

FT-00-91-6  
9251  
ESM-00

*[Handwritten signature]*

1526

|                                                                                   |                           |                             |
|-----------------------------------------------------------------------------------|---------------------------|-----------------------------|
|  | REQ702111309              | WNR-01-09-028-1-024-01-005  |
| 0905803                                                                           | Transfer#: W092-70A0001   | Box: <del>10366</del> CC:00 |
| TER ASHTON                                                                        | Asset#: AAC1-23791584     | Whole Container: N          |
|                                                                                   |                           | Created: 2/7/2013           |
| General Reference                                                                 | Temporary Loan of Records |                             |
| Standard (billed)                                                                 | N/A                       |                             |

# FOIA

## EXPEDITE

FREEDOM OF INFORMATION ACT  
INQUIRY

THIS COVER SHEET WILL REMAIN ATTACHED TO  
INQUIRY UNTIL COMPLETED ACTION IS  
PROCESSED

Suspense: 22 Oct 03

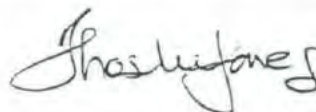
Date: 24 Sep 03

TAPC-PAO (25-55a)

MEMORANDUM FOR TAPC-PED-F

SUBJECT: FOIA Request/ Erman Log # 9-158

1. Attached is a FOIA request for IDPF information as indicated in enclosure 1.
2. Please complete attached DD Form 2086, Record of Freedom of Information (FOI) Processing Cost Sheet (encl 2), according to instructions on reverse of form, and return with your reply.
3. Request you provide documents/information upon which to base a reply to this office by suspense date indicated above.



2 Encls  
as

THOMAS M. JONES  
Chief, Freedom of Information  
and Privacy Act Office

Monday, September 01, 2003

Army Commander  
U.S. Total Army Personnel Command  
Attn: TAPC-PED-F  
Alexandria, VA 22331-0482

FOIA Request for Individual Deceased Personnel File.

Gentlemen:

Please send me all/any available information regarding S/Sgt. Aston Carter,  
serial # 11014823.

S/Sgt. Carter served with the 9<sup>th</sup> AF, 416<sup>th</sup> BG, 669<sup>th</sup> BS and was KIA on March  
18<sup>th</sup>, 1945 over Worms, Germany.

Thank you,

Very Truly yours,

*Douglas H. Enman*  
Douglas H. Enman  
P.O. Box 334  
Westboro, Ma 01581

Tele#508-366-8026

E-mail Beakermom@aol.com



# RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST

Please read instructions on back before completing form.

REPORT CONTROL  
SYMBOL  
DD-DA&MA 1366

|                                                                                                                                                |  |                                                                                                      |  |                              |                                                                                         |                  |          |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|------------------------------|-----------------------------------------------------------------------------------------|------------------|----------|
| 1. REQUEST NUMBER<br><b>9-158</b>                                                                                                              |  | 2. TYPE OF REQUEST (X one)<br><input type="checkbox"/> a. INITIAL <input type="checkbox"/> b. APPEAL |  | 3. DATE COMPLETED (YYYYMMDD) |                                                                                         | 4. ACTION OFFICE |          |
| 5. CLERICAL HOURS (5-9 GS-8 and below)                                                                                                         |  |                                                                                                      |  | FEE CODE                     | (1) TOTAL HOURS                                                                         | (2) HOURLY RATE  | (3) COST |
| a. SEARCH                                                                                                                                      |  |                                                                                                      |  | 1                            | 1                                                                                       | X \$20.00 =      | 20.00    |
| b. REVIEW EXCISING                                                                                                                             |  |                                                                                                      |  | 2                            |                                                                                         |                  | 0        |
| c. OTHER ADMINISTRATIVE COSTS                                                                                                                  |  |                                                                                                      |  | 3                            |                                                                                         |                  | 0        |
| 6. PROFESSIONAL HOURS (10-1 - 0-6 GS-9-GS-15)/CONTRACTOR                                                                                       |  |                                                                                                      |  | FEE CODE                     | (1) TOTAL HOURS                                                                         | (2) HOURLY RATE  | (3) COST |
| a. SEARCH                                                                                                                                      |  |                                                                                                      |  | 1                            |                                                                                         | X \$44.00 =      | 0        |
| b. REVIEW EXCISING                                                                                                                             |  |                                                                                                      |  | 2                            |                                                                                         |                  | 0        |
| c. OTHER COORDINATION/DENIAL                                                                                                                   |  |                                                                                                      |  | 3                            | 5                                                                                       |                  | 220.00   |
| 7. EXECUTIVE HOURS (10-7 - GS-1 and above)                                                                                                     |  |                                                                                                      |  | FEE CODE                     | (1) TOTAL HOURS                                                                         | (2) HOURLY RATE  | (3) COST |
| a. SEARCH                                                                                                                                      |  |                                                                                                      |  | 1                            |                                                                                         | X \$75.00 =      | 0        |
| b. REVIEW EXCISING                                                                                                                             |  |                                                                                                      |  | 2                            |                                                                                         |                  | 0        |
| c. OTHER COORDINATION/DENIAL                                                                                                                   |  |                                                                                                      |  | 3                            |                                                                                         |                  | 0        |
| 8. COMPUTER SEARCH                                                                                                                             |  |                                                                                                      |  | FEE CODE                     | (1) TOTAL TIME                                                                          | (2) RATE         | (3) COST |
| a. MACHINE TIME (Not PC, desktop, laptop)                                                                                                      |  |                                                                                                      |  | 4                            |                                                                                         | X                | 0        |
| b. PROGRAMMER/OPERATOR TIME (Human)                                                                                                            |  |                                                                                                      |  |                              |                                                                                         |                  |          |
| (1) Clerical hours                                                                                                                             |  |                                                                                                      |  | 1                            | \$20.00/hr                                                                              |                  | 0        |
| (2) Professional Hours                                                                                                                         |  |                                                                                                      |  | 1                            | \$44.00/hr                                                                              |                  | 0        |
| 9. OFFICE MACHINE COPY REPRODUCTION                                                                                                            |  |                                                                                                      |  | FEE CODE                     | (1) NUMBER                                                                              | (2) RATE         | (3) COST |
| a. PAGES REPRODUCED FOR FILE COPY                                                                                                              |  |                                                                                                      |  | 3                            | 57                                                                                      | X .15 =          | 8.55     |
| b. PAGES RELEASED                                                                                                                              |  |                                                                                                      |  | 5                            |                                                                                         |                  | 0        |
| 10. PRE-PRINTED PUBLICATIONS                                                                                                                   |  |                                                                                                      |  | FEE CODE                     | (1) TOTAL PAGES                                                                         | (2) RATE         | (3) COST |
| a. PAGES PRINTED                                                                                                                               |  |                                                                                                      |  | 5                            |                                                                                         | X .02 =          | 0        |
| 11. COMPUTER PRODUCT OUTPUT/ACTUAL COST CHARGES                                                                                                |  |                                                                                                      |  | FEE CODE                     | (1) NUMBER                                                                              | (2) ACTUAL COST  | (3) COST |
| a. TAPE DISC/CD                                                                                                                                |  |                                                                                                      |  | 6                            |                                                                                         | X                | 0        |
| *b. PAPER PRINTOUT                                                                                                                             |  |                                                                                                      |  | 3                            |                                                                                         |                  | 0        |
| 12. OTHER ADMINISTRATIVE FEES                                                                                                                  |  |                                                                                                      |  | FEE CODE                     | (1) NUMBER                                                                              | (2) ACTUAL COST  | (3) COST |
| a. ALL POSTAGE/ADMINISTRATIVE (See instructions)                                                                                               |  |                                                                                                      |  | 3                            |                                                                                         | X                | 0        |
| 13. AUDIOVISUAL MATERIALS                                                                                                                      |  |                                                                                                      |  | FEE CODE                     | (1) NUMBER                                                                              | (2) ACTUAL COST  | (3) COST |
| a. MATERIALS REPRODUCED                                                                                                                        |  |                                                                                                      |  | 4                            |                                                                                         | X                | 0        |
| 14. SPECIAL SERVICES                                                                                                                           |  |                                                                                                      |  | FEE CODE                     | (1) NUMBER                                                                              | (2) ACTUAL COST  | (3) COST |
| a. ALL SPECIAL SERVICES (See instructions)                                                                                                     |  |                                                                                                      |  | 6                            |                                                                                         | X                | 0        |
| 15. MICROFICHE REPRODUCED                                                                                                                      |  |                                                                                                      |  | FEE CODE                     |                                                                                         | X .25 =          | 0        |
| FEE CODES                                                                                                                                      |  |                                                                                                      |  |                              | 16. FOR FOI OFFICE USE ONLY                                                             |                  |          |
| 1 Chargeable to "commercial" requesters. Chargeable to "other" requesters after deducting 2 hours.                                             |  |                                                                                                      |  |                              | a. TOTAL COLLECTABLE FEES                                                               |                  |          |
| 2 Chargeable to "commercial" requesters only.                                                                                                  |  |                                                                                                      |  |                              | b. TOTAL PROCESSING FEES                                                                |                  |          |
| 3 Not chargeable to any fee category.                                                                                                          |  |                                                                                                      |  |                              | c. TOTAL CHARGED                                                                        |                  |          |
| 4 Chargeable to "commercial". Chargeable to "other" after deduction of the equivalent of 2 hours. (Example: deduct \$88.00 professional rate.) |  |                                                                                                      |  |                              | d. FEES WAIVED/REDUCED (X one)                                                          |                  |          |
| 5 Chargeable to all fee categories after deduction of 100 pages (DOES NOT include "commercial").                                               |  |                                                                                                      |  |                              | e. FEES NOT APPLICABLE (X one)                                                          |                  |          |
| 6 Chargeable to all fee categories. No deductions.                                                                                             |  |                                                                                                      |  |                              | See Chapter 6, Fee Schedule, DoD 5400.7-R, to determine appropriate assessment of fees. |                  |          |

1. FILE UNDER NO. 293 - CARTER, ASHTON 11014823

## SYNOPSIS

2. TYPE OF DOCUMENT: FORM

3. DATE: 24 June 49

4. FROM:

5. TO:

6. SUBJECT: No. 1 -- Disint. Dir. # 3574 CG 195 covering Group or Mass  
Burials from St Avoild France to Long Island  
National Cemetery. Farmingdale, N.Y.

7. DOCUMENT FILED

UNDER NO. 293 -- Long Island Natl Cem.

(Disint. Dir.-Group Burials)

msb

eb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

QMC 293  
Carter, Ashton  
SN 11 014 823

25 July 1950

705  
Mrs. Vera Carter  
c/o Mr. Wright Carter  
Newbury Block  
Keene, New Hampshire

Dear Mrs. Carter:

Reference is made to the interment of your son, the late Staff Sergeant Ashton Carter, and his comrade which was made in Grave No. 15383, Section J, Long Island National Cemetery, Farmingdale, New York. It is regretted that because of the fact it was impossible individually to identify the remains of your son you were deprived of the small comfort and consolation which you might have been afforded by interring his remains at home.

It is felt that you might like to have the inclosed photographs of the grave and the headstone which has been erected.

You are assured that the grave will always be cared for in a manner fully commensurate with the sacrifice your son has made for his country. Any desired information concerning the grave or the cemetery will be furnished upon request.

Sincerely yours,

2 Incls  
Photographs

R. G. AMLONG  
Colonel, QMC  
Memorial Division

MM/lwo'd

JUL 26

2 41 PM '50

Q.M.C. MAIL & RECORDS DIVISION

JFN

1. FILE UNDER NO.

293 - CARTER, Ashton S/Sgt

### SYNOPSIS

2. TYPE OF DOCUMENT:

ltr

3. DATE:

3 Apr 50

4. FROM:

OGG

5. TO:

Supt., Long Island N/C, Farmingdale, New York

6. SUBJECT:

Erection of Headstones for Group Burial Graves.

Boettcher, Frank P. 2/Lt.  
Saluta, Edward L., F/O

o o o o o o o

7. DOCUMENT FILED  
UNDER NO.

293.7 - Long Island N/C

mfs

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

# MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. NO.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

CARROLL VICTORY

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

AGRD

ACTION TO:

VERA CARTER  
c/o MR. WRIGHT CARTER  
NEWBURY BLOCK  
KEENE, NEW HAMPSHIRE

INFORMATION TO:

SECURITY CLASSIFICATION

ACTION

PRECEDENCE FOR

INFORMATION

☐ ORIGINAL MESSAGE

IDENTIFICATION

REFERS TO ANOTHER MESSAGE

CLASSIFICATION

REMAINS OF THE LATE S/SGT. ASHTON CARTER ARE ~~ENROUTE~~ TO THE UNITED STATES. YOU WILL BE NOTIFIED BY TELEGRAM IN ADVANCE OF DATE AND HOUR OF FINAL INTERMENT IN JEFFERSON BARRACKS NATIONAL CEMETERY, JEFFERSON BARRACKS, MISSOURI.

G. H. BARE

COL. QMC

"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 Division

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION

12 JAN 1950

REPATRIATION

SYMBOL

ORIGINATING AGENCY

DATE-TIME GROUP

OFFICIAL TITLE

BRANCH  
MEM. DIV.

PAGE

OF

14A

7  
1. FILE UNDER NO.

293 Carter, Ashton (S/Sgt

### SYNOPSIS

2. TYPE OF DOCUMENT:

ltr.

3. DATE:

1/9/50

4. FROM:

OQMG

5. TO:

Supt., Long Island Nat'l Cem., N.Y.

6. SUBJECT:

Headstones for Graves of Group Burials

Boettcher, Frank P. 2/18.

7. DOCUMENT FILED  
UNDER NO.

293.7 Long Island Nat'l Cem. (Headstones)

CP

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

1. FILE UNDER NO. 293 - CARTER, Ashton S/Sgt

### SYNOPSIS

2. TYPE OF DOCUMENT:

Letter

3. DATE:

17 Nov 49

4. FROM:

QM

5. TO:

Supt., Long Island National Cemetery

6. SUBJECT:

Correction of Records

Garay, Fred Moody, 1/Lt., Air Corps. . . .

. . . .

7. DOCUMENT FILED

UNDER NO.

314.6 - Long Island National Cemetery (Correction of Records)

meb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

393 - CATHEDRAL - 21-22

1 FILE UNDER NO.

SYNOPSIS

2 DATE

3 TYPE OF DOCUMENT

4 FROM

5 TO

6 SUBJECT

7 DOCUMENT FILED

INDEX NO.



3932-INDEX SHEET

ONE 111 321

1. FILE UNDER NO.

293 -

*Carter, Ashton,*

11014823

SYNOPSIS

2. TYPE OF DOCUMENT: *FBI Form #39*

3. DATE:

4. FROM:

5. TO:

6. SUBJECT:

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

*COHEN GRAVE*

*Repatriated to the United States:*

*7/28/49*

7. DOCUMENT FILED  
UNDER NO.

293 -

*Long Island Unit Cem.*  
*(Group Burial)*

*msb*

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

STATION FILE

1. FILE UNDER NO. 293 - Carter, Ashton 11 014 823 S/Sgt

### SYNOPSIS

2. TYPE OF DOCUMENT: MEMO

3. DATE: F/D 19 Apr 49

4. FROM:

5. TO:

6. SUBJECT: GROUP BURIAL RETURNED TO UNITED STATES

7. DOCUMENT FILED  
UNDER NO.

293

St. Avoild, France

(Group Burial)

1cd

#### INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

1. FILE UNDER NO. 293 -- CARTER, Ashton (11 014 823)

## SYNOPSIS

2. TYPE OF DOCUMENT: FORM

3. DATE: 14 Jul 49

4. FROM:

5. TO:

6. SUBJECT: No. 6 -- Disint. Dir. # 3574 CG-195 covering Group of  
Mass Burial from ST AVOLD, FRANCE to Long Island  
National Cemetery.

7. DOCUMENT FILED

UNDER NO.

293 -- Long Island Nat'l. Cem.

( Disint. Dir -- Group Burial)

msb

### INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

## INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

| 1<br>NO.                                                                                    | 2<br>FROM—                                                                   | 3<br>TO—                                                             | 4<br>DATE    | 5<br>MESSAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                      |                                                                                             |                                                                              |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 3                                                                                           | Chief<br>Repat Br<br>Cor Sect<br>Mem Div                                     | Chief<br>Repat Br<br>Records<br>Section<br><br>ATTN:<br>Mrs. Spriggs | 13 Jul<br>49 | <p>SUBJECT: <u>Carter, Ashton, S/Sgt. 11 014 823</u><br/><u>Enman, Roland E., 2/Lt. 0 688 692</u></p> <p>GROUP BURIAL - St. Avoild, France<br/>Plot YYY, Row 7, Grave 75</p> <p>1. Records of this office indicated that subject decedents were survived by widows; however, the widow of each has remarried. The present next of kin reside in the States of Massachusetts and New Hampshire.</p> <p>2. In view of this change of circumstance, the National Cemetery designated (Jefferson Barracks, St. Louis, Mo.) <u>has been changed to the Long Island National Cemetery, Farmingdale, New York.</u> Necessary action has been taken by Cemeterial Branch to effect this change. (See Comment 2, dated 11 July).</p> <p>3. It is requested that necessary action be taken in your section to insure that proper authorities are notified of the change in the National Cemetery and of the change in Next of Kin. Present NOK are as follows:</p> <table><tbody><tr><td>Staff Sergeant Ashton Carter</td><td>2/Lt Roland E. Enman</td></tr><tr><td>Mrs. Vera Carter (Mother)<br/>c/o Mr. Wright Carter<br/>Newbury Block<br/>Keene, New Hampshire</td><td>Mr. Roland E. Enman (Father)<br/>2 Summer Court<br/>Westborough, Massachusetts</td></tr></tbody></table> <p>(A-Z Cards have been corrected this date)</p> <p>4. Attached herewith are two (2) copies each of letters dated 13 July 1949 dispatched to father of Lieutenant Enman, and Mother of Staff Sergeant Carter.</p> <p>CAMPBELL</p> <p>see<br/>VOLZ<br/>5641</p> <p>NAT 1949<br/>15th Regt<br/>15</p> | Staff Sergeant Ashton Carter | 2/Lt Roland E. Enman | Mrs. Vera Carter (Mother)<br>c/o Mr. Wright Carter<br>Newbury Block<br>Keene, New Hampshire | Mr. Roland E. Enman (Father)<br>2 Summer Court<br>Westborough, Massachusetts |
| Staff Sergeant Ashton Carter                                                                | 2/Lt Roland E. Enman                                                         |                                                                      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                      |                                                                                             |                                                                              |
| Mrs. Vera Carter (Mother)<br>c/o Mr. Wright Carter<br>Newbury Block<br>Keene, New Hampshire | Mr. Roland E. Enman (Father)<br>2 Summer Court<br>Westborough, Massachusetts |                                                                      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                      |                                                                                             |                                                                              |

CMGMP 293

Carter, Ashton

SN 11 014 823

13 July 1949

Mrs. Vera Carter  
c/o Mr. Wright Carter  
Newbury Block  
Keene, New Hampshire

Dear Mrs. Carter:

May I refer to the letter from this office dated 23 June 1949 pertaining to the return of the group of remains of which those of your son, the late Staff Sergeant Ashton Carter, form a part.

At this time, I wish to inform you that the remains of this group will be returned for burial in the Long Island National Cemetery, Farmingdale, New York, rather than in the Jefferson Barracks National Cemetery, St. Louis, Missouri, as previously designated by The Quartermaster General.

Information has been received in this office which indicates that your son's widow, Mrs. Joyce E. Carter, who resides in Australia, has remarried and we have, therefore, amended our records to show that you are the next of kin.

You may be assured that you and the next of kin of the other decedent included in this group will be notified, by telegram, when the remains are en route to the United States, and that the Superintendent of the Long Island National Cemetery will inform you of the date and time of the services sufficiently in advance to permit your attendance.

Permit me to extend my deepest sympathy in the loss of your loved one.

Sincerely yours,

*see 293* *293* *Enman, Roland E.*  
*ASN. 0-688-692*

SCV/bc

W. E. CAMPBELL  
Lt. Colonel, MC  
Memorial Division

KK  
WEC

*see 293 file, Enman, Roland E, 0688692*  
*for record of action taken*

13 July 1949

The following information was received from QM Liaison - Miss Willis  
Ext 73090

relative to next of kin of two decedents who comprise a group burial(St. Avoild)

Carter, Ashton, Staff Sergeant, ASN 11 014 823

Mrs. Joyce E. Carter, Townsville Road, Chartres Towers,  
Queensland, Australia

was the recognized widow, however, she remarried January 10, 1948.

Records also show evidence of another widow, but since decedent was not divorced from "Joyce" at time of remarriage, the other widow, Mrs. Shirley Carter, was not recognized.

Children of both wives receive benefits.

Enman, Roland E., 2/Lt, ASN 0 688 692

Evidence of remarriage not of record, however, Colonel Campbell, this office, talked with widow and she stated she had remarried 7 months ago. (See IRS, Comment 1, dated 11 July 1949)

-----  
Records should be amended to show NOK of these decedents as follows:

Carter, Ashton, 11 014 823

Mrs. Vera Carter (Mother)  
c/o Mr. Wright Carter  
Newbury Block  
Keene, New Hampshire

Enman, Roland E., 2/Lt, 0 688 692

Mr. Roland E. Enman (Father)  
2 Summer Court  
Westborough, Massachusetts

Miss VOLZ  
Ext 5641

*ai-2  
cards  
changed  
13 July  
Volz*

1. FILE UNDER NO.

293 - CARTER, Ashton (11 014 823)

### SYNOPSIS

2. TYPE OF DOCUMENT:

FORM

3. DATE: 24 Jun 49

4. FROM:

5. TO:

6. SUBJECT:

No. 6 - Disint. Dir. # 3574

covering Group or

Mass Burial from ST AVOLD, FRANCE

to Jefferson Barracks

National Cemetery.

7. DOCUMENT FILED

UNDER NO.

293 - Jeff. Bks. Nat'l Cem. (Disint. Dirs. (Group Burials))

msb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

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

08-7523  
Date of Dispatch  
23 June 1949

SPECIAL INSTRUCTION SHEET

COMMON GRAVE  
Supplement To Disinterment

DATE 29 June 1949

Directive No. 2574 CG-195

OVERSEAS BURIAL LOCATION:

*293 Carter, Ashton*

NAME Ashton Carter 2/227 11 014 823

CEMETERY St. Amand France

PLOT IVY ROW 7 GRAVE 75

1. The following listed person, in addition to the designated legal next of kin, has changed her address to:

Mrs. Vera Carter (Mother)  
% Mr. Wright Carter  
Newbury Block  
Keene, N.H.

2. Request your office take necessary action in regard to the above.

NRAL  
2703

*file  
30 June 49  
Neal  
C.I.S.*

23 June 1949

S/Sgt. Ashton Carter, 11 014 823  
Group Burial  
United States Military Cemetery  
St. Avold, France

Mrs. Vera Carter  
c/o Mr. Wright Carter  
Newbury Block  
Keene, New Hampshire

Dear Mrs. Carter:

The Department of the Army desires that you be given the most recent information concerning your son, the late Staff Sergeant Ashton Carter, ASN 11 014 823.

His remains were initially buried with others of his comrades who met their death in the same incident. Since that time the American Graves Registration Service has, without success, explored every clue that might lead to individual identification of any of the remains, and has at last been forced to conclude that only a group identification of the remains is possible. They are now casketed and, pending return to the United States, are being held at the United States Military Cemetery St. Avold, France.

All remains in this group will be brought back simultaneously for interment in Jefferson Barracks National Cemetery, located at Saint Louis 23, Missouri.

This plan for the burial of all the known groups of men for whom individual identity cannot be established in one of our country's shrines is based upon the provisions of Public Law 383, 79th Congress, as amended by Section 3, Public Law 368, 80th Congress. Final interment in a National Cemetery in the United States where perpetual care will be given the graves, is fitting and proper. This particular National Cemetery was selected in order that no undue burden of travel might be placed on any one family wishing to attend the services.

You and the next of kin of the other men will be informed of the date and time of the final interment sufficiently in advance to permit you and any interested persons to attend the ceremonies. In order that you may receive information concerning these final rites, it is essential, in case you change your address, that you promptly inform the Commanding Officer, Chicago Quartermaster Depot, Attention AGRD, 1819 West Pershing Road, Chicago 9, Illinois.

Sincerely yours,

E. V. FREEMAN  
Colonel, QMC  
Memorial Division

1949  
cc  
JUN 28 10 58 AM  
O. O. M. G.  
U. S. ARMY  
CHICAGO



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

IN REPLY REFER TO

13 June 1949

273  
S/Sgt. Ashton Carter, 11 014 823  
Group Burial

Mrs. Vera Carter *C/O Mr. WRIGHT CARTER*  
~~55 East Pearl Street~~ *NEW BURY BLOCK*  
Nashua, New Hampshire

*KEENE*  
Dear Mrs. Carter:

The Department of the Army desires that you be given the most recent information concerning your son, the late Staff Sergeant Ashton Carter, ASN 11 014 823.

His remains were initially buried with others of his comrades who met their death in the same incident. Since that time the American Graves Registration Service has, without success, explored every clue that might lead to individual identification of any of the remains, and has at last been forced to conclude that only a group identification of the remains is possible. They are now casketed and, pending return to the United States, are being held at the United States Military Cemetery St. Avold, France.

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Sincerely yours,

*E. V. Freeman*  
E. V. FREEMAN  
Colonel, QMC  
Memorial Division

*File  
R.D. 6  
24 June 49  
E. K. Kist*

*Car, add. GB/GLL to Mother 23 June 49*

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON, D. C.  
OFFICIAL BUSINESS

*W. H. H. / 3*



PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300.  
(PMGG)



REASON CHECKED  
Unknown ☒ Refused ☐  
Undelivered ☐ Processed ☐  
For better address ☐  
Moved, I left no address ☐  
No such office in state ☐



13 June 1949

Mrs. Joyce E. Carter  
Armstrong Road  
Charters Towers  
Queensland, Australia

29 S/Sgt. Ashton Carter, 11 014 823  
Group Burial  
United States Military Cemetery  
St. Avold, France

Dear Mrs. Carter:

The Department of the Army desires that you be given the most recent information concerning your husband, the late Staff Sergeant Ashton Carter, ASN 11 014 823.

His remains were initially buried with others of his comrades who met their death in the same incident. Since that time the American Graves Registration Service has, without success, explored every clue that might lead to individual identification of any of the remains, and has at last been forced to conclude that only a group identification of the remains is possible. They are now casketed and, pending return to the United States, are being held at the United States Military Cemetery St. Avold, France.

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Sincerely yours,

E. V. FREEMAN  
Colonel, QMC  
Memorial Division

19 ucl  
EC  
JUN 15 11 43 AM '49  
COMM. M&R BR

13 June 1949

293

S/Sgt. Ashton Carter, 11 014 823  
Group Burial  
United States Military Cemetery  
St. Avoird, France

Mrs. Vern Carter  
55 East Pearl Street  
Nashua, New Hampshire

Dear Mrs. Carter:

The Department of the Army desires that you be given the most recent information concerning your son, the late Staff Sergeant Ashton Carter, ASN 11 014 823.

His remains were initially buried with others of his comrades who met their death in the same incident. Since that time the American Graves Registration Service has, without success, explored every clue that might lead to individual identification of any of the remains, and has at last been forced to conclude that only a group identification of the remains is possible. They are now casketed and, pending return to the United States, are being held at the United States Military Cemetery St. Avoird, France.

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Sincerely yours,

E. V. FREEMAN  
Colonel, QMC  
Memorial Division

JUN 15 11 44 AM  
OQNG M&R B

1 Encl  
EC

CONCURRENCE OBTAINED FROM LIAISON OFFICE

1 Chief, Chief, 26  
Rep Br Cem Br May  
Mem Div Mem Div 1949

It is requested that National Cemetery be designated for final interment of the following Group Burial presently buried in US Military Cemetery St. Avoird, France, PlotYYY, Row 7, Grave 75:

Enman, Roland E. 2/Lt O-688692  
Next of Kin: Enman, Lois L. (Wife)  
2905 Bellevue Avenue  
East St. Louis, Illinois

293/ Carter, Ashton S/Sgt 11014823  
Next of Kin: Carter, Joyce E. (Wife)  
Armstrong Road  
Charters Towers  
Queensland, Australia

BINEAN  
2321

ROGERS  
72262

2 Opns Sec Chief 2 Jun  
Cem Br R/R Br 1949  
Mem Div Mem Div

QMGMC 293 Jefferson Bks N/C

With reference to preceding comment, Jefferson Bks N/C has been designated as the place ~~for~~ ~~interment~~ ~~of~~ ~~interment~~ for the above mentioned Group Burial in which Enman, Roland E. 2/Lt O-688692 is the first entry.

AMLONG  
4811

NAHAN  
5806

CONCURRENCE OBTAINED FROM LIAISON OFFICE

FILE

JUN 8 1949

P. Rogers  
R R R

EG/JWM

293  
AS-201 Carter, Ashton  
PO-00 137020

20 May 1949

Mrs. Vera Carter  
55 East Pearl Street  
Nashua, New Hampshire

Dear Mrs. Carter:

I am writing you relative to the previous letter from this office in which you were regretfully informed that a Finding of Death had been made in the case of your son, Staff Sergeant Ashton Carter, 11,014,823, Air Corps, and that the presumptive date of his death had been established as 19 March 1946.

The records of the Department of the Army are being amended to show that Sergeant Carter was killed in action on 18 March 1945 in Weinheim, Germany. The basis for this change in his status is contained in a photostatic copy of the report of interment recently received. You will receive a letter from The Quartermaster General concerning the disposition of your son's remains.

Pursuant to the provisions of Public Law 490, 77th Congress, 7 March 1942, as amended, official reports will now be issued by the Department of the Army which will indicate the actual date of his death as that shown above. The issuance of this official Report of Death will not affect any payment or settlement of accounts which has been made on the basis of the Finding of Death.

My continued sympathy is with you in the great loss you have sustained.

Sincerely yours,

EDWARD F. WITSELL  
Major General  
The Adjutant General of the Army

Copy for O.D.M.G.

✓  
File  
5/24/49  
Rev Sec  
mR

AG 201 Carter, Ashton  
PO-CO 137020

20 May 1949

Mrs. Joyce E. Carter  
Armstrong Road  
Charters Towers  
Queensland, Australia

Dear Mrs. Carter:

I am writing you relative to the previous letter from this office in which you were regretfully informed that a Finding of Death had been made in the case of your husband, Staff Sergeant Ashton Carter, 11,014,823, Air Corps, and that the presumptive date of his death had been established as 19 March 1946.

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My continued sympathy is with you in the great loss you have sustained.

Sincerely yours,

EDWARD F. WITSELL  
Major General  
The Adjutant General of the Army

*File 524/49  
Beal  
msl*

293 unlt France X-3305 (Hawald)  
CMT 293  
European

25 April 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
American Graves Registration Command  
European Area  
APO 58, c/o Postmaster  
New York, New York

1. The Group Burial of E/Lt. Roland E. Emsen, O-688692 and E/Sgt. Ashton Carter, 11014823, (formerly X-3305, Plot YTY, Row 7, and Grave 75, USMC St. Aved, France) as established by your Headquarters has been approved by this Office.

2. Request all records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

T. H. WHITE  
Lt. Colonel, QMC  
Memorial Division

L. Bolton:lrc  
Clements  
REB

cc--Administrative Section

X 293 Carter / Ashton  
REB  
NJS  
11014823

*Cole*

# BURIAL INFORMATION

NAME (Last, First, Middle Initial)

ASN

GRADE

GROUP BURIAL (COMMON)

ORGANIZATION

DATE OF DEATH

669th Bb Sq., 416th Bb Gp (L) 9th Bb Div.

PLACE

DATE OF BURIAL

DATE OF REBURIAL

Weinheim, Germany

REMARKS Remains of Unknown X-3305, interred in U. S. Military Cemetery, St. Avold, France, Plot YYY, Row 7, Common Grave 75; have been identified as a Group Burial - Recoverable Remains of: CARTER, Ashton, S/Sgt., 11014823; ENMAN, Roland E., 2/Lt., O-688692.

293

*R. E. Barry*  
R. E. BARRY

Capt. QMC

Ident. Section

File

19 Apr. 49

H. Jackson

IDENTIFICATION SECTION  
MEMORIAL DIVISION

IDENTIFICATION DATA

|                                         |        |            |                    |           |                                |
|-----------------------------------------|--------|------------|--------------------|-----------|--------------------------------|
| LAST NAME - FIRST NAME - MIDDLE INITIAL |        |            | ARMY SERIAL NUMBER |           | GRADE                          |
| CARTER ASHTON                           |        |            | 1104 823           |           | S/Sgt                          |
| HEIGHT                                  | WEIGHT | COLOR EYES | COLOR HAIR         | SHOE SIZE | DATE OF DEATH                  |
| 5' 8 1/2"                               | 138    | Hazel      | Brown              | 9 D       | MIA 18 MAR 45<br>FOD 19 MAR 46 |

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

669TH Bomb Sq 416th Bomb Gp

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

WORMS COMMUNICATION CENTER, 30 MI S of WIESBADEN GERMANY

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

| STATION                                                                                  | DATES                      |
|------------------------------------------------------------------------------------------|----------------------------|
| Savannah, Ga.                                                                            | 1 Nov. 41                  |
| Will Rogers Fld, Okla                                                                    | 23 July 43                 |
| Morris Fld, N.C.                                                                         | 1 May 44                   |
| Hunter Fld, Ga.                                                                          | 20 Sep 44                  |
| I/M Fla                                                                                  | 2 Oct 43                   |
| <p>FROM: WD, AGO CLINICAL RECORDS BRANCH</p> <p>AVAILABLE RECORDS FORWARDED HERewith</p> |                            |
| FRACTURES AND/OR BREAKS                                                                  | TATTOOS AND/OR BIRTH MARKS |
| UPPER DENTURE                                                                            | NOT OF RECORD              |

DENTAL CHART

19 NOV 40

|               |    |   |   |   |    |    |   |                            |    |    |    |   |   |    |    |
|---------------|----|---|---|---|----|----|---|----------------------------|----|----|----|---|---|----|----|
| 8             | 7  | 6 | 5 | 4 | 3  | 2  | 1 | 1                          | 2  | 3  | 4  | 5 | 6 | 7  | 8  |
| UPPER RIGHT   |    |   |   |   |    |    |   | UPPER LEFT                 |    |    |    |   |   |    |    |
| X             | 15 | X | X | X | 11 | 10 | 9 | 9                          | 10 | 11 | 12 | X | X | 15 | 16 |
| LOWER RIGHT   |    |   |   |   |    |    |   | LOWER LEFT                 |    |    |    |   |   |    |    |
| X - EXTRACTED |    |   |   |   |    |    |   | O - CARIOUS                |    |    |    |   |   |    |    |
|               |    |   |   |   |    |    |   | / - CARIOUS NON-RESTORABLE |    |    |    |   |   |    |    |



36D

FLYING PERSONNEL DENTAL IDENTIFICATION FORM  
Office of the Dental Surgeon

AAF STA 26; APO 639  
Station

Name Carter, Ashton (NMI) Rank S Sgt ASN 11011823

Organization 3rd <sup>in</sup> ep1 & Tng Sq Age 23 Service 4-3/12 Date 22 Aug 1944

AG  
Aeronautical Rating

| Right |    |    |    |    |    |    |   | Left |    |    |    |    |    |    |    |
|-------|----|----|----|----|----|----|---|------|----|----|----|----|----|----|----|
| 8     | 7  | 6  | 5  | 4  | 3  | 2  | 1 | 1    | 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| X     | X  | X  | X  | X  | X  | X  | X | X    | X  | X  | X  | X  | X  | X  | X  |
|       |    |    |    |    |    |    |   |      |    |    |    |    |    |    |    |
| X     | X  | X  | X  | X  | X  | X  | X | X    | X  | X  | X  | X  | X  | X  | X  |
| 16    | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9    | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

CLASS IV

OCCCLUSION I CALCULUS S PERIODONTOLASIA - FOCI SUSPECTED -  
ANOMALIES, OTHER CONDITIONS, REMARKS:

I. n. (acrylic)

OUTLINE CARIES ON DIAGRAM OF TEETH  
CHART FILLINGS ON TEETH, INITIAL THE TYPE IN SPACE ABOVE AND BELOW  
AS G-gold, A-amalgam, S-synthetic, O-oxyphosphate  
CHART ALL SUBSEQUENT FILLINGS  
NONRESTORABLE CARIOUS TEETH BY /  
MISSING NATURAL TEETH BY X  
TEETH REPLACED BY DENTURE

|   |   |   |
|---|---|---|
| X | X | X |
|---|---|---|

TEETH REPLACED BY FIXED BRIDGE

|   |   |   |
|---|---|---|
| C | X | D |
|---|---|---|

APPROVED Robert A Cunningham Station Dental Surgeon  
Bernard D Weinberg Examining Dental Officer

ROBERT A. CUNNINGHAM CAPT DC  
BERNARD D. WEINBERG 1st Lt DC 4-N

## 36

MORRIS FIELD, CHARLOTTE, N. C.

(2) CHRISTIAN NAME

Carter, Ashton E. -11014823

(5) REGIMENT OR STAFF CORPS

S/Sgt. 51st. Bomb. Sqdn. (46th.)

(9) SERVICE, YEARS

3-6/12

### Routine

Car. R-120.

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

1944

## Exa m

Feb. 28

## (12) RESULTS AND REMARKS

II Rasmith K 55

28-11/IV RRS - R 55

Wm. H. Traubman  
Dental Corps, U. S. A.

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

# \*REPORT OF DENTAL SURVEY

36A

## UPPER TEETH

| Right |   |   |   |   |   |   |   | Left |   |   |   |   |   |   |   |
|-------|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|
| 8     | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| X     | X | X | X | X | X | X | X | X    | X | X | X | X | X | X | X |
|       |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |

## LOWER TEETH

| Right |    |    |    |    |    |    |   | Left |    |    |    |    |    |    |    |
|-------|----|----|----|----|----|----|---|------|----|----|----|----|----|----|----|
| 16    | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9    | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| X     | X  | X  | X  | X  | X  | X  | X | X    | X  | X  | X  | X  | X  | X  | X  |
|       |    |    |    |    |    |    |   |      |    |    |    |    |    |    |    |

CLASS II

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

Date Feb 28, 1944  
Capt. R. S. Smith  
 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) 

|   |   |   |
|---|---|---|
| X | X | X |
|---|---|---|

Teeth replaced by fixed bridge (oval to include abutments) 

|  |
|--|
|  |
|--|

# REGISTER OF DENTAL PATIENTS AT

36B

Morris Field, Charlotte, NC

|                      |                |                             |                    |
|----------------------|----------------|-----------------------------|--------------------|
| (1) SURNAME          |                | (2) CHRISTIAN NAME          |                    |
| GARTER, Ashton (nmi) |                | - 11014823                  |                    |
| (3) RANK             | (4) COMPANY    | (5) REGIMENT OR STAFF CORPS |                    |
| S/Sgt.               | 51st Bomb Sqd. | (46th Gp)                   |                    |
| (6) AGE, YEARS       | (7) RACE       | (8) NATIVITY                | (9) SERVICE, YEARS |
| 22                   | white          | N. H.                       | 3                  |

| (10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC. | (11) DATES AND NATURE OF TREATMENTS AND OPERATIONS | (12) RESULTS AND REMARKS |
|---------------------------------------------------------------------|----------------------------------------------------|--------------------------|
| Routine                                                             | Exam Dec 3                                         | II R S Smith 188         |
| Pititis R-12                                                        | TT 3                                               | -II/Io R S 188           |
| Carexop L-16                                                        | TEAnes Cn 3                                        | -Ie/Io WH Traynham       |
| Pupdttr                                                             | Imp Taken 8                                        | Id AP Fried              |
| Lprdttr                                                             | Imp Taken 8                                        | Id APF                   |
| Reapt                                                               | Bite & Shade #63 9                                 | Id APF                   |
| Tm-Rt4, 15, L-12, 14-15                                             | Pridtr 21                                          | Id AP F                  |
| Flupdttr                                                            | Try-in 21                                          | Id AP F                  |
| MaxEdent                                                            | Dtr. 28                                            | -Id/II AP F              |

Dental Corps, U. S. A.

# \*REPORT OF DENTAL SURVEY

36C

## UPPER TEETH

| Right |   |   |   |   |   |   |   | Left |   |   |   |   |   |   |   |
|-------|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|
| 8     | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|       |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |
|       |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |

## LOWER TEETH

| Right |    |    |    |    |    |    |   | Left |    |    |    |    |    |    |    |
|-------|----|----|----|----|----|----|---|------|----|----|----|----|----|----|----|
| 16    | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9    | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|       |    |    |    |    |    |    |   |      |    |    |    |    |    |    |    |
|       |    |    |    |    |    |    |   |      |    |    |    |    |    |    |    |

CLASS I

Occlusion fair: Calculus: Slight, Medium, Heavy  
 Periodontoclasia up  
 Dental foci suspected: Yes No  
 Other conditions upper denture full  
satisfactory

Date Dec 3, 1943  
Walter S. Smith Capt  
 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)

|   |   |   |
|---|---|---|
| X | X | X |
|---|---|---|

Teeth replaced by fixed bridge  
 (oval to include abutments)

|   |   |   |
|---|---|---|
| O | X | O |
|---|---|---|

## DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

|                                                                          |                              |                                                                       |                                          |
|--------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| NAME (Last, First, Middle Initial)<br><i>mi</i><br><i>Carter, Ashton</i> |                              | GRADE<br><i>S/Sgt</i>                                                 | PRESENT SERIAL NUMBER<br><i>11014823</i> |
| ORGANIZATION<br><i>669th Bomb Sq<br/>416th Bomb Gr</i>                   | RACE<br><i>White</i>         | CREED<br><i>Prot.</i>                                                 | FORMER SERIAL NUMBER (If applicable)     |
| DATE OF DEATH/MIA<br><i>Mar. 18-1945</i>                                 | CAUSE OF DEATH<br><i>FoL</i> | PLACE OF DEATH OR PLACE LAST SEEN IF MIA<br><i>Near Worms Germany</i> |                                          |
| DATE OF FOD<br><i>Mar. 19-1946</i>                                       | HEIGHT<br><i>5'8 1/2"</i>    | WEIGHT<br><i>138</i>                                                  | COLOR EYES<br><i>Hazel</i>               |
|                                                                          | COLOR HAIR<br><i>Brown</i>   | SHOE SIZE<br><i>9D</i>                                                |                                          |

## DENTAL CHART

*Aug 22-1944*

|                                              |                                             |
|----------------------------------------------|---------------------------------------------|
| UPPER RIGHT<br><i>8 / 7 6 5 4 3 2 1</i>      | UPPER LEFT<br><i>XX XX XX XX XX 8</i>       |
| LOWER RIGHT<br><i>16 15 14 13 12 11 10 9</i> | LOWER LEFT<br><i>9 10 11 12 13 14 15 16</i> |

X = Extracted

O = Carious

I = Carious Non-Restorable

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| FRACTURES AND/OR BREAKS<br><i>NOT OF Rec</i> | TATTOOS AND/OR BIRTHMARK<br><i>NOT OF Rec</i> |
|----------------------------------------------|-----------------------------------------------|

## ADDITIONAL INFORMATION

*Full upper plate.*

FILE

JUN 29 1948

E. J. Sullivan, 1st Lt., QMC  
IDENTIFICATION BRANCH

SPQYG 293  
Carter, Ashton  
SN 11 014 823

Address Reply To  
THE QUARTERMASTER GENERAL  
Attn: Memorial Division

7 June 1946

Veterans Administration  
Washington 25, D. C.

Gentlemen:

The inclosed letter from Mrs. Joyce Ethel Carter, Armstrong Road, Charters Towers, North Queensland, Australia, is forwarded to your office for necessary action regarding a flag in memory of her husband, the late Staff Sergeant Ashton Carter.

The official records of this office show that Staff Sergeant Ashton Carter, A.S.N. 11 014 823, Air Corps, was born 25 May 1921 and died on 19 March 1946 and that his next of kin is Mrs. Joyce Ethel Carter, widow, Armstrong Road, Charters Towers, North Queensland, Australia.

Request that this office be advised of the date the flag is furnished.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WM. B. CHRISTENSEN  
1st Lieut., QMC  
Assistant

erb

WBC

1 incl  
copy  
JUN 7 12:24 PM '46

Q.M.C.  
RECORDS BRANCH

MEMORIAL DIVISION  
JUN 7 11:37 AM '46  
RECORDS BRANCH AND  
MEMORIAL DIVISION

SPQYG 293  
Carter, Ashton  
SN 11 014 823

Address Reply To  
THE QUARTERMASTER GENERAL  
Attn: Memorial Division

7 June 1946

Mrs. Joyce Ethel Carter  
Armstrong Road  
Charters Towers  
North Queensland, Australia

Dear Mrs. Carter:

Your letter concerning your husband, the late Staff Sergeant Ashton Carter, has been received in this office.

The Veterans Administration is authorized to issue a flag of the United States to the next of kin of personnel who died overseas while in the Military or Naval Service of the United States. Therefore, a copy of your letter has been forwarded to that office for necessary action.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WM. B. CHRISTENSEN  
1st Lieut., QM  
Assistant

erb

CC: 1 AFH  
JUN 7 12 24 PM '46  
RECORDS BRANCH

JUN 7 11 31 AM '46  
RECORDS BRANCH AND  
MEMORIAL DIVISION

315  
Mrs. Joyce Ethel CARTER,  
Armstrong Road,  
Charters Towers.  
North Queensland.  
AUSTRALIA.  
6th. May 1946.

The Quartermaster General,  
War Department,  
WASHINGTON 25, D.C.  
U.S.America.

2913  
Re Death S/Sgt. Ashton Ellsworth CARTER, as proclaimed  
19/3/1946. No. 11014823 (X-1983979)  
ABF .005.

Dear Sir,

My Husband, as above, having been assumed as dead, not having been heard of since an Air Raid over Worms, Germany, on 18/3/45, in which he took part as an Air Gunner, I beg to make application for a flag of the U.S.A., which I am led to believe is available to me, because of his sacrifice.

Awaiting an early reply.

Yours faithfully,

..... Joyce Ethel Carter .....



MEMORANDUM  
MAY 12 3 36 PM '46  
RECORDS BRANCH  
MEMORANDUM AND

No 3 R  
5/12/46

Mr. J. Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D.C.  
May 15, 1946

The Department of War  
Washington, D.C.  
U.S. Army

Re Death of Capt. Arthur Elsworth Carter, as proclaimed  
1946, No. 112977  
ASST. 002

Dear Sir:

My husband, as above, having been assumed as dead, not having  
been heard of since an air raid over Worms, Germany, on 12/3/45, in  
which he took part as an air commander, I beg to make application for  
a flag of the U.S.A., which I am led to believe is available to me,  
because of his service.

Awaiting an early reply.

Yours faithfully,



RECORDS BRANCH AND  
MAY 15 3 36 PM '46

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

5586

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by the Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Staff Sergeant Ashton Carter, Army Serial Number 11,014,823, Air Corps, to be dead. He was officially reported as missing in action as of the 18th day of March 1945. For the purposes stated in said Act, death is presumed to have occurred on the 19th day of March, 1946.

BY ORDER OF THE SECRETARY OF WAR

*George M. Weir*

ADJUTANT GENERAL  
Acting CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

|                  |                      |                                         |                                                  |                 |                |                |
|------------------|----------------------|-----------------------------------------|--------------------------------------------------|-----------------|----------------|----------------|
| AREA             | FLYING STATUS        | JUMP STATUS                             | LINE OF DUTY                                     | OWN MIS-CONDUCT | ON DUTY STATUS | ABSENCE AUTH'D |
| European         | Yes                  | No                                      | Yes                                              | No              | Yes            |                |
| PREVIOUS REVIEWS |                      |                                         |                                                  |                 |                |                |
| None             |                      |                                         |                                                  |                 |                |                |
| DATE OF BIRTH    | HOME ADDRESS         | DATE OF ENTRY ON CURRENT ACTIVE SERVICE | LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH) |                 |                |                |
| 25 May 1921      | Keene, New Hampshire | 20 Nov 1940                             | YEARS                                            | MONTHS          | DAYS           |                |
|                  |                      |                                         | Over                                             | three           | years          |                |

EMERGENCY ADDRESSEE

|                  |              |                                               |
|------------------|--------------|-----------------------------------------------|
| NAME             | RELATIONSHIP | ADDRESS                                       |
| Mrs. Vera Carter | Mother       | 55 East Pearl Street<br>Nashua, New Hampshire |

BENEFICIARIES

|                          |              |                                                                |
|--------------------------|--------------|----------------------------------------------------------------|
| NAME                     | RELATIONSHIP | ADDRESS                                                        |
| Mrs. Joyce Ethel Carter  | Wife         | Armstrong Road, Charters Towers<br>Queensland, Australia       |
| NAME                     | RELATIONSHIP | ADDRESS                                                        |
| *Mr. Wright V. B. Carter | Brother      | c/o Mr. Wright Carter<br>Newbury Block<br>Keene, New Hampshire |

REMARKS

\*Second Alternate Beneficiary: Mr. Wright Carter (Uncle)  
Newbury Block  
Keene, New Hampshire  
Distribution 56

Circumstances of disappearance: The plane in which this man was a crew-member sustained damage from flak, caught fire, exploded and crashed near Worms, Germany.

Approved by  
Special Agent in Charge  
Date

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C.

# INVESTIGATION OF MISSING PERSON

Report to the Director of the Federal Bureau of Investigation, U.S. Department of Justice, by Special Agent in Charge, [Name], dated [Date].  
The following information was obtained from [Source] on [Date]:  
[Detailed report text follows, including names, dates, and locations.]

## BY ORDER OF THE SECRETARY OF WAR

[Faint, mostly illegible text from the main body of the report, likely containing details of the investigation and findings.]



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

—BATTLE CASUALTY REPORT

19 MAY 19 10 23

|                             |                                                                 |                       |                                                  |
|-----------------------------|-----------------------------------------------------------------|-----------------------|--------------------------------------------------|
| AG 201                      | NAME<br>CARTER ASHTON<br>ASN 11014823                           | GRADE<br>S SGT<br>SON | DATE CAS. REPORT RECEIVED                        |
| NAME AND AD. DRESS OF E. A. | MRS VERA CARTER<br>55 EAST PEARL STREET<br>NASHUA NEW HAMPSHIRE |                       | DATE TELEGRAM SENT<br><i>Sts 12</i><br>20 May 49 |

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

ACTING THE ADJUTANT

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

|                                      |                        |                                 |                                                 |                   |                    |                                   |
|--------------------------------------|------------------------|---------------------------------|-------------------------------------------------|-------------------|--------------------|-----------------------------------|
| GRADE<br>S/SGT                       | NAME<br>CARTER, ASHTON | SERIAL NUMBER<br>11014823       | ARM OR SERVICE<br>AC                            | REPORTING THEATRE | P OR J STATUS<br>K | SHIPMENT NUMBER<br>137020<br>U-1X |
| TYPE OF CASUALTY<br>KILLED IN ACTION |                        | PLACE OF CASUALTY<br>IN GERMANY | DATE OF CASUALTY<br>DAY MONTH YEAR<br>18 MAR 45 |                   |                    | CASUALTY CODE                     |

REMARKS: AG 201 /17 MAY 49/

☐ CORRECTED COPY

MEMO ACTG. OIC. CAS. SEC. PAB. PL. WEINHEIM. CAUSE OF DEATH PLANE CRASH. & SOURCE OF INFO. IDENTIF. OF UNK. X-3305. SEE MSG. FOR DETAILS. STA AND PL OF DEATH ETO. FOD ISSUED PREV UNDER SEC 5, MPA SHOWING PRESUMED DATE OF DEATH 19 MAR 46. RPT OF DEATH BASED ON INFO RECD SINCE THAT DATE ISSUED IN ACCORD WITH SEC 9 OF SAID ACT AND ITS EFFECT ON PRIOR PAYMENTS AND SETTLEMENTS IS AS PRESCRIBED IN SEC 9.

HOME ADDRESS: KEENE, CHESHIRE CO., NEW HAMPSHIRE  
PROCESS IN ACCORD WITH OPER BUL 35, 1945. ROUTE TO LTR SUB-UNIT FOR NOTIF. COPY OF E NOTIF. LTR TO BE FWD TO DET. UNIT FOR OQMG.

Report of Death issued 24 May 1949. pmr

|                                                                                                               |             |         |               |                                     |                |         |         |        |                     |
|---------------------------------------------------------------------------------------------------------------|-------------|---------|---------------|-------------------------------------|----------------|---------|---------|--------|---------------------|
| ACTION BY COMPOSITE SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 48 AG 201 REQ.          |             |         |               |                                     |                |         |         |        |                     |
| CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/> OR CHARGED TO _____ DATE _____              |             |         |               |                                     |                |         |         |        |                     |
| PREVIOUSLY REPORTED NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (AS INDICATED BELOW): |             |         |               |                                     |                |         |         |        |                     |
| FILE NO.                                                                                                      | MESSAGE NO. | TYPE    | DATE AND AREA |                                     | E. A. NOTIFIED |         |         |        |                     |
|                                                                                                               | 490         | DED     | 19 MAR 46     |                                     | 19 MAR 46      |         |         |        |                     |
| FORWARDED TO                                                                                                  | SPEC. IDEN. | C. & P. | TELEGRAM      | LETTER                              | CERTIF.        | P. REL. | CORRES. | REPAT. | S. R. & D. NON-DEL. |
|                                                                                                               |             |         |               | <input checked="" type="checkbox"/> |                |         |         |        |                     |
| REPORT NOT VERIFIED NO FORM 48 NO CAS. BR. FILE CHECKED BY <i>Baron</i> REVIEWED BY <i>abl</i>                |             |         |               |                                     |                |         |         |        |                     |

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WD AGO FORM 1 MAY 1945

0365

EDITION OF 1 JAN. 1945 MAY BE USED.

RECEIVED  
MAY 31 1949  
REPATRIATION  
RECORDS  
BRANCH  
M. & R. B. C.

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

## REPORT OF DEATH

DATE **24 May 1949** *pmr*

|                                                                                                                                                                                                                                         |  |                                                               |  |                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| FULL NAME<br><b>CARTER, ASHTON</b>                                                                                                                                                                                                      |  | ARMY SERIAL NUMBER<br><b>11 014 823</b>                       |  | GRADE<br><b>S/SGT</b>                                                          |  |
| HOME ADDRESS<br><b>Keene, N. H.</b>                                                                                                                                                                                                     |  | ARM OR SERVICE<br><b>AC</b>                                   |  | DATE OF BIRTH<br><b>25 May 1921</b>                                            |  |
| PLACE OF DEATH<br><b>Germany</b>                                                                                                                                                                                                        |  | CAUSE OF DEATH<br><b>Killed In Action</b>                     |  | DATE OF DEATH<br><b>18 Mar 1945</b>                                            |  |
| STATION OF DECEASED<br><b>European Area</b>                                                                                                                                                                                             |  | DATE OF ENTRY ON CURRENT ACTIVE SERVICE<br><b>20 Nov 1940</b> |  | LENGTH OF SERVICE FOR PAY PURPOSES<br>YEARS MONTHS DAYS<br><b>Over 3 years</b> |  |
| EMERGENCY ADDRESSEE (Name, relationship, and address)<br><b>Mrs. Vera Carter, mother, 55 East Pearl Street, Nashua, N. H.</b>                                                                                                           |  |                                                               |  |                                                                                |  |
| BENEFICIARY (Name, relationship, and address)<br><b>Mrs. Joyce E. Carter, wife, Armstrong Rd., Charters Towers, Queensland, Australia</b><br><b>Mr. Wright V. B. Carter, brother, c/o Mr. Wright Carter, Newbury Block, Keene, N.H.</b> |  |                                                               |  |                                                                                |  |
| INVESTIGATION MADE<br>YES NO                                                                                                                                                                                                            |  | IN LINE OF DUTY<br>YES NO                                     |  | OWN MISCONDUCT<br>YES NO                                                       |  |
| WAS DECEASED ON DUTY STATUS<br>YES NO                                                                                                                                                                                                   |  | AUTHORIZED ABSENCE<br>YES NO                                  |  | IN FLYING PAY STATUS<br>YES <input checked="" type="checkbox"/> NO             |  |
| OTHER PAY STATUS (Specify below)<br>YES NO                                                                                                                                                                                              |  |                                                               |  |                                                                                |  |
| ADDITIONAL DATA AND/OR STATEMENT<br><div style="text-align: right;"><input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE</div>                                                                                |  |                                                               |  |                                                                                |  |

## Beneficiaries Cont'd:

Mr. Wright Carter, Uncle, Newbury Block, Keene, N. H.

Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942, as amended, showing presumed date of death as 19 March 1946. This Report of Death based on information received since that date is issued in accordance with Section 9 of said Act, and its effect on prior payments and settlements is as prescribed in Section 9.

*File*  
*13 June 49*  
*Cunningham*

BY ORDER OF THE ACTING SECRETARY OF THE ARMY

~~XXXXXXXXXXXXXXXXXXXX~~

*Roller*

ADJUTANT GENERAL

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

461898  
5586  
SD  
J

FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by the Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds Staff Sergeant Ashton Carter, Army Serial Number 11,014,823, Air Corps, to be dead. He was officially reported as missing in action as of the 18th day of March 1945. For the purposes stated in said Act, death is presumed to have occurred on the 19th day of March, 1946.

BY ORDER OF THE SECRETARY OF WAR

*George M. Weir*

ADJUTANT GENERAL  
Acting CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

|                  |                      |                                         |                                                  |                 |                |                |
|------------------|----------------------|-----------------------------------------|--------------------------------------------------|-----------------|----------------|----------------|
| AREA             | FLYING STATUS        | JUMP STATUS                             | LINE OF DUTY                                     | OWN MIS-CONDUCT | ON DUTY STATUS | ABSENCE AUTH'D |
| European         | Yes                  | No                                      | Yes                                              | No              | Yes            |                |
| PREVIOUS REVIEWS |                      |                                         |                                                  |                 |                |                |
| None             |                      |                                         |                                                  |                 |                |                |
| DATE OF BIRTH    | HOME ADDRESS         | DATE OF ENTRY ON CURRENT ACTIVE SERVICE | LENGTH OF SERVICE (AS OF PRESUMED DATE OF DEATH) |                 |                |                |
| 25 May 1921      | Keene, New Hampshire | 20 Nov 1940                             | YEARS                                            | MONTHS          | DAYS           |                |
|                  |                      |                                         | Over                                             | three           | years          |                |

EMERGENCY ADDRESSEE

|                  |              |                                               |
|------------------|--------------|-----------------------------------------------|
| NAME             | RELATIONSHIP | ADDRESS                                       |
| Mrs. Vera Carter | Mother       | 55 East Pearl Street<br>Nashua, New Hampshire |

BENEFICIARIES

|                          |              |                                                                |
|--------------------------|--------------|----------------------------------------------------------------|
| NAME                     | RELATIONSHIP | ADDRESS                                                        |
| Mrs. Joyce Ethel Carter  | Wife         | Armstrong Road, Charters Towers<br>Queensland, Australia       |
| NAME                     | RELATIONSHIP | ADDRESS                                                        |
| *Mr. Wright V. B. Carter | Brother      | c/o Mr. Wright Carter<br>Newbury Block<br>Keene, New Hampshire |

REMARKS

\*Second Alternate Beneficiary: Mr. Wright Carter (Uncle)      Distribution 56  
Newbury Block  
Keene, New Hampshire

Circumstances of disappearance: The plane in which this man was a crew-member sustained damage from flak, caught fire, exploded and crashed near Worms, Germany.





| ATTACHMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EFFECTS INVENTORY<br>ARMY EFFECTS BUREAU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STATUS                                                                                                                                                                                                                                                                                                                                        |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <div style="border: 1px solid black; padding: 2px;">INBOUND-INVENTORY</div> <div style="border: 1px solid black; padding: 2px;">G. R. OR SUB GR LABEL</div> <div style="border: 1px solid black; padding: 2px;">WILL OR POWER OF ATTY.</div> <div style="border: 1px solid black; padding: 2px;">TALLY IN FORM 43</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <div style="border: 1px solid black; padding: 2px;">DECEASED</div> <div style="border: 1px solid black; padding: 2px;">MISSING</div> <div style="border: 1px solid black; padding: 2px;">P. O. W.</div> <div style="border: 1px solid black; padding: 2px;">ABANDONED</div> <div style="border: 1px solid black; padding: 2px;">UNKNOWN</div> |         |
| <div style="border: 1px solid black; padding: 2px;">BAGS, CLOTH OR TRAVEL</div> <div style="border: 1px solid black; padding: 2px;">BELT, MONEY (NO MONEY)</div> <div style="border: 1px solid black; padding: 2px;">BILLFOLD (NO MONEY)</div> <div style="border: 1px solid black; padding: 2px;">BOOKS</div> <div style="border: 1px solid black; padding: 2px;">BRACELET, IDENT.</div> <div style="border: 1px solid black; padding: 2px;">CAMERAS</div> <div style="border: 1px solid black; padding: 2px;">CLOTHING</div> <div style="border: 1px solid black; padding: 2px;">MISC. ARTICLES</div> <div style="border: 1px solid black; padding: 2px;">RELIGIOUS ARTICLES</div> <div style="border: 1px solid black; padding: 2px;">RIBBONS, DECORATION</div> <div style="border: 1px solid black; padding: 2px;">SHORT SNORTER</div> <div style="border: 1px solid black; padding: 2px;">SOUVENIR MONEY</div> <div style="border: 1px solid black; padding: 2px;">SOUVENIRS</div> <div style="border: 1px solid black; padding: 2px;">TESTAMENTS</div> <div style="border: 1px solid black; padding: 2px;">TOWELS &amp; WASHCLOTHS</div> <div style="border: 1px solid black; padding: 2px;">U. S. MONEY (AMOUNT)</div> <div style="border: 1px solid black; padding: 2px;">WATCH</div> <div style="border: 1px solid black; padding: 2px;">WINGS</div> | <div style="border: 1px solid black; padding: 2px;">BELT</div> <div style="border: 1px solid black; padding: 2px;">BOOKS, ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">BOOKS, PILOT LOG</div> <div style="border: 1px solid black; padding: 2px;">BRUSHES</div> <div style="border: 1px solid black; padding: 2px;">CASE</div> <div style="border: 1px solid black; padding: 2px;">CLOTH. WASH</div> <div style="border: 1px solid black; padding: 2px;">COATS</div> <div style="border: 1px solid black; padding: 2px;">FOOTLOCKER</div> <div style="border: 1px solid black; padding: 2px;">FOOTWEAR, PR.</div> <div style="border: 1px solid black; padding: 2px;">GLASSES</div> <div style="border: 1px solid black; padding: 2px;">GLOVES, PR.</div> <div style="border: 1px solid black; padding: 2px;">HANDKERCHIEFS</div> <div style="border: 1px solid black; padding: 2px;">HEADWEAR</div> <div style="border: 1px solid black; padding: 2px;">JACKETS</div> <div style="border: 1px solid black; padding: 2px;">KITS</div> <div style="border: 1px solid black; padding: 2px;">KNIVES</div> <div style="border: 1px solid black; padding: 2px;">LETTERS</div> <div style="border: 1px solid black; padding: 2px;">LIGHTERS</div> | <div style="border: 1px solid black; padding: 2px;">OVERCOATS</div> <div style="border: 1px solid black; padding: 2px;">PAPERS, PERSONAL</div> <div style="border: 1px solid black; padding: 2px;">PENCIL, MECHANICAL</div> <div style="border: 1px solid black; padding: 2px;">PEN, FOUNTAIN</div> <div style="border: 1px solid black; padding: 2px;">PHOTOS</div> <div style="border: 1px solid black; padding: 2px;">PIPES</div> <div style="border: 1px solid black; padding: 2px;">RINGS</div> <div style="border: 1px solid black; padding: 2px;">SCARFS</div> <div style="border: 1px solid black; padding: 2px;">SHIRTS</div> <div style="border: 1px solid black; padding: 2px;">SOCKS, PR.</div> <div style="border: 1px solid black; padding: 2px;">STATIONERY</div> <div style="border: 1px solid black; padding: 2px;">TIES</div> <div style="border: 1px solid black; padding: 2px;">TOBACCO</div> <div style="border: 1px solid black; padding: 2px;">TOILET ARTICLES</div> <div style="border: 1px solid black; padding: 2px;">TOWELS</div> <div style="border: 1px solid black; padding: 2px;">TROUSERS, PR.</div> <div style="border: 1px solid black; padding: 2px;">TRUNKS, PR.</div> <div style="border: 1px solid black; padding: 2px;">UNDERWEAR</div> | <div style="font-size: 2em; font-family: cursive;">No Other<br/>Effects<br/>Rec'd.</div>                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                               |         |
| CONTAINERS ADDRESSED TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                               |         |
| NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NONE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                               |         |
| NAME AND STATUS VARIATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CROSS REFERENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                               |         |
| <div style="border: 1px solid black; padding: 2px;">CHECK</div> <div style="border: 1px solid black; padding: 2px;">MONEY ORDER</div> <div style="border: 1px solid black; padding: 2px;">BOND</div> <div style="border: 1px solid black; padding: 2px;">TRAV. CHECK</div> <div style="border: 1px solid black; padding: 2px;">FOREIGN CURRENCY</div> <div style="border: 1px solid black; padding: 2px;">U. S. CURRENCY</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; padding: 2px;">REC'D BY</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 2px;">NUMBER</div> <div style="border: 1px solid black; padding: 2px;">SYMBOL</div> <div style="border: 1px solid black; padding: 2px;">AMOUNT</div> <div style="border: 1px solid black; padding: 2px;">DATE</div> <div style="border: 1px solid black; padding: 2px;">BANK OR PLACE OF ISSUE</div> <div style="border: 1px solid black; padding: 2px;">PAYEE</div> <div style="border: 1px solid black; padding: 2px;">REMITTER OR DRAWER</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; padding: 2px;">BUREAU CHECK</div> <div style="border: 1px solid black; padding: 2px;">TRANSMIT ORIGINAL</div> <div style="border: 1px solid black; padding: 2px;">ORIG. REG. MAIL</div> <div style="border: 1px solid black; padding: 2px;">TO G. A. O.</div> <div style="border: 1px solid black; padding: 2px;">MUTILATED</div> <div style="border: 1px solid black; padding: 2px;">TO ISSUING AGENCY</div> |                                                                                                                                                                                                                                                                                                                                               |         |
| <div style="font-size: 3em; font-family: cursive; color: red;">No Effects</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                               |         |
| TALLY NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ORIG. NO. OF PKGS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EXAMINING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BOX NO.                                                                                                                                                                                                                                                                                                                                                                                                                                            | SHEET                                                                                                                                                                                                                                                                                                                                         |         |
| 1849                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9-July-46                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OF SHEETS                                                                                                                                                                                                                                                                                                                                     |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A. S. N.                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                               |         |
| ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RANK                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |         |
| WAREHOUSE SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CASE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                               |         |
| EXAMINED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DIARY REMOVED                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |         |
| PACKED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PHOTO FILM REMOVED                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                               |         |
| INSPECTED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MOTION PICTURE FILM REMOVED                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                               |         |
| STORED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SHIPPED                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                               |         |
| PACKAGE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | WEIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                               | BY WHOM |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                               |         |

| ADDITIONAL REMARKS                                                                                                        |                                      |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| REMOVALS (other than G. I.)                                                                                               | DAMAGES (List type of damage-extent) |
| 1. Personal Papers,<br>Appears To Be Blood<br>Stain, Torn, 3rd Part<br>Missing, Irresolvable<br>Illegible - Removed. (18) |                                      |

| SHORTAGES               |        |
|-------------------------|--------|
| U. S. GOV'T CHECK SHORT |        |
|                         | NUMBER |
|                         | DATE   |
|                         | SYMBOL |
|                         | AMOUNT |

|                                                                              |  |
|------------------------------------------------------------------------------|--|
| I certify that the above items were not in the containers inventoried by me. |  |
| INVENTORY CLERK                                                              |  |
| SUPERVISOR                                                                   |  |
| G. I. REMOVED                                                                |  |

ASHTON, ----

---

----

AY

PALLET

BOX

TALLY

1849

TYPE PKG.

GRB

| ATTACHMENTS |                        | EFFECTS INVENTORY |                  | ARMY EFFECTS BUREAU |                    | STATUS |           |
|-------------|------------------------|-------------------|------------------|---------------------|--------------------|--------|-----------|
| 1           | INBOUND INVENTORY      |                   |                  |                     |                    |        | DECEASED  |
|             | G. R. OR SUB GR LABEL  |                   |                  |                     |                    |        | MISSING   |
|             | WILL OR POWER OF ATTY. |                   |                  |                     |                    |        | P. O. W.  |
|             | TALLY IN FORM 43       |                   |                  |                     |                    |        | ABANDONED |
|             |                        |                   |                  |                     |                    |        | UNKNOWN   |
| 1           | BAGS, CLOTH OR TRAVEL  |                   | BELT             |                     | OVERCOATS          |        |           |
|             | BELT, MONEY (NO MONEY) |                   | BOOKS, ADDRESS   | X                   | PAPERS, PERSONAL   |        |           |
| X           | BILLFOLD (NO MONEY)    |                   | BOOKS, PILOT LOG | 1                   | PENCIL, MECHANICAL |        |           |
|             | BOOKS                  | 1                 | BRUSHES          |                     | PEN, FOUNTAIN      |        |           |
|             | BRACELET, IDENT.       |                   | CASE             |                     | PHOTOS             |        |           |
|             | CAMERAS                | X                 | CLOTH. WASH      | 1                   | PIPES              |        |           |
|             | CLOTHING               |                   | COATS            |                     | RINGS              |        |           |
| X           | MISC. ARTICLES         |                   | FOOTLOCKER       |                     | SCARFS             |        |           |
|             | RELIGIOUS ARTICLES     |                   | FOOTWEAR, PR.    |                     | SHIRTS             |        |           |
|             | RIBBONS, DECORATION    |                   | GLASSES          |                     | SOCKS, PR.         |        |           |
|             | SHORT SNORTER          |                   | GLOVES, PR.      |                     | STATIONERY         |        |           |
| X           | SOUVENIR MONEY         |                   | HANDKERCHIEFS    |                     | TIES               |        |           |
| X           | SOUVENIRS              |                   | HEADWEAR         |                     | TOBACCO            |        |           |
| 1           | TESTAMENTS             |                   | JACKETS          |                     | TOILET ARTICLES    |        |           |
|             | TOWELS & WASHCLOTHS    | 3                 | KITS             | X                   | TOWELS             |        |           |
| 22          | U. S. MONEY (AMOUNT)   |                   | KNIVES           | 2                   | TROUSERS, PR.      |        |           |
|             | WATCH                  |                   | LETTERS          |                     | TRUNKS, PR.        |        |           |
|             | WINGS                  | 1                 | LIGHTERS         |                     | UNDERWEAR          |        |           |

DAMAGED

| CONTAINERS ADDRESSED TO           | INFORMATION                                                               |
|-----------------------------------|---------------------------------------------------------------------------|
| none.                             | wife<br>mrs A.E. Carter<br>927 So. 14 <sup>th</sup> St.<br>Lincoln, Nebr. |
| NAME AND STATUS VARIATIONS        | <del>CROSS REFERENCE</del>                                                |
| form 48 shows.<br>Unidentified #1 | Re Inventory                                                              |

|                  |             |                              |                                  |
|------------------|-------------|------------------------------|----------------------------------|
| CHECK            | REC'D<br>BY | NUMBER                       | BUREAU CHECK                     |
| MONEY ORDER      |             | SYMBOL                       | TRANSMIT ORIGINAL                |
| BOND             |             |                              | ORIG. REG. MAIL                  |
| TRAV. CHECK      |             |                              | TO G. A. O.                      |
| FOREIGN CURRENCY |             | AMOUNT                       | MUTILATED                        |
| U. S. CURRENCY   |             | DATE                         | TO ISSUING AGENCY                |
|                  |             | BANK<br>OR<br>PLACE OF ISSUE | <i>12-1-22</i><br><i>file mg</i> |
|                  |             | PAYEE                        |                                  |
|                  |             | REMITTER<br>OR<br>DRAWER     |                                  |

|                                                     |                    |                              |                                                      |                                |
|-----------------------------------------------------|--------------------|------------------------------|------------------------------------------------------|--------------------------------|
| TALLY NO.<br>4887                                   | ORIG. NO. OF PKGS. | EXAMINING DATE<br>30 Nov. 45 | BOX NO.                                              | SHEET _____<br>OF _____ SHEETS |
| NAME<br>AshTON, E. CARTER                           |                    |                              | A. S. N.<br>11014823                                 |                                |
| ORGANIZATION<br>669 <sup>th</sup> B. Sq. 416 B. Gp. |                    |                              | RANK<br>S/Sgt. CASE NO.                              |                                |
| WAREHOUSE SPACE<br>193X                             |                    | EXAMINED BY<br>McConnell     | DIARY REMOVED                                        |                                |
| PACKAGE DESCRIPTION<br>#1 etn 20                    |                    | PACKED BY<br>Carter          | PHOTO FILM REMOVED                                   |                                |
|                                                     |                    | INSPECTED BY                 | MOTION PICTURE FILM REMOVED<br>JAN 3 1946<br>SHIPPED |                                |
|                                                     |                    | STORED BY<br>JTB             | DATE<br>BY WHOM<br>JTB                               |                                |

# ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

1 pr Shoes, Badly worn  
Damaged by moisture  
No Value Salvaged *OK*

1 Lighter, Broken

## SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

## G. I. REMOVED

UNIDENTIFIED # 1

(RETURNED)

AY

PALLET

BOX

TALLY

4887

TYPE F

MR. WRIGHT VAN BROCKWAY CARTER

CAMP VAN DORN, MISS.

UNKNOWN  
MARRED LABEL

193X  
CTN

# INVENTORY OF EFFECTS

(See AR 600-550)

**CARTER, ASHTON**

**11 014 823**

(Last name) (First name) (Middle initial) (Army serial number)

~~Major~~ **S Sgt**

**669th Bomb Sq (L)**  
**416th Bomb Gp (L)**

(Grade)

(Organization or arm or service)

**MIA**

~~was killed on~~ the **18th** day of **March**, 19 **45**

**CLASS I**—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

| NUMBER | ARTICLES                        | PACKAGE NUMBER |
|--------|---------------------------------|----------------|
| 1      | Basket, wicker                  |                |
| 1      | Writing Kit w/personal pictures |                |
| 1      | Book, "Pocket Companion"        |                |
| 1      | Dictionary, French-English      |                |
| 1      | Packet, souvenir coins          |                |
| 6      | Bills, short-shorters           |                |
| 1      | Bible, New Testament            |                |
| 1      | Wallet                          |                |
| 1      | Partial Plate                   |                |
| 1      | Air Corps Pin                   |                |
|        |                                 |                |
|        |                                 |                |
|        |                                 |                |
|        |                                 |                |
|        |                                 |                |

\*To be filled out only in case of shipment to The Adjutant General.

## CLASS II—Other effects

| NUMBER | ARTICLES              |
|--------|-----------------------|
| 1      | Pr Shoes, low-cut     |
| 1      | Pr Trunks, athletic   |
| 3      | Towels, bath          |
| 3      | Wash Cloths           |
| 2      | Kits, sewing          |
| 1 pr   | Trunks, bathing       |
| 2      | Bags, general purpose |
| 1      | Pipe, tobacco         |
| 1      | Pbuch, tobacco        |
| 1      | Shoe Brush            |

CLASS II—Continued

[illegible]

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that \*the effects were delivered to Effects CM. Communication Zone  
(Give name and degree of relationship; if legal representative

or beneficiary named by the deceased, so state)

JOHN G. NAPIER

Lt Col, Air Corps  
Commanding

APC 140, U S Army  
(Station)

27 March, 1945  
(Date)

\*Strike out words not applicable.

16-21164

461,898 ✓

DSJ:AP:dlp ✓  
May 23, 1946

CB

Mrs. Joyce Ethel Carter ✓  
Armstrong Road ✓  
Charters Towers ✓  
North Queensland, Australia ✓

Dear Mrs. Carter:

Reference is made to your letter of May 6, making ✓  
inquiry regarding the personal effects of Staff Sergeant Ashton  
Carter.

Some personal effects of Sergeant Carter were received ✓  
at the Army Effects Bureau during the time he carried a missing  
in action status. These effects were forwarded to Mrs A. E.  
Carter, 821 South 15th Street, Apt., #4, Lincoln, Nebraska, whose  
acknowledgment of receipt is on file here.

This Bureau has not received any belongings of Sergeant ✓  
Carter, since there has been an official change in the status.

In view of the lapse of time, it is unlikely that any  
effects of Sergeant Carter, deceased, will be received here. How-  
ever, in the event some belongings arrive at a later date, you  
will be notified further.

Yours very truly,

D. S. JOHNSTON  
2nd Lt., QMC  
Chief, Adm. Div.

461,898  
DD

Mrs. Joyce Ethel CARTER,  
Armstrong Road,  
CHARTERS TOWERS.  
North Queensland,  
AUSTRALIA.  
6th. May 1946.

The Effects Quartermaster,  
Kansas City Quartermaster Depot,  
KANSAS CITY. Missouri. U.S.A.

INQUIRY CLERK

Re Death S/Sgt. Ashton Ellsworth CARTER,  
as proclaimed 19/3/46. War Department.  
ABF .005. ASN. 11014823 (X-1963979)

Dear Sir,

As the lawful widow of the above Serviceman, I hereby  
make application for the possession of whatever personal  
effects possessed by my late Husband, an Air Gunner in a light  
Bomber which fell in an Air Raid over Worms, Germany on 18/3/45.

The correctness of my claim will no doubt be ascertain-  
able by you on application to the War Department, Washington.

Awaiting an early reply.

Yours faithfully,

..Joyce Ethel Carter.....

llk  
5/22-46

Mrs. Joyce Ethel CARTER,  
Armstrong Road,  
CHARTERS TOWNS,  
North Queensland,  
AUSTRALIA.  
28th May 1946.

The Effects Quartermaster,  
Kansas City Quartermaster Depot,  
KANSAS CITY, MISSOURI, U.S.A.

Re Death of Sgt. Ashton Ellsworth CARTER,  
as proclaimed 19/3/45 War Department.  
ABT. COS. ASMO. 1104823 (X-146377)

Dear Sir,

As the lawful widow of the above Serviceman, I hereby  
make application for the possession of whatever personal  
effects possessed by my late husband, an Air Gunner in a light  
bomber which fell in an Air Raid over Worms, Germany on 18/3/45.  
The correctness of my claim will no doubt be ascertained  
sole by you on application to the War Department, Washington.

Awaiting an early reply.

Yours faithfully,



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

In Reply Refer To: # 461898

RTB:FR:mg  
January 3, 1946

Mrs. A. E. Carter  
~~927 South 14th Street~~  
Lincoln, Nebraska

*821 So. 15<sup>th</sup> Apt 4 - New address*

Dear Mrs. Carter:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your husband, Staff Sergeant Ashton Carter.

1 Carton and contents

My action in transmitting the property does not, of itself, vest title in you. The items are forwarded in order that you may act as gratuitous bailee in caring for them pending final determination of the owner's status.

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

Yours very truly,

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

*File*  
Incl--  
Envelope  
*6-17*

Receipt acknowledged:

*Mrs. A. E. Carter*  
(Signature of Bailee)

*1-12-46*  
(Date)

|                                                                                                                                            |                     |                              |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------|----------------------------------------|
| AMOUNT OF CHECK                                                                                                                            | NOTE DISCREPANCY IN | INCLOSE VALUABLES            | RECIPIENT FROM                         |
|                                                                                                                                            | NAME                | SHIP VALUABLES               | CASUALTY REPORT                        |
| ACCOUNT NUMBER                                                                                                                             | SERIAL NUMBER       | VALUABLES SHIPPED BY (Clerk) | ✓ INVENTORY                            |
|                                                                                                                                            | RANK                |                              | FORM 20                                |
| <p>S/Sgt. Ashton Carter</p> <p>11014823</p> <p>461898 D</p> <p>Mrs. A. E. Carter</p> <p>927 South 14th Street</p> <p>Lincoln, Nebraska</p> |                     |                              | LETTER                                 |
|                                                                                                                                            |                     |                              | NO. & TYPE OF CONTAINER                |
|                                                                                                                                            |                     |                              | ENVELOPE                               |
|                                                                                                                                            |                     |                              | 1 CARTONS                              |
|                                                                                                                                            |                     |                              | PACKAGE                                |
|                                                                                                                                            |                     |                              | FOOT LOCKER                            |
|                                                                                                                                            |                     |                              | SPECIAL INSTRUCTIONS                   |
|                                                                                                                                            |                     |                              | REMOVE GI                              |
|                                                                                                                                            |                     |                              | SHIP BLOODSTAINED                      |
|                                                                                                                                            |                     |                              | ✓ SHIP DAMAGED                         |
| REMOVE BL'DSTAINED                                                                                                                         |                     |                              |                                        |
| REMOVE DAMAGED                                                                                                                             |                     |                              |                                        |
| FILMS REMOVED                                                                                                                              |                     |                              |                                        |
| DIARY REMOVED                                                                                                                              |                     |                              |                                        |
| RTB:FR:mg                                                                                                                                  | SUMMARY COURT DATA  |                              | DATE ACTION TAKEN                      |
| DATE OF FINDING                                                                                                                            | APPLICANT           |                              | 1-3<br>MAIL REVIEWER (initials)<br>WAB |
| <p>REMARKS</p> <p><i>Ret. shipment</i></p> <p>JAN 5</p>                                                                                    |                     |                              | SHIPPED                                |
|                                                                                                                                            |                     |                              | FRANKED                                |
|                                                                                                                                            |                     |                              | EXPRESS                                |
|                                                                                                                                            |                     |                              | FREIGHT                                |
|                                                                                                                                            |                     |                              | DATE SHIPPED                           |
|                                                                                                                                            |                     |                              | SHIPPING CLERK                         |
|                                                                                                                                            |                     |                              | ROUTING                                |
|                                                                                                                                            |                     |                              | ACCOUNTING BRANCH                      |
|                                                                                                                                            |                     |                              | WAREHOUSE                              |
|                                                                                                                                            |                     |                              | FILE                                   |
| ORDER FOR ACTION                                                                                                                           |                     |                              |                                        |

# WAR DEPARTMENT

KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU

601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

OFFICIAL BUSINESS

NOT IN DIRECTORY!  
CAMP VAN DORN, MISS



REASON CHECKED  
Unclaimed.....  
Unknown.....  
For better address.....  
Moved, Left no address.....  
No such office in state.....

PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300



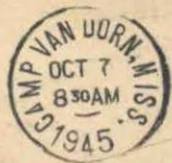
OCT-9 1945

KANSAS CITY, MO.

ARMY EFFECTS BUREAU

61-0

*Handwritten signature/initials*



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

461898

(8-12-18-45)

RTB:VM:vd

October 4, 1945

In Reply Refer To: 461898

Mr. Wright Van Brockway Carter  
Camp Van Dorn, Mississippi

Dear Mr. Carter:

The Army Effects Bureau is forwarding to you the following personal property, recently received here, belonging to your brother, Staff Sergeant Ashton Carter:

1 Carton and contents

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

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

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

Yours very truly,

*P. L. KCOB*

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

Incl--  
Envelope

Receipt acknowledged:

(Signature of Bailee)

(Date)

Eff. QM Form 205 (11 Apr 45)

*File  
up*

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

NOTICE TO CONSIGNEE:

The property mentioned in the attached letter is being sent to you at Government expense. You should not have to pay any transportation or delivery charges. If, for some reason, such charges are collected from you, please secure a receipt for the money paid and promptly inform the Army Effects Bureau, at the above address, of the transaction, inclosing the receipt. This Bureau will then assist in securing any refund which possibly may be due you.

Each package of personal effects, carefully checked and packed, leaves the Army Effects Bureau in good shipping order. Should it be damaged or broken upon receipt, and you believe that some of the articles were lost or damaged in transit from the Bureau, you should make claim direct to the post office, express company, or other delivering agency. In addition, please write the Army Effects Bureau promptly, listing the items received and those you think may have been lost or damaged in transit from the Bureau. While under existing Army Regulations this Bureau cannot file a claim on your behalf, we will assist you in any way possible.

ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Wright Van Brockway Carter  
Camp Van Dorn, Mississippi

Effects of:

Name S/Sgt. Ashton Carter

ASN 11014823

Case No. 461898-M

Wt.

DATE 4 October 1945  
RTB:VM:vd

*Howell Marriot*  
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  
1. ☒ Warehouse Division  
2. ☐ Files Branch, Adm. Div.

REMARKS:

Franked *OCT 19 1945*  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 1

*mk*  
Shipping Clerk

| ATTACHMENTS                                               |                    | EFFECTS INVENTORY<br>ARMY EFFECTS BUREAU        |                             | STATUS                    |  |
|-----------------------------------------------------------|--------------------|-------------------------------------------------|-----------------------------|---------------------------|--|
| <input checked="" type="checkbox"/> INBOUND INVENTORY     |                    |                                                 |                             | DECEASED                  |  |
| <input checked="" type="checkbox"/> G. R. OR SUB GR LABEL |                    |                                                 |                             | MISSING                   |  |
| WILL OR POWER OF ATTY.                                    |                    |                                                 |                             | P. O. W.                  |  |
| TALLY IN FORM 43                                          |                    |                                                 |                             | ABANDONED                 |  |
|                                                           |                    |                                                 |                             | UNKNOWN                   |  |
| BAGS, CLOTH OR TRAVEL                                     | BELT               | OVERCOATS                                       |                             | no other<br>effects Rec'd |  |
| 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                                           |                             |                           |  |
| CLOTHING                                                  | COATS              | RINGS                                           |                             |                           |  |
| 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                                   |                    | INFORMATION                                     |                             |                           |  |
| none                                                      |                    | Name on Id. tag.<br>Roland C. Cuman<br>O-688692 |                             |                           |  |
| NAME AND STATUS VARIATIONS                                |                    | CROSS REFERENCE                                 |                             |                           |  |
| 43 Shows unid #659                                        |                    |                                                 |                             |                           |  |
| CHECK                                                     | REC'D BY           | NUMBER                                          | BUREAU CHECK                |                           |  |
| MONEY ORDER                                               |                    |                                                 | TRANSMIT ORIGINAL           |                           |  |
| BOND                                                      |                    | SYMBOL                                          | ORIG. REG. MAIL             |                           |  |
| TRAV. CHECK                                               |                    |                                                 | TO G. A. O.                 |                           |  |
| FOREIGN CURRENCY                                          |                    | AMOUNT                                          | MUTILATED                   |                           |  |
| U. S. CURRENCY                                            |                    |                                                 | TO ISSUING AGENCY           |                           |  |
|                                                           |                    | DATE                                            |                             |                           |  |
|                                                           |                    | BANK OR PLACE OF ISSUE                          |                             |                           |  |
|                                                           |                    | PAYEE                                           |                             |                           |  |
|                                                           |                    | REMITTER OR DRAWER                              |                             |                           |  |
|                                                           |                    |                                                 |                             |                           |  |
| TALLY NO.                                                 | ORIG. NO. OF PKGS. | EXAMINING DATE                                  | BOX NO.                     | SHEET                     |  |
| 2815                                                      |                    | 26 Sept. 47                                     |                             | OF SHEETS                 |  |
| NAME                                                      |                    | A. S. N.                                        |                             |                           |  |
| Unknown # 1310                                            |                    |                                                 |                             |                           |  |
| ORGANIZATION                                              |                    | RANK                                            |                             | CASE NO.                  |  |
|                                                           |                    |                                                 |                             | 880706                    |  |
| WAREHOUSE SPACE                                           |                    | EXAMINED BY                                     | DIARY REMOVED               |                           |  |
|                                                           |                    | Packed BY                                       | PHOTO FILM REMOVED          |                           |  |
| PACKAGE DESCRIPTION                                       |                    | INSPECTED BY                                    | MOTION PICTURE FILM REMOVED |                           |  |
| WEIGHT                                                    |                    | STORED BY                                       | SHIPPED                     |                           |  |
|                                                           |                    |                                                 | DATE                        | BY WHOM                   |  |
|                                                           |                    |                                                 |                             |                           |  |

[illegible]

## SHORTAGES

U. S. GOV'T CHECK SHORT

| NUMBER |   |
|--------|---|
| 1      | 2 |

|  |      |
|--|------|
|  | DATE |
|--|------|

| SYMBOL |
|--------|
|--------|

|  |        |
|--|--------|
|  | AMOUNT |
|--|--------|

---

[illegible][illegible]

|      |       |             |      |
|------|-------|-------------|------|
| 1000 | REC'D | NOV 20 1964 | 1000 |
|------|-------|-------------|------|

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|  |  |
|--|--|
|  |  |
|--|--|

|      |      |          |         |
|------|------|----------|---------|
| DATE | TIME | LOCATION | REMARKS |
|      |      |          |         |

|  |  |
|--|--|
|  |  |
|--|--|

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[illegible]

\_\_\_\_\_

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|                 |              |             |       |       |
|-----------------|--------------|-------------|-------|-------|
| NAME            | ADDRESS      | CITY        | STATE | ZIP   |
| Mr. J. H. Smith | 123 Main St. | Springfield | Ill.  | 62761 |

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

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 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 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

|                                                             |                                                                                                                              |        |         |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------|---------|
| Вопрос                                                      | Ответ                                                                                                                        | Оценки | Подпись |
| 1. Какие задачи ставит перед собой наука?                   | Наука ставит перед собой задачу познания законов природы, общества и человека.                                               |        |         |
| 2. Какие методы использует наука?                           | Наблюдение, эксперимент, теоретическое моделирование, анализ, синтез, индукция, дедукция.                                    |        |         |
| 3. Какие этапы включает процесс научного исследования?      | Постановка задачи, поиск информации, выдвижение гипотезы, проведение эксперимента, анализ результатов, формулировка выводов. |        |         |
| 4. Какие принципы лежат в основе научного метода?           | Объективность, системность, воспроизводимость, проверяемость, рациональность.                                                |        |         |
| 5. Какие функции выполняет наука в обществе?                | Познавательная, мировоззренческая, образовательная, социальная, технологическая.                                             |        |         |
| 6. Какие проблемы стоят перед наукой в настоящее время?     | Интеграция знаний, междисциплинарные исследования, этические вопросы, финансирование.                                        |        |         |
| 7. Какие перспективы развития науки вы видите?              | Повышение эффективности исследований, развитие новых технологий, расширение сферы применения науки.                          |        |         |
| 8. Какие трудности испытывает наука в настоящее время?      | Нехватка финансирования, бюрократические барьеры, коммерциализация науки.                                                    |        |         |
| 9. Какие меры необходимо принять для развития науки?        | Увеличение государственного финансирования, создание благоприятной среды для творчества, привлечение молодежи.               |        |         |
| 10. Какие выводы можно сделать по результатам исследования? | Наука является основой прогресса и развития общества. Необходимо поддерживать и развивать научные исследования.              |        |         |

|               |              |                 |
|---------------|--------------|-----------------|
| SONG JIN MOON | HYUNJUNGCHUL | INVENTORY CLERK |
|---------------|--------------|-----------------|

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 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 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

\_\_\_\_\_  
SUPERVISOR

|        |      |               |  |
|--------|------|---------------|--|
| STVHNC | DATE | G. I. REMOVED |  |
|--------|------|---------------|--|

| DATE   | DESCRIPTION | AMOUNT | CHECK NO. | BANK |
|--------|-------------|--------|-----------|------|
| 1/1/19 | ...         | ...    | ...       | ...  |

| DATE       | TIME  | LOCATION | REMARKS |
|------------|-------|----------|---------|
| 1954/11/10 | 10:30 | 10000    | 10000   |

|                   |           |           |           |
|-------------------|-----------|-----------|-----------|
| STANLEY (2ND ROW) | 1902-1903 | 1902-1903 | 1902-1903 |
| STANLEY (2ND ROW) | 1902-1903 | 1902-1903 | 1902-1903 |

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 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 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

|  |                    |  |
|--|--------------------|--|
|  | ELLECIS INADENLOVA |  |
|--|--------------------|--|

\_\_\_\_\_

UNITD 659 (UNK X-3305)

BAY

PALLET

BOX

TALLY

TYPE PK

7815

GRB

9/9/47 D

Bay Ridge, NY





NAME

CARTER, ASHTON

S.SGT

4823

| BAY          | PALLET      | BOX         | TALLY |
|--------------|-------------|-------------|-------|
| 45           | 27          |             | 2933  |
| TYPE OF PKG. | WHSE. SPACE | INVENTORIED |       |
| BOXCRATE     |             |             |       |

COPY  
KCQMD  
AEB/vlm

Report from OQMG

ST. AVOLD, France

X-3305 Group Identification

461898 CARTER, Ashton 11014823  
ENMAN, Roland E. 0-638692

SZ/ADS/mjo'o

EFF. OM Form  
(28 June 45) 37

## EXPEDITE MEMO - TO WAREHOUSE DIVISION

|                        |          |                    |
|------------------------|----------|--------------------|
| DATE<br>24 August 1950 | PRIORITY | FILE NO.<br>880706 |
|------------------------|----------|--------------------|

|                                                         |
|---------------------------------------------------------|
| NAME FOR TALLY<br>Unk #1310 (X-3305, St. Avold, France) |
|---------------------------------------------------------|

|        |      |        |
|--------|------|--------|
| A.S.N. | RANK | STATUS |
|--------|------|--------|

|                   |     |        |     |                |
|-------------------|-----|--------|-----|----------------|
| TALLY NO.<br>7815 | DAY | PALLET | BOX | TYPE CONTAINER |
|-------------------|-----|--------|-----|----------------|

|                                 |                     |             |
|---------------------------------|---------------------|-------------|
| WHSE. LOCATION (POST-INVENTORY) | REQUESTED BY<br>ADS | APPROVED BY |
|---------------------------------|---------------------|-------------|

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

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

|                                                    |
|----------------------------------------------------|
| <input type="checkbox"/> CLEAN BLOOD STAINED ITEMS |
|----------------------------------------------------|

|                                            |
|--------------------------------------------|
| <input type="checkbox"/> ATTACH ALL PAPERS |
|--------------------------------------------|

|                                                           |
|-----------------------------------------------------------|
| <input type="checkbox"/> CHECK FOR ADDITIONAL INFORMATION |
|-----------------------------------------------------------|

|                                                  |
|--------------------------------------------------|
| <input type="checkbox"/> DO NOT LAUNDER OR CLEAN |
|--------------------------------------------------|

|                                                         |
|---------------------------------------------------------|
| <input type="checkbox"/> LAUNDER AND CLEAN IF NECESSARY |
|---------------------------------------------------------|

|                                                |
|------------------------------------------------|
| <input type="checkbox"/> DETERMINE IF OWNER IS |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <input checked="" type="checkbox"/> FLAG TALLY IN |
|---------------------------------------------------|

|           |
|-----------|
| SHIP NAME |
|-----------|

|            |
|------------|
| TO ADDRESS |
|------------|

REMARKS: ADM. DIV. Please remove ID tag - identification established.

REMARKS: WHSE. DIV.

*ID tag removed  
as per 37 13 Aug 50*

X-3305  
Lab. Case # 698

Serial No. \_\_\_\_\_ Name \_\_\_\_\_

Grade \_\_\_\_\_ Rank \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Nearest Relative \_\_\_\_\_

Address \_\_\_\_\_

Killed in Action \_\_\_\_\_ Died of Disease \_\_\_\_\_

Date \_\_\_\_\_ Hospital \_\_\_\_\_

Battle Area \_\_\_\_\_ Information \_\_\_\_\_

Place of Burial ST. AROLD

Point of Coordination \_\_\_\_\_

Description of Body \_\_\_\_\_

\_\_\_\_\_

Members Missing \_\_\_\_\_

\_\_\_\_\_

Contents changed to A

DECEASED SOLDIER

Signed

Of Sentimental Value to \_\_\_\_\_

Central Identification Laboratory  
American Graves Registration Command 349 QM Bn  
APO 154 US Army

30 January 1947

Chemical Lab. Case # 698.

Other designations:

X-3305

YYY - 7 - 75 (St. Avold)

Inventory of Effects:

One identification tag /

Laboratory Findings:

ROLAND E. ENMAN  
O-688692 T-43-43 O  
P

*Livio L. Vagnina*  
Livio L. Vagnina  
Identification tech.

E : Not considered as personal effects to be entered on  
Inventory Form 26. Sent in after processing by our  
laboratory for possible means of identification.

CHECKED *40*

General Identification Laboratory  
American Graves Registration Command 549 OM SN  
APO 104  
US Army

30 January 1947

Chemical Lab. Case # 985.

Other designations:

X-3808  
YX - 7 - 78 (22. Avoid)

Inventory of Effects:

One Identification Tag

Laboratory Findings:

REMARKS: E. KENNEDY  
O-388592 7-13-43  
0  
1

*John G. Vagstad*  
John G. Vagstad  
Identification Tech.

Not considered as personal effects to be entered on  
Inventory Form 26. Sent in after processing by our  
Laboratory for possible means of identification.

CHECKED

Case 880706

ELR/bj  
17 February 1948

MEMO FOR FILE:

X -3305, St. Avoild, France,

Included on Report No. 4 processed by Identification Section,  
Office of the Quartermaster General on 21 Nov 47.

Paragraph checked as follows indicates data received from OQMG:

( ) It was reported by the Office of the Quartermaster General  
that X \_\_\_\_\_  
was identified as \_\_\_\_\_

(x) It was reported by the Office of the Quartermaster General  
that X -3305, St. Avoild, France  
was UNDER INVESTIGATION.

ACTION TAKEN BY ARMY EFFECTS BUREAU CHECKED BELOW:

( ) Case \_\_\_\_\_ cancelled and combined with case \_\_\_\_\_.

(x) No effects in Warehouse storage--case completed.

( ) Effects in Warehouse storage will be held pending report of  
identification from OQMG. Case suspended six months.

E. Richter *ELR*