MPC
See 800
4-25

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

18 May 1945 JMM 2829

REPORT OF DEATH

DATE

| | | | |
|---|--|---|--|
| FULL NAME <u>Claussen, James F.</u> | | ARMY SERIAL NUMBER 02056149 | GRADE 1st Lt. |
| HOME ADDRESS <u>Jacob, Illinois</u> | | ARM OR SERVICE Air Corps | DATE OF BIRTH 25 Dec 1921 |
| PLACE OF DEATH <u>European Area</u> | | CAUSE OF DEATH <u>Killed in action</u> | DATE OF DEATH <u>24 Mar 1945</u> |
| STATION OF DECEASED <u>European Area</u> | | DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>1 Nov 1943</u> | LENGTH OF SERVICE FOR PAY PURPOSES <u> </u> |
| | | YEARS | MONTHS |
| | | DAYS | |

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mr. Frank E. Claussen, father, Jacob, Illinois

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)

Beneficiaries designated while an enlisted man. No break in service.
Estella Claussen, mother, Rural Route #1, Jacob, Ill.
Ernest Claussen, father, address shown 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 | NO | YES | NO | YES | NO | YES | NO |
| | | | | | | | | | | X | | | X |

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 24 Mar 45 until such absence was terminated on 5 May 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

COPIES FURNISHED:

| | | |
|----------------|-------------|----------------------|
| S. G. O. | V. R. I. | F. G., U. S. A. |
| S. G. O. M. S. | G. F. D. | ARMY EFFECTS BUREAU |
| D. A. D. | VET. ADMIN. | CASUALTY BRANCH FILE |

A. G. 801 FILE

ORDER OF THE SECRETARY OF WAR
James W. Rinkart *F.*
 Adjutant General

SENSITIVE SURFACE - HANDLE EDGES ONLY

468,797
DS

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

18 May 1945 JMM 2829

REPORT OF DEATH

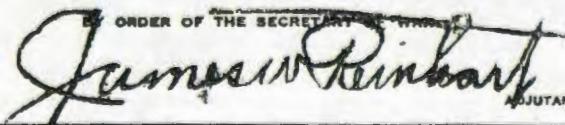
DATE _____

| | | | | | | | | | |
|---|-----------------|------------------|-----------------------------|---|----------------------|------------------------------------|--------|--------|------|
| FULL NAME | | | | ARMY SERIAL NUMBER | | GRADE | | | |
| <u>Claussen, James F.</u> | | | | 02056149 | | 1st Lt. | | | |
| HOME ADDRESS | | | | ARM OR SERVICE | | DATE OF BIRTH | | | |
| Jacob, Illinois | | | | Air Corps | | 25 Dec 1921 | | | |
| PLACE OF DEATH | | CAUSE OF DEATH | | | | DATE OF DEATH | | | |
| European Area | | Killed in action | | | | 24 Mar 1945 | | | |
| STATION OF DECEASED | | | | DATE OF ENTRY ON CURRENT ACTIVE SERVICE | | LENGTH OF SERVICE FOR PAY PURPOSES | | | |
| European Area | | | | 1 Nov 1943 | | YEARS | MONTHS | MONTHS | DAYS |
| EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) | | | | | | | | | |
| Mr. Frank E. Claussen, father, Jacob, Illinois | | | | | | | | | |
| BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) | | | | | | | | | |
| Beneficiaries designated while an enlisted man. No break in service. Estella Claussen, mother, Rural Route #1, Jacob, Ill. Ernest Claussen, father, address shown 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 | NO | YES | NO |
| X BATTLE <input type="checkbox"/> NON-BATTLE | | | | | | | | | |

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 24 Mar 45 until such absence was terminated on 5 May 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

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

BY ORDER OF THE SECRETARY

 ADJUTANT GENERAL

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Ernest Claussen

1st Lt. James F. Claussen

Route #1

Effects of:
Name

O-2056149

Jacob, Illinois

ASN

468797 D

Caso No.

Wt.

DATE 18 October 1945

RTB:IM:bjm

Karet

FOR: Effects Quartermaster

REMARKS:

Inclosed Bureau Check

Remove G.I.

Acct. No. _____

Note discrepancy in _____

Amount _____

Films removed

Inclosed "Valuables" item

Diary removed

Ship "Valuables" item(s)

Laundry removed

ROUTING:

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

REGISTERED
867-899

VALUABLES SHIPPED

DATE *NOV 5 1945*

*1 woodchest 104 lbs
1 ct 33*

REMARKS:

"SHIP DAMAGED PROPERTY"

T37 Franked NOV 5 1945

Est. Exp. C. s.

Est. Frt. Chgs.

No. of packages

3

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

1st Lt. H. F. Claussen
0-2056149
Effects of:
Name: 468797 D

Mr. Ernest Claussen

Route #1

Jacob, Illinois

ASN

Case No.

Wt.

DATE 18 September 1945

RTB: IH:bjm

Wineland
FCR: Effects Quartermaster

REMARKS:

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

Remove G.I.
 Note discrepancy in Asn & Rank
 Films removed
 Diary removed
 Laundry removed

ROUTING:

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

REMARKS:

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

SEP 21 1945


Shipping Clerk

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Ernest Claussen

Effects of:

Name

1st Lt. James F. Claussen

ASN

02056149

Case No.

468797 D

Wt.

DATE

27 August 1945

RTB:GC:vd

fill my

E. W. Claussen
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check
Acct. No. 158923
Amount \$231.70 *line*
 Inclose "Valuables" item
 Ship "Valuables" item(s)

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

ROUTING:

132874 gis

158923

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

468797

September 1 45

Ernest Claussen

231.70

Two Hundred Thirty-One and 70/100

REMARKS

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

Shipping Clerk

468797

INQUIRY CLASS

TR

Jacob Lee.

Aug. 11, 1945.

Dear Sir: My son
1st Lt. James F. Clausen
was killed in action in
Germany on March 24, 1945
and as yet I havent
received any of his personal
effects. Please send
them on to me as soon
as possible.

Mrs. Stella J. Clausen

Lie

ARMY EFFECTS BUREAU
ACCOUNTING INVENTORY

468, 797

| | |
|--------------------|---|
| CASE NO. | |
| TYPED BY | dp |
| DATE | 8-13-45 |
| STATUS | MIA |
| NAME | James F. Viausen |
| A.S.N. | |
| RANK | U-2056149 |
| ORGANIZATION | 1/Lt. |
| CONSIGNEE | |
| AMOUNT | 4-290 |
| ACCOUNT NO. | 158 973 701 |
| LIST NO. | DATA-73681 NO. 13282400 |
| CHECK DESCRIPTION: | INCLUDED IN ONE U.S. TREASURER'S CHECK NEGOTIABLE BY EOM |
| DATED | |

Serial No. T-120195 Name Claeusen James
 Grade SFC Rank SFC
 Organization CHAE
 Address
 Nearest Relative
 Address
 Killed in Action
 Died of Disease
 Date Mar 24-45 Hospital
 Battle Area Wessy, Germany Information
 Place of Burial U.S. M.C. Com. Magazine
 Point of Coordination
 Description of Body
 Members Missing

Signed

F 437

NAME: DATA-73681 NO. 13282400

| BAY | PALLET |
|--------------|------------|
| 4 | 3 |
| TYPE OF PKG. | WHSE SPACE |
| CR | |

Ref. QM Form 48

MEMORANDUM

NO. WV-9924363

CAR INITIALS AND NO.

NAME OF INITIAL TRANSPORTATION

COMPANY **RAILWAY EXPRESS AGENCY, INC.**

TRAFFIC CONTROL NOS.

STOP THIS CAR AT

FOR

RECEIVED BY THE TRANSPORTATION COMPANY NAMED ABOVE, SUBJECT TO CONDITIONS NAMED ON THE REVERSE HEREOF, THE PUBLIC PROPERTY HEREINAFTER DESCRIBED, IN APPARENT GOOD ORDER AND CONDITION (CONTENTS AND VALUE UNKNOWN), TO BE FORWARDED TO DESTINATION BY THE SAID COMPANY AND CONNECTING LINES, THERE TO BE DELIVERED IN LIKE GOOD ORDER AND CONDITION TO SAID CONSIGNEE.

CONSIGNEE

**MR. ERNEST CLAUSSEN
ROUTE #1**

DESTINATION

JACOB, ILLINOIS

VIA (ROUTE JOURNEY ONLY WHEN SOME SUBSTANTIAL INTEREST OF THE GOVERNMENT IS SUBSERVED THEREBY)

**EXPRESS NO. 5167
CARRIER'S DELIVERY SERVICE REQUESTED**

PICK-UP SERVICE AT ORIGIN **WAS NOT** BY THE GOVERNMENT OR ITS AGENT
(Insert "WAS" or "WAS NOT")

INITIALS OF SHIPPER'S AUTHORIZED AGENT OR EMPLOYEE

| SIZE CAR IN FT. & INS. | | MARKED CAPACITY OF CAR | | DATE CAR FURNISHED | DATE B/L ISSUED |
|------------------------|-----------|------------------------|-----------|-----------------------|-------------------------|
| ORDERED | FURNISHED | ORDERED | FURNISHED | | |
| | | | | | 29 OCT. 1945 |

FROM
(SHIPPING POINT) **KANSAS CITY, MISSOURI**

FROM (FULL NAME OF SHIPPER)
**ARMY PERSONNEL BUREAU, KANSAS CITY
ON DEPOT**

MARKS

CHARGES TO BE BILLED TO (DEPARTMENT OR ESTABLISHMENT AND BUREAU OR SERVICE AND LOCATION)
Finance Officer, U. S. Army, Washington, D. C.

APPROPRIATION CHARGEABLE
009-908 P 470-05 A 216/68409 5-99-999

ISSUING OFFICE
KANSAS CITY ON DEPOT, K.C., MO.

NAME AND TITLE OF ISSUING OFFICER
G.E. JOHNSTON, CAPT., T.O. Transportation Officer

*FURNISH THIS INFORMATION IN CASE OF CARLOAD SHIPMENTS ONLY.
*SHOW ALSO CUBIC MEASUREMENTS FOR SHIPMENTS VIA OCEAN CARRIER IN CASES WHERE REQUIRED.

| PACKAGES NO. | KIND | DESCRIPTION OF ARTICLES (USE CARRIERS' CLASSIFICATION OR TARIFF DESCRIPTION IF POSSIBLE, OTHERWISE A CLEAR NONTECHNICAL DESCRIPTION) | NUMBERS ON PACKAGES | AMOUNT WEIGHTS* | |
|-----------------|------------------|--|---------------------------|--------------------|----------|
| | | | | AMOUNT | WEIGHTS* |
| 1 1 | Woodchest Ct. | MILITARY Personal Effects (CASE #488797) | 1 1 | 164 53 157 | |

CERTIFICATE OF ISSUING OFFICER

CONTRACT NO. OR
PURCHASE ORDER NO.
OR OTHER AUTHORITY FOR SHIPMENTDATED
F. O. B. POINT
NAMED IN CONTRACTSIGNATURE OF
ISSUING OFFICER
M.P. CERTIFIED, CVO, USA ATO

NAME OF TRANSPORTATION COMPANY

RAILWAY EXPRESS AGENCY, INC.

DATE OF RECEIPT OF SHIPMENT

SIGNATURE OF AGENT

PER

MEMORANDUM COPY

RESTRICTED

381

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)**REPORT OF BURIAL P.R.**

March 1945 P.R.

0-2056149
T-120795313th T.C. G.R.P.

| | | | | | |
|-------------------------|------------------------------------|---------------------------------|----------------|---------------|-------------------------------|
| Last Name | First | Initial | P.R. | Serial No. | P.R. |
| Claussen | 9th AAF | I | 48 | 2c. 1st Squad | 313 th T.C. G.R.P. |
| Vic. Wesel, Germany | 24 March 1945 | | | KIA | |
| Place of Death | Date of Death | Cause of Death | | | |
| 1930 31 March 1945 | U.S. Mil. Cem., Margraten, Holland | VK 645482 | | | |
| Time and Date of Burial | Name of Cemetery | Name or Coordinates of Location | | | |
| 239 | 10 | Wooden 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

How were remains identified?

What means of identification were buried with the body?

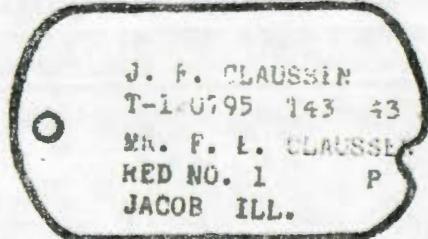
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

| | | | | |
|-------------------|--------------------------------|------|---------------|-----|
| Deceased's Right: | Alexander, Charles M. 35843137 | Pvt. | 17th AAF Div. | 238 |
| Deceased's Left: | Hunt, Max L. T-124233 | F/O | 9th AAF | 240 |

Signature of Name, Rank and if possible Organization of person furnishing above data when other than officer reporting burial
Signature of 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 _____

Address _____

Religion _____

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

RESTRICTED

EDWIN J. DONOVAN
1st. Lt., QMC GRS Officer
611 QM Gr. Reg. Co.

Verified by G.R.S. O.Scar

SEP 19 1945

Unknown X-200, U. S. Milt Cem Margraten, Holland

DDA FORM 719
7 May 1945
24-3

BURIAL INFORMATION

| | | |
|------------------------------------|---|------------------|
| NAME (Last, First, Middle Initial) | ASN | GRADE |
| CLAUSSEN, James F. | 0-2056149 | 1st Lt. |
| ORGANIZATION | | DATE OF DEATH |
| Air Corps | | 24 March 1945 |
| PLACE | DATE OF BURIAL | DATE OF REBURIAL |
| Europeon Area (Germany) | 31 March 1945 | |
| REMARKS | This case is under investigation for Identification. For information see Identification Section, Bldg., "C", Room 1231. (D. L. Davis) | |

PLOT AA, Row 5, Grave 109

REF. TRI. TION RECORD, B.R.C.

14 November 46

NAME CLAUSSSEN, JAMES E. - 1ST LT.

SERIAL NO 0-2056149

CEMETERY MARGRATEN, HOLLAND

PLOT Z

ROW 10

GRAVE 239

LETTER FIELD

Correct Records to Read

C. S. R.

Rand

Not yet processed

S. E. Kue
SPECIAL CHECKER

*J. F. W.
Klaussen
25 Nov 46
NAT*

JFB Clausen, James F. 0-2056149 18/41.

Form 8547 NOTICE TO SENDER OF FORWARDING ADDRESS

United States Post Office

Jacob, Illinois

(Office) (State)

In accordance with your request you are notified that the matter mailed by you to Ernest Clausen
 (Key No.) Jacob, Ill.
 is incorrectly addressed because the addressee has removed to Trenton, Illinois

Forwarding postage required — cents.

Matter bearing a pledge to pay forwarding or return postage is forwarded or returned, paid with the postage due. Matter not bearing such pledge is treated as prescribed by the Post Laws and Regulations.

Respectfully,
 POSTMASTER

POSTMASTER.—Do not send this form if new address of addressee is unknown. File in amount of forwarding postage ONLY when requested by sender.

55-2054 U. S. GOVERNMENT PRINTING OFFICE

Marygater, Hale 2-10-239

QQMG FORM 381
 11 MAR 47 NOTICE OF CHANGE IN ADDRESS

| NAME OF DECEASED | RANK | SERIAL NUMBER |
|---------------------------|--------------|---------------|
| James F. Clausen, 1st St. | | 02 056 149 |
| NAME OF NEXT OF KIN | RELATIONSHIP | |
| Ernest Clausen | Father | |
| OLD ADDRESS | Jacob Ill. | |
| R.F.D. #1, | | |
| NEW ADDRESS | Trenton Ill. | |
| R.F.D. #1. | | |
| REMARKS | | |

17/2/47
 JFB, 100

NAME CLAUSSEN, JAMES F. LT. 6149

| BAY | PALLET | BOX | TALLY |
|--------------|------------|-------------|-------|
| 57 | 42 | | 2390 |
| TYPE OF PKG. | WHSE SPACE | INVENTORIED | |
| BOX | | | |

RESTRICTED

293

1st Ind.

C-S

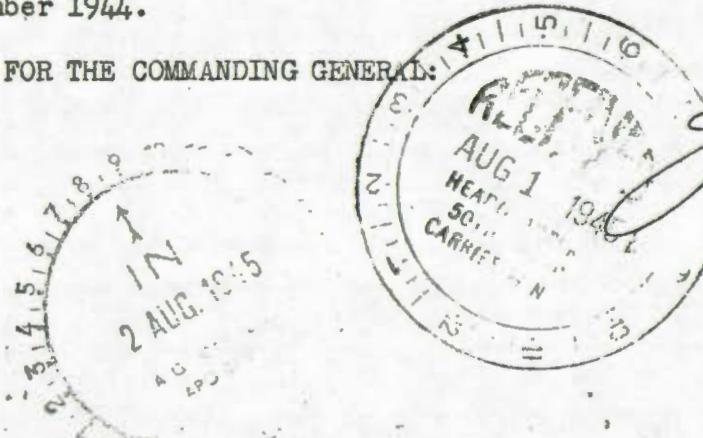
HEADQUARTERS, 50TH TROOP CARRIER WING, APO 133, U S ARMY, 31 July 1945.

TO: CG, US Forces, European Theater (Rear), APO 887, U S Army.
ATTN: AG Casualty Division.

1. Records available to this headquarters indicate officers mentioned in basic communication to be one and the same person.

2. Flt O Claussen was appointed 2d Lt 1 November 1943, and was promoted to 1st Lt in September 1944.

FOR THE COMMANDING GENERAL:



J. R. Hiley
J. R. HILEY,
Major, AGD,
Adjutant.

AG 293 Cas 2nd Ind. JBC:RM
HQ, U. S. FORCES, EUROPEAN THEATER (REAR), APO 887, U S ARMY, 3 AUGUST 1945

TO: Commanding General, Graves Registration Service Command, APO 887, US ARMY.

1. Your attention is invited to preceeding indorsement.
2. The above is in reply to your IRS dated 21 July 45 to this office requesting information as to whether Claussen, James F, T-120795 and Claussen, James F, 02056147 were one and the same man.

BY COMMAND OF GENERAL EISENHOWER:

D. M. Christy
D. M. CHRISTY
CAPTAIN, AGD
Asst. Adj. Gen.



RESTRICTED

WAR DEPARTMENT
MESSAGEFORM

Date 25 JULY 1945

File No. AG 293 GAS

~~RESTRICTED~~

Telephone No.

| | | | | |
|------------------|----|------------|----------|----------|
| Office of origin | AG | CAS | DIV | JBC/pjs |
| (Arm or service) | | (Division) | (Branch) | (Symbol) |

Address HQ. U. S. FORCES, EUROPEAN THEATER, (REAR), APO 887, U. S. ARMY

To:

COMMANDING GENERAL
50TH TROOP CARRIER WING
APO 133, US ARMY

| PRECEDENCE | |
|---|-------------------------|
| WIRE OR RADIO | ESSENTIAL MILITARY MAIL |
| Urgent | Air mail |
| Priority | Special delivery |
| Routine | Ordinary |
| Deferred | Registered |
| Week end | COURIER X |
| Any message not X'd for precedence will be sent "Deferred." | |
| Initial of officer assigning precedence | |

MESSAGE:

1. First Lt. James F. Claussen 02056149, 48 Troop Carrier Sq. was reported KIA 24 Mar 45 on BCR, N-141.

2. A report of burial has been received at this headquarters for James F. Claussen F/O, T-120795, 9 AAF. The deceased is buried in U.S. Military Cemetery, Margraten, Holland, date of death estimated as 24 Mar 45. Identification tags established identity.

3. Request this headquarters be advised if Claussen, James F., T-120795 and Claussen, James F., 02056149 are one and the same man.

EISENHOWER

OFFICIAL:

D. M. Christy

D. M. CHRISTY
CAPTAIN AGD
ASST ADJ GENERAL



~~RESTRICTED~~

PHYSICAL EXAMINATION FOR FLYING

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

| | | | | | |
|--------------------|--------------|--------------------|----------------------------|--------------|-------|
| 1. Claussen, James | F. | Corporal, Infantry | 1-470-3056149- 6918299- | 20 | 2 |
| (Last name) | (First name) | (Middle initial) | (Grade and arm or service) | (Serial No.) | (Age) |

| | |
|---|--------------------------|
| 2. Hq & Hq Co., 501st Parachute Bn. Student Pilot Training Course | Original |
| (Address) | (Purpose of examination) |

| | | | |
|---------------------|-------------------------------------|-----------|-------------------------|
| 3. Temperature 98.4 | Vaccinations: Typhoid series, No. 2 | Last 8/41 | smallpox 8/41 (Date) |
|---------------------|-------------------------------------|-----------|-------------------------|

| | | | |
|---|--|------------------------------------|--|
| 4. Medical history. Yellow Fever, August 1941. Tetanus Toxoid, August 1941. | | (Date and result last examination) | |
|---|--|------------------------------------|--|

(In the case of applicant include family. Has he ever had epilepsy, enuresis, headaches, dizziness, vertigo, fainting, stammering, tic, somnambulism, pavor nocturnus, migraine, insomnia, phobias, anxiety trends, irritability, apathy, elation, depression, sensory disturbances, amnesia, spasms, unconsciousness, repeated episodes of alcoholism, encephalitis, pneumonia, syphilis, renal calculi, tuberculosis, asthma, hay fever, repeated colds, mastoiditis, sinusitis, tonsillitis, arthritis in any form, malaria, severe injuries, major operations, or other pertinent history? Explain fully.)

Usual childhood diseases.

Fracture, right clavicle; age 7; from fall in ditch; healing normal.

Lacerations, left leg; by fall on sea shells at beach; October 1941.

"Food Poisoning", 7 days in Gorgas Hospital, Ancon, C.Z., November 1941; no sequelae.

| | | |
|---|-----------|------|
| 5. Eye: Inspection Blepharitis, mild, healing, bilateral. | Nystagmus | None |
|---|-----------|------|

| | | | | |
|---|------------------|--------|----------|--------|
| 6. Associated parallel movements Normal | Pupils: Equality | Normal | Reaction | Normal |
|---|------------------|--------|----------|--------|

| | | | |
|------------------------------------|------------------------|------------------|------------------------|
| 7. Visual acuity: R. E., 20/20 + 3 | , correctible to 20/ - | L. E., 20/20 + 5 | , correctible to 20/ - |
|------------------------------------|------------------------|------------------|------------------------|

| | | | |
|--------------------------------------|---------------------|---|-----|
| 8. Depth perception (uncorrected) 15 | mm. With correction | - | mm. |
|--------------------------------------|---------------------|---|-----|

| | | | | |
|--------------------------------------|-------|---------|---------|----------------------|
| 9. Heterophoria at 6 meters: Eso 3.5 | Exo 0 | R. H. 0 | L. H. 0 | Prism divergence 5.0 |
|--------------------------------------|-------|---------|---------|----------------------|

| | | | |
|--------------------------|---------------------------|-----------|--------|
| 10. Red lens test Normal | Angle convergence: Pcb 40 | mm. Pd 59 | mm. 73 |
|--------------------------|---------------------------|-----------|--------|

| | | |
|---------------------------------------|--------------------------------------|------|
| 11. Accommodation: R. 11.0 D. L. 11.8 | D. Addition required for 50 cm. R. - | L. - |
|---------------------------------------|--------------------------------------|------|

(Jaeger type): Right J. 1, correctible to J. - : Left J. 1, correctible to J. -

| | |
|-------------------------------------|---|
| 12. Color vision Normal to Ishihara | - |
|-------------------------------------|---|

| | | | |
|---------------------------------------|-----------|------------------------------|-------------|
| 13. Field of vision (form): R. Normal | L. Normal | Ophthalmoscopic: R. Negative | L. Negative |
|---------------------------------------|-----------|------------------------------|-------------|

| | | | |
|--|----------|-----------------------------|----------|
| 14. Refraction: R. reads 20/20 with O.S. 0 | C Ax 0 ° | L. reads 20/20 with O. S. 0 | C Ax 0 ° |
|--|----------|-----------------------------|----------|

| | |
|--|---|
| 15. Ear: History of ear trouble Denies | - |
|--|---|

| | | | |
|-------------------------------|-------------|-------------------------------|-------------|
| 16. External ear: R. Negative | L. Negative | Membrana tympani: R. Negative | L. Negative |
|-------------------------------|-------------|-------------------------------|-------------|

| | |
|--|------|
| 17. Hearing (whisper): R. 20/20. L. 20/20. Audiometer (percent loss): R. - | L. - |
|--|------|

| | |
|--------------------|-----------------------|
| 18. Nares Negative | Tonsils Small, normal |
|--------------------|-----------------------|

| | | | |
|------------|--|--|--|
| 19. Teeth: | | | |
|------------|--|--|--|

| | | | |
|------------------------|------------------------|--|--|
| (a) Right (Examinee's) | Left | Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X. | |
| 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 X | | |
| 16 15 14 13 12 11 10 9 | 9 10 11 12 13 14 15 16 | | |

| | |
|---|--|
| (b) Remarks, including other defects None | Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X. |
|---|--|

| | |
|--------------------------------|------------------------------------|
| (c) Prosthetic appliances None | (d) Classification ² IV |
|--------------------------------|------------------------------------|

| | |
|--|---|
| 20. History of swing, train, air, or sea sickness Denies | - |
|--|---|

| | |
|--|---|
| 21. Barany chair (when indicated with results) - | - |
|--|---|

| | | |
|------------------------------|---------------|------------------------|
| 22. Posture Excellent | Figure Medium | Frame Light |
| (Excellent, good, fair, bad) | | (Light, medium, heavy) |

| | | | |
|--|---------------|---------|------------|
| 23. Height, 66½ inches. Weight, 143 pounds. Chest: Inspiration 36½ | Expiration 33 | Rest 34 | Abdomen 28 |
|--|---------------|---------|------------|

| | |
|--|---------------------------|
| 24. Skin and lymphatics Scars, four, about 3.0 (a) | Endocrine system Negative |
|--|---------------------------|

| | |
|-------------------------------------|--|
| 25. Bones, joints, muscles Negative | Feet Pes planus, 2nd degree, bilateral (b)N.S. |
|-------------------------------------|--|

| | | | |
|--------------------|--|--|--|
| 26. Heart Negative | | | |
|--------------------|--|--|--|

| | | | |
|---------------------------------|-------|----------------------------|--------------------------------------|
| 27. Pulse rate, 84 B.P.: S. 124 | D. 78 | Schneider A10 | Pulse immediately after exercise 108 |
| Two minutes after exercise 84 | | Character Full and regular | |

| | | | |
|-----------------------|----------------|------|--------|
| 28. Arteries Negative | Varicose veins | Note | 1-1949 |
|-----------------------|----------------|------|--------|

¹ Semiannual, appointment as cadet, commission in the Air Corps, commission in Air Corps Reserve, transfer to the Air Corps, or any other special purpose.
² I, II, III, or IV; see par. 8, AR 40-510.

29. Respiratory system Negative
 30. X-ray of chest¹ Negative
 31. Abdominal viscera Negative
 32. Hernia None Hemorrhoids None
 33. Genito-urinary system Negative
 34. Nervous system: Reflexes, gait, coordination, musculature, tension, tremor, and other pertinent tests
Negative
35. Laboratory procedures: Kahn¹ Negative Wassermann Negative
 Urinalysis: Reaction Acid Sp. gr. 1.021 Albumin None Sugar None Microscopical Negative
36. Estimated adaptability for military aeronautics (if unsatisfactory, state reasons)
Satisfactory. F.A.T. 161
37. Remarks on conditions not sufficiently described (a) cm. each, lateral aspect, left mid-leg; superficial,
 no disability.
38. Is the examinee physically qualified for flying duty? Yes If yes, in what class? If disqualified, indicate defects by paragraph number -
39. Have defects been waived by The Adjutant General? - If yes, give date -
 If no, is waiver recommended? - Is request for waiver attached? -
40. Is the examinee incapacitated for active service? No If yes, indicate defect by paragraph number -
41. Corrective measures or other action recommended None
42. If applicant for appointment: Does he meet physical requirements? Yes Do you recommend acceptance with minor physical defects? - If rejection is recommended, specify cause -

Fort Kobbe, Canal Zone February 20, 1942
 (Place) (Date)

JOHN A. BOOTH, Captain, Medical Corps.
 (Name and grade)

Corps.

REVIEWED AND APPROVED:

JOHN B. HERMAN, Major, Medical Corps.
 (Senior flight surgeon)

(Name and grade)

Corps.

John W. Walsh

(Name and grade)

Corps.

1st Ind.²

Headquarters _____, 19 _____
 To the Commanding General, _____
 Remarks and recommendations _____

(Name)

(Grade)

(Organization and arm or service)

Commanding.

2d Ind.²

, 19 _____ To The Adjutant General.

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 (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 <i>WILSON FUNERAL HOME</i> | | | |
| NUMBER AND STREET <i>NONE</i> | CITY OR TOWN <i>AVA 08</i> | COUNTY OR PROVINCE <i>JACKSON</i> | STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>ILLINOIS</i> |
| EXPRESS OFFICE (Nearest railroad passenger station) ABA , AVA, ILLINOIS M. & O. RR | TELEGRAPH ADDRESS <i>AVA. ILLINOIS</i> | TELEPHONE NO. <i>58</i> | |

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 <i>CLAUSSEN</i> | FIRST NAME <i>STELLA</i> | MIDDLE INITIAL <i>J.</i> | RELATIONSHIP TO DECEASED <i>MOTHER</i> |
| NUMBER AND STREET <i>RFD #1</i> | CITY OR TOWN <i>TRENTON</i> | COUNTY OR PROVINCE <i>CLINTON</i> | STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>ILLINOIS</i> |

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 6.)

NOTIFY WILSON FUNERAL HOME AT AVA ILLINOIS.
NOTIFY ME AT TRENTON ILL (RFD #1) WHEN REMAINS
ARE SHIPPED

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.

+ Ernest Clausen
(SIGNATURE OF NEXT OF KIN)
ERNEST CLAUSSSEN
(NAME PRINTED OR TYPED)

RFD #1
(STREET AND NUMBER)
TRENTON ILLINOIS
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 15TH day of DECEMBER,
1947, at city (or town) of TRENTON, county of CLINTON, and State (or Territory or
District) of ILLINOIS

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

X Gladys Schaeffer
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
NOTARY PUBLIC
(OFFICIAL TITLE)

REQUEST FOR DISPOSITION OF REMAINS

GRADE OF DECEASED, NAME, AR. YOU
SERIAL NUMBER AND REPORTED PLACE OF BURIALDATE: 3-22-48
333-P
JWTH

1st Lt James F. Claussen, 02 056 149
 Plot Z, Row 10, Grave 239,
 United States Military Cemetery
 Margraten, Holland

1 December 1947

DO NOT WRITE ABOVE THIS LINE

| | | | |
|---|--|---|--|
| A | | C | |
| B | | D | |

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. ERNEST CLAUSSEN

(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 |

 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.)

- | |
|---|
| <input type="checkbox"/> 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. |
| <input checked="" type="checkbox"/> 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY |

GLENN CEMETERY - AVA, ILLINOIS - (JACKSON COUNTY, ILL)
(NAME AND LOCATION OF CEMETERY)

- | |
|---|
| <input type="checkbox"/> 3. BE RETURNED TO _____ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A FOREIGN COUNTRY |
|---|

PRIVATE CEMETERY LOCATED AT _____

(LOCATION OF CEMETERY SELECTED)

- | |
|--|
| <input type="checkbox"/> 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

MAY 6 1948

CODED 241448 Miyagon

DDMNG FORM 14 NOV 1946 345 MILITARY

26 MAR

PAGE 1

J. Fisher

CERTIFICATE

(AR 30-1830)

CONTROL NO. 11770

EW II

1. FILL IN EITHER PART A OR PART B; NOT BOTH.

2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.

3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

FORWARD COPY

TO OFFICE OF

QUARTERMASTER GENERAL, WASHINGTON 25, D. C.
ATTN: HQRS., A. G. R. S.

PART A - CIVILIAN OR PRIVATE CEMETERY

A

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

| | | | |
|--|----------------|----------------------------|-------------------|
| NAME OF DECEASED <i>292</i> CLAUSSEN, JAMES P. | GRADE 1 LT. | SERIAL NUMBER O-2056149 | COMPONENT USAF |
|--|----------------|----------------------------|-------------------|

I certify that the sum of \$ 87.00 was paid by me from personal funds in connection with the interment of the remains of the above named deceased in the below named cemetery.

~~CLAIM VALID REPATRIATION~~

FEB 14 1949 (W)

| | | |
|---|----------------------------------|----------------------|
| INSERT NAME OF CEMETERY <i>Glen</i> | CITY OR COUNTY <i>Jackson</i> | STATE <i>Ill.</i> |
| INSTRUCTIONS TO PERSON SIGNING THIS FORM | | |
| 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. | | |
| 2. Return four copies to: | | |
| AGR DIVISION, CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL. | | |
| SIGNATURE OF CLAIMANT <i>Ernest Clausen</i> | | |
| MR. ERNEST CLAUSSEN | | |
| ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>Rural Free Delivery 1, Trenton, Illinois</i> | | |
| RELATIONSHIP TO DECEASED <i>Father</i> | | |
| DATE <i>Dec. 30-1949</i> | | |

PART B - NATIONAL OR POST CEMETERY

B

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

| | | | |
|------------------|-------|---------------|-----------|
| NAME OF DECEASED | GRADE | SERIAL NUMBER | COMPONENT |
|------------------|-------|---------------|-----------|

I certify that the sum of \$ PAID ON was paid by me from personal funds in connection with the transportation of the remains of the above named deceased from and to the following places:

| | |
|---|---|
| INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED <i>F.O.U.</i> | INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED <i>MAP</i> |
| INSTRUCTIONS TO PERSON SIGNING THIS FORM | |
| 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. | |
| 2. Return four copies to: | |
| AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILLINOIS | |
| SIGNATURE OF CLAIMANT <i>W. G. DOYLE</i> | |
| ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>Montgomery Ward</i> | |
| RELATIONSHIP TO DECEASED | |
| DATE | |

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | |
|--|--|
| FROM USMC MARGRATEN, HOLLAND | TO ANTWERP PORT - PIER 140 |
| NAME OF CONVEYANCE <i>Hall</i> | NAME OF CONVOYER CPL STANLEY J. DUDA |
| NATURE OF SHIPPER LLOYD L. H. MEYER 1/LT., INF 0-1327166 | DATE 10/11/48 |
| SIGNATURE OF RECEIVER <i>R. E. Butler</i> | SIGNATURE OF RECEIVER DATE 12 NOV 1948 |

2. SHIPPED

| | |
|--|--|
| FROM AGRC ANTWERP BELGIUM | TO USAT BARNEY KIRSCHBAUM |
| NAME OF CONVEYANCE VC. 2 | NAME OF CONVOYER R. E. HOWARD 1st Lt Inf. |
| NATURE OF SHIPPER L E Butler Lt Col Inf | DATE 10/11/48 |
| SIGNATURE OF RECEIVER <i>R. E. Butler</i> | SIGNATURE OF RECEIVER DATE 12 NOV 1948 |

3. SHIPPED

| | |
|--------------------|---|
| FROM | TO <i>NY 16</i> |
| NAME OF CONVEYANCE | NAME OF CONVOYER |
| NATURE OF SHIPPER | SIGNATURE OF RECEIVER LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER |
| DATE | DATE JAN 1948 |

4. SHIPPED

| | |
|--|---|
| FROM <i>NY 16</i> | TO <i>Deck</i> |
| NAME OF CONVEYANCE <i>train</i> | NAME OF CONVOYER <i>Capt. John R. Lireau</i> |
| NATURE OF SHIPPER W. W. FREIGHT LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER | SIGNATURE OF RECEIVER L. A. BOCKSTAHLER |
| DATE JAN 4 | DATE JAN 6 1948 |

5. SHIPPED

| | |
|-------------------------------------|---|
| FROM <i>NY 16</i> | TO Chief, Operations Br. |
| NAME OF CONVEYANCE <i>AVA</i> | NAME OF CONVOYER <i>USMC LT. COL. J. F. McILROY</i> |
| NATURE OF SHIPPER MIGRATION HOME | SIGNATURE OF RECEIVER LIEUT. COLONEL J. F. MCILROY (VALHEIS) |
| DATE | DATE |

6. SHIPPED

| | |
|----------------------|-----------------------|
| FROM <i>NY 16</i> | TO <i>T</i> |
| NAME OF CONVEYANCE | NAME OF CONVOYER |
| NATURE OF SHIPPER | SIGNATURE OF RECEIVER |
| DATE | DATE |

7. SHIPPED

| | |
|--------------------|-----------------------|
| FROM | TO |
| NAME OF CONVEYANCE | NAME OF CONVOYER |
| NATURE OF SHIPPER | SIGNATURE OF RECEIVER |
| DATE | DATE |

J. F. CLAUSSIN ~~RESTRICTED~~
T-120795 T43 ,3
MR. F. L. CLAUSSIN
RED NO. 1 P
JACOB ILL.

INVENTORY FORM

~~21 March 1945~~

Date

SUBJECT: Inventory of Personal Effects of:

C (Last Name) (First Name) M (MI) R (Rank) T-120795 (ASN)
TO: Effects Quartermaster, Communications Zone, APO 037 US Army
The above named individual of (Unit) (Organization)
was reported Status (KIA, MIA, Hosp. etc.) about Feb. 21, 1945 1944.
Designated Beneficiary if information readily accessible Mr. F. E. Claussen
----- Red No. 1 Jacob Ill. -----

INVENTORY OF EFFECTS

1 Insignia, Air Corp ✓
1 Lt. ber. ✓

Money in the amount of has been turned into (Name of finance office and
symbol number)

Form WDFD 38 enclosed.

Names and addresses of any Banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of
the above named individual and that they were forwarded to the Effects Depot
by (Rail, Truck, etc.) on 1944.

Name WINN J. DONOVAN
Rank & ASN 1st C-153573
Organization 611th Co.

Any additional pertinent information:

~~RESTRICTED~~

LAUNDRY INVENTORY
ARMY EFFECTS BUREAU

C-6149E

C-6149E

| DRY CLEANING | Do not - | LAUNDRY |
|------------------------------|-----------|-----------------------------------|
| 3 TROUSERS, WOOL | ✓ ✓ ✓ ✓ ✓ | SHIRTS, WOOL |
| COAT, SERVICE, WOOL | | TROUSERS, COTTON ✓ ✓ ✓ ✓ ✓ |
| OVERCOAT, LONG | | TIE, COTTON |
| OVERCOAT, SHORT, WOOL | | 3 UNDERSHIRTS, COTTON ✓ ✓ ✓ ✓ ✓ |
| CAP, GARRISON | | 1 SHIRTS, DRESS, COTTON ✓ ✓ ✓ ✓ ✓ |
| CAP, SERVICE | | 4 DRAWERS, COTTON ✓ ✓ ✓ ✓ ✓ |
| TIES, WOOL | | SWEATSHIRTS, COTTON OR WOOL |
| GLOVES, LEATHER OR WOOL | | DRAWERS, WOOL |
| SCARFS, SILK, RAYON, OR WOOL | 6 | 6 SOCKS, COTTON, PR. ✓ ✓ ✓ ✓ ✓ |
| SWEATERS | 4 | 4 SOCKS, WOOL, PR. ✓ ✓ ✓ ✓ ✓ |
| TRUNKS, SWIM | 1 | 1 PAJAMA TOPS ✓ ✓ ✓ ✓ ✓ |
| LEGGINGS | | 1 PAJAMA BOTTOMS ✓ ✓ ✓ ✓ ✓ |
| BATHROBES | | FATIGUES, 1 PC., COTTON |
| BED ROLL | | FATIGUES, TOPS, COTTON |
| COMFORTER | | FATIGUES, TROUSERS, COTTON |
| | | FATIGUES, CAP |
| | | BELT, COTTON |
| | 8 | TOWEL, HAND ✓ ✓ ✓ ✓ ✓ |
| | | TOWEL, BATH ✓ ✓ ✓ ✓ ✓ |
| | | CLOTH, WASH |
| | | GLOVES, COTTON |
| | | JACKET, FIELD |
| | | SUPPORTERS, ATHLETIC |
| | 4 | 4 HANDKERCHIEFS ✓ ✓ ✓ ✓ ✓ |
| | 3 | 3 SCARFS, COTTON ✓ ✓ ✓ ✓ ✓ |
| | | CASE, PILLOW ✓ ✓ ✓ ✓ ✓ |
| | | TRUNKS, GYM ✓ ✓ ✓ ✓ ✓ |
| | 4 | 4 SHEETS, COTTON ✓ ✓ ✓ ✓ ✓ |
| | | BAGS, BARRACKS |
| | 1 | 1 Tshirt ✓ ✓ ✓ ✓ ✓ |
| | | 2/19 |

| | | | | |
|---------------------------------|---------------------------|--------------------------------|---------------------------------------|-----------------------|
| TALLY NO. | ORIG. NO. OF PKGS. | EXAMINING DATE 25 Sept 1945 | BOX NO. | SHEET OF SHEETS |
| NAME JAMES F. CLAISSEN ✓ | ORGANIZATION | | | A.S.N. 0-2056149-1 |
| WAREHOUSE SPACE 1933X | EXAMINED BY Shields | RANK 1ST LT | CASE NO. | |
| PACKAGE DESCRIPTION Set 8-45 | LISTED BY Borchgrevink | SUPERVISOR'S OK P/N | LAUNDRY REMOVED FROM FOOTLOCKER | |
| WEIGHT | CHECKED BY Dunlop | SHIPPED | DATE | BY WH |

ATTACHMENTS

INBOUND INVENTORY
S. N. OR SUB GR. LABEL
WILL OR POWER OF ATTY.
TALLY IN FORM 43

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

| | |
|--|-----------|
| | DECEASED |
| | MISSING |
| | P. O. W. |
| | ABANDONED |
| | UNKNOWN |

BAGS, CLOTH OR TRAVEL
BELT, MONEY (NO MONEY)
BILLFOLD (NO MONEY)
BOOKS
BRACELET, IDENT.
CAMERAS
CLOTHING
MISC. ARTICLES
RELIGIOUS ARTICLES
RIBBONS, DECORATION
SHORT SNORTER
SOUVENIR MONEY
SOUVENIRS
TESTAMENTS
TOWELS & WASHCLOTHS
U. S. MONEY (AMOUNT)
WATCH
WINGS

BELT
BOOKS, ADDRESS
BOOKS, PILOT LOG
BRUSHES
CASE
CLOTH, WASH
COATS
FOOTLOCKER
FOOTWEAR, PR.
GLASSES
GLOVES, PR.
HANDKERCHIEFS
HEADWEAR
JACKETS
KITS
KNIVES
LETTERS
LIGHTERS

OVERCOATS
PAPERS, PERSONAL
PENCIL, MECHANICAL
PEN, FOUNTAIN
PHOTOS
PIPS
RINGS
SCARFS
SHIRTS
SOCKS, PR.
STATIONERY
TIES
TOBACCO
TOILET ARTICLES
TOWELS
TRousers, PR.
TRUNKS, PR.
UNDERWEAR

CONTAINERS ADDRESSED TO

None

Father

INFORMATION

Mr. J.E. Clausen
Route 1
Jacob Lee.

DAMAGED LAUNDRY

NAME AND STATUS VARIATIONS

CROSS-REFERENCE

CHECK
MONEY ORDER
BOND
TRAV. CHECK
FOREIGN CURRENCY
U. S. CURRENCY

REC'D BY
CC

NUMBER

BUREAU CHECK

SYMBOL

X TRANSMIT ORIGINAL

AMOUNT

ORIG. REG. MAIL

DATE

TO S. A. O.

BANK OR PLACE OF ISSUE

MUTILATED

PATEE

TO ISSUING AGENCY

REMITTER OR DRAWER

BY

DATE

BY

REASON

1 Air Medal w/Ribbon

| | | | | |
|-------------------------|--------------------|--|----------------------|-----------------|
| TALLY NO. | ORIG. NO. OF PKGS. | EXAMINING DATE | BOX NO. | SHEET OF SHEETS |
| 25 Sept 1945 | | | A. S. N. 0-2056149 ✓ | |
| NAME JAMES F. CLAUSSNER | | | RANK 1ST LT | CASE NO. |
| ORGANIZATION | | | DIARY REMOVED | |
| WAREHOUSE SPACE 805X | | EXAMINED BY Shields | PHOTO FILM REMOVED | |
| PACKED BY Fincher | | MOTION PICTURE FILM REMOVED SHIPPED | | |
| PACKAGE DESCRIPTION | | WEIGHT | | |

SUBJECT: Inventory of Personal Effects of:

| | | | | |
|-------------|--------------|------|--------|-----------|
| CLAUSSEN | JAMES | F | 1st Lt | 0-2056149 |
| (Last Name) | (First Name) | (MI) | (Rank) | (ASN) |

TO : Effects Quartermaster, Communication Zone, APO 519, U. S. Army.

The above named individual or 48 Tr Carr Sq 313 Tr Carr Gp
 (Unit) (Organization)
 was reported missing in action about 24 March 1945
 (Status-Killed, MIA, Hospitalized, etc.) (Date)

Designated Beneficiary if information readily accessible Mr F. E. Clausen, (Father)
Rte #1, Jacobs Illin oisINVENTORY OF EFFECTS

| | |
|-------------------------------|---|
| 1. foot locker ✓ | ✓ |
| 12 towels ✓ | ✓ |
| 6 khaki pants ✓ | ✓ |
| 2 khaki shorts ✓ | ✓ |
| 1 OB Shift ✓ | ✓ |
| 1 OB Pants ✓ | ✓ |
| 11 khaki shirts ✓ | ✓ |
| 1 bath robe ✓ | ✓ |
| 1 field jacket ✓ | ✓ |
| 11 shorts ✓ | ✓ |
| 1 scarf ✓ | ✓ |
| 3 pillow cases ✓ | ✓ |
| 2 service caps ✓ | ✓ |
| 5 bed sheets ✓ | ✓ |
| 5 undershirts ✓ | ✓ |
| 1 pink shirt ✓ | ✓ |
| 1 green shirt ✓ | ✓ |
| 2 blouses ✓ | ✓ |
| 5 pink pants ✓ | ✓ |
| 2 green pants ✓ | ✓ |
| 1 short coat ✓ | ✓ |
| 1 trench coat ✓ | ✓ |
| 15 handkerchiefs ✓ | ✓ |
| 1 wash cloth ✓ | ✓ |
| 1 pr tennis shoes ✓ | ✓ |
| 1 pr shower shoes ✓ | ✓ |
| 6 pr shoes shoes ✓ | ✓ |
| 1 pr shoe trees ✓ | ✓ |
| 39 pr socks ✓ | ✓ |
| 7 neck ties ✓ | ✓ |
| 2 pajamas ✓ | ✓ |
| 1 barracks bag ✓ | ✓ |
| 2 garrison caps ✓ | ✓ |
| 1 poker chip set ✓ | ✓ |

| | |
|--|---|
| ✓ | ✓ |
| toilet articles ✓ | ✓ |
| 1 cigarette case ✓ | ✓ |
| 1 air medal ✓ | ✓ |
| 1 wallet ✓ | ✓ |
| 1 souvenir scarf ✓ | ✓ |
| 1 kodak camera ✓ | ✓ |
| 7 rolls film ✓ | ✓ |
| box military insignia ✓ | ✓ |
| 1 army ring ✓ | ✓ |
| 1 mess kit ✓ | ✓ |
| 1 key case ✓ | ✓ |
| 1 wrist watch ✓ | ✓ |
| navigator equipment ✓ | ✓ |
| pictures and stationery ✓ | ✓ |
| souvenir money ✓ | ✓ |
| souvenirs ✓ | ✓ |
| 1 pillow ✓ | ✓ |
| 1 folder w/form #5 and allied papers ✓ | ✓ |

Money in the amount of \$ 231.70 has been turned into 212-035. Form WDFD 38 enclosed.
 (Name of finance officer and symbol number)

Finance Office
 1st Lt DONALD S. CORRY, TD
 2/o H.E. BURKE, Capt. TD

(Name of finance officer and symbol number)

none

Names and addresses of any Banks in which accounts may be carried:

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by truck on 2 14 April 1945.
 (Rail, Truck, etc.) (Date)

Name Heribert Warwitz
 RANK & ASN Captain 0-57963

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

EFFECTS INVENTORY *in*
ARMY EFFECTS BUREAU

DECEASED
 MISSING
 P.O.W.
 ABANDONED
 UNKNOWN

468797

BAGS, CLOTH OR TRAVEL
 BELT, MONEY (NO MONEY)
 BILLFOLD (NO MONEY)
 BOOKS
 BRACELET, IDENT.
 CAMERAS
 CLOTHING
 ✓ MISC. ARTICLES
 RELIGIOUS ARTICLES
 RIBBONS, DECORATION
 SHORT SNORTER
 SOUVENIR MONEY
 SOUVENIRS
 TESTAMENTS
 TOWELS & WASHCLOTHS
 U. S. MONEY (AMOUNT)
 WATCH
 WINGS

BELT
 BOOKS, ADDRESS
 BOOKS, PILOT LOG
 BRUSHES
 CASE
 CLOTH, WASH
 COATS
 FOOTLOCKER
 FOOTWEAR, PR.
 GLASSES
 GLOVES, PR.
 HANDKERCHIEFS
 HEADWEAR
 JACKETS
 KITS
 KNIVES
 LETTERS
 LIGHTERS

OVERCOATS
 PAPERS, PERSONAL
 PENCIL, MECHANICAL
 PEN, FOUNTAIN
 PHOTOS
 PIPES
 RINGS
 SCARFS
 SHIRTS
 SOCKS, PR.
 STATIONERY
 TIES
 TOBACCO
 TOILET ARTICLES
 TOWELS
 TROUSERS, PR.
 TRUNKS, PR.
 UNDERWEAR

CONTAINERS ADDRESSED TO

none

INFORMATION

Mr. J. E. Claussen
RFD #1, Jacob, Ill.

NAME AND STATUS VARIATIONS

CROSS REFERENCE

CHECK
 MONEY ORDER
 BOND
 PAY CHECK
 FOREIGN CURRENCY
 U. S. CURRENCY

REC'D BY

NUMBER

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

T. E. I. - CHECK SHEET

TALLY NO. ORIG. NO. OF PKGS.

387

1

EXAMINING DATE

20 Aug 42

BOX NO.

31

SHEET

OF

1 / 1 ✓ SHEETS

NAME

ORGANIZATION

WAREHOUSE SPACE

PACKAGE DESCRIPTION

EXAMINED BY

PACKED BY

INSPECTED BY

A. S. N.

RANK

F/0

CASE NO.

T-120795

✓

DIARY REMOVED

PHOTO FILM REMOVED

MOTION PICTURE FILM REMOVED

SHIPPED

DATE

SEP 21 1945

BY WHOM

James, F. Claussen

9 HAF

S

Mc Connell

D. L. Smith

B

601 Hardesty Avenue
Kansas City 1, Missouri

Date

27 August 1945

SUBJECT: Report of transactions in disposing of the effects of JHM:GC:va

James P. Clausen
(Name of deceased)

(Army Serial Number)

First Lieutenant
(Grade)Air Corps
(Organization, Army or Service)

late a

who died

on the 24 day of May 1945 at European Area

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

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

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

b. Local debtors owed decedent's estate \$ none, of which the sum of \$ 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).

RULINGS

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 24 August 1945, pursuant to Special Orders 228, Headquarters, KQDM Depot, dated 25 September 1943, the application or affidavit of

Mrs. Stella J. Clausen 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, Ernest Clausen of Illinois (Name of person found entitled)

Route 1, Jacob State of Illinois (Number, Street or Avenue) (City, Town or Village)

Illinois, is the Father 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. MURRAY Colonel QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL