

Gallagher



# INDIVIDUAL DECEASED PERSONNEL FILE

CAUTION: THESE RECORDS WILL BE USED  
FOR OFFICIAL PURPOSES ONLY. DO NOT  
REMOVE PAPERS NOR REVEAL CONTENTS  
TO PERSON CONCERNED. RETURN THEM  
PROMPTLY.

TRANSFER SLIP

No. A7 040714

DATE OF REQUEST

9-17-52 23

RECORDS DESIRED	ZOI FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293. Gallagher, Robert A.								08212-51	REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER					
	Mr. Noel. 66180				DPM 8 18 lot					
RETURN TO	Departmental Records Branch, ADO 210 North Lee Street Alexandria, Virginia								DATE RETURNED	TO RETURN FILE, INITIAL HERE
INSTRUCTIONS	When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.									

TRANSFER COUPON

TO 293 = Gallagher, Robert A.

NOTE THAT FILE OF:  
08212-51

HAS BEEN TRANSFERRED TO: (Name)  
Headstrom

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.  
memorial

DATE SIGNATURE  
9/17/52 R. B. Kly

U. S. GOVERNMENT PRINTING OFFICE 1951-952843

5-40

REGISTER OF DENTAL PATIENTS AT  
A.A.B. DREW FIELD, FLA.

(1) SURNAME	(2) CHRISTIAN NAME		
-------------	--------------------	--	--

Gallagher, Robert A.		9-821255	
----------------------	--	----------	--

(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS	
----------	-------------	-----------------------------	--

2nd Lt	Sect S	DF Repl Unit	
--------	--------	--------------	--

(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE YEARS
----------------	----------	--------------	-------------------

23	W	NY	1 8/12
----	---	----	--------

(10) DISEASE OR INJURY WITH  
OCATION, COMPLICATIONS,  
URIAE, ETC.

(11) DATES AND NATURE OF TREATMENTS  
AND OPERATIONS

(12) RESULTS AND REMARKS

DENTAL  
DRAWDOWN

FLIGHT SURGEON  
AFTAS  
Dental Corps, U.S.A.

Form 79—MEDICAL DEPARTMENT, U. S. ARMY  
(Revised Feb. 24, 1941)

16-20622

476

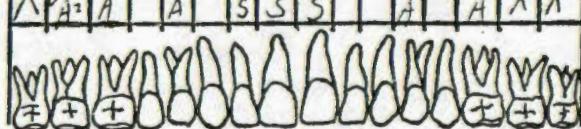
29

1940

\*REPORT OF DENTAL SURVEY

UPPER TEETH

	Right								Left								
	8	7	6	5	4	3	2	1	1	1	2	3	4	5	6	7	8
X	o	no	m	d	M	M	o	o	o	o	o	o	o	o	o	o	o
P	A	A	A	S	S	S	A	A	A	A	A	A	A	X	X	X	X



LOWER TEETH

	Right												Left				
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
C	o	o	o	o	o	o	o	o	o	o	o	o	o	c	no	X	
F	A	A	A	X										A	A	A	X



CLASS IV

Occlusion I : Calculus: Slight, Medium, Heavy  
 Periodontoclasia none  
 Dental foci suspected: Yes No  
 Other conditions none

Date May 3, 1944

D. G. Chambers Cphs  
Dental Corps, U. S. A.

\*Restorable carious teeth by O  
 Nonrestorable carious teeth by /  
 Missing natural teeth by X

Teeth replaced by denture  
 (horizontal line)



Teeth replaced by fixed bridge  
 (oval to include abutments)



## REGISTER OF DENTAL PATIENTS AT

9 L 44-A

Maxwell Field, Ala.

(1) SURNAME (2) CHRISTIAN NAME

Gallagher, Robert A., 12120890

(3) RANK (4) COMPANY (5) REGIMENT OR STAFF CORPS

A/C Pilot

(6) AGE, YEARS (7) RACE (8) NATIVITY (9) SERVICE YEARS

22

".

New York

10/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
Calculus	June 1943	Initial Class II
	10 C.R. PRLX (Routine)	E. Latimer G.L.
		Cl.IV

*J. Cathroe*  
*cpt*

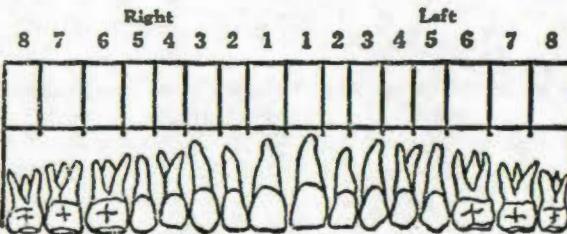
Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.  
(Revised Feb. 24, 1941)

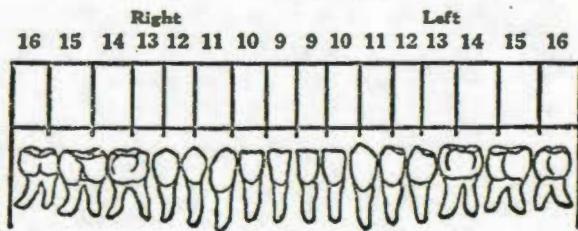
16-20622

\*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS \_\_\_\_\_

Occlusion \_\_\_\_\_: Calculus: Slight, Medium, Heavy.

Periodontoclasia \_\_\_\_\_

Dental foci suspected: Yes No

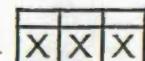
Other conditions \_\_\_\_\_

Date \_\_\_\_\_, 19\_\_\_\_\_

Dental Corps, U. S. A.

\*Restorable carious teeth by O  
Nonrestorable carious teeth by /  
Missing natural teeth by X

Teeth replaced by denture  
(horizontal line)



Teeth replaced by fixed bridge  
(oval to include abutments)



1.

REGISTER OF DENTAL PATIENTS AT  
Night.

WRGH.

4/14/41. Duty.

(1) SURNAME	(2) CHRISTIAN NAME <i>12120890</i> <i>Gallagher, Robert</i> ...		
(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS <i>Pvt.</i> MD. WRGH. Sect.	
(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS <i>24 W .. 5 mos.</i>

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SQUELAE, ETC.			
(11) PAGE AND NATURE OF TREATMENTS APR.			
Dental. Xray 1	OPS. 45533	14. 15.	Col. Harvey, (ERB) TAF.

*O. G. Skeetson*

*Dental Corps, U. S. A.*

Form 79—MEDICAL DEPARTMENT, U. S. A.  
(Revised April 13, 1938)

2-10597

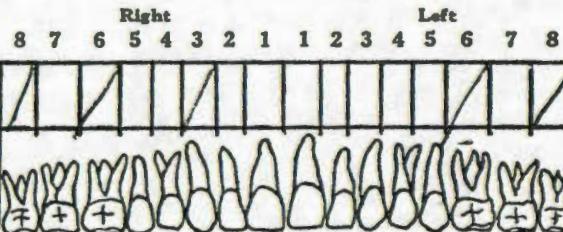
Date 4/14/41.

19

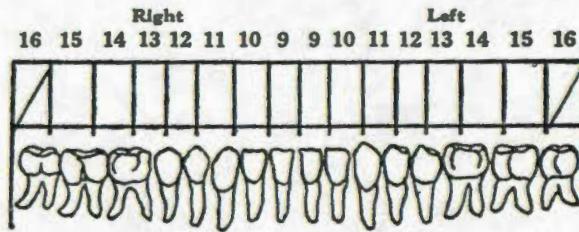
Report of Dental Survey

UPPER TEETH

R.C.D.



LOWER TEETH



CLASS I

O Tooth crowned

/ Missing tooth

O/O Fixed bridge

/// Partial denture

Occlusion \_\_\_\_\_ Periodontoclasia \_\_\_\_\_

\*Caries \_\_\_\_\_

Calculus: Slight, Medium, Heavy.

Dental foci suspected: Yes No

Other conditions Pericoronitis 1-16

R-f T.O.S. for Ridge & T.R.

Dental Officer:

\*Indicate by tooth number.

S-10507

REGISTER OF DENTAL PATIENTS AT  
HOSPITAL DENTAL CLINIC, DREW FIELD, FLA

(1) SURNAME	(2) CHRISTIAN NAME		
GALLAGHER, ROBERT A.			
O-821255			
(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS	
2nd Lt.	594th Sqdn.	5-40 396 Grp. B	
(6) AGE YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE YEARS
23	W	N Y	1 8/12

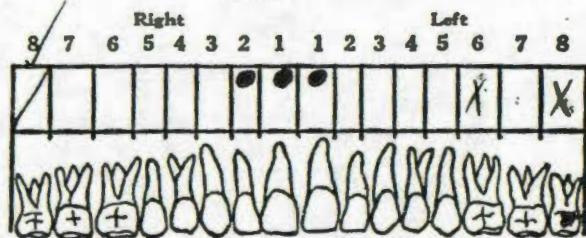
(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.			
(11) DATE AND NATURE OF TREATMENTS ADM. R. AND OPERATIONS		(12) RESULTS AND REMARKS	
XR (1) #5093	5/4	CL I	RC
Car LIn	5/4		
Car RIn	5/4		
Car R2d	5/4		
Car RL6do	5/6	HMT	PRM
TMODL L16	5/8	HMT	PRM
TMal R8	5/8	HMT	PRM
TE AnesIn	5/11	HMT	PRM
POT	5/13	HMT	PRM
POT			

*17th May 1944*  
Dental Corp. U. S. A.

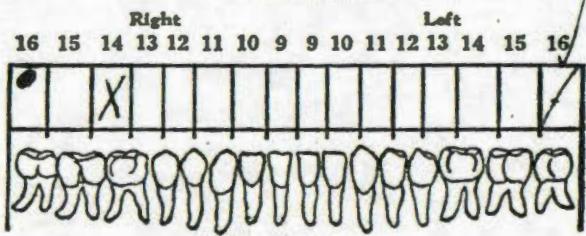
Form 79—MEDICAL DEPARTMENT, U. S. A.  
(Revised Feb. 24, 1941)  
16-20622

\*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS I

Occlusion Good: Calculus: Slight, Medium, Heavy  
Periodontoclasia Mild

Dental foci suspected: Yes            No           

Other conditions \_\_\_\_\_

NR 216

Date May 4 1944, 19\_\_\_\_\_

Ronald C. Case  
major Dental Corps, U. S. A.

\*Restorable carious teeth by O  
Nonrestorable carious teeth by /  
Missing natural teeth by X

Teeth replaced by denture  
(horizontal line)



Teeth replaced by fixed bridge  
(oval to include abutments)



21

HEADQUARTERS  
NEW YORK PORT OF EMBARKATION  
American Graves Registration Division  
1st Avenue & 58th Street  
Brooklyn, N. Y.

THE FOLLOWING REPORT WILL BE COMPLETED BY ALL ESCORTS WHO ACCOMPANY REMAINS OF DECEASED PERSONNEL FROM THIS HEADQUARTERS TO THEIR FINAL DESTINATION.

UPON RETURN TO THE AMERICAN GRAVES REGISTRATION DIVISION, NYPP, THIS REPORT WILL BE DELIVERED BY THE ESCORT TO THE ESCORT CONTROL OFFICER FOR APPROVAL

1. THOMASSEN ERWIN A. 2nd Lt. A01908384 accompanying the  
(Name, rank, serial number of escort)

remains of GALLAGHER ROBERT A. 2nd Lt. O-821255  
(Name, rank, serial number)

2. Departed AGRD, NYPP, on 1 June 49 at 0820 hours  
(date)

for FAR ROCKAWAY, NEW YORK by Gov't vehicle  
(destination - city and state) (Gov't vehicle or train)

If train, give hour of departure from New York City and station

Arrived at

FAR ROCKAWAY, N.Y. on 1 June 49 at 0940 hours  
(destination) (date)

3. First contact was made with undertaker on 1 June 49 at 0940 hours  
(date)

4. First contact was made with next of kin STELLA F. GALLAGHER  
1355 Gibson St.  
(Name)

Far Rockaway, N.Y. on 1 June 49 at 1000 hours  
(address) (date)

5. I did/didn't attend the funeral services.

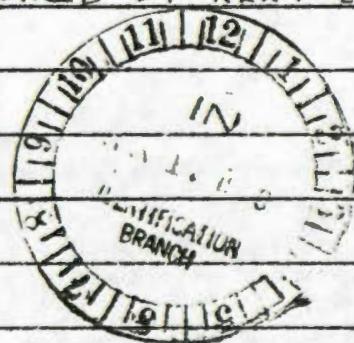
6. The funeral was held at 1115 hours, on 2 June 49

7. Escort's presence is/isn't desired at funeral services

SECTION FILE

Stella F. Gallagher mother

8. Burial honors [REDACTED] were not provided at the funeral.
9. Burial honors were not provided because NOT DESIRED BY NEXT OF KIN
10. Burial honors were provided by [REDACTED]
11. Flag was presented to MRS. STELLA F. GALLAGHER.
12. The next of kin [REDACTED] did not bring up the subject of identity of the remains.
13. LOCAL [REDACTED]  
(Name, address of Motel and length of stay where billeted)
14. Departed FAR ROCKAWAY by TRAIN on 2 June 49  
(Govt. vehicle or train) (date)  
at 1200 hours Arrived at AGRD, NYF on 2 June 49  
(date)  
at 1245 hours.
15. REMARKS (Unusual occurrences):  
[REDACTED]
16. RECEIPT OF TWENTY-ONE (21) ROUNDS OF BLANK AMMUNITION IS ACKNOWLEDGED  
(IF NO BLANKS WERE ISSUED WRITE "NONE" "NONE")
- Name of Receiver Ervin A. Thomassen  
(Name, Rank, Serial Number of Escort)
- Organization 3200<sup>th</sup> LIGHT BOMB TEST SQ.  
(Organization)
- Date 2 June 49  
Date Received



REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES			DATE
(Read Explanation on Reverse Side before completing form)			
NAME OF DECEDENT (Last, First, Middle Initial)	BRANCH OF SERVICE	TO BE FILLED IN BY CLAIMANT	
GALLAGHER ROBERT A	AF	<input type="checkbox"/> A. INTERMENT EXPENSES <i>(Civilian or Private Cemetery)</i>  <input type="checkbox"/> B. TRANSPORTATION EXPENSES <i>(National or Post Cemetery)</i>	
RANK OR GRADE	SERIAL NO.		
2 LT	3-821255		

## INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED		FILL IN THIS STATEMENT IF BOX "B" IS CHECKED
<p>I certify that the sum of \$ 177. — was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:</p> <p>NAME: ST. MARY'S CEMETERY.      CITY OR COUNTY: LAWRENCE. L. I.      STATE: NEW YORK.</p>		<p>I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)</p> <p>TO: (Name and Location of National or Post Cemetery)</p>
<small>RETURN FOUR COPIES TO</small>		<small>SIGNATURE OF CLAIMANT</small> <u>STELLA F GALLAGHER</u> <small>ADDRESS (Street number or RFD, City and State)</small> <u>1355 GIPSON ST FAR ROCKAWAY.</u> <small>N.Y.</small> <small>MOTHER</small> <small>RELATIONSHIP TO DECEDENT</small>

REMARKS

J. C. Keverik  
 Col., F. D.  
 Brooklyn N.Y.

3-49

Sy. 215 130  
 St.

## RECEIPT OF REMAINS

HEADQUARTERS, NYPE

DISTRIBUTION CENTER

DISTRIBUTION CENTER #1, AGRS ROUTINE

58th ST &amp; 1st AVE, BROOKLYN, NEW YORK

REMAINS CONSIGNMENT TO:

DIERENGER'S FUNERAL HOME

1830 CORNAGA AVENUE

FAR ROCKAWAY, NEW YORK

REMAINS OF THE LATE

2 LT. ROBERT A. GALLAGHER

ACCOMPANIED BY

AN ESCORT WILL BE DELIVERED TO YOU BY MOTOR VEHICLE DURING MORNING

ON WED 1 JUNE

PLEASE MAKE ARRANGEMENTS TO ACCEPT

REMAINS UPON ARRIVAL AND PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME  
OF ARRIVAL.

## ESCORT:

2/LT ERWIN A THOLASSEN  
AO 1908384  
3200TH LT BOMB TEST SQ

G. H. BARE

COLONEL, QMC

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased  
this 1 day of June, 1949  
(Day) (Month)

NAT

FILE  
RECORDS ANNOTATED

DATE \_\_\_\_\_

NAME \_\_\_\_\_

R &amp; R BR.

*Erwin A. Tholassen*  
(Witness (Escort))*Alvin J. E. Funeral Home  
J.W.P. Dierenger, Inc.*  
(Consignee)

## DISINTERMENT DIRECTIVE

34-14

SECTION A— NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>1260 05470</b>	DATE 15 09 48			
NAME <b>GALLAGHER ROBERT A</b>		SERIAL NUMBER <b>0-8212552 LT</b>	GRADE <b>LT</b>	ARM <b>1</b>	RACE <b>1 2</b>	RELIGION
CEMETERY <b>SIEUVILLE BELGIUM</b>		PLOT <b>I</b>	ROW <b>1</b>	GRAVE <b>20</b>	DISPOSITION OF REMAINS <b>2300</b>	
CODE DIST. CTR.						
SECTION B—CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE <b>DIERENGER'S FUNERAL HOME 1830 CORNAGA AVENUE FAR ROCKAWAY, NEW YORK</b>		NAME AND ADDRESS OF NEXT OF KIN <b>STELLA F. GALLAGHER (MOTHER) 1355 GIPSON STREET FAR ROCKAWAY, NEW YORK</b>				
SECTION C—DISINTERMENT AND IDENTIFICATION						
NAME REMAINS MARKER		SERIAL NUMBER	GRADE	DATE OF DEATH		DATE DISTINERRED
<input type="checkbox"/> IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION <b>USAAF</b>		RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	
SECTION D—PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL		CONDITION OF REMAINS				
OTHER MEANS OF IDENTIFICATION <b>SEE ATTACHED SHEET</b>						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE CASKET SEALED BY		BY EMBALMER (Signature)				
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY				
DATE BY		I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.				
SIGNATURE OF AGRS INSPECTOR						
REMARKS AND SPECIAL INSTRUCTIONS						

820

**RECORD OF CUSTODIAL TRANSFER**

**1. SHIPPED**

FROM USMC NEUVILLE, BELGIUM	TO ANTWERP PORT - PIAR 140
KIND OF CONVEYANCE <b>TRUCK</b>	NAME OF CONVOYER <b>CPL J. M. A. ANDERSON R. 17235745</b>
SIGNATURE OF SHIPPER <b>ALBERT TAIKHARA 1/LT SC 01648828</b>	DATE <b>1/4/49</b>
SIGNATURE OF RECEIVER <b>R. D. MILLER</b>	DATE <b>1/4/49</b>

**2. SHIPPED**

FROM AGRC ANTWERP BELGIUM	TO USAT HAITI VICTORY
KIND OF CONVEYANCE <b>VC. 2</b>	NAME OF CONVOYER <b>D. E. PRICE, MAJ. QMC.</b>
SIGNATURE OF SHIPPER <b>R. D. MILLER, Lt. COL. T.C.</b>	DATE <b>22 APR 1949</b>
SIGNATURE OF RECEIVER <b>D. E. PRICE</b>	DATE <b>22 APR 1949</b>

**3. SHIPPED**

FROM	TO <b>NYPE</b>
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER <b>J. W. PREISCH 1ST LT. COLONEL T.C.</b>
	DATE <b>MAY 4 1949</b>

**4. SHIPPED - TRANSPORTATION OFFICER**

FROM <b>NYPE</b>	TO <b>DC #61</b>
KIND OF CONVEYANCE <b>TRAILER</b>	NAME OF CONVOYER
SIGNATURE OF SHIPPER <b>1ST LT. COLONEL T.C.</b>	DATE <b>5/6/49</b>
SIGNATURE OF RECEIVER <b>A. O. GARNER</b>	DATE <b>1949</b>

**5. SHIPPED**

FROM	TO <b>Captain, QMC</b>
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER
	DATE

**6. SHIPPED**

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

**7. SHIPPED**

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

WU A172 22 COLLECT 6 EXTRA

FAR ROCKAWAY NY MAY 3 425P

DISTRIBUTION CENTER ONE

NEWYORK PORT OF EMBARKATION BROOKLYN NY

FUNERAL ARRANGEMENT OF THE LATE SECOND LT ROBERT A  
GALLAGHER ARE CORRECT AWAIT DELIVERY DATE

STELLA S GALLAGHER 1355 GIPSON ST FAR ROCKAWAY NY

1355

949A..

SPC 160

1949 APR 23 18 49

DISTRIBUTION CENTER #1  
NEW YORK PORT OF EMBARKATION  
BROOKLYN, NEW YORK

STELLA F GALLAGHER  
1355 GIPSON STREET  
FAR ROCKAWAY NEW YORK

I certify that this message is on official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest.

JAMES McCARTHY  
Major, TC  
Admin O, AGR Div.

HAITI

2 LT ROBERT A GALLAGHER

PLEASE BE ADVISED REMAINS OF THE LATE

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED  
TO DIERENGER&S FUNERAL HOME

1830 CORNAGA AVENUE FAR ROCKAWAY NEW YORK

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF FROM FIVE DAYS TO FOUR WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DATE REMAINS WILL BE DELIVERED TO HIM. HE WILL BE REQUESTED TO INFORM YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCCOMPANIED BY MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE INSTRUCTIONS BY TELEGRAM COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION WITHIN FORTY EIGHT HOURS OR SUBMIT NEW DELIVERY INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BARE, COL, QMC

RELEASED TO W U

FOX

142a

HEADQUARTERS  
7855 AGRC ZONE ONE  
APO 58 (Liege) US ARMY

GRU 332.3(0) NEUVILLE I-1-20

C E R T I F I C A T E

I certify that I have removed the attached identification tag(s)  
from the remains of:

lh GALLAGHER ROBERT A 2/LT 0-821255<sup>5</sup>  
(Last Name) (First Name) (Initial) (Rank) (ASN)

The attached identification tag(s) removed for the following reason:

GMC Form 1194 indicates:

GALLAGHER ROBERT A 2/LT 0-821255  
(Last Name) (First Name) (Initial) (Rank) (ASN)

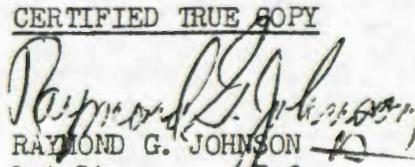
Identification Tag indicates:

GALLAGHER ROBT. A 0-821255  
(Last Name) (First Name) (Initial) (Rank) (ASN)

Imprint of Tag:

ROBT. G. GALLAGHER  
0-821255 143-44

s/ R. J. ST CLAIR 1/LT INF.  
(Signature of Verifying Officer)

CERTIFIED TRUE COPY  
  
RAYMOND G. JOHNSON  
1st Lt Inf  
Ass't Oper. Officer

FILE

1260-05470  
Fad n 3



U.S. AIR FORCE  
SERIAL NUMBER

LAST NAME

FIRST NAME

## K. TEST FOR DISPOSITION OF REMAIN

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

DATE:

2nd Lt Robert A. Gallagher, O 821 255  
 Plot I, Row 1, Grave 20,  
 United States Military Cemetery  
 Neuville-en-Condroz, Belgium

24 June 1948

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, Stella F. Gallagher

(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 type="checkbox"/> FATHER | <input checked="" 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.)

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

St. Mary's Cemetery, Lawrence, L. I., New York  
 (NAME AND LOCATION OF CEMETERY)

 3. BE RETURNED TO \_\_\_\_\_ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A FOREIGN COUNTRY \_\_\_\_\_

PRIVATE CEMETERY LOCATED AT \_\_\_\_\_

(LOCATION OF CEMETERY SELECTED)

 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_

(LOCATION OF NATIONAL CEMETERY SELECTED)

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

 YES       NO

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

12-1-44  
 11-1-7-1-1

dated 7/23/48  
 Gallagher  
 DDQMG FORM 4 NOV 1944 345 MILITARY

AUG 24 1948

**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			
Dierenger's Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
1830 Cornaga Avenue, Far Rockaway	Far Rockaway	Queens	New York
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		TELEPHONE NO.
Far Rockaway, New York			Fa 7-0049

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 6.)

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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.

Stella F. Gallagher  
(SIGNATURE OF NEXT OF KIN)

Stella F. Gallagher  
(NAME PRINTED OR TYPED)

1355 Gipson Street  
(STREET AND NUMBER)

Far Rockaway, New York  
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 20 day of July,

1948, at city (or town) of Far Rockaway, county of Queens, and State (or Territory or

District) of New York

JAMES H. CHAPIN  
Notary Public, State of New York  
Residing in Queens County  
Queens Co. C.R.S. No. 355, Reg. No. 28-C-0  
Commission Expires March 30, 1950

James H. Chapin  
Stella F. Gallagher  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public  
(OFFICIAL TITLE)

BRE Form #39  
13 Jul 48

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

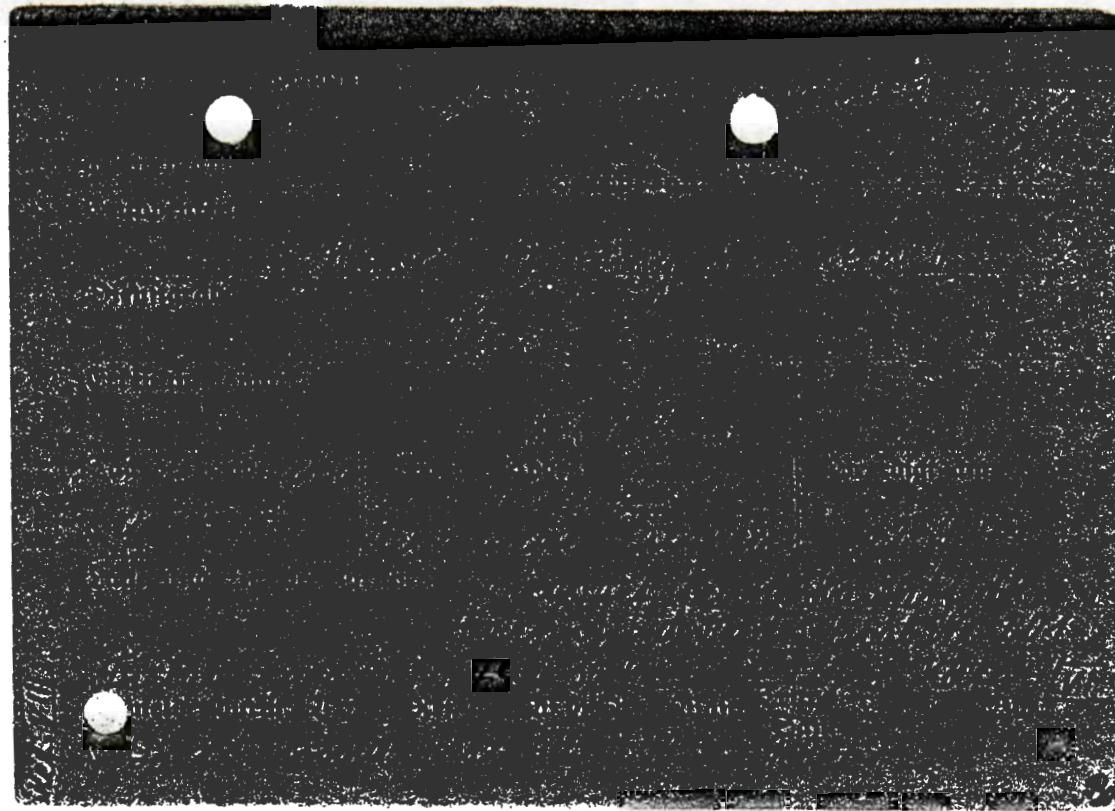
GALLAGHER ROBERT A 2 LT 0-821255  
(Last Name) (First Name) (Initial) (Rank) (ASN)

Repatriated to the United States: \_\_\_\_\_

26 APR 1948

STATION FILE

Incl #



•

PLACE OF BURIAL: Neuville en Condroz, Belgium

PLACE OF BURIAL: Neuville en Condroz, Belgium  
General Gen. Dorthmund  
Field 5, Grave No. 201

Reb.: 4 May 46  
at: Neuville en Condroz US mil. com.  
I - 1 - 20

Nr. 69 624

Kriegsgräber-Fürsorge Wehrkreiskommando VI.

2366  
W.Kdtr., Dortmund  
U. S. A.

## Berichtsmeldung

Amerikanische Luftwaffe USAAF  
(Truppenteil)

Dortmund  
(Beisehungsstadt)

Gallagher Robert A -  
(Familienname) (Vorname)

(Gemeinde usw.)

Dienstgrad unbekannt  
2d. Lt -

unknown

Main cem. POW cem.

Hauptfriedhof, Kr. Gef. Friedhof  
(Gemeindefriedhof, Ehrenfriedhof, Feldgrab)

Geburtsstag

Einzelgrab Nr. 201, Feld 5  
Kameradengrab plot

Geburtsort

9.9.1944 KIA -

Südufer des Sees der Ennepe Umgebettet von

nach

Todesort Taasperre

South shore of the lake of the Ennepe valley  
Umgebettet am

Erlkennungsmerke Nr. 0 - 821255

Angebettet am

Anschrift der Angehörigen

Laut Umbettungsprotokoll Nr.

vom des

Todesursache: infolge abgeschossen  
Art: shot down

Beigesetzt am: 12.9.1944

Kriegschauplatz:

Bemerkungen über die Grabstätte

*1366*  
**REPORT OF INVESTIGATION  
AREA SEARCH**

AGRC Form 10 (Revised)

26 April 1946

Date

1 January 1946

NAME Robert A. Gallagher

RANK 2nd Lt.

ASN 0-821255

ORGANIZATION

AAF

390 Bomb Group (H)

MEANS OF IDENTIFICATION One Ident. Tag around Neck.

(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 Robert A. Gallagher RANK 2nd Lt. ASN 0-821255

b. ORGANIZATION AAF 390 Bmb.Gp.(H)

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY (Partial Crew List). Costa,

Gallagher, Rodda, and Gilkey

(Use reverse side for listing of crew members from MACR)

a. Date of above burials 12 Sept 1944 Common Graves? **No**

5. Name and Type of Cemetery Helden Allied Cemetery

(Military or Civilian)

6. Map Coordinates of the Cemetery RA 85-25

a. Town Dortmund Country Germany

7. Give exact location in cemetery of the remains.

a. Section 5 Row 6 Grave 201

b. Is sketch attached? **Yes**

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? White Cross

10. If grave is marked with cross, give exact markings thereon RIP Robert A. Gallagher, U-821255  
USA Buried 12 Sept 1944

a. From what source was this information obtained? German Army

(Identification tags, personal effects)

1. By whom Cemetery Caretaker

11. Where are the cemetery records? Cemetery Office.

(Town Hall, cemetery, burgermeister's office)

- a. What information was contained in? Name, Organization, Date of Death, Place of Death, and Date of Burial  
b. Where was the information obtained? German Army  
c. By whom? Cemetery Caretaker
12. What is the date of death? Est. 9 Sept. 1944  
a. Give basis G/B Card and Form 302a, Cemetery Records, and Investigation.
13. What is the cause of death? Plane Crash  
b. Give basis Cemetery Records and Investigation.
14. What is the date of burial? Est. 12 Sept. 1944  
a. Give basis G/B Cards, Form 302a, Cemetery Records, and Investigation
15. What was the place of death? South Shore of Lake Ennepe, Power Dam  
b. Give basis Form 302 a, G/B Card, and Investigation.
16. Where were the remains found? In Vicinity of Plane Coords RA 78-93  
a. By whom? German Civilians  
b. Is sketch attached? Yes
17. Was a casket used? Yes Who furnished the casket? Cemetery  
Type of casket Wooden Box How marked? No Markings
18. Who made the burial German Civilians  
(Civilian, American Mil. or German Mil.)  
a. What are the names and addresses? Unknown

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  
(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 Flying Fortress B-176  
b. Markings and/or name on plane Nick Name (Mona) wheel Assy. No. H-3-101 M.  
c. Give numbers on motors, machine guns, instruments, radios or other equipment: 731307 & 1528799
- Plate on Wing Brace: Model No. B-176-Briggs Unit No. 7787-R, Machine Guns.
21. How did crash occur? Flak Anti-aircraft Yes  
Enemy Planes? No 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? West  
25. What was the civilian opinion regarding destination of plane? Unknown

- 2360
26. Had bombs been released prior to the crash? Yes  
27. Does specific time and da. of crash correspond with date of death of one named deceased? Yes  
28. Number of planes in formation prior to crash Approx. 30  
29. State precise time and date of plane crash 1130 hrs (Night Sept 1944 (Day?)

30. Were parachutists seen? Yes How many? 5 Escaped? Unk  
Prisoners? At least one taken by Radenwald Police

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 specific 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).

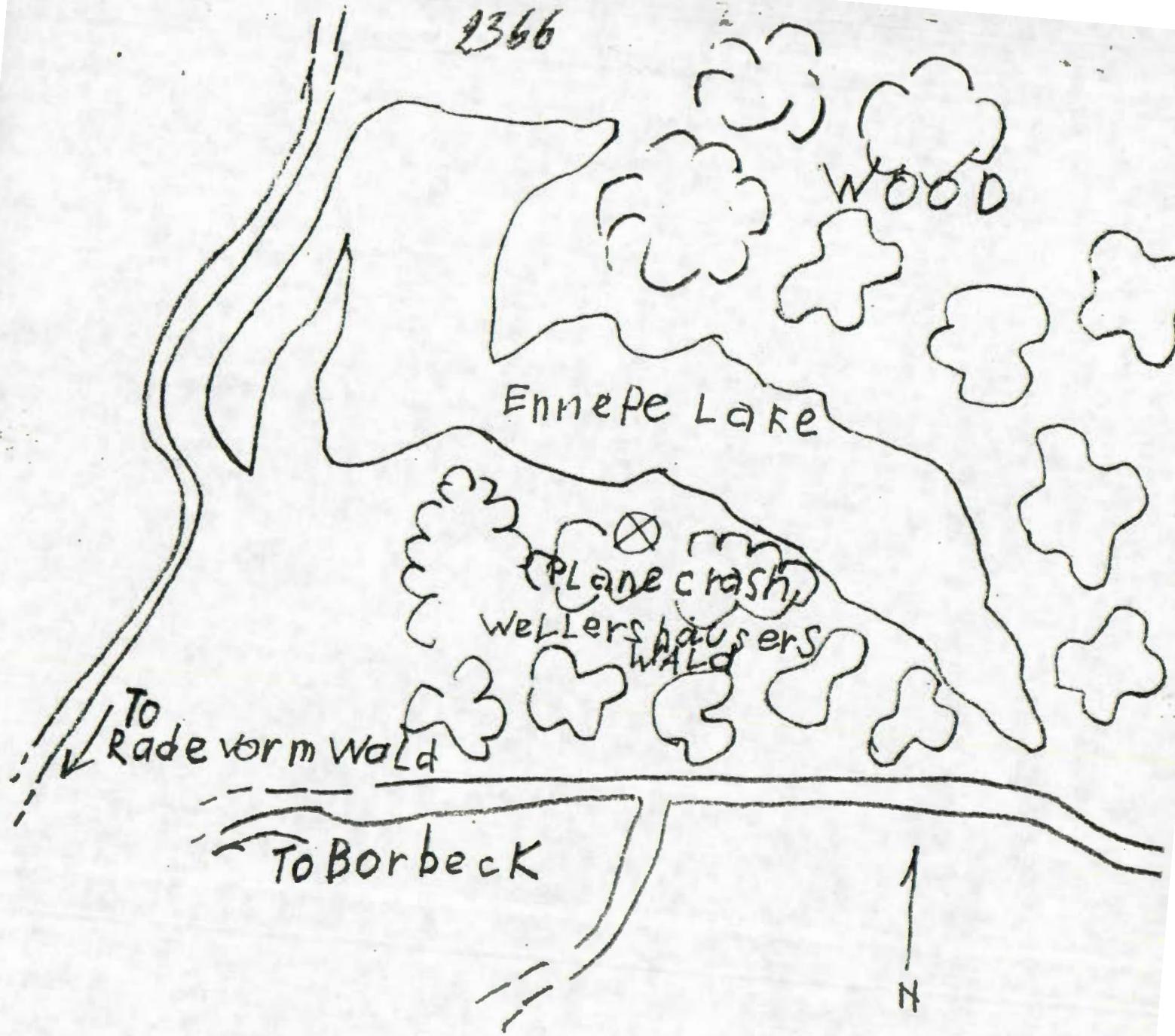
39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire)  
If so, give complete and thorough results of the interrogation.  
a. Are all certificates and statements of people who possessed knowledge of the case attached?  
40. State the specific clues and evidence 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 No Personal Effects  
a. Were identification tags found at the time of death? Yes  
Where? On Body By whom? German Army  
Present disposition Buried With Body

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.

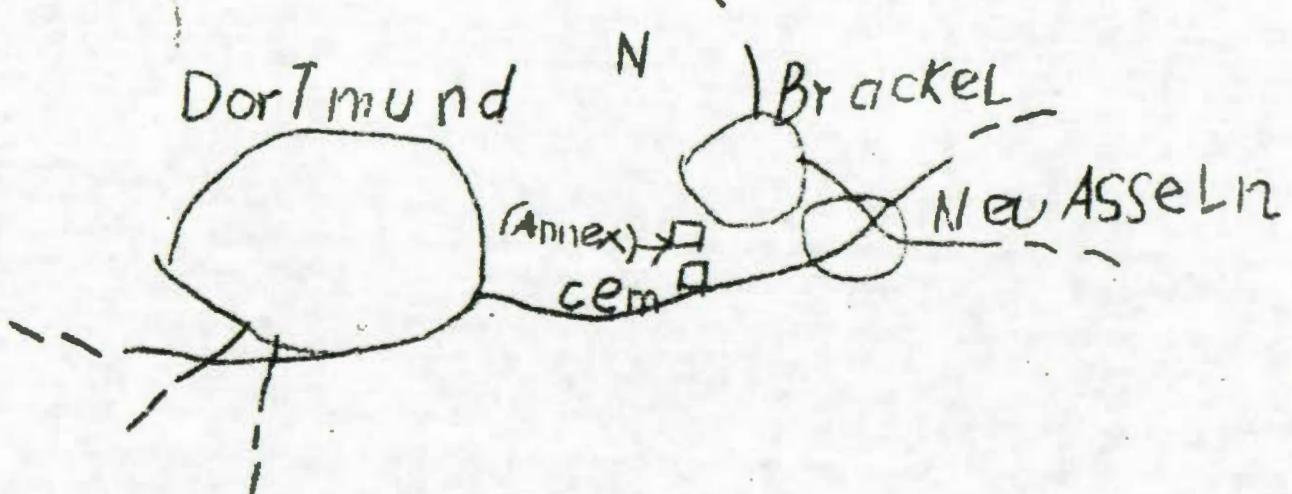
2366



14:10:23

21 MAI 1940

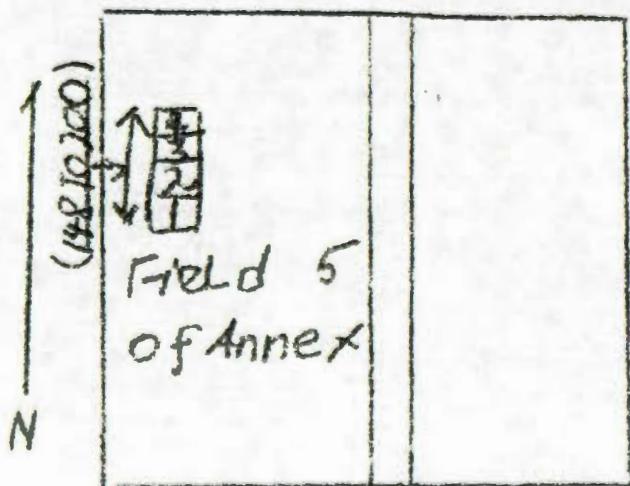
30 80 2366



1. Rodda, Merrill F. O823968
2. X-2652
3. COSTA Joseph A. 3687923
4. Gallagher, Robert J. 6-821255

+ 20  
90

Sheet Q2  
Dortmund Sheet  
Scale: 1/100,000  
G.S.G.S 4416  
Nord DeGuerre  
Grid



2nd Lt Robert A. Gallagher, O 821 255  
Plot I, Row 1, Grave 20,  
United States Military Cemetery  
Neuville-en-Condroy, Belgium

24 June 1948

Mrs. Stella F. Gallagher  
1355 Gibson Street  
Far Rockaway, New York

Dear Mrs. Gallagher:

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

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

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

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

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

gmk

8 Incs.  
10 35  
O. Q. M. G.  
RECORDS

18 June 1948

Mrs. Stella F. Gallagher  
1355 Gilham Street  
Far Rockaway, New York

Dear Mrs. Gallagher:

The Department of the Army is most desirous that you be furnished information regarding the burial location of your son, the late Second Lieutenant Robert A. Gallagher, A.S.A. C 821 255.

The records of this office disclose that his remains are interred in United States Military Cemetery Neuville-en-Condroz, plot I, row 1, grave 20. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located nine miles southwest of Liège, Belgium, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

G. A. BRENNAN  
Major General, QM  
Chief, Memorial Division

AB  
fam

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

DATE 18 June 1948

TO: Letter of Inquiry Section

(Thru Officer in Charge)

(Form 734 will indicate file dispatched to LOI SECTION)

Reference:

NAME	Gallagher, Robert A.	RANK	2nd Lt
SERIAL NUMBER	0-821 255	CEMETERY	Neuville-en-Condroz
PLOT	I	ROW	GRAVE 20

Request        LOI be sent to: + *Grave Location letter*  
*attd 18 Jun 48*

NAME	Mrs. STELLA F. GALLAGHER	RELATIONSHIP	MOTHER
ADDRESS	1355 GIBSON STREET		
CITY	FAR ROCKAWAY	STATE	NEW YORK

Basis of request: (Must include definite facts)

Telephone request from Miss Gallagher, aunt of decedent, (Code 165 ext 507) who stated that mother has not received grave location or LOI. Last ltr. concerning this matter dated 16 May 46.

Request Approved: \_\_\_\_\_

Approving Officer's Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Strike out if no LOI previously dispatched

POSTDATE LOI 22 June 48 & RETURN TO NOK SECTION, ROOM 2049 B.

L. O. L. REC'D JUN 24 1948

mother VE  
Bt sent 18 Jun 48

File  
FCBR  
NAT  
Miss MacLay

Belt  
Miss Fulton  
AFPPA-S/MF/rec/6484  
Rm 5D 867 14 May 46

AFPPA-S

AAP 201 - (8916) Gallagher, Robert A.  
(KU 2880) O-821255 C6

16 May 1946

Mrs. Stella F. Gallagher  
1355 Gibson Street  
Far Rockaway, New York

Dear Mrs. Gallagher:

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

In an effort to furnish the 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 Second Lieutenant Robert A. Gallagher, these records indicate that he was killed in action on 9 September 1944, when his B-17 (Flying Fortress) bomber exploded in mid-air as the result of enemy antiaircraft fire, in the vicinity of the Enne River ( $51^{\circ} 13' N$ ,  $7^{\circ} 25' E$ ), Germany. There were nine crew members serving on this mission, four of which were killed and the remaining five have since returned to the States. These records further state that your son's body was interred on 12 September 1944, in grave 201, of the Prisoner of War Cemetery at Dortmund.

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 son'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 son's valuable contribution to our cause sustain you in your bereavement.

Sincerely yours,

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

Planned  
VE

ARMED SERVICES POLICE  
OFFICE OF THE CHIEF WARRANT OFFICER  
WASHINGTON 25

In Reply Refer 30-821-255

Gallagher, Robert A.  
O-821 255

24 June 1946

BURIAL INFORMATION

NAME: Gallagher, Robert A.

GRADE: 2nd Lt.

A.S.N. O-821 255

DATE OF DEATH: 9 September 1944.

The following information has been received by this office and is forwarded for aid in clearing this case.

PLACE OF DEATH: On Southern Coast of Emmer-Talsperre, Germany.

PLACE OF BURIAL: Prisoner of War Cemetery, Main Cemetery, Field 5, Grave No. 201,  
at Dortmund, Germany.

Above information has been obtained from Captured German Records.

Transmittal Ltr. No.

10/E

24 June 1946

Unit 23

314.6 7/6 Cen. of War

Received 18 Jun 1946  
16

Name: Gallagher, Robert S.	0-821255-
Gefangenenvlager: KU 2880	Nr. der Liste: <b>H</b>
Gefangen-Nr.: <u>Ü SA</u>	Seite der Liste:
Name: Gallagher	Beruf:
Vorname: Robert S.	Religion: Rank: St -
Geburtsstag u. Geburtsort:	Dienstgrad: Ltn.
Vorname des Vaters:	Organisation: 1. u. 2. Co. 1. Masch. Boeing - Fortress Komp. usw. 2. Mar. 1944 - Interrog. II
Familienname der Mutter:	A.I.S. N. 0-821255
Name u. Anschrift der zu benachrichtigenden Person:	Ort und Tag der Gefangenennahme oder Internierung:
Aufenthalt u. Veränderungen: Died. 9 Sept. 1944 at 11:30 o'clock on the southern coast of Ennepetal - Talsperrre Buried: 12 Sept. 1944 Grablage: 12.9.44 Kriegsgef. Feldh. Hauptfeldh. Corp. major com. Dorothy Gardner 2. Div. Dokument und Feld 5 Grab-Nr. 201	Verwundungen, Verlebungen oder Tod: Dead
Wann und von wo zugegangen:	

gem. d. Div. Luft 2172/44 v. 30.9.44 in Flq. K. Kolle 44 VI  
Dortmund Verl. 34 v. 29.7.-9.9.44  
74 a. Ref. IV 1

abgel. A. V. 133 1/44

Todesl. N. 43  
efd. 65

Report thru Div. Luft 2172/44  
dated 30 Sept. 1944 — and  
local Headquarters, air base - Dortmund  
34 - dated 29 July to 9 Sept. 1944 —

Cas. II - Ref. IV 1

Am. Cas. Report 133 1/44

appears on Dead List 43/65

OQMG FORM 302a  
1 Dec. 1944

BURIAL INFORMATION REPORTED BY THE ENEMY

THROUGH INTERNATIONAL COMMITTEE RED CROSS, GENEVA, SWITZERLAND

NAME (Last First Middle) <b>GALLAGHER, ROBERT G.</b>		RANK <b>Lt.</b>	ORGANIZATION <b>Air Corps S.N. 0 821 255</b>
DATE OF BIRTH	PLACE		
EMERGENCY ADDRESSEE			
DATE OF DEATH <b>KIA Sept. 9, 1944</b>	PLACE		
PLACE OF BURIAL <b>Prisoners of War Cemetery Dortmund.</b>		ROW NUMBER	GRAVE NUMBER <b>201</b>
TYPE OF BURIAL <input type="checkbox"/> SINGLE <input type="checkbox"/> COMRADE	DATE OF BURIAL <b>Sept. 12. 1944</b>	DATE OF REBURIAL	
OTHER MEMBERS OF CREW OF <u>Machine Fortress</u>			
NAME	RANK	NAME	RANK
1. <b>Redda, Merrill F.</b>		6.	
2. <b>Cilkey Leonard</b>		7.	
3. <b>Costa, Joseph A.</b>		8.	
4.		9.	
5.		10.	
PERSONAL EFFECTS			
SOURCE OF INFORMATION: GERMAN LIST OF AMERICAN CASUALTIES NO. <b>X293 43/65</b>			
RUS NUMBER <b>8891</b>	DATED <b>7 Nov. 1944</b>	PLACE <b>Saalfeld/Saale, Germany</b>	
STAMP: INFORMATION CENTER FOR PRISONERS OF WAR AND CASUALTIES		DATE <b>7 Nov. 1944</b>	

REMARKS

*X293 Gallagher, Robert G.*

*0-821255*

*file 145  
H/11/44  
ls. H*

## ENEMY CASUALTY FORM

1. CURRENT NO. 65
2. COUNTRY (NATIONALITY) U.S.A.
3. NAME Gallagher, Robert G.
4. DATE OF BIRTH . . . . .
5. NAME OF FATHER . . . . .
6. MAIDEN NAME OF MOTHER . . . . .
7. ADDRESS OF PARENTS . . . . .
8. NAME AND ADDRESS OF NEXT OF KIN . . . . .  
. . . . .  
. . . . .  
. . . . .
9. RANK 1st
10. UNIT (TROOP DIVISION) Machine Fortress
11. DATE AND PLACE OF CAPTURE Sept. 9, 1944 K.T.A.
12. WOUNDS AND INJURIES . . . . .
13. DATE AND PLACE OF BURIAL Sept. 13, 1944  
Prisoner of War Cemetery, Dortmund,
14. REGISTER NO. O-821255 Grave No. 201
15. REMARKS
- Bith: Rodda, Merrill T.  
Hickey, Leonard  
Costa, Joseph A., crew of a "Fortress"

File  
4/18/45  
L.H.

ARMED REGIMENTAL  
FORM NO. 1  
(Revised 1 Sept. 1942)

+ 99 Gallagher

Last Name

# REPORTING OF REBURIAL

26 April 1946

Date

U-821255

Serial No.

Last Name		First Name	Middle Name	Type of Burial	Date of Death	Place of Death	Cause of Death
Gallagher		Robert	2nd Lt.	A	9 Sept 1944	RAF Base	Plane Crash
Last Name		First Name	Middle Name	Type of Burial	Date of Death	Place of Death	Cause of Death
Gallagher		Robert	2nd Lt.	A	9 Sept 1944	RAF Base	Plane Crash
Last Name		First Name	Middle Name	Type of Burial	Date of Death	Place of Death	Cause of Death
Gallagher		Robert	2nd Lt.	A	9 Sept 1944	RAF Base	Plane Crash
Last Name		First Name	Middle Name	Type of Burial	Date of Death	Place of Death	Cause of Death
Gallagher		Robert	2nd Lt.	A	9 Sept 1944	RAF Base	Plane Crash
Last Name		First Name	Middle Name	Type of Burial	Date of Death	Place of Death	Cause of Death
Gallagher		Robert	2nd Lt.	A	9 Sept 1944	RAF Base	Plane Crash
Last Name		First Name	Middle Name	Type of Burial	Date of Death	Place of Death	Cause of Death
Gallagher		Robert	2nd Lt.	A	9 Sept 1944	RAF Base	Plane Crash

Unit: 390th Bomb Group  
Place of Death: Lake Cuneo, Ger. (RA 73-493-4)  
Time and Date of Burial: 1230, 4 May 46

Name of Cemetery:  
Row Number:

Name or Coordinates of Location:  
Plot Number:

Type of Marker:  
Cross

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

If No Identification Tags:

How were deceased identified?  
Identified by:

Deceased's Right

Left

What means of identification were buried with the body?

1 Orig. Ident. Tag.

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

Who is buried on: Cox, Ralph W. 36306966 Unk Unk 19 Grave No. 1

Deceased's Right: Name Serial No. Rank Organization

Deceased's Left: COSTA, Joseph A. 36879123 Unk Unk 21 Grave No. 1

If this tag is to be reburied, use a sketch of this tag.

ROUT A GALLAGHER  
0-821255 725-4486 Emergency Addressee Unk.

- plated

Religion: Catholic U.S.A.

ROUT CHART

1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

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

No Personal Effects

HERBERT W. COPELAND  
2nd Lt. Inf. 0-2018485  
GR Officer

Disinterring Officer

Reinterring Officer

MARSHAL - 1000-1000-0000

Signature of Officer or other person reporting burial

CHARLES F. BARNEY, 2nd Lt, Inf.  
6800 THE GRAND ROLL (GAR)

1000-1000-0000

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

**REPORT OF DEATH**

DATE 16 Dec 1944

VW

<b>FULL NAME</b> <i>293</i> Gallagher, Robert A.		<b>ARMY SERIAL NUMBER</b> 0821255	<b>GRADE</b> 2nd Lt.	
<b>HOME ADDRESS</b> Far Rockaway, New York		<b>ARM OR SERVICE</b> Air Corps	<b>DATE OF BIRTH</b> 6 Dec 20	
<b>PLACE OF DEATH</b> European Area		<b>CAUSE OF DEATH</b> Killed in action	<b>DATE OF DEATH</b> 9 Sept 44	
<b>STATION OF DECEASED</b> European Area		<b>DATE OF ENTRY ON CURRENT ACTIVE SERVICE</b> 7 Jan 44	<b>LENGTH OF SERVICE FOR PAY PURPOSES</b> YEARS    MONTHS    DAYS	
<b>EMERGENCY ADDRESSEE (NAME, RELATIONSHIP &amp; ADDRESS)</b> Mrs. Stella F. Gallagher (mother) 1355 Gibson St., Far Rockaway, New York				
<b>BENEFICIARY (NAME, RELATIONSHIP &amp; ADDRESS)</b> No records available of designation of beneficiaries				
<b>INVESTIGATION MADE?</b>	<b>IN LINE OF DUTY</b>	<b>OWN MISCONDUCT</b>	<b>WAS DECEASED ON DUTY STATUS</b>	<b>AUTHORIZED ABSENCE</b>
YES	NO	YES NO	YES NO	YES NO
YES X	NO		YES	NO

**ADDITIONAL DATA AND/OR STATEMENT**

The individual named in this report of death is held by ~~XXXXXXXXXX~~ the War Department to have been in a missing in action status from 9 Sept 1944 until such absence was terminated on 19 Oct 1944 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the German Government through the International Red Cross.

*FILE*

[ - ] 26 1944

<b>COPIES FURNISHED:</b>	
S. G. C.	P. B. I.
S. O. S. M. G.	O. P. D.
G. A. O.	VET. ADMIN.
F. O. U. S. A. ARMY EFFECTS BUREAU CASUALTY BRANCH FILE A. G. 201 FILE	

<input checked="" type="checkbox"/> <b>BATTLE</b>
<input type="checkbox"/> <b>NON-BATTLE</b>

BY ORDER OF THE SECRETARY OF WAR

*R. J. Gardner*

ADJUTANT GENERAL

326026

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

**REPORT OF DEATH**

DATE 16 Dec 1944

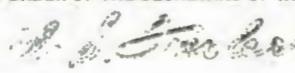
VW

FULL NAME <u>Gallagher, Robert A.</u>		ARMY SERIAL NUMBER 0821255	GRADE 2nd Lt.			
HOME ADDRESS Far Rockaway, New York		ARM OR SERVICE Air Corps	DATE OF BIRTH 6 Dec 20			
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action	DATE OF DEATH 9 Sept 44			
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 7 Jan 44	LENGTH OF SERVICE FOR PAY PURPOSES YEARS    MONTHS    DAYS			
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Stella F. Gallagher (mother) 1355 Gibson St., Far Rockway, New York						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) No records available of designation of 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

ADDITIONAL DATA AND/OR STATEMENT											
<p>The individual named in this report of death is held by <del>XXXXXXXXXX</del> the War Department to have been in a missing in action status from 9 Sept 1944 until such absence was terminated on 19 Oct 1944 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the German Government through the International Red Cross.</p> <p style="text-align: right;">(Large circular postmark/initials over this section)</p>											

COPIES FURNISHED:			
S. G. O.	F. B. I.	F. O. U. S. A.	<input checked="" type="checkbox"/> BATTLE
S. O. S. M. G.	O. P. D.	ARMY EFFECTS BUREAU	<input type="checkbox"/> NON-BATTLE
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE	
		A. G. 201 FILE	

BATTLE  
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:  


ADJUTANT GENERAL

326026

RTB:BH:sh  
November 19, 1945

Dear Mrs. Gallagher:

The Army Effects Bureau has received some additional property of your son, Lieutenant Robert A. Gallagher.

This property consisting of a few items is being sent you.

If, for some reason, the property has not reached you at the expiration of thirty days from the date of this letter, please notify me so tracer can be instituted.

Yours very truly,

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

S/R  
11-20-45

60

67

326.026

NOTICE OF ACTION BY ACCOUNTING BRANCH

CASE NUMBER	DATE OF NOTICE	INVENTORY DATE
	1-16-46	11-1-45
NAME	Robert A. Gallagher	A.S.N. 0-821255

FOREIGN CURRENCY CONVERTED

ITEMIZED

8 Pounds, Great Britain

fy PAYD-Check No. 169392 (re)

DATE CONVERTED	ACCOUNT NUMBER	AMOUNT
1-14-46	177151	32.28

MUTILATED CURRENCY REDEEMED

DATE REDEEMED	ACCOUNT NUMBER	AMOUNT

OTHER

- REISSUED MONEY ORDER RECEIVED FROM POSTAL DEPARTMENT  
 REISSUED BOND RECEIVED FROM FEDERAL RESERVE BANK

MISCELLANEOUS

326026 ✓

RTB:DM:dmab  
January 21, 1946

Mrs. Stella F. Gallagher ✓  
1355 Gibson Street ✓  
Far Rockaway, New York

Dear Mrs. Gallagher:

The Army Effects Bureau has received additional property of your son, Second Lieutenant Robert A. Gallagher, ✓ consisting of funds in the amount of \$32.28✓ A check for this sum is inclosed.

As previously indicated, such property is forwarded for distribution in accordance with the laws of the state of the officer's legal residence.

Sincerely,

A. G. SCHIRMACHER ✓  
Captain, QMC  
Asst. Chief, Adm. Division

1 Incl--  
Check.

✓ ✓ ✓

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU		STATUS	
INBOUND INVENTORY				DECEASED	
G. R. OR SUB GR LABEL				MISSING	
WILL OR POWER OF ATTY.				P. O. W.	
TALLY IN FORM 43				ABANDONED	
X ATTACHED				UNKNOWN	
BAGS, CLOTH OR TRAVEL	BELT	OVERCOATS	1 Biffo, Brown		
BELT, MONEY (NO MONEY)	BOOKS, ADDRESS	PAPERS, PERSONAL	w/ A. - ing		
BILLFOLD (NO MONEY)	BOOKS, PILOT LOG	PENCIL, MECHANICAL	design on side		
BOOKS	BRUSHES	PEN, FOUNTAIN	6 Photos ✓		
BRACELET, IDENT.	CASE	PIPS	1 box set		
CAMERAS	CLOTH, WASH	RINGS	1 Opened		
CLOTHING	COATS	SCARFS	4 D.M.C. Lipstick		
MISC. ARTICLES	FOOTLOCKER	SHIRTS	1 Pen		
RELIGIOUS ARTICLES	FOOTWEAR, PR.	SOCKS, PR.			
RIBBONS, DECORATION	GLOVES, PR.	STATIONERY			
SHORT SNORTER	HANDKERCHIEFS	TIES			
SOUVENIR MONEY	HEADWEAR	TOBACCO			
SOUVENIRS	JACKETS	TOILET ARTICLES			
TESTAMENTS	KITS	TOWELS			
TOWELS & WASHCLOTHS	KNIVES	TRousERS, PR.			
U. S. MONEY (AMOUNT)	LETTERS	TRUNKS, PR.			
WATCH	LIGHTERS	UNDERWEAR			

CONTAINERS ADDRESSED TO

(Home address) INFORMATION  
 1355 Separat.  
 Far Rockaway  
 New York.  
 1 hot Killers,  
 1815 Ewerel Pl.,  
 Far Rockaway, N.Y.  
 1 Coin 1¢ (US)

DAMAGED

7644

NAME AND STATUS VARIATIONS

CROSS REFERENCE

Herman A EB

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

BANK  
OR  
PLACE OF ISSUE  
PAYEE

REMITTER  
OR  
DRAWER

8 one Pound notes (English)

TALLY NO. 4230	ORIG. NO. OF PKGS.	EXAMINING DATE 1-Nov-45	BOX NO.	SHEET OF SHEETS
NAME Robert A. Gallagher			A. S. N. 0-821253	
ORGANIZATION			RANK —	CASE NO.
WAREHOUSE SPACE 528	EXAMINED BY Smith		DIARY REMOVED	
PACKAGE DESCRIPTION	PACKED BY		PHOTO FILM REMOVED	
	INSPECTED BY R		MOTION PICTURE FILM REMOVED	
	STORED BY	DATE	SHIPPED	BY WHOM

ADDITIONAL REMARKS	
REMOVALS (other than G. I.)	DAMAGES (List type of damage-extent)
<p>17. C. receipt appears to be most stained (slightly).</p>	
SHORTAGES	
U. S. GOV'T CHECK SHORT	
	NUMBER
	DATE
	SYMBOL
	AMOUNT
<p>I certify that the above items were not in the containers inventoried by me.</p>	
INVENTORY CLERK	
SUPERVISOR	
G. I. REMOVED	

326026

REB:WN:vw  
October 17, 1945

Mrs. Stella J. Gallagher  
1355 Gibson Street  
Far Rockaway, New York

Dear Mrs. Gallagher:

The Army Effects Bureau has received some additional property of your son, Second Lieutenant Robert A. Gallagher.

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

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

Sincerely yours,

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

ARMY SERVICE FORCES  
APMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Stella F. Gallagher

SHIP TO:

1355 Gibson Street

Effects of: 2nd Lt. Robert A. Gallagher  
Name

Far Rockway, New York

ASN 0-321255

Case No. 326026 D

Wt.

DATE 17 October 1945

RTB:WN:vw

*Dicka*  
FOR: Effects Quartermaster

REMARKS:

- Inclose Bureau Check  
 Acct. No. \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

Remove G.I.

Note discrepancy in \_\_\_\_\_

Films removed

Diary removed

Laundry removed

ROUTING:

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

REMARKS:

Franked

Est. Exp. Chgs.

Est. Frt. Chgs.

No. of packages

2

*BB*  
Shipping Clerk

G-1255E

LAUNDRY INVENTORY  
ARMY EFFECTS BUREAU

G-1255E

1M

DRY CLEANING	Do not use	LAUNDRY	Do not use
TROUSERS, WOOL		SHIRTS, WOOL	
COAT, SERVICE, WOOL		2 TROUSERS, COTTON	
OVERCOAT, LONG		TIE, COTTON	
OVERCOAT, SHORT, WOOL		4 UNDERSHIRTS, COTTON	
CAP, GARRISON		SHIRTS, DRESS, COTTON	
CAP, SERVICE		DRAWERS, COTTON	
TIES, WOOL		1 SWEATSHIRTS, COTTON OR WOOL	
GLOVES, LEATHER OR WOOL		DRAWERS, WOOL	
SCARFS, SILK, RAYON, OR WOOL		SOCKS, COTTON, PR.	
SWEATERS		1 SOCKS, WOOL, PR.	
TRUNKS, SWIM		PAJAMA TOPS	
LEGGINGS		PAJAMA BOTTOMS	
BATHROBES		FATIGUES, 1 PC., COTTON	
BED ROLL		FATIGUES, TOPS, COTTON	
COMFORTER		FATIGUES, TROUSERS, COTTON	
		FATIGUES, CAP	
		BELT, COTTON	
		1 TOWEL, HAND	
		3 TOWEL, BATH	
		CLOTH, WASH	
		GLOVES, COTTON	
		JACKET, FIELD	
		SUPPORTERS, ATHLETIC	
		3 HANDKERCHIEFS	
		SCARFS, COTTON	
		CASE, PILLOW	
		TRUNKS, GYM	
		SHEETS, COTTON	
		BAGS, BARRACKS	
		1 sweater	
		EP-10-15	

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHET
		19 Sept. 45		OF SHEETS
NAME		ROBERT A. GALLAGHER		05821255
ORGANIZATION				RANK 2nd Lt.
WAREHOUSE SPACE		EXAMINED BY	PROTAT	LAUNDRY REMOVED FROM FOOTLOCKER
3274		LISTED BY	DO. 1-1	<input type="checkbox"/>
PACKAGE DESCRIPTION	WEIGHT	CHECKED BY	E	SHIPPED
11-45	1/4	CHECKED AND PACKED BY	1-1	DATE 23 1945 BY WHQM

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

11  
EFFECTS INVENTORY  
ARMY EFFECTS BUREAU

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

Mrs. H. Gallagher  
1355 Eipson st.  
Flor Rockaway  
N.Y.

INFORMATION

None -  
12-15-45

NAME AND STATUS VARIATIONS

CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL
BOND			ORIG. REG. MAIL
TRAV. CHECK		AMOUNT	TO G. A. O.
FOREIGN CURRENCY			MUTILATED
U. S. CURRENCY			TO ISSUING AGENCY
DATE			
BANK OR PLACE OF ISSUE			
PATEE			
REMITTER OR DRAWER			
EB 1-15			
TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.
NAME ROBERT A. GALLAGHER		19 Sept. 45	A. S. N. 0-821255
ORGANIZATION			RANK 2nd Lt. S-1 CASE NO.
WAREHOUSE SPACE	EXAMINED BY	DIARY REMOVED	
7-1-63.	Probst	PHOTO FILM REMOVED	
PACKAGE DESCRIPTION	PACKED BY	MOTION PICTURE FILM REMOVED	
7-1-63.	Jay R.	SHIPPED	
WEIGHT	INSPECTED BY	DATE	BY WHOM
	Jay R.		RB
STORED BY			

(3 copies to Effects QM, UK; 1 copy in box with effects; 1 copy to CG, European Theater of Operations, APO 687 (Attention: AG Casualty Division); 1 copy retained)

26 JANUARY 1945 X094X  
Date

570TH BOMB SQUADRON (H), APO 559, U.S. ARMY  
(Organization and APO Number)

SUBJECT: Transmittal of Inventory of Personal Effects

TO : Effects Quartermaster, UK, APO 507, US Army

Transmitted herewith in accordance with letter, No, European Theater of Operations, 15 Nov 1944, file AG 332.3 Purp 4, subject "Disposition of Personal Effects" in IV", is an inventory of effects belonging to the subject named below:

GALLAGHER ROBERT A. 2ND LT. 0-821255  
(Last Name) (First Name) (Rank) (ASN) (Control No)  
(For use of Effects QM, UK)

Organization

570TH BOMB SQ (H) 390TH BOMB GP (H)  
(Unit - Net Branch of Service)

Status: (Decceased, Missing in Action, Discharged or Exempt)\*\* on the

9TH day of SEPTEMBER 1944.

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

USMC No. \_\_\_\_\_ Amt \$ \_\_\_\_\_ Amt \$ \_\_\_\_\_  
USMC No. \_\_\_\_\_ Amt \$ \_\_\_\_\_ Amt \$ \_\_\_\_\_

US Official Check No. \_\_\_\_\_ Amt \_\_\_\_\_ Bank \_\_\_\_\_  
(Name and Branch)

(#) Bank Accounts NONE

(#) Debtors NONE

(#) Creditors NONE

(#) Inclosed is NOTHING  
(Will, Power of Attorney, War Bond, Travellers Checks,  
Describe fully.)

\* To be reproduced locally.

\*\* Strike out words not applicable.

#) Negative report, where appropriate.

## INVENTORY OF EFFECTS

(Attach extra sheets if necessary)

CLASS I

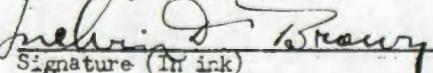
1 HAIR BRUSH ✓  
 1 CLOTHES BRUSH ✓  
 1 SOAP CONTAINER ✓

CLASS I

1 PR SNEAKERS ✓  
 1 PR SHOES ✓  
 13 PR SOCKS ✓  
 3 TIES ✓  
 1 WEB BELT ✓  
 1 SUNTAN OVERSEAS CAP ✓  
 1 PR GLOVES ✓  
 1 SLEEVELESS SWEATER ✓  
 1 ATHLETIC SUIT ✓  
 4 COTTON UNDERSHIRTS ✓  
 2 FACE TOWELS ✓  
 5 BATH TOWELS ✓  
 1 GREEN SHIRT ✓  
 2 SUNTAN SHIRTS ✓  
 1 PINK SHIRT ✓  
 1 OD SHIRT ✓  
 2 SUNTAN TROUSERS ✓  
 1 PINK TROUSERS ✓  
 1 OD TROUSERS ✓  
 1 ATHLETIC SHORTS ✓  
 1 ATHLETIC PANTS ✓  
 1 SWIMMING TRUNKS ✓

REMARKS (if any)

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 STATION QUARTERMASTER on 29TH JANUARY 1945 X09XX


 Signature (In ink)

MELVIN D. BROWN

Name

 }  
 } (Block  
Letters)

WOJG, 570TH BOMB SD (H)  
 Rank and Organization

326026

RTB:IE:amr  
August 7, 1945

REGISTERED MAIL

Mrs. Stella F. Gallagher  
1355 Gibson Street  
Far Rockaway, New York

Dear Mrs. Gallagher:

The Army Effects Bureau has received from overseas some personal effects of your son, Second Lieutenant Robert A. Gallagher.

I am inclosing a check for \$2.85, representing funds which belonged to him; also inclosed are a Will and Power of Attorney which were included among his effects. The remainder of the property is being forwarded to you in one carton. Regrettably, some of the property was damaged prior to receipt at this Bureau.

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 officer's legal residence.

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

Yours very truly,

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

3 Incles--  
Check  
Will  
Power of Attorney

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Stella F. Gallagher

1355 Gibson Street

2nd Lt. Robert A. Gallagher

Far Rockaway, New York

Effects of:  
Name D-821255  
ASN 326026-D  
Case No.  
Wt.

DATE 7 August 1945  
RTH:IB:amr

*T. S. Gallagher*  
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check  
Acct. No. 119059  
Amount \$2.85  
 Inclose "Valuables" item  
 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.

112055 hmc

119059

326026

August 7

Stella F. Gallagher

2.85

Two and 85/100

REMARKS: SHIP DAMAGED PROPERTY

FRANKED

Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. 1.2  
No. of packages 1 1945

*D. f.*

Shipping Clerk

( 3 COPIES TO EFFECTS Q.M. STYLS., 1 COPY IN BOX WITH EFFE  
1 COPY RETAINED

25 SEPTEMBER 1944  
DATE

570TH BOMB SQUADRON (H), APO 559, U. S. ARMY  
(ORGANIZATION AND A.P.C. NUMBER)

SUBJECT: TRANSMITTAL OF INVENTORY OF PERSONAL EFFECTS.

TO : EFFECTS QUARTERMASTER, ETOUSA, DEPOT C-1<sup>L</sup>, APO. 507,  
U.S. ARMY.

TRANSMITTED HEREWITH IN ACCORDANCE WITH ADD. CIR. #80,  
DATED 25 OCT. 1943, HQ. SOS. ETOUSA, IS INVENTORY OF EFFECTS CON-  
CERNING SUBJECT NAMED BELOW.

GALLAGHER ROBERT A. 2ND LT. 0-821255  
(LAST NAME) (FIRST NAME) (M.I.) (RANK) (ASN) (CONTROL NO.)  
(FOR USE OF  
EFFECTS QM.  
ETOUSA)

ORGANIZATION 570TH BOMB SQ (H), 390TH BOMB GP (H)  
(UNIT - - - NOT BRANCH OF SERVICE)

\*STATUS. (DECEASED, MISSING IN ACTION, KILLED IN ACTION) ON THE  
9TH DAY OF SEPTEMBER 1944

DESIGNATED BENEFICIARY (WITH ADDRESS):

H. GALLAGHER (MOTHER)  
1355 GIBSON ST.  
NEW YORK, N. Y.

CL. IT ASSETS: CASH FOUND IN EFFECTS, LESS COST OF HANEY ORDER  
INCLOSED HEREWITH.

U.S.M.O. # AMT \$ 285 Q U.S.M.O. # AMT \$ -----

U.S.M.O. # AMT \$ ----- U.S.M.O. # AMT \$ -----

U.S. OFFICIAL CHECK # ----- AMT. ----- BANK  
(NAME & BRANCH)

#BANK ACCOUNTS NONE

#DEBTORS NONE

#CREDITORS NONE

#INCLOSED IS NOTHING  
(WILL, POWER OF ATTORNEY, WAR BOND, TRAVELERS CHECKS,  
DESCRIBE FULL.)

REMARKS (IF ANY)

#STRIKE OUT WORDS NOT APPLICABLE:  
#NEGATIVE REPORT WHERE APPLICABLE.

(OVER)

INVENTORY OF EFFECTS  
(ATTACH EXTRA SHEETS IF NECESSARY)

CLASS I

1 BOX NAME CARDS  
 1 TESTAMENT  
 1 DICTIONARY  
 1 PENCIL  
 1 KNIFE  
 2 CLOTH WINGS  
 1 HAT INSIGNIA  
 1 ENVELOPE WITH INSIGNIA  
 1 BELT BUCKLE  
 1 DOG TAG CHAIN  
 1 SEWING KIT  
 1 FOLDER WITH PICTURE  
 1 CIGARETTE CASE  
 1 NAIL CLIPPERS  
 1 AUTO. PENCIL  
 2 FOUNTAIN PENS

CLASS II

1 PR SHOES  
 1 PR MOCCASSINS  
 2 GREEN GARRISON CAPS  
 1 SUNTAN SERVICE CAP  
 1 GREEN SERVICE CAP  
 2 BATH TOWELS  
 11 COTTON DRAWERS  
 9 COTTON UNDERSHIRTS  
 4 TIES  
 9 PR SOCKS  
 1 SUNTAN OVERSEAS CAP  
 1 WOOL UNDERSHIRT  
 2 WOOL DRAWERS  
 1 PINK TROUSERS  
 1 GREEN TROUSERS  
 5 SUNTAN SHIRTS

I CERTIFY THAT THE FOREGOING INVENTORY COMPRIMSES ALL OF SUBJECT'S EFFECTS AND THAT EFFECTS WERE STRIPPED TO EFFECTS QT, ETOUSA, A.P.O. 507, G-14, U.S. ARMY BY DELIVERING TO STATION QUARTERMASTER

ON 29TH SEPTEMBER

1944

LEWIS H. CRAGER

*Lewis H. Crager*  
SIGNATURE = (IN INK)

LEWIS H. CRAGER  
(BLOCK LETTERS)

1ST LT., A.C., 570TH BOMB SQ (4)  
RANK AND ORGANIZATION

LETTER 15

CLASS II CONT'D

1 PINK SATIN  
 1 TRENCH COAT  
 1 TRENCH COAT LINER  
 1 GREEN GLOUSE WITH WINGS  
 1 HANDKERCHIEFS  
 2 SUNTAN TROUSERS

## ARMY EFFECTS BUREAU INVENTORY

326.026

DECEASED  
MISSING  
P.O.W.  
ABANDONED

TALLY 9056  
INV. DATE 23 July 45  
ORIG. NO. 1  
OF PKGS.  
BOX NO.  
SHEET 1  
OF 1 SHEETS  
ORGANIZATION  
5'70 CM.  
(H) 3'90 FT  
Bn. 94 (H)

NAME ROBERT A. GALLAGHER  
A.S.N. 821255 RANK 2nd LT.

Belt	X	POWELS & WASHCLOTHS	X	WINGS
BELT, MONEY (NO MONEY)	X	CLOTHING	/	BAGS, CLOTH OR TRAVEL
Cloth, Wash		BRACELET IDENT.		BILLFOLD, (NO MONEY)
Coats		Brushes		Case
Footwear, Pr.		CAMFRAS		Footlocker
Gloves, Pr.		Glasses	X	KIT, SH. PLE, OR WRITING
Handkerchiefs		Knives		BOOKS
Headwear		Lighters		Books, Address
Jackets	X	MISC.		Books, Pilot Log
Overcoats		Pen, Fountain		DIARY (REMOVED FOR DUR)
Scarfs		Pencil, Mechanical		PICTURES
Shirts		Pipes		Letters
Socks, Pr.		RELIGIOUS ARTICLES		Papers, Personal
Tiee		RIBBONS, DECORATION		Photos
Towels		Rings		Shoe Shine Articles
Trousers, Pr.		Tobacco		SOUVENIRS
Trunks, Pr.		Toilet Articles		SOUVENIR MONEY
Underwear		WATCH		Stationery
			X	ISSUANCES
				U.S. MONEY (AMOUNT)

REMARKS R. Gallagher

ATTACHMENTS

FORM 658

FORM 610C

1355 Hudson St.  
to French Coat New York, N.Y.  
1 - French Coat has slight oil stain.  
1 - custom off dictionary

Effects of R. Gallagher  
H. K. Croles

C.A.T. 1355 Hudson St. New York, N.Y.

WAREHOUSE SPACE

1715 X

STORED BY

746

INVENTORIED BY

R. Gallagher

PACKED BY

R. Gallagher

CHECKED BY

X

WEIGHT	G.I. REMOVED
410	SHORAGE ON REVERSE
	IDENT. TAGS REMOVED
	STORY REMOVED
	DATE SHIPPED
	3150
	LOCKED PACKAGE
	LAUNDRY REMOVED
	FILM REMOVED

10. The local authority may demand  
of no person detained for

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

Probst  
INVENTORY CLERK

**INVENTORY CLERK**

Hüfner

**SUPERVISOR**

~~6-1-6 REMOVED~~

ARMY EFFECTS BUREAU  
INVENTORY

326026

CASE NO.

3260

TYPED BY

lc

DATE

June 16, 45

STATUS

MIA

NAME

Robert A. Gallagher

A.S.N.

0-821255

RANK

2nd Lt.

ORGANIZATION

unk.

AMOUNT

ACCOUNT NO.

2.85 PAID-Check No 12057 119059 m/e

LIST NO.

UK-489

REMARKS

A C C O U N T I N G   I N V E N T O R Y