

283 TROYER, HEUBEN J. 15 059 054 S/SY. EUROP. AR. AC. (IND) 45 a1

Incl #37

FINAL LETTER SENT 12 JAN 1961

RECORDS ANNOTATED
DATE 12 Jan 51
NAME R. H. Kent
RR. MEN. DIV.

Key 395

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

CFT

JAB

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

1260 00609

DATE

15 08 48

DAY MONTH YEAR

NAME

*GROUP-BURIAL-5-IN-5- UNKNOWNX-002501
TROYER REUBEN J

SERIAL NUMBER

15059054

GRADE

S SGT

ARM

J

RACE

O

RELIGION

6

CEMETERY

NEUVILLE BELGIUM

PLOT

J

ROW

7

GRAVE

157

DISPOSITION OF REMAINS

1202

80

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NEUVILLE-EN-CONDROZ, BELGIUM

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN

SERIAL NUMBER

X-002501

GRADE

UNK

DATE OF DEATH

DATE DISTINTERRED

9 NOV 48

IDENTIFICATION TAG ON

ORGANIZATION

UNKNOWN

RELIGION

UNK

IDENTIFICATION VERIFIED BY

FRITZ J. TOLTZIEN 1/LT MI
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

MATTRESS COVER

CONDITION OF REMAINS

[Disturbing text redacted]

OTHER MEANS OF IDENTIFICATION

REPORT OF BURIAL.

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX

DATE 2 FEB 49

BY

CALVIN C. COWDEN, LICENSED EMBALMER

CASKET SEALED BY

ARTHUR R. LAWRENCE

EMBALMER (Signature)

ARTHUR R. LAWRENCE, LICENSED EMBALMER

CASKET BOXED AND MARKED

ROGER E. LEWIS

DATE 2 FEB 49

BY

CAPT CAV

SHIPPING ADDRESS VERIFIED BY ALL PLATES TAGS MARKINGS

VERIFIED BY:

ROGER E. LEWIS CAPT CAV

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

EXCEPT CASKETING

ROBERT W. GANSEL 1/LT QMC

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

I certify that the entries on this form are true copies of the entries on Copy Number 4 of this Disinterment Directive which contains the signatures of the persons whose names are typed hereon.

Raymond G. Johnson, 1st Lt, Inf

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

12 January 1951

23 S/Sgt Reuben J. Troyer, SN 15 059 054
 Plot C, Row 10, Grave 57
 Headstone: Cross
 United States Military Cemetery
 Neuville-en-Condroz, Belgium

Mr. Reuben E. Troyer
 1816 South Bell Street
 Kokomo, Indiana

Dear Mr. Troyer:

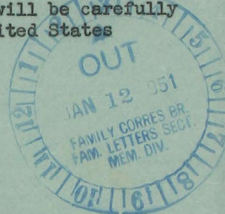
This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

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

You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN
 Major General, USA
 The Quartermaster General



DLW
 JFW
 CMC

REQUEST FOR DISPOSITION OF REMAINS

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

DATE: 8 August 1950

S/Sgt Reuben J. Troyer 15 059 054
 United States Military Cemetery
 Neuville-en-Condroz, Belgium

J-7-157

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

1. Mr. Reuben E. Troyer

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

- ☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD
☒ FATHER ☐ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE (Specify) _____

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

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

(NAME AND LOCATION OF CEMETERY)

- ☐ 3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A

PRIVATE CEMETERY LOCATED AT _____

(LOCATION OF CEMETERY SELECTED)

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

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

☐ YES ☐ NO

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

None

FORMERLY UNKNOWN -X 2501

NO-1-COPY OF DD NOT IN FILE

FINAL LETTER SENT 12 JAN 1951

Coded 10-5-50

L. Alcott

dd proc. 5 Oct 50

OQMG FORM 14 NOV 1948 345 MILITARY

BECK PAGE 1
4 OCT 50

PART I (Continued)

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

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

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

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

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

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

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

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

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

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

Kenben E. Troyer (SIGNATURE OF NEXT OF KIN) 1816 South Bell Street (STREET AND NUMBER)
Kokomo, Indiana (CITY AND STATE)

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

19____, at city (or town) of _____, county of _____, and State (or Territory or

District) of _____

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

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

If you are the next of kin and you desire to relinquish

(PLEASE INSERT NAME OF NEXT OF KIN)

NAME IN PART I OF THIS FORM, DO HEREBY RELINQUISH THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHO I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

I AM NOT THE next of kin authorized to direct the disposition

OF THE REMAINS. I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS. THE FOLLOWING PERSONS SHOULD BE DIRECTED:

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE)

(NAME PRINTED OR TYPED)

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(SIGNATURE OF NEXT OF KIN)	(DATE)
(NAME PRINTED OR TYPED)	(STREET AND NUMBER)
(NAME PRINTED OR TYPED)	(CITY AND STATE)

PART III

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

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

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

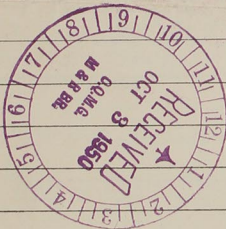
(SIGNATURE)	(DATE)
(NAME PRINTED OR TYPED)	(STREET AND NUMBER)
(NAME PRINTED OR TYPED)	(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

As per long-distance phone call, I will not
have this notarized. Ruben E. Dyer.

NAW
BECK
10/4/50



REPUBLICAN
RECORDS BRANCH
OCT 3 3 12 PM '50
NOTARIAL DIVISION

OQMG FORM 638
REV 1 APR 48

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

293 Troyer, Reuben J. 15059054

DUE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Rec Sec Mem Div	CAPT VOGL	26 Sep 50	SUBJECT: TROYER, REUBEN J. S/SGT 15 059 054 NEUVILLE-EN-CONDROZ, BELGIUM J-7-157 An LOI was sent to the Father, Mr. Reuben E. Troyer, 1816 South Bell Street, Kokoma, Indiana, on 8 August 50, but to date no reply received. Request a telephone call for disposition instructions. Incl: BECK 293 file 71955
2	Repat Br Mem Div	Rec Sec Repat Br Mem Div ATTN: Mr. Beck	28 Sept 50	SUBJECT: Troyer, Reuben J. S/Sgt 15059054 Neuville-en-Condroz, Belgium J-7-157 Phoned Mr. Troyer, father and next of kin of the above decedent and advised that we have not as yet received disposition instructions. Mr. Troyer desires overseas burial and will immediately complete the form and forward same to this office. ACTION: Suspend this case to 10 October 1950. If instructions are not received by that date, send the usual follow-up telegram referring to my phone conversation. <i>Vogel</i> VOGL 54276 new BECK NAT 28 SEPT 50

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

U. S. GOVERNMENT PRINTING OFFICE 16-49650-5

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

In Reply Refer To QMGMF 293

Troyer, Reuben J.
ASN 15 057 054

2 August 1950

SUBJECT: Identification of former UNKNOWN deceased

TO: Commanding Officer
Quartermaster Activity
Kansas City Records Center
Kansas City 1, Missouri
Attn: Effects Quartermaster

1. The remains which were previously interred as UNKNOWN X 2501
Plot 3, Row 7, Grave 157, USMC Hamville-on-Sea, Belgium
have been identified by a GRS Field Board of Review as those of

Sgt Reuben J. Troyer ASN 15 057 054
whose next of kin, according to the records of this Office, is

Mr. Reuben E. Troyer, Father
1316 South Bell Street, Kokomo, Indiana

2. The identification has been approved by this Office.

BY COMMAND OF MAJOR GENERAL FELDMAN:

8
bek

J. F. Vogel
J. F. VOGL
Captain, QMC
Memorial Division

JFV

GREEN

Aug 8 4 53 PM '50
OCHOWSKI

QMCMP 293
Troyer, Reuben J.
ASN 15 059 054

8 August 1950

Mr. Reuben E. Troyer
1316 South Bell Street
Kokomo, Indiana

Dear Mr. Troyer:

We are desirous that you be furnished information concerning the resting place of the remains of your son, the late Staff Sergeant Reuben J. Troyer.

The official report of burial has been received and discloses that the remains of your son were originally buried in an isolated grave at Durboislar, Germany, but were later disinterred by our American Graves Registration Personnel, and reinterred in the United States Military Cemetery, located nine miles southwest of Liege, Belgium.

The remains have been properly identified, casketed and are now being held in above ground storage pending disposition instructions from the next of kin, either for return to the United States or for permanent burial in an overseas cemetery.

There are inclosed informational pamphlets regarding the Return of World War II Dead Program, including a Disposition form on which you may indicate your desires in this matter. Upon receipt of the properly completed form, you may be assured that the Department of the Army will attempt to comply with your instructions as indicated thereon.

In order that this office may take immediate action toward the final disposition of the remains of your son, it is urged that you complete the inclosed form "Request for Disposition of Remains" and mail it to this office, without delay, in the inclosed self-addressed envelope which requires no postage.

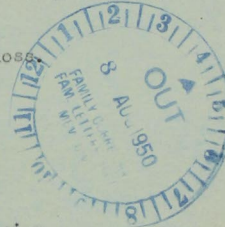
May I extend my sincere sympathy in your great loss.

Sincerely yours,

JAMES B. CLEARWATER
Colonel, QMC
Chief, Memorial Division

Incls.

bek INITIAL LOI



JFV
LWA
LWA

CORRESPONDENCE ACTION SHEET			
PREVIOUS BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
PRESENT BURIAL LOCATION (Cemetery and Country)	PLOT	ROW	GRAVE
ADDRESSEE MR. MISS Mr. Reuben E. Troyer MRS. RELATIONSHIP Father		ADDRESS (Street, City, State) 1816 South Bell Street Kokomo, Indiana	
PARAGRAPHS (Sequence)	ADDITIONAL DATA — MODIFICATIONS		
FORM LTR "A"	INITIAL LOI		
Para. 1 - -			
Para. 2 - line 2 - an isolated grave located			
3 - at Durboslar, Germany			
5 - USMC, Neuville-en-Condroz, _____.			
Para. 3 - -			
No identification paragraph			
Paras. 5, 6, and 7			
Incls:			
Note action sheet for letter to Effects QM			
ANALYST INITIALS AND DATE	TYPIST INITIALS	REVIEWER INITIALS AND DATE	

OQMG FORM 1902
 REV 17 JUN 48

48 11972

NAME OF DECEDENT (Last, First, Middle)

Troyer, Reuben J.

GRADE

S/SGT

SERIAL NUMBER

15 059 054

QMCWH 293
Troyer, Reuben, Jr.
SN 15 059 054

2 August 1950

Mr. Reuben E. Troyer
1816 S. Bell Street
Kokomo, Indiana

Dear Mr. Troyer:

Reference is made to your application for a Government upright marble headstone to be erected in memory of the late Reuben Troyer, Jr.

There is no authority whereby the Army may furnish Government headstones for memorial purposes or provide a monetary allowance in lieu of a headstone.

Public Law 871, 80th Congress, which authorizes the Secretary of the Army to furnish headstones and markers for the graves of members of the Armed Forces who die in the service or were honorably discharged therefrom, also provides for the memorialization of World War II dead whose remains have not been recovered or identified or who have been buried at sea. The names of those to be memorialized will be inscribed on the walls of chapels or other appropriate memorials, to be erected in the area where death occurred, without any action required on the part of the family of the veteran.

The American Battle Monuments Commission and the Secretary of the Army, who have joint responsibility in determining the selection of a chapel or memorial, will follow the general rule of having the name inscribed with due consideration for the circumstances under which the decedent died in the service of his country.

Sincerely yours,

L. M. FELLBAUM
Major, QMC
Memorial Division

Aug 2 4 46 PM '50
RECEIVED
HAR 50

ORIGINAL

CHECK TYPE REQUIRED (See Instructions attached)		APPLICATION FOR HEADSTONE OR MARKER (Please make out and return in duplicate)	
☒ UPRIGHT MARBLE HEADSTONE ☐ FLAT MARBLE MARKER ☐ FLAT GRANITE MARKER ☐ BRONZE MARKER	ENLISTMENT DATE <u>Sept. 20, 1940</u> DISCHARGE DATE	SERIAL NO. <u>15 059 054</u> PENSION NO.	EMBLEM (Check one) ☒ CHRISTIAN ☐ HEBREW ☐ NONE
NAME (Last, First, Middle Initial) <u>Troyer, Reuben E., Jr.</u>		STATE <u>Indiana</u>	RANK <u>S. Sgt.</u> COMPANY <u>9th Air Force</u>
DATE OF BIRTH (Month, Day, Year) <u>Sept. 4, 1919</u>		DATE OF DEATH (Month, Day, Year) <u>Sept. 30, 1945</u>	
NAME OF CEMETERY <u>Albright</u>		U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION <u>671st Bombardment Squadron (Light)</u> <u>416th Bombardment Group (Light)</u> <u>Amul/Service - Air Corps</u>	
SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY) <u>Reuben E. Troyer</u> (SIGNATURE OF CONSIGNEE)		LOCATION (City and State) <u>R. R. Kokomo, Indiana</u> NEAREST FREIGHT STATION (City and State) <u>Kokomo, Indiana</u> POST OFFICE ADDRESS OF CONSIGNEE <u>1816 S. Bell St., Kokomo, Indiana</u>	
DO NOT WRITE HERE FOR VERIFICATION <u>16 JUN 1950</u> ORDERED B/L SHIPPED <u>NOT RECEIVED</u> <u>Cancelled</u> <u>7-25-50</u>		I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense. <u>Reuben E. Troyer</u> APPLICANT'S SIGNATURE <u>June 12, 1950</u> DATE OF APPLICATION ADDRESS (Street, City, State) <u>1816 S. Bell St., Kokomo, Indiana</u>	

OQMG FORM 623
REV 8 FEB 49

IMPORTANT—Complete Reverse Side

16-11453-8 GPO

ACRES-DF-Y 20 June 50 14B HNC

Place of Death *Germany*
 Decorations *As medal with two silver oak leaf
 Chesters.*

I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

 (Signature of superintendent, sexton, or caretaker)

Date _____

Return to: OFFICE OF THE QUARTERMASTER GENERAL,
 MEMORIAL DIVISION,
 WASHINGTON 25, D. C.

16-11453-4

DUPLICATE

CHECK TYPE REQUIRED (See Instructions attached)		APPLICATION FOR HEADSTONE OR MARKER (Please make out and return in duplicate)		
☐ UPRIGHT MARBLE HEADSTONE ☐ FLAT MARBLE MARKER ☐ FLAT GRANITE MARKER ☐ BRONZE MARKER		ENLISTMENT DATE Sept. 20, 1940	SERIAL No. 15 059 054	☒ EMBLEM (Check one) ☐ CHRISTIAN ☐ HEBREW ☐ NONE
DISCHARGE DATE		PENSION No.		
NAME (Last, First, Middle Initial) Troyer, Rauben E., Jr.		STATE Indiana	RANK S. Sgt.	COMPANY 9th Air Force
U. S. REGIMENT, STATE ORGANIZATION, AND DIVISION				
DATE OF BIRTH (Month, Day, Year) Sept. 4, 1919	DATE OF DEATH (Month, Day, Year) Sept. 30, 1945			
NAME OF CEMETERY Albright		LOCATION (City and State) R. R. Kokomo, Indiana		
SHIP TO (I CERTIFY THE APPLICANT FOR THIS STONE HAS MADE ARRANGEMENTS WITH ME TO TRANSPORT THE STONE FROM THE FREIGHT STATION TO THE CEMETERY)		NEAREST FREIGHT STATION (City and State) Kokomo, Indiana		
(SIGNATURE OF CONSIGNEE) <i>Rauben E. Troyer</i>		POST OFFICE ADDRESS OF CONSIGNEE 1816 S. Bell St., Kokomo, Indiana		
DO NOT WRITE HERE		I certify this application is submitted for a stone for the unmarked grave of a veteran. I hereby agree to assume all responsibility for the removal of the stone promptly upon arrival at destination, and properly place it at the decedent's grave at my expense.		
FOR VERIFICATION 16 JUN 1950	APPLICANT'S SIGNATURE <i>Rauben E. Troyer</i>		DATE OF APPLICATION June 12, 1950	
ORDERED	ADDRESS (Street, City, State) 1816 S. Bell St., Kokomo, Indiana			
B/L				
SHIPPED				

DDMG FORM
REV 8 FEB 49 623

IMPORTANT—Complete Reverse Side

16-11453-8 GPO

APPLICATION FOR HEADSTONE OR MARKER

I HEREBY CERTIFY that the type headstone or marker requested by the applicant will be permitted at the grave.

(Be sure you have noted what type is indicated by applicant on form)

Date JUN 16 1951

(Signature of superintendent, sexton, or caretaker)

Return to: OFFICE OF THE QUARTERMASTER GENERAL,
MEMORIAL DIVISION,
WASHINGTON 25, D. C.

16-11453-4

6-26-51/16 Application

293 Troyer Reuben
 15054054 Oakford Indiana
 July 21- 1930

L. M. Fellbaum Major, I.M.C.
 Memorial Division.

Dear Sir:

In answer to your letter in regard to
 mark the grave of I.M.C. H. 293 Troyer
 Reuben Jr. S.N. 15- 03-9 05-4

Kokomo Ind. ^{Father}
 Reuben Troyer Sr. has a deed for 4
 graves on Lot 69 Albright 1st in
 Albright Cemetery.

The son was killed by explosion and fire
~~no part of his body was recovered~~

but they would like a head stone
 to place at one of the graves in
 his memory.

I will be glad to give what information,
 and help what I can while I remain

Supt. of Albright Cemetery

Respectfully

J. J. Cottingham

Oakford

Indiana



CORRESPONDENCE ACTION SLIP

NAME <i>Loyce Reuben Jr.</i>		SERIAL NUMBER <i>150590542</i>	INITIALS	DATE <i>6-28-50</i>
NAME OF DECEDENT	ADDRESS	IDENTIFYING DATA	LETTER TO: <i>Sgt</i> <i>are rem pers</i> <i>entered</i> <i>Cottingham</i>	
BRONZE	NO UPRIGHT GRANITE	CONSIGNEE		
DISHONORABLE-DRAFT	NOT PERMANENTLY INTERRED	NOT RECOVERED		
CEMETERY REGULATIONS	AGO	MARINE		
NAVY	COAST GUARD	VETERANS ADMINISTRATION		
STATE PENSION	AUTHORIZED INSCRIPTION	ADDITIONAL INSPECTION		
APPLICATION FOR PROOF	NO AGENT	NO STATION		
DUE TO DISTANCE	UNCLAIMED	BROKEN		
DAMAGED	CERTIFICATE IN LIEU	LOST		
FOREIGN	TRUCK	RESHIPMENT		

QMGMH 293
Troyer, Reuben, Jr.
SN 15 059 054

12 July 1950

Mr. J. J. Cottingham, Superintendent
Albright Cemetery
Kokomo, Indiana

Dear Mr. Cottingham:

This Office is in receipt of an application for a Government upright marble headstone to mark the grave of the late Reuben Troyer, Jr., who died in the service on 29 September 1944. The application was submitted by Reuben E. Troyer, 1816 South Bell Street, Kokomo, Indiana.

It is requested you advise this Office if the remains of the above mentioned veteran are now interred in Albright Cemetery.

An envelope is inclosed for your convenience in replying and, as further action on the application cannot be taken until this Office is in receipt of the requested information, an early answer will be appreciated.

Sincerely yours,

1 Incl
env

L. M. FELLBAUM
Major, QMC
Memorial Division

mh

JUL 12 4 24 PM '50

O.C.H.G.
ADM & RECORDS DIV.

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

In Reply refer to QMGT 293

2 Aug. 1950

SUBJECT: Identification of former UNKNOWN deceased.

TO: Commanding Officer
Quartermaster Activity
Kansas City Records Center
Kansas City 1, Missouri
Attn: Effects Quartermaster

1. The remains which were previously interred as UNKNOWN X-2501
Plot J, Row 7, Grave 157, USMC Neuville-en-Condroz, Belgium
have been identified by a GRS Field Board of Review as those of _____
S/Sgt. Reuben J. Troyer, 15059054
whose Next of Kin, according to the records of this Office, is _____
Mr. Reuben E. Troyer - father - 1816 South Bell St., Kokomo, Indiana

2. The identification has been approved by this Office.

BY COMMAND OF MAJOR GENERAL FELDMAN:

James F. Smith
JAMES F. SMITH
Major, QMC
Memorial Division

WORK SHEET COPY

OJMG DEPT OF ARMY WASH DC

UNCLASSIFIED

OO 7887 GRREG DET
LIEGE BELGIUM

DEFERRED

X

FROM QMGMT

FOL INDIV IDENT APPROVED ALVIN C BURNES JR 0708876 REUBEN J
TROYER 15059054 AND GEORGE S GRUBBS 34890495 PARA XRAY 3064 ST AVOLD
PAREN HELD NEW YORK POE PAREN IDENTIFIED AS ONLY RECOVERABLE REMAINS
GUY FITTS JR 34823675 AND SETH A WAGNER 38508467

NOTE: Ditto prepared in lieu of yellow cross reference copies

JMN

TEC

Foy/id

UNCLASSIFIED

GRAVES

QMGMT CAPT NEFF EXT 52462
293 - GRS European

AUG 50

D. A. RENNER
CAPT QMC MEM DIV

OQMG FORM 638
REV 1 APR 48

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Id Br Id Sec Mem Div	Repat Br Rec Sec Mem Div IN TURN Cor Sec	2 Aug 50	1. Attached case files forwarded for necessary correction of records and deflagging. 2. All records in Id. Sec. have been amended and the Field notified. 1. For necessary Grave Location Letter to NOK. 2. For dispatch of notification to Effects, QM. 1 Incl: 293 file for Troyer, Reuben J. 15059054 COX 74059 NEFF 52462 FILE Name Action Acceptance Section Family Comm. Branch 4 Aug 1950

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

U. S. GOVERNMENT PRINTING OFFICE 16-49660-5



OQMG FORM 638
REV 1 APR 48OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

A-384

DUE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
2	Rec Sec Repat Br Mem Div	Chief Repat Br Corr Sec IN TURN Resol Sec	7 Aug 1950	1. For necessary action. 1. Send to M & R upon completion of case. 1 Incl 293 file for TROYER, Reuben J. ODENWALDER 73836 <i>Ragdale</i> MC/MORRIS 171672 mmf
3	Chief Repat Br Corr Sec Mem Div	Chief Repat Br Resol Sec Mem Div	8 Aug 50	<i>293 Troyer, Reuben J. 15059057</i> 1. Forwarded herewith is 293 file for TROYER, Reuben J. 2. Combination grave location - LOI and letter to Effects QM have been dispatched. Incl n/c <i>ZIEG</i> 5-4428 Spell

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

U. S. GOVERNMENT PRINTING OFFICE 16-40650-5

File

Name *W. H. H.*

Action *W. H. H.*

Acceptance Section *W. H. H.*

Family Correspondence Branch *W. H. H.*

9 Aug 1950

Rosalie F. Willis
Investigator

IDENTIFICATION CHECK LIST				DATE	
				23 June 1950	
UNKNOWN X- NO. OR OTHER DESIGNATION	CEMETERY	PLOT	ROW	GRAVE	
X-2501	Neuville, Belgium	J	7	157	
IDENTIFIED AS					
TROYER, Reuben J. S/Sgt 15059054					
ITEM	FAVORABLE	UNFAVORABLE	UNKNOWN		
DATE AND PLACE OF DEATH	X				
CAUSE OF DEATH	X				
DENTAL CHART	X				
COLOR HAIR	X				
ESTIMATED HEIGHT	X				
ESTIMATED WEIGHT					
SCARS, FRACTURES, ETC.					
LAUNDRY MARKS					
SHOE SIZE					
TYPE CLOTHING	X (See Ident. Check List, dated 27 Dec. 48)				
IDENTIFICATION TAG	X		(Exhibit "A")		
PERSONAL EFFECTS					
STATEMENT OF CIVILIANS					
ENEMY RECORDS					
EMERGENCY MEDICAL TAG					
PAY BOOK (EM/OFF.)					
SIGNED STATEMENT OF IDENTITY					
Est. Age of Unknown: 24/28 S/Sgt Troyer was 25					
Durboslar: 50.55 N - 6.16 E (Place of death and disinterment)					
Julich: 50.56 N - 6.21 E (See MACR)					
Remnants of Officer's brown (summer) shirt (See check list attached to original R/B)					
REMARKS					
The remains of Unknown X-2501 were disinterred from the same common grave, Durboslar, Germany, as the remains of two crew members of A/C No. 43-21724. ✓ A/C No. 43-21724, of which S/Sgt Troyer was a crew member and A/C No. 43-9925, exploded in mid-air from direct flak hit, over the target, Julich, Germany, 29 Sept. 1944 (Time 1639hrs). Of the four crew members of subject aircraft, three were KIA and one EUS. One casualty has been accounted for. The identification of X-2502 is being established as the remains of 2/Lt Burns, the other deceased crew member of S/Sgt Troyer. Unknowns X-2501, X-2502 (Burns), X-2503 (Burgess) and X-8096 (See Group Identification attached herewith) were recovered from a common grave in the Durboslar Cemetery, marked with the following machine gun numbers: 995983, 994558 and 994563. These machine gun numbers were installed in subject aircraft. Army records indicate that S/Sgt Troyer suffered various fractures in 1928 and 1931. Anthropological Report dated 15 March 1950, reveals the following: "There is no visible evidence of a healed fracture in the right ulna, left clavicle, left radius and left tibia. However, as the skeletal chart will show, the major parts of some of these bones are missing. No other bones present show any evidence of healed fracture." Although there is evidence of fractured 1/3 left clavicle for X-2502 which agrees with army records of Troyer (X-2501) there is no evidence of fractures of left Tibia and Right Ulna as shown in army records for Troyer. Articulation of X-2502 further substantiates the identifications of X-2501 as Troyer and X-2502 as Burns. Partial tooth chart accomplished for the Unknown deceased is identical with that of S/Sgt Troyer; estimated age, height and color of hair of Unknown X-2501 are in agreement with age, height and color of hair recorded in Army records for S/Sgt Troyer. All related cases are being submitted simultaneously, thus accounting for all (OVER)					

casualties of both aircraft involved.

Unknown X-2740 Neuville has been declared "Unidentifiable", approved by this Office.

No other Reports of Burial are of record reflecting Unknown deceased disinterred from Durbošlar, Germany.

AFPPA-14 (10 APR 43)

MISSING AIR CREW REPORT

RACH NO. 9274

WAR DEPARTMENT
HEADQUARTERS ARMY AIR FORCES
WASHINGTON

IMPORTANT: This report will be compiled in triplicate by each Army Air Forces organization within 48 hours of the time an aircraft is officially reported missing.

- ORGANIZATION: LOCATION Melun, France COMMAND OR AIR FORCE IX Bomb Div (M)
GROUP 416 Bm Gp (L) SQUADRON 671 Bm Sq (L) DETACHMENT
 - SPECIFY: POINT OF DEPARTURE AAF Sta A-55 COURSE See Incl 1
INTENDED DESTINATION Julich, Germany TYPE OF MISSION Operational
 - WEATHER CONDITIONS AND VISIBILITY AT TIME OF CRASH OR WHEN LAST REPORTED:
9/10 clouds at 5,000 feet. Thick haze
 - GIVE: (A) DATE 29 Sept 44 TIME 1639 AND LOCATION OF LAST KNOWN
WHEREABOUTS OF MISSING AIRCRAFT Julich, Germany
(B) SPECIFY WHETHER (X) LAST SIGHTED; () LAST CONTACTED BY RADIO
() FORCED DOWN; () SEEN TO CRASH; OR () INFORMATION NOT AVAILABLE
 - AIRCRAFT WAS LOST, OR IS BELIEVED TO HAVE BEEN LOST, AS A RESULT OF (CHECK ONLY ONE): () ENEMY AIRCRAFT; () ENEMY ANTI-AIRCRAFT; (X) OTHER CIRCUMSTANCES AS FOLLOWS: Exploded in mid-air from direct flak hit
 - AIRCRAFT: TYPE, MODEL AND SERIES A-20J-15 AAF SERIAL NO. 43-21724
ENGINES: TYPE, MODEL AND SERIES R-2600-23 AAF SERIAL NO. (A) LE 43-85817 (B) RE 43-106150 (C) (D)
 - INSTALLED WEAPONS (FURNISH BELOW MAKE, TYPE AND SERIAL NUMBER) Browning 50 Cal.
(A) 1177163 (B) 1177180 (C) 995983 (D) 994558
(E) 994563 (F) (G) (H)
 - THE PERSONS LISTED BELOW WERE REPORTED AS: (A) BATTLE CASUALTY. X
OR (B) NON-BATTLE CASUALTY.
 - NUMBER OF PERSONS ABOARD AIRCRAFT: CREW 4 : PASSENGERS : TOTAL 4
(Starting with pilot, furnish the following particulars: If more than 11 persons were aboard aircraft, list similar particulars on separate sheet and attach original to this form)
- | CREW POSITION | NAME IN FULL
(LAST NAME FIRST) | RANK | SERIAL
NUMBER | STATUS |
|----------------|-----------------------------------|-------|------------------|-------------------------------|
| (1) PILOT | De Mand, Francis W. | 1/Lt | 0-806235 | KIA - ID Tags-Mar-
(graten |
| (2) Bomb Nav | Burns, Alvin C. Jr. | 2/Lt | 0-708876 | DED RX-2502 Neu. |
| (3) Mech - Gun | Middleton, Clyde W. | S/Sgt | 17100579 | MUS |
| (4) Arm - Gun | Troyer, Reuben J. | S/Sgt | 15059054 | DED RX-2501 Neu. |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| (11) | | | | |
- IDENTIFY BELOW THOSE PERSONS WHO ARE BELIEVED TO HAVE LAST KNOWLEDGE OF AIRCRAFT AND CHECK APPROPRIATE COLUMN TO INDICATE BASIS FOR SAME:
- | NAME IN FULL
(LAST NAME FIRST) | RANK | SERIAL
NUMBER | CONTACTED
BY
RADIO | LAST
SIGHTED | SAW
CRASH | SAW FORCED
LANDING |
|-----------------------------------|------|------------------|--------------------------|-----------------|--------------|-----------------------|
| (1) Eastman, Dan M. | 2/Lt | 0-756093 | | X | | |
| (2) Andrews, Harold F. | 1/Lt | 0-789707 | | X | | |
| (3) Land, Willard H. | 1/Lt | 0-684357 | | X | | |
- IF PERSONNEL ARE BELIEVED TO HAVE SURVIVED, ANSWER YES TO ONE OF THE FOLLOWING STATEMENTS: (A) PARACHUTES WERE USED Yes; (B) PERSONS WERE SEEN WALKING AWAY FROM SCENE OF CRASH; OR (C) ANY OTHER REASON (SPECIFY)
 - ATTACH EYEWITNESS DESCRIPTION OF CRASH, FORCED LANDING, OR OTHER CIRCUMSTANCES PERTAINING TO MISSING AIRCRAFT
 - ATTACH AERIAL PHOTOGRAPH, MAP, CHART, OR SKETCH, SHOWING APPROXIMATE LOCATION WHERE AIRCRAFT WAS LAST SEEN
 - ATTACH A DESCRIPTION OF THE EXTENT OF SEARCH, IF ANY, AND GIVE NAME, RANK AND SERIAL NUMBER OF OFFICER IN CHARGE

2 October 1944

(Date of Report)

/s/George Schenkein, Capt, AC, Adjutant

(Signature of Preparing Officer)

REMARKS: (Use additional sheet if necessary)

Eastman....De Mand's acft seen to go down in flames. One chute seen to open.
Andrews...One chute, believed to be from De Mand's ship, seen to open.
Land....At target area ship suffered direct flak hit; exploded in mid-air.
No chutes seen.

AFPA-14 (10-1-40)

MISSING AIR CREW REPORT

BATCH NO. 9276

WAR DEPARTMENT
HEADQUARTERS ARMY AIR FORCES
WASHINGTON

IMPORTANT: This report will be compiled in triplicate by each Army Air Forces organization within 48 hours of the time an aircraft is officially reported missing.

1. ORGANIZATION: LOCATION: **Melun, France** COMMAND OR AIR FORCE: **9 Bn Div (M)**
GROUP: **416 Bn (L)** SQUADRON: **671 Bn (L)** DETACHMENT:
2. SPECIFY: POINT OF DEPARTURE: **AAF Sta A-55** COURSE: **See Incl 1**
INTENSE DESTINATION: **Julich, Germany** TYPE OF MISSION: **Operational**
3. WEATHER CONDITIONS AND VISIBILITY AT TIME OF CRASH OR WHEN LAST REPORTED:
9/10 clouds at 5000 feet. Thick haze.
4. GIVE: (A) DATE: **29 Sept 44** TIME: **1639** AND LOCATION OF LAST KNOWN
WHEREABOUTS OF MISSING AIRCRAFT: **Julich, Ger.**
(B) SPECIFY WHETHER () LAST SIGHTED; () LAST CONTACTED BY RADIO:
() FORCED DOWN; () SEEN TO CRASH OR **X** INFORMATION NOT AVAILABLE.
5. AIRCRAFT WAS LOST, OR IS BELIEVED TO HAVE BEEN LOST, AS A RESULT OF (CHECK ONLY ONE): () ENEMY AIRCRAFT; **X** ENEMY ANTI-AIRCRAFT; () OTHER CIRCUMSTANCES AS FOLLOWS:
6. AIRCRAFT: TYPE, MODEL AND SERIES: **A-2 00-35** AAF SERIAL NO. **43-9925**
7. ENGINES: TYPE, MODEL AND SERIES: **R-2600-23** AAF SERIAL NO. (A):
LE 43-104699 (B): **A5B037566** (C): (D):
8. INSTALLED WEAPONS FURNISH BELOW MAKE, TYPE AND SERIAL NUMBER: **Browning 50 Cal**
(A) **609136** (B) **615070** (C) **613341** (D) **612655**
(E) **609336** (F) **613456** (G) **652545** (H) **969175**
9. (1) **969514** IS LISTED BELOW WERE REPORTED AS: (A) BATTLE CASUALTY: **X**
OR (B) NON-BATTLE CASUALTY:
10. NUMBER OF PERSONS ABOARD AIRCRAFT: CREW **3** PASSENGERS: TOTAL **3**
(Starting with pilot, furnish the following particulars: If more than 11 persons were aboard aircraft, list similar particulars on separate sheet and attach original to this form.)
- | CREW POSITION | NAME IN FULL | RANK | SERIAL NUMBER | STATUS |
|-----------------------|-----------------------------|---------------|-----------------|----------------------------|
| (1) PILOT | * Morehouse, Ray C. | 1/Lt. | 0-752431 | MIA -KIA Gp. Ident. |
| (2) Mech. -Gun | Burgess, Arthur J. | S/Sgt. | 33416564 | MIA -KIA RX-2503 N. |
| (3) Arm. - Gun | * Zygiel, Leonard A. | S/Sgt. | 36582062 | MIA -KIA Gp. Ident. |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| (11) | | | | |
11. IDENTIFY BELOW THOSE PERSONS WHO ARE BELIEVED TO HAVE LAST KNOWLEDGE OF AIRCRAFT, AND CHECK APPROPRIATE COLUMN TO INDICATE BASIS FOR SAME:
- | NAME IN FULL | RANK | SERIAL NUMBER | CONTACTED BY RADIO | LAST SIGHTED | SAW CRASH | SAW FORCED LANDING |
|--|------|---------------|--------------------|--------------|-----------|--------------------|
| (1) None | | | | | | |
| (2) *GP Ident. (X-8096 & X-8115 Neu.) | | | | | | |
| (3) | | | | | | |
12. IF PERSONNEL ARE BELIEVED TO HAVE SURVIVED, ANSWER YES TO ONE OF THE FOLLOWING STATEMENTS: (A) PARACHUTES WERE USED; (B) PERSONS WERE SEEN WALKING AWAY FROM SCENE OF CRASH; OR (C) ANY OTHER REASON (SPECIFY):
13. ATTACH EYEWITNESS DESCRIPTION OF CRASH, FORCED LANDING, OR OTHER CIRCUMSTANCES PERTAINING TO MISSING AIRCRAFT.
14. ATTACH AERIAL PHOTOGRAPH, MAP, CHART, OR SKETCH, SHOWING APPROXIMATE LOCATION WHERE AIRCRAFT WAS LAST SEEN.
15. ATTACH A DESCRIPTION OF THE EXTENT OF SEARCH, IF ANY, AND GIVE NAME, RANK AND SERIAL NUMBER OF OFFICER IN CHARGE: **None**

2 Oct 44

(Date of Report)

/s/George Schenkein, Capt. AC., Adjutant

(Signature of Reporting Officer)

REMARKS (Use additional sheet if necessary)

None. No eye-witnessed available.

DENTAL

Group Ident.
Unknown X- 8096 Neuville

R-8

R-7

R-6

R-5

R-4

R-3

R-2

R-1

[Disturbing text
redacted]

L-1

L-2

L-3

L-4

L-5

L-6

L-7

L-8

R-16

R-15

R-14

R-13

R-12

R-11

R-10

R-9

L-9

L-10

L-11

L-12

L-13

L-14

L-15

L-16

Est. Ht: UTD

Est. Age:

(Morehouse & Zygiel)

(Prev. designated
X-93 Margraten)

DENTAL

Unknown X- 8115 Neuville

R-8

R-7

R-6

R-5

R-4

R-3

R-2

R-1

[Disturbing text
redacted]

L-1

L-2

L-3

L-4

L-5

L-6

L-7

L-8

R-16

R-15

R-14

R-13

R-12

R-11

R-10

R-9

L-9

L-10

L-11

L-12

L-13

L-14

L-15

L-16

Est. Ht: UTD

Est. Age: 25-30

(Morehouse & Zygiel)

DENTAL

Unknown X- 2503 Neuville

R-8 X
 R-7
 R-6
 R-5 oA Malposed lingually
 R-4 [Disturbing
 text redacted]
 R-3
 R-2 FS
 R-1 MSD

L-1
 L-2 X
 L-3 MSD
 L-4 MSD
 L-5 X
 L-6
 L-7
 L-8 X

R-16 X
 * R-15 FA
 R-14
 R-13 X
 R-12
 R-11
 R-10 MSD
 R-9 MSD

L-9 MSD
 L-10 MSD
 L-11
 L-12
 L-13
 L-14
 L-15 MSD
 L-16 X

* Partial preparation for an occlusal filling remains.

Est Ht: 5' 5½" (Est. Ht. 5' 6¼"

Est Age: 20/24 (Est. Age: 20/25

Hair: Brown (P.H.) (Reprocessed: 27 Dec.

Reprocessed report: 29 Dec 49 1948)

(Bruggers)

CHART

NAME ZYGIEL, Leonard A., S/Sgt
36582062

R-8	moA
R-7	moA
R-6	modA
R-5	modA
R-4	moA doA
R-3	
R-2	X
R-1	dls

L-1	mls mls
L-2	mls
L-3	
L-4	doA
L-5	modA
L-6	ms oA lA
L-7	oA
L-8	X

R-16	X
R-15	oA fA
R-14	floA
R-13	
R-12	
R-11	
R-10	
R-9	

L-9	
L-10	
L-11	
L-12	
L-13	
L-14	moFlA
L-15	dol A
L-16	X

FPDIF: 17 Apr 44

Ht: 5' 6 $\frac{1}{2}$ " Age: 18 yrs 6 mos

Hair: Blonde (X-8096 & X-8115)

Shoe size: 8D

No evidence of fractures

L-1 overlaps R-1; Lingual version of
L-2; no space between R-1 & R-3. No
occlusion of anterior teeth. End to
end bite of posteriors.

CHART

NAME: MOREHOUSE, Ray C., 2/Lt
O-752431

R-8 _____
R-7 oA oA _____
R-6 oA _____
R-5 _____
R-4 _____
R-3 _____
R-2 _____
R-1 _____

L-1 _____
L-2 _____
L-3 _____
L-4 _____
L-5 _____
L-6 oA _____
L-7 oA _____
L-8 _____

R-16 _____
R-15 oA _____
R-14 oA _____
R-13 _____
R-12 _____
R-11 _____
R-10 _____
R-9 _____

L-9 _____
L-10 _____
L-11 _____
L-12 _____
L-13 doA _____
L-14 oA _____
L-15 oA _____
L-16 _____

79 Form: 23 Dec 43
Ht: 5' 9"
Hair: Black
Shoe size: 7;C
Age: 27 yrs 3 mos
No evidence of fractures
(X-8096 & X-8115)

CHART

NAME **BURGESS, Arthur J., S/Sgt**
33416564

R-8 _____
 R-7 _____
 R-6 _____
 R-5 **oa (crowded lingually)**
 R-4 **doA**
 R-3 _____
 R-2 _____
 R-1 **of gold fcs**

L-1 **lfs**
 L-2 **X**
 L-3 _____
 L-4 **doA**
 L-5 **X**
 L-6 _____
 L-7 _____
 L-8 **X**

R-16 **X**
 R-15 **oa fA**
 R-14 **oa mFA**
 R-13 **X**
 R-12 _____
 R-11 _____
 R-10 _____
 R-9 _____

L-9 _____
 L-10 _____
 L-11 _____
 L-12 **mofA**
 L-13 _____
 L-14 **fA**
 L-15 _____
 L-16 **X**

FPDIF: 17 Apr 44

Ht: 5' 8 1/2"

Hair: Brown

Age: 23

**No record of fractures or bone
 injuries prior to entry into
 Service.**

(X 2543)

DENTAL

Unknown X-2502 Neuville

R-8	X
R-7	moA
R-6	
R-5	
R-4	
R-3	MSD
R-2	MSD
R-1	dis

L-1	
L-2	MSD
L-3	
L-4	
L-5	
L-6	O cem
L-7	oA
L-8	X

R-16	X
R-15	O cem
R-14	moA - O cem
R-13	
R-12	
R-11	MSD
R-10	MSD
R-9	MSD

L-9	
L-10	
L-11	
L-12	
L-13	
L-14	moA - O cem
L-15	O cem
L-16	X

Reprocess Report: 14 Mar 50

Est. Ht: 5' 8-3/4"
 Est. Age: 20/25 yrs.
 Hair: Brown

2nd Lt.'s Bar found in pocket of flying
 coveralls (Report - dtd. 28 Dec 49)
 Evidence of a healed fracture exists at about
 the middle 1/3 of the left clavicle (Burns)

CHART

NAME BURNS, ALVIN C. Jr.
2/Lt., O-708876 (EM: 14094023)

R-8 X
R-7 MOA
R-6 _____
R-5 _____
R-4 _____
R-3 _____
R-2 _____
R-1 _____

L-1 _____
L-2 _____
L-3 _____
L-4 _____
L-5 _____
L-6 _____
L-7 oA
L-8 X

R-16 X
R-15 oS
R-14 MOA - oS
R-13 _____
R-12 _____
R-11 _____
R-10 _____
R-9 _____

L-9 _____
L-10 _____
L-11 _____
L-12 _____
L-13 _____
L-14 MOA - oS
L-15 oS
L-16 X

FPDIF: 2 Aug 44

Ht: 5' 8-3/4
Age: 22 - 23 yrs.
Hair: Brown

No record of injury to clavicle
or any other bone injury.

(X-2502)

DENTAL CHART

Unknown X-2501 Neuville

NAME TROYER, Reuben J.
S/Sgt., 15059054

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

[Disturbing
text
redacted]

R-8 X
R-7 oA
R-6 oA
R-5
R-4
R-3
R-2
R-1

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

[Redacted]

L-1
L-2
L-3
L-4
L-5
L-6 X
L-7 oA
L-8 X

R-16
R-15 X
R-14 X
R-13
R-12
R-11
R-10
R-9

R-16 oA
R-15 X
R-14 X
R-13
R-12
R-11
R-10
R-9

L-9
L-10
L-11
L-12
L-13
L-14 oA
L-15 oA
L-16 Not fully erupted(29Dec 49)

L-9
L-10
L-11
L-12
L-13
L-14 oA
L-15 oA
L-16 Partly erupted

(Est. Ht.
Reprocessed Report: 15 Mar 50 (5' 8 $\frac{1}{2}$ " - Report
Est. Ht: 5' 7-1/4"; Est. Age: 24/28 12/27/48)
Hair: Brown (P.H.) Anthropologist's
Report: No visible evidence of a
healed fracture in the right ulna, left
clavicle, left radius & left tibia.

No other bones present show
any evidence of healed fracture.

FPDIF: 18 Mar 44
Ht: 69"; Age: 25; Hair: Dk. Brown
(Bicuspids do not touch on occlusion)
AGO Form 64, dtd 5 Mar 42 shows:
Fracture right ulna 1926; fracture
left clavicle 1928; fracture left
tibia 1931.
AGO Form 64, dtd 2 Jan 42 shows:
Fracture simple left radius 1928 &
fracture simple left tibia 1931.

IDENTIFICATION DATA						E-3118 PRIORITY	
1. NAME OF DECEASED <i>Formerly 15500 LAWRENCE, RICHARD D. 15500 590</i>				2. DATE OF REPORT <i>14 MAR 1950</i>			
3. NAME OF CEMETERY <i>NEWVILLE</i>				4. PLOT <i>d</i>	5. ROW <i>7</i>	6. GRAVE <i>157</i>	7. DATE OF DISINTERMENT <i>X</i>
8. ESTIMATED WEIGHT <i>195</i>				9. ESTIMATED HEIGHT <i>5-7 1/4</i>		10. COLOR OF HAIR <i>BROWN</i>	
11. RACE <i>U.S.D.</i>				12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>MORTUARY PLATE</i>			
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <i>NONE</i>							
14. WAS BODY BURNED? ☐ YES ☐ NO				TO WHAT EXTENT?			
15. WAS BODY MANGLED? ☐ YES ☐ NO				TO WHAT EXTENT? <i>SEE SKELETAL CHART</i>			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS							
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)							

Identification substantiated
3/13/50
J. P. [unclear]

(M)

1-7

Quel #2

CHART "A-1"

S K E L E T A L C H A R T

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

LINKX-2501

J-7-157

Newville

RIGHTLEFT

In

Humerus _____ cm

Humerus 34.6 cm[Disturbing text
redacted]

Ulna _____ cm

Ulna _____ cm

Radius 24.1 cm

Radius _____ cm

Femur 46.4 cm

Femur _____ cm

Tibia _____ cm

Tibia _____ cm

Fibula _____ cm

Fibula _____ cm

Age - 24-28

Hair - Brown

Missing

Burned

Fractured

Shattered

Incl 2'

Estimated Height 5 ft 7 in

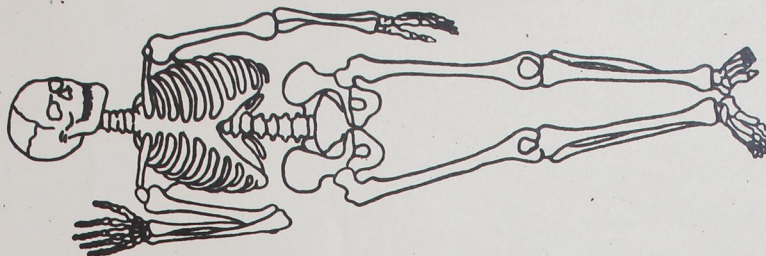
27

9

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X(25-01)

†ROYER, REUBEN D.



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

REMAINS IS IN SKELETAL FORM.
TEETH WITH REMAINS.
(SEE TOOTH CHART)

Est AGE 24/28
Est HEIGHT 5-7 1/4

REPROCESSSED BY
FIELDS
SHAW
SCULCO

8

CLERK SPAINIER

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

Incl 2²

E. A. [Signature]

OPC FORM 10 MAR 47 1044

AOL (1) 3-49-026-11200

PAGE 2 OF 2

TOOTH CHART

X-2501
 Neuville 5-7-57
 E.O. - 3118

15 Mar 56
 Date

Replaced w/ X-2501

Last Name First Initial Grade Serial No.
 Unit Organization
 Place of Death Date of Death Cause of Death

	Right								Left								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	M A K I L L A — M I S S I N G																
Side views																	
TOP																	UPPER
VIEWS																	LOWER
Side Views																	
ALV.																	
M.S.G.	X	X															Note
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

See Remarks

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

David S. Stulen

Signature of Officer or other person who prepared Tooth chart

Verified by G. R.C. Officer

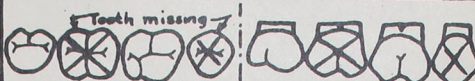
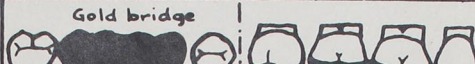
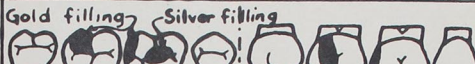
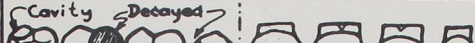
ET FORM 1-22 (29 AUG. 46)

(OLD GRAVE REGISTRATION FORM 1-A)

Incl 2³

AGL (3) 9-46-204-6141-1045

4-7

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed out and labeled, thus :	
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :	
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :	
FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :	
CARIES (CAVITIES). Outline location and size of cavity, shade in thus :	

DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

Size average
 Color dull ivory (teeth burned)
 alignment good



Incl 24

5-7

DATE 15 March 1959.

ANTHROPOLOGIST'S REPORT.

In compliance with E.O.# 3118, I have examined this day the remains of
TROYER and BURNS.

Reference is made to Paragraph # 3;

X- 2501- There is no visible evidence of a healed fracture in the right ulna left clavicle, left radius and left tibia. However, as the skeleton Chart will show, the major parts of some of these bones are missing. No other bones present show any evidence of healed fracture.

On the contrary, there is evidence, in the remains X-2502, of a healed fracture in the left clavicle. No other bones show any evidence of healed fracture.

J. K. Gan
JIBAN K. GAN, D.Sc (Univ. Paris),
Membre, Société d'Anthropologie, Paris,
Physical Anthropologist.

13

Incl 2⁶

7-7

EO 3118

Narrative

15 Mar 1950

In Compliance with EO # 3118 the remains listed thereon were processed and the following is submitted:

UNK X-2501, (TROYER, REUBEN J.)

No evidence of healed fracture was found on long bones present. No articulation of the teeth and skull established because of missing parts.

UNK X-2502 (BURNS, ALVIN C. Sr.)

Evidence of a healed fracture exist at about the middle $\frac{1}{3}$ of the left Clavicle. The teeth found with remains articulate with the skull and the skull with the spine. No other evidence of healed fractures observed.

A distal $\frac{1}{4}$ of the left radius (spec.) was removed from Unk X-2501 and placed with Unk X-X-8115

Report of anthropologist is herewith inclosed.

E. M. Kiebs,

Encl 2⁵

(12)

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
H.Q. COM. ZONE, ETOUSA

CORRECTED COPY

TOOTH CHART

23 April 1946

Date

X-2501

Last Name

First

Initial

Rank

Serial No.

AAF

Unit

Organization

Durbaslar, Germany

Sept. 44

Plane Crash

Place of Death

Date of Death

Cause of Death

Right

Left

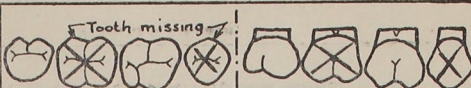
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	[Disturbing text redacted]																
Side views																	
TOP																	
VIEWS																	
Side Views																	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

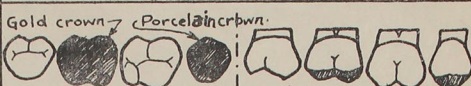
Byron H Johnston B-309343
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

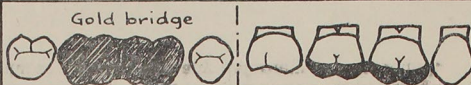
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



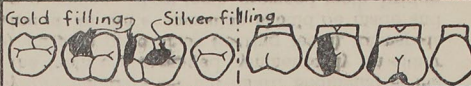
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



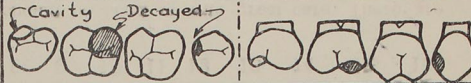
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS.

Below the 'ADDITIONAL SPACE FOR FURTHER REMARKS' heading, there is a large, faint, grid-like area for drawing and writing. The grid consists of approximately 10 rows and 10 columns of small squares. Faint lines and text are visible within this area, suggesting it was part of a larger form or document.

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

2 TOOTH CHART^s #1.

X-2501
Neville USMC

27 Dec 48
Date

Last Name	First	Initial	Rank	Serial No.
Unit		Organization		
Place of Death		Date of Death	Cause of Death	

	Right								Left								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	[Disturbing text redacted]																
Side views	[Tooth diagrams]																
TOP	[Tooth diagrams]																UPPER
VIEWS	[Tooth diagrams]																LOWER
Side Views	[Tooth diagrams]																
Note	X	X												A	A	Note	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

See Remarks

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

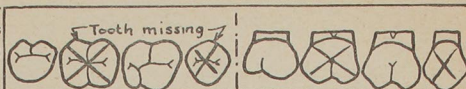
Troyer

Harold D. Wheeler

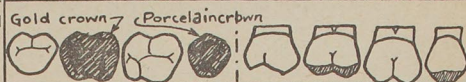
Signature of Officer or other person who prepared Tooth chart

Verified by G. R. S. Officer

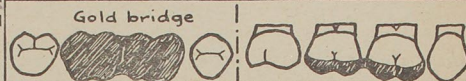
MISSING TEETH . . . All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus:



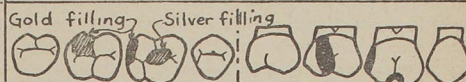
CROWNED TEETH . . . Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



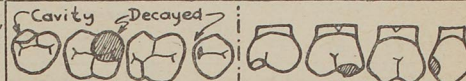
BRIDGE WORK . . . Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS . . . Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES) . . . Outline location and size of cavity, shade in thus:



DENTURES (PLATES) . . . Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

Size - average
Color - dull ivory.
Note: R16 alveolus missing
alignment good.
Note: L16 not fully erupted: (probably unerupted
when lifetime chart was made).

Neuville Belgium

REPORT OF INVESTIGATION
AREA SEARCH

AGRC Form 10 (Revised)

16 April 1946

1 January 1946

Date

NAME UNKNOWN X-2501

RANK

Unknown

ASN

Unknown

ORGANIZATION A.A.F.

MEANS OF IDENTIFICATION No Identification found on deceased.

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

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

1. Was positive identity acquired for the deceased through the surface investigation? No If so, state the following information:

a. NAME

RANK

ASN

b. ORGANIZATION

2. Was partial identification established? No If so, state the facts as to whom you believe the deceased to be:

a. NAME Unknown

RANK

Unknown

ASN

Unknown

b. ORGANIZATION A.A.F.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY Unknown X-2503 and Unknown X-2502

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

a. Date of above burials Sept. 1944 Common Graves? Yes

5. Name and Type of Cemetery Durboslar Cemetery (unorganized)

(Military or Civilian)

6. Map Coordinates of the Cemetery vK-9657

a. Town Durboslar Country Germany

7. Give exact location in cemetery of the remains.

a. Section None Row None Grave None

b. Is sketch attached? Yes

8. If remains are not located in a cemetery, give exact location.

a. Town Not app. Coordinates Not app.

b. Is sketch attached? Not app.

c. Is area mined? Not app.

9. How is the grave marked? Wooden Cross

10. If grave is marked with cross, give exact markings thereon None

a. From what source was this information obtained? Not applicable

(Identification tags, personal effects)

1. By whom Not applicable

11. Where are the cemetery records? Durboslar Cemetery

(Town Hall, cemetery, burgermeister's office)

- a. What information was contained thereon? Three Unknown American Fliers
- b. Where was the information obtained? Burgermeisters Records
- c. By whom? Burgermeister of Durboslar
12. What is the date of death? Sept. 1944
- a. Give basis Burgermeisters Records
13. What is the cause of death? Plane crash
- b. Give basis Given by Hubert Lauter, Cemetery Caretaker.
14. What is the date of burial? Sept. 1944
- a. Give basis Given by Hubert Lauter, Cemetery Caretaker.
15. What was the place of death? Durboslar, Germany Coords VK-9657
- b. Give basis Remains found in Durboslar.
16. Where were the remains found? Durboslar, Germany Coords VK-9657
- a. By whom? K. Lindscheid, Burgermeister of Durboslar.
- b. Is sketch attached? Yes
17. Was a casket used? Yes Who furnished the casket? Unknown
- Type of casket Wood How marked? Not marked
18. Who made the burial German Civilians
(Civilian, American Mil. or German Mil.)
- a. What are the names and addresses? Burgermeister K. Lindscheid, Durboslar, Cemetery Caretaker Hubert Lauter, Durboslar, Germany.

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

19. Were remains found in the plane wreckage? Yes
- a. Give location in plane from which the bodies were removed Unknown
- (Tail gunner, pilot, radio, turret, etc., or front, side of plane)
- b. Near wreckage? Yes
20. Scene of crash must be investigated. Give complete results of investigation (if removed, state when and by whom).
- a. Type of Plane Unknown
- b. Markings and/or name on plane Unknown
- c. Give numbers on motors, machine guns, instruments, radios or other equipment: Fridgidare No. 995983, General Motor's Nos. 994558 and 994563.
21. How did crash occur? Unknown Anti-aircraft Unknown
- Enemy Planes? Unknown Collision? Unknown
22. Did plane explode in the air? Unknown On ground? Unknown
23. Did plane burn in the air? Unknown On ground? Unknown
24. What was the direction of the flight? Unknown
25. What was the civilian opinion regarding destination of plane? Information not available

26. Had bombs been released prior to the crash? Unknown
27. Does specific time and date of crash correspond with date of death of above named deceased? Unknown
28. Number of planes in formation prior to crash Unknown
29. State precise time and date of plane crash At night, Sept. 1944
(Night?) (Day?)
30. Were parachutists seen? Unknown How many? Unknown Escaped? Unknown
Prisoners? Unknown
- SECTION C — ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).
31. Were remains found in wreckage of a tank? Not applicable
- a. Give specific position in tank from which deceased was removed
(Radio man, driver, assistant driver or . . . front, side, or back)
- b. Near wreckage?
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank
- b. Markings and/or name of tank
- c. Numbers on motors, machine guns, ammunition, instruments, etc
33. What was the type of enemy action that resulted in the tank's disablement?
34. Did tank explode? Burn?
35. Number of tanks in immediate vicinity at time of disablement
36. Does specific time and date of disablement correspond with date of death of above named deceased?
37. Precise time and date of destruction of tank
(Night?) (Day?)
38. Did any of the crew members escape? Prisoners?
- SECTION D — OTHER BRANCH (To be filled out if B & C are not applicable).
39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire)
If so, give complete and thorough results of the interrogation.
- a. Are all certificates and statements of people who possessed knowledge of the case attached?
40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased Deceased killed in Plane Crash Sept. 1944 and buried in the Durboslar Cem. (App. Date) Sept. 1944
- SECTION E — GENERAL (To be completed by investigation in all cases)
41. Were personal effects recovered by the investigating team? No personal effects available
If not, state reason Whereabouts of personal effects unknown
- a. Were identification tags found at the time of death? Unknown
Where? Unknown By whom? Unknown
Present disposition Unknown
- If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

- b. Were personal effects found at the time of death? Unknown
 Where? Unknown By whom? Unknown
 Present disposition Unknown
- c. Was deceased identified by living members of the crew at the time of death? Unknown
- d. Did Cemetery Register or cross indicate the immunization shot? No
42. Was Deceased given first aid? Unknown If so, where? Unknown
 By whom? Unknown Are statements from the medical people attached? Not applicable
43. Was deceased evacuated to a German civilian hospital? No
 Where? Not applicable Names of people concerned Not applicable
44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? No
45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?
[Disturbing text redacted]
 (Burnt? Decapitated? etc)
46. Do facts surrounding death show any evidence that it might be an atrocity case? No
 a. If so, give basis for positive assumption Not applicable
- b. If so, has higher headquarters been notified? Not applicable
47. Was case previously investigated? No By whom? Not applicable
 When? Not applicable
48. Give full names, addresses, and information obtained from each person interviewed
Burgermeister K. Lindscheid, Durboslar,
Cemetery Caretaker Hubert Lauter, Durboslar.
49. Are all positive statements regarding identification and particulars surrounding death attached? Yes
50. Has any information been given concerning isolated burials in the area outside the immediate vicinity? No
51. Was investigation preceded by advanced publicity? Yes
 (If special investigation, give case number)
52. Give Brief Narrative All members of crew are believed to be killed in the
plane crash.
 (Use attached, sheets if necessary)

Signature of Interpreter

Rank

ASN

Organization

Signature of Investigator

WILLIAM H. BARNETT

2nd Lt. 0-2018275

Rank

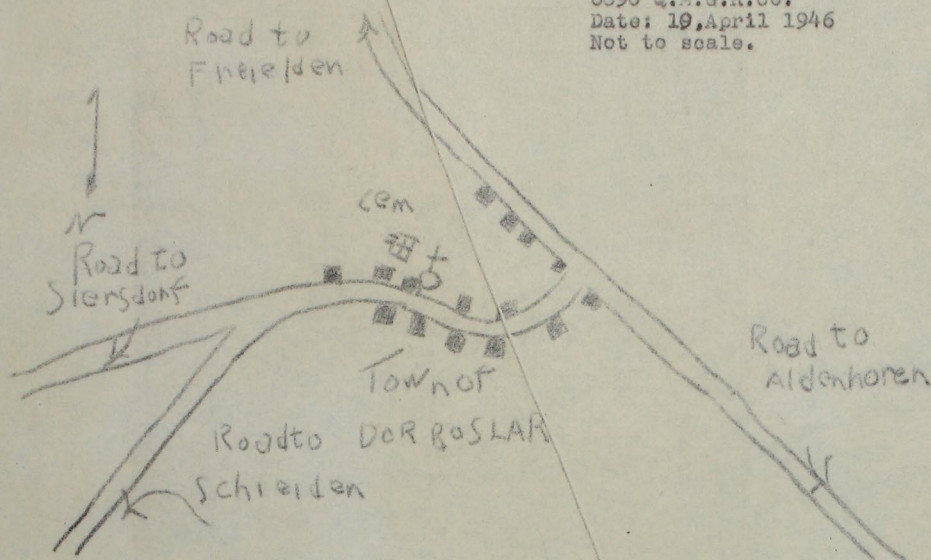
ASN

6890 Q.M.G.R. Co.

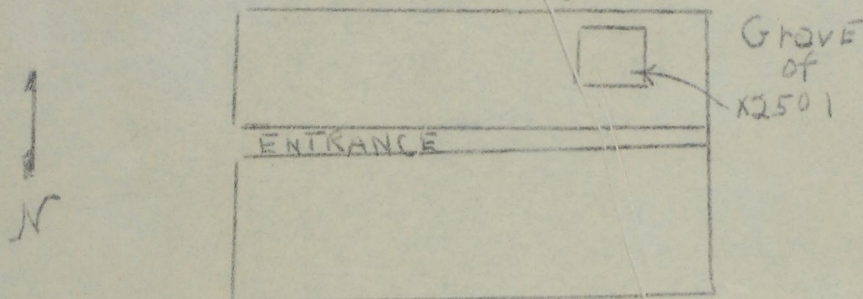
Organization

SKETCH SHOWING GRAVE of UNKNOWN X 2501, DURBOSLAR, GERMANY

Map: Germany 1/250,000
 Sheet: Brussels Liege No.3
 Coord: vk 9657
 Location: Durboslar, Germany
 Sketched by: T/5 Armento
 6890 Q.M.G.R.Co.
 Date: 19 April 1946
 Not to scale.



Durboslar Cemetery



CASE HISTORY

UNKNOWN NOS. X-2501, X-2502, X-2503 US MILITARY CEMETERY NEUVILLE &
X-8096 & (X-93) MARGRATEN

To be identified as EITHER/OR:

BURNS, Alwin C. Jr	2/Lt	0-708876
TROYER, Ruben J.	S/Sgt	15059054
MOREHOUSE, Ray C.	1/Lt	0-752431
BURGESS, Arthur J.	S/Sgt	33416564
ZYGIEL, Leonard A.	S/Sgt	36582062

1. Unknowns X-2501, X-2502, X-2503 and X-8096, Neuville, were recovered from the DUREOSLAR Cemetery, Germany. Unknown X-93, Margraten, was recovered from the vicinity of DUREOSLAR, Germany. Est date of death: Sept. 44. Cause of death: Plane Crash. Subject Unknowns were interred at USMC Neuville-en-Condroz, Belgium, except for X-93 which was interred at USMC Margraten, Holland.

2. MACRs for A/C 43-9925 and A/C 43-21724 indicate that the above listed decedents were KIA in the vicinity from which the subject 5 Unknowns were recovered.

3. MACR for A/C 43-9925 lists a total of 3 crew members all of whom were reported KIA. MACR for A/C 43-21724 lists a total of 4 crew members. *3 crew members were reported KIA and the remaining two RMC. One of the 3 casualty crew members has already been identified.*

4. Unknown X-93 Margraten was previously identified as the only recoverable remains of 1/Lt MOREHOUSE, S/Sgt BURGESS and S/Sgt ZYGIEL. As subject unknowns were recovered from the same vicinity and as teeth for S/Sgt BURGESS were recovered with the remains of X-2501 and X-2503, it is believed that casualty crew members of both aircrafts are intermingled, therefore the remains of X-93 have been consolidated with X-2501, X-2502, X-2503 and X-8096 to form a Group Burial accounting for all casualty crew members of A/C 43-9925 and A/C 43-21724.

5. CIL #1910 was removed from X-2501 but has since been re-designated X-8096.

6. Although the teeth are charted with the individual remains, a review of the cases has revealed that there is no justification for the association of the teeth with the remains.

R. Sugimoto

20

EO ~~XXXX~~ (Top Priority) IDENTIFICATION DATA
2616

1. Remains of Unknown X-2501		2. Date of Report 29 December 1949			
3. Name of Cemetery NEUVILLE	4. Plot J	5. Row 7	6. Grave 157	7. Date of: Disinter- ment xxx	Reinter- ment xxx
8. Estimated XXXX age 22-27	9. Estimated Height 5'8"		10. Color of Hair Pubic hair is brown	11. Race UTD	
12. Give Description of any Official Identification found with Remains Embossed Plate					
13. Give Description of Tattoos or Scars on Body and/or such information obtained from other sources. None					
14. Was Body Burned? Yes No		To what Extent?			
15. Was Body Mangled? Yes XXXX		To what Extent? See Skeletal Chart			
16. Describe evidence of healed Fractures and Bone Malformations None evident					
17. List every Item of Clothing, Equipment and Personal Effects found, showing the type, color, size, markings, service, etc. (If Laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) None found					

OMC FORM
Rev 18 Mar 47 1044Previous Editions of this
Form are obsoleteGPO - O - 47-754879
Page 1 of 3

TOOTH CHART

From
X-2501
Newville J-7-157
E.O. 2616

Troyer, Reuben J. (New w/X-2501)

Last Name

First

Initial

Grade

Date

Serial No.

Unit

Organization

Place of Death

Date of Death

Cause of Death

Right

Left

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

[Disturbing text redacted]

Side views

TOP

VIEWS

Side Views

UPPER

LOWER

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

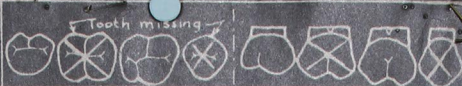
See Remarks

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

Signature of Officer or other person who prepared Tooth chart

Verified by G. R. C. Officer

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed out and labeled, thus:



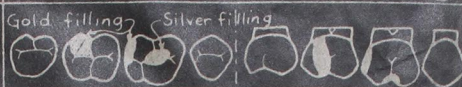
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus:



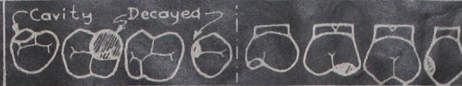
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES). Outline location and size of cavity, shade in thus:



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

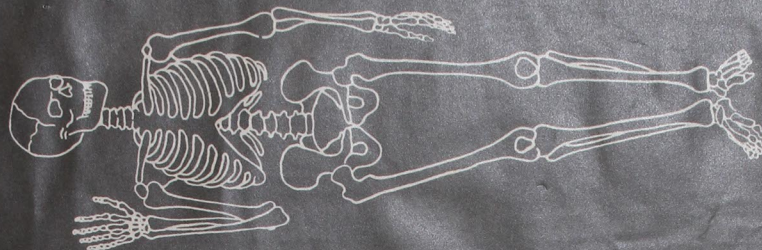
Size average
Color dull ivory (burned).
Posthumously missing R16.
Spaces R12-13 est. 15mm;
L13 slightly inclined lingually.
Note: L16 not fully erupted.

EO 12958

7-2501

19. REMAINS OF PARTS OF BODY RECOVERED

SEE SKELETAL CHART A#1



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS: _____
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains received in skeletal form; no flesh present; teeth recovered and charted
(SEE TOOTH CHART)

EST HEIGHT: 5' 8"
Est AGE : 22-27
Tech : SHPAK & ROISETH
Clerk-Rec : HODGE

2

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN
RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

Michael Shpak

7-8

QMC FORM 1044
18 MAR 47

GPO-O-47-754877

PAGE 3 OF 3

X- 250/
NEUVILLE J-7-157

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

RIGHT

LEFT

SEE TOOTH CHART

L- HUMERUS 34.5

[Disturbing text
redacted]

ULNA -----

L- RADIUS 24.6

R- FEMUR 46.6

TIBIA -----

FIBULA -----

AGE ESTIMATE 22/27

HAIR - BROWN

-  - FRACTURED
-  - SHATTERED
-  - MISSING
-  - BURNED

CHART "A-1"

ESTIMATED HEIGHT 5 FT. 8 IN.

3

8-8

AGRC FORM No. 11
Revised 16 Sept. 1946
Formerly "Check List
of Unknowns")

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
of Report of Interment WD QMC Form 1042)

DD 342
22.5.47

Unknown X-2501

Cemetery Newville

Plot J Row 7 Grave 157

Re-Processed

1. Arrived at cemetery 27/12/48
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used) -

3. Remains recovered or disinterred by Reprocessed by CIP Lane ONE
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<u>Remnant leather flying helmet</u> (Type)		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD	<u>NONE</u>		
Undershirt, Wool	<u>Remnant</u>		
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD	<u>NONE</u>		

Belt, web NONE

Drawers, wool Remnant

Drawers, cotton NONE

Leggings, wool NONE

Socks, cotton wool Remnant of one

* Shoes One-Right (type) Service Size 9D

Overshoes NONE

Web Equipment NONE (type)

(Other item) Remnant of parachute harness

(Other item) _____

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or
Insignia NONE (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch NONE

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? Air Force

6. Description of Remains: 1

Age 30-35 Height 5-8 1/2 Weight UTD Description of wounds UTD

Bandages or dressings NONE Scars UTD
(Length, width, location)

UTD Tattoos
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks _____
(Yes-no; description, location)

Sunburn or tan, other than hand and face UTD

Complexion _____
(Light, medium, dark, clear, pimples, pocks, freckles)

Build _____
(Large, fat, thin, muscular)

Hair Light Brown 1 1/2" long, straight
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair UTD
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns UTD Mustache UTD Beard or UTD
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee
(Light, color, extent)

Eyes Eyebrows
(Color, setting, shape) (Color, bushiness, extent across nose)

Nose Ears
(Size, shape, straight) (Size, set close to or far from head)

Mouth Lips
(Large, medium, small) (Small, large, full)

Teeth *See Tooth Chart*
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin
(Prominent, receding, pointed, dimples, double)

Jaw Circumference of head in inches [Disturbing text redacted]
(Large, small, normal) (Hat band)

Neck Larynx
(Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders Arms
(Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers
(Unusual characteristics of fingernails)

Chest
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back Circumcision *UTD* Pubic Hair
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty
(Yes-no; location)

Legs
(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet Toes
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures *None Noted.*
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? *No.*

(Yes-no)

If not, explain

[Disturbing text redacted]8. Has tooth chart been prepared? *Yes* If not, explain

(Yes-no)

9. Remarks

*Teeth recovered with the remains
(see chart), Remnants of clothing with BUT NOT ON the
remains. Estimated weight of reprocessed remains
Fluoroscopic examination negative.*

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

*Estimated age 30-35**Estimated height 5'-8 1/2"**Two embossed tags, one**GRS tag & report of Burial**John E. Gregory*

(Officer's Name)

SP7

Rank

C.I.P.

Service

(Organization)

Supplementary Remarks

The proximal one fourth ($\frac{1}{4}$) of the
Right Tibia and proximal half
($\frac{1}{2}$) of Right femur in excess of
one decedent was made CIL
from this case.

John E. Leggett

CIL # 1910

X-2524
J-7-157
NEWVILLE
27 DEC 1948

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

R I G H T

L E F T

HUMERUS _____

HUMERUS 34.5 cm

ULNA _____ cm

ULNA _____ cm

RADIUS _____ cm

RADIUS 24.6 cm

FEMUR 47.0

FEMUR _____ cm

TIBIA 38.5

TIBIA _____ cm

FIBULA _____

FIBULA _____ cm

X FRACTURED

X SHATTERED

H MISSING

H BURNED

27

CHART "A-1"

ESTIMATED HEIGHT 5 FT 8 1/2 IN

P.C.R.

[Disturbing
text
redacted]

X-2501
Neuville USMC

27 Dec 48

Teeth in excess of one remained were recovered in this case. Two tooth charts have been prepared numbered #1 and #2. The teeth on chart #2 are part of the mandible in case X-2503, chart #3.

One L3 was also recovered in this case but belongs to the maxilla in case X-2503, #1 and is charted there on. The complete mandible and extra segment remain with this case. L3 is with the maxilla in case X-2503, #1.

Harold L. Wheeler.

21

Q003 DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 CHINESE DIST
LIECHOW DELTAIUM

DEFERRED

X

FROM Q002

WCL-41418

SUBSEQUENT REC OF TRANSMITTAL LTR NO 4773 ADD INFO SHOWS FOL HEALED
FRACTURES NUMBER J TRACER 15059054; OLD RIGHT ULNA LEFT CLAVICLE LEFT RADIUS
& LEFT TIBIA BACIN FURTHER SHOWS NO PREV RECORD FRACTURES FOR L. OTHERS
PARA REFERRING NO DEPT 20 DEC 48 MAY 2502 BRUILLER SHOWS HEALED FRACTURE
LEFT CLAVICLE. DEPT 29 DEC 49 SHOW HERE. DEPT REINVESTIGATION

cc: Admin Sec
Goldstein/nsj
Foy
REB

JON

THM

UNCLASSIFIED

GRAVES

Q002 CAPT BERRY EXT 73650 MAR 50

D A BERRY
CAPT Q002 EXT 114

293 - GRS European

HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
REGISTRATION DIVISION
APO 757 (Liege) US ARMY

GRRE 293.3

29 April 1950

SUBJECT: Identification of World War II Deceased

TO: The Quartermaster General
Washington 25, D.C.
ATTENTION: Memorial Division

1. In accordance with your radio WCL 41418, a reinvestigation and reprocessing was made of the remains of 2/Lt. Alvin C. Burns, Jr., O-708876, (previously X-2502, Neuville) and S/Sgt Reuben J. Troyer, 15059054 (previously X-2501, Neuville). Attached hereto for these remains are Identification Data (QMC Forms 1044), which include a narrative and anthropologist's report.

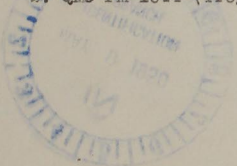
2. It is believed that, although the latest reprocessing revealed no evidence of a healed fracture on X-2501 and did reveal evidence of a healed fracture of the left clavicle on X-2502, which was shown originally on reprocessing report dated 28 December 1948, the identification of X-2502 is correct as indicated in the anthropological report dated 29 December 1949.

3. It is recommended that these identifications be approved and this Headquarters notified accordingly. In the meanwhile the remains concerned will be held in suspense status pending receipt of concurrence, or further instructions from your office.

FOR THE COMMANDING OFFICER:

- 2 Incls
1. QMC Fm 1044 (Burns)
2. QMC Fm 1044 (Troyer)

Edward F. Price, Jr.
EDWARD F. PRICE, Jr.
Capt, QMC
Registration Division



3146 29.178. European 7/2 4773

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

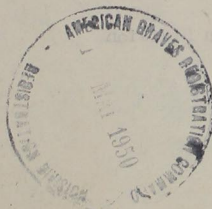
TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]
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HEADQUARTERS
7887 GRAVES REGISTRATION DETACHMENT
REGISTRATION DIVISION
APO 757 (Liege) US ARMY

GRRR 293.3

29 April 1950

SUBJECT: Identification of World War II Deceased

TO: The Quartermaster General
Washington 25, D.C.
ATTENTION: Memorial Division

1. In accordance with your radio WGL 41418, a reinvestigation and reprocessing was made of the remains of 2/Lt. Alvin G. Burns, Jr., O-708876, (previously X-2502, Neuville) and S/Sgt Reuben J. Troyer, 15059054 (previously X-2501, Neuville). Attached hereto for these remains are Identification Data (QMC Forms 1044), which include a narrative and anthropologist's report.

2. It is believed that, although the latest reprocessing revealed no evidence of a healed fracture on X-2501 and did reveal evidence of a healed fracture of the left clavicle on X-2502, which was shown originally on reprocessing report dated 28 December 1948, the identification of X-2502 is correct as indicated in the anthropological report dated 29 December 1949.

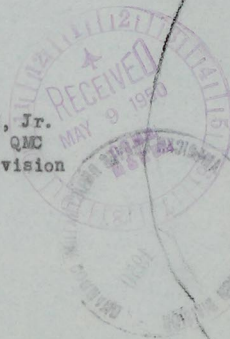
3. It is recommended that these identifications be approved and this Headquarters notified accordingly. In the meanwhile the remains concerned will be held in suspense status pending receipt of concurrence, or further instructions from your office.

FOR THE COMMANDING OFFICER:

2 Incls

1. QMC Fm 1044 (Burns)
2. QMC Fm 1044 (Troyer)

EDWARD F. PRICE, Jr.
Capt, QMC
Registration Division



HEADQUARTERS
1987 GRAVES REGISTRATION DETACHMENT
REGISTRATION DIVISION
APO 97V (11th) US ARMY

20 April 1980

0000 0000

SUBJECT: Identification of World War II Deceased

TO: The Quartermaster General
Washington 25, D.C.
ATTENTION: Memorial Division

1. In accordance with your radio WGL 41418, a re-investigation and reprocessing was made of the remains of Sgt. Alvin C. Burns, Jr., O-408878, (previously X-2508, Newville) and Sgt. Robert L. Troyer, I8038084 (previously X-2501, Newville). Attached hereto for these remains are identification data (GMD Form 1044) which include a narrative and anthropologist's report.

2. It is believed that, although the latest reprocessing revealed no evidence of a buried footprint on X-2501 and did reveal evidence of a buried footprint of the left clavicle on X-2502, which was shown originally on reprocessing report dated 28 December 1949, the identification of X-2502 is correct as indicated in the anthropological report dated 29 December 1949.

3. It is recommended that these identifications be approved and this Headquarters notified accordingly. In the meanwhile the remains concerned will be held in suspense status pending receipt of concurrence, or further instructions from your office.

FOR THE COMMANDING OFFICER:



HOWARD W. PRICE, Jr.
Capt.
Registration Division

2 Incls
1. GMD Form 1044 (Burns)
2. GMD Form 1044 (Troyer)

C O P Y

V

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M

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U

~~From 130900Z~~ 7887 Graves Reg Liege Belgium

2166 NO AGRC 414

D. T. G. 130900Z

ACTION QMC

MCIN NO 77910

FM CO 7887 GRAVES REG DET LIEGE BELGIUM

TO OQMG DEPTAR WASHINGTON 25 DC

GRAVES GRNC

REF AGRC FOUR ONE FOUR PD FOR MEMORIAL DIVISION PD URMSG FOUR ONE FOUR

ONE EIGHT CMA REMAINS IDENTIFIED BY THIS HQS AS REUBEN J PD TROYER

ONE FIVE ZERO FIVE NINE ZERO FIVE FOUR AND ALWIN C PD BURNS JUNIOR

X 25-01
ZERO SEVEN ZERO EIGHT EIGHT SEVEN SIX FORMERLY XRAY TWO FIVE ZERO ONE25-02
AND TWO FIVE ZERO TWO NEUVILLE RESPECTIVELY CMA WILL BE REPROCESSED FOR

EVIDENCE OF HEALED FRACTURES MENTIONED PD RESULTS WILL BE FWD APRX TEN A

APRIL PD END SIGNED BALLARD

13/1500Z

25 yrs. at death

QMG FORM 638
REV 1 APR 48

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Chief, Ident.Br. Mem.Div.	QM Liaison Pentagon Admn Div.	25 Jan 50	1. Request that induction and physical examination records of the following EM be searched for any statements as to previous fractures or bone injuries prior to entry into service: Arthur J. BURGESS, S/Sgt., 33416564 ✓ Reuben J. TROYER, S/Sgt., 15059054 ✓ Leonard A. ZYGIEL, S/Sgt., 36582062 ✓ <i>J.B.</i> GOLDSTEIN 72993
2.	QM Pent Liaison	Chief, Ident Br Mem Div	1 Feb 1950	In compliance with the above request a TWX furnishing the information is attached herewith. <i>S.J.P.</i> SEKOWSKI 6679 <i>E.M.D.</i> DYER 73090

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

U. S. GOVERNMENT PRINTING OFFICE 16-49050-5

RECEIVED
PENTAGON LIAISON
JAN 26 1950
MEM. DIV. CQMG

ON REUBEN J TROYER 15059054 WD AGO FORM 64 DATED 5 MAR 42
 SHOWS FRACTURE RT ULNA 1926 FRACTURE LEFT CLAVICLE 1928 FRACTURE
 LEFT TIBIA 1931 WD AGO FORM 64 DATED 2 JAN 42 SHOWS FRACTURE SIMPLE
 LEFT RADIUS 1928 AND FRACTURE SIMPLE LEFT TIBIA 1931

Fract rt ulna age 7
 left clavicle 9
 L. tibia 12
 L. Radius. 9
 L. tibia

25 yrs at death
 Born Sept 19

FILE
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 Addition
 Selen

3146 GRS Europe
TTL 4723

QCMG DEPT OF ARMY WASH DC

UNCLASSIFIED

CO 7887 GRREG DET
LIEGE BELGIUM

DEFERRED
AGRC 414

WCL 21611

FROM QCMGT URMSG AGRC 414. RESULTS NOT REC. ADMSG APRX DATE RESULTS
WILL BE FWD

AGRC 414 IS MC IN NO 77910 (13 MAR 50)

cc: Admin Sec
Goldstein/nsj
Foy

UNCLASSIFIED

GRAVES

QCMGT CAPT BERRY EXT 73650
293 - GRS European

09 MAY 50

D A RENNER
CAPT QMC MEM DIV

293-THROPER, Reuben J. 150590054

6

314.6 JPS-
CQMS DEPT OF ARMY WASH DC

CO 7887 GERSO DET
LARGE BRIGIUM

UNCLASSIFIED

DEFERRED

X

FROM CQMS

SUBSEQUENT REC OF TRANSMITTAL LTR NO 4773 ADD INFO SHOWS FOL HEALED
FRACTURES REUBEN J TRAYER 15059054 CLN RIGHT ULNA LEFT CLAVICLE LEFT RADIUS
& LEFT TIBIA SINGLE FURTHER SHOWS NO PREV RECORDED FRACTURES FOR 4 OTHERS
PARA REPROCESSING REPT 28 DEC 48 XRAY 2502 NEWVILLE SHOWS HEALED FRACTURE
LEFT CLAVICLE. REPTS 29 DEC 49 SHOW NONE. REPT REINVESTIGATION

cc: Admin Sec
Goldstein/nsj
Foy
HRE

JUN

THU

UNCLASSIFIED

081445Z

GRAVES

CQMS CAPT HENRY DET 73650

MAR 50

D A HENNER
CAPT CMC HEN DIV

293 - GRS European

293- Trayer Reuben J. 15059054

314.6 HRS - Europe
CQNG DEPT OF ARMY WASH DC

T/L 4773

UNCLASSIFIED

GO 7887 GIBSON DET
LIEGE BELGIUM

DEFERRED

X

FROM QNGT

100L 41418

SUBSEQUENT REC OF TRANSMITTAL LTR NO 4773 ADD INFO SHOWS FOL HEALED
 FRACTURES RUBEN J TROTER 1505005L CEN RIGHT ULNA LEFT CLAVICLE LEFT RADIUS
 & LEFT TIBIA WHILE FURTHER SHOWS NO PREV RECORDED FRACTURES FOR 4 OTHERS
 PARA REFUGERING REPT 28 DEC 48 LTRAY 2502 NEWVILLE SHOWS HEALED FRACTURE
 LEFT CLAVICLE. REPTS 29 DEC 48 SHOW NONE. BEST REINVESTIGATION

cc: Admin Sec
 Goldstein/nsj
 Foy
 RFB

JLN

THM

081445Z

UNCLASSIFIED

GRAVES

QNGT CAPT BERRY EXT 73650

MAR 50

D A REMER
CAPT QNG HNM DIV

293 - GHS European

Unknown
 X-3501
 (Newville)

314.6 LRS Europe
T/L#4148
UNCLASSIFIED

CCMG DEPT OF ARMY WASH D C

CG AGRC PARIS FRANCE

PRIORITY

X

Wcl 42982

DTD

FROM CQMT REUR TRANSMITTAL LTR NO 4148 ^ 26 JUL 49

REQUEST SIMULTANEOUS REPROCESSING BY ANTHROPOLOGIST IN EFFORT TO
INDIVIDUALLY SEGREGATE PD ACTION SUSPENDED THIS OFFICE

RECEIVED



CQMT CAPT BERRY-KOT 72947

2018302
SEPT 49

1ST LT

M RHORNER
CNC MEN DIV

GRAVISED

THM

293. TREAYER, REUBEN J. 15059054

31412
744147

OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF JUSTICE

WASHINGTON

WOL 45485

FILE

THIS CASE HAS BEEN REOPENED FOR RECONSIDERATION

THE FOLLOWING INFORMATION IS BEING FURNISHED TO YOU

FOR YOUR INFORMATION AND RECORD

11/16/1971

RECEIVED
OCT 19 1971
U.S. DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

RECEIVED

FILE

RECEIVED
OCT 19 1971
U.S. DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

FILE

RECEIVED
OCT 19 1971
U.S. DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

RECEIVED
OCT 19 1971
U.S. DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

QICMT 293
GES European

25 July 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. Reference is made to corrected Report of Reburial for Unknown X-93, USMC Margraten, Holland, designated as the Only Recoverable Remains of the following:

Morehouse, Ray C.	1/Lt	O- 752 431
Burgess, Arthur J.	S/Sgt	33 416 56h
Zygiel, Leonard A.	S/Sgt	36 582 062

2. Further reference is made to Unknowns X-2501, X-2502 and X-2503, USMC Neuville-en-Condrez, Belgium.

3. Tooth chart submitted for Unknown X-2502, Neuville-en-Condrez, compares favorably with Army dental records for 2/Lt. Alwin C. Burns, Jr., O-708876.

4. Tooth chart submitted for Unknown X-2503, Neuville-en-Condrez, upon transposition of the mandible and maxilla, compares very favorably with Army dental records for S/Sgt. Burgess.

5. It is requested, therefore, that the remains referred to in paragraphs 1 and 2 hereof be reprocessed simultaneously, and, if identifications are warranted, that the facts be presented to a Board of Officers with findings forwarded this Office by air mail.

6. Copies in duplicate, of MACR's No. 9274 and 9276, together with photostat copies of DIR for 1/Lt. Morehouse and FPDIF's for 2/Lt. Burns, S/Sgt. Burgess, Zygiel and Reuben J. Troyer, 1505905h, are inclosed for your information.

X-93 TROYER, Reuben J. 15059054

QMGT 293

Ltr. 25 July 1949

GRS European

SUBJECT: Identification of World War II Deceased

7. All action on subject case has been suspended in this Office.

FOR THE ACTING THE QUARTERMASTER GENERAL:

3 Incls:

1- MACR 9274, 9276 (in dup)

2- DIR (Morehouse)

3- FPDIF for

Burns, Burgess, Zygiel,

Troyer

T. H. METZ

Lt. Colonel, QMC

Memorial Division

Goldstein/ejh

Foy

REB

293 - Troyer, Hansen J. - 1500-903-4 - Merrill

CHECK LIST FOR UNKNOWNNS

Pfc. Elmore

Pfc. Schuster

(name of soldier processing remains)

Neuvilie Belgium

1. Unknown ☒ 2501 ~~S.S. Military Cemetery~~ Coll. Pt. Stolberg, Germany
2. If remains were disinterred, attach Check List for Disinterments.
3. Arrived at cemetery 1200, 16.4.46 From 6890 Q.M.G.R.Co. Stolberg, Ger.
(hour) (date) (collecting point)
4. Place of death Durboslar, Germany (VK - 9657)
(name) (coordinates and landmarks)
5. Map Ref. Ger, 1/250,000 Brussel Liege Sheet No. 3
6. Remains recovered by Cpl. Kuhn 6890 Q.M.G.R.Co.
(name and organization)
7. Evacuated to cemetery by Cpl. Kuhn 6890 Q.M.G.R.Co.
(name and organization)
8. Is load list attached No
(yes-no)
9. Are names of deceased found in same area as this Unknown starred No
(yes-no)
10. Are circumstances described which may indicate organization of the deceased Yes
(yes-no)
11. If only part of body was received, was a careful search made for other parts of Unknown (yes-no)
12. If remains come from vehicle, plane, etc.: 50 Cal. Mach. Gun No's
(type of vehicle or plane, nick name, serial number, organization or symbols)
13. 99 - 5983, 99 - 4558, 99 - 4563
14. Crew list X - 2502 and X - 2503
(names of other deceased and positions in which found)
- 15.
- 16.
17. If a tank, which hatches were free and available for escape use
Not applicable
18. If organization to which vehicle or plane was assigned or if names of all other deceased are not known, give detailed information concerning vehicle or plane Unknown:
(parts of markings or symbols) (burned) (pierced by shell fire - where)
- 19.
20. Field
(found in town field by road etc. (damaged by mine explosion)
21. Unknown
(names of men who escaped) (description of other vehicles or planes in same area)
22. Detailed description of personal effects
(Indicate exact pocket or part of body where found)
- 23.
24. None
- 25.
- 26.

Description of clothing and equipment: (If clothes do not fit, obtain sizes from body measurements)

Item	Clothing Markings	Sizes	Color	Indicate unusual markings, wear, tear, repairs etc.
27. *Headgear (type)				
28. Reincoat				
29. Overcoat				Due to condition
30. Jacket, Field				of body and clothing
31. Jacket, Combat				No sizes could be
32. Mackinaw				estimated.
pieces 33. Sweater	None		O.D.	
34. Jacket, HBT				
pieces 35. *Shirt, Wool ^{Officers brown (summer)} type	None		Br.	
36. Undershirt, Wool	None		O.D.	
37. Undershirt, Cotton				
38. Trousers, HBT				
39. *Trousers, Wool OD				
40. Belt, Web				
41. Drawers, Wool				
42. Drawers, Cotton				
43. Leggings				(Note unusual lacing)
44. Socks Wool (1) Other	None		O.D.	
45. *Shoes ^{Service} (type)	None			
46. Overhoes				
47. Web Equipment (type)				
pieces 48. Flight jacket (other item)			Lthr.	
49. (other item)				

* If body is nude, sizes these items should be computed by measuring the remains.

50. Chevrons or (type and location; shirt jacket coat helmet) Shoulder Patch

Insignia 07

51. Description of Remains

52. Age Unk. (years) Height Unk. (ft-in) Weight Unk. (lbs) Description of wounds Plane crash

53.

54. Bandages or dressings None Scars
(length, width, location)
55.
56. Tattoos
(number, location — illustrate on sep. page)
57. Outstanding moles, warts or birthmarks
(yes-no) (description, location)
58.
59. Sunburn or tan, other than hands and face [Disturbing text redacted]
60. Tobacco stain on fingers or teeth Tooth white
(designate where extent)
61. Complexion Build
(light, med, dark, clear, pimples, pocks, freckles) (large, fat, thin, muscular)
62.
63. Hair Brown
(color, length, quantity, curly, wavy, straight, whorls, or definite parting, baldness, widows peek)
64.
(distinctive cutting or other characteristics)
65. Sideburns Mustache Beard or goatee
(color, setting, shape) (color, size, shape) Length.
66.
(heavy, light, color, extent)
67. Eyes Eyebrows
(color, setting, shape) (color, bushiness, extent across nose)
68. Nose Ears
(size, shape, straight) (size set, close to or far from head)
69. Forehead Mouth Lips
(high, wide, wrinkled) (large, medium, small) (small, large, full)
70. Teeth See tooth chart
(white, size, unevenness, spacing, noticeable crowns, fillings, extractions)
71. Chin Cheekbones
(prominent, receding, pointed, dimple, double) (high, normal)
72. Jaw Circumference of hear in inches
(large, small, normal) (hat band)
73. Neck Larynx Shoulders
(size, long, short, normal, wrinkled) (prominent, normal) (broad)
74. Arms
(straight, small, rounded) (length) (muscular, color, extent an quantity of hair)
75. Hands
(vaccination scar, size of wrists) (large, small, normal, calloused noticeably)
76.
(marks on fingers indicating that rings were worn)
77.

[Disturbing text redacted]

87. Have photographs been made and attached No If not, explain
(yes-no)
88. Have fingerprints been placed on GRS No I No If not, explain
(yes-no)
89. Has tooth, chart been prepared? Yes If not, explain
(yes-no)
90. Remarks : [REDACTED]
91. Remains weigh approx. [REDACTED]
- 92.
- 93.
- 94.
- 95.
- 96.

Signature of GRO and Organization

WILLIAM H. BARNETT

2nd Lt. 0-2018275

6890 Q.M.G.R.Co.

G. R. & E. DIV.
OFFICE OF THE CHIEF QUARTERMASTER
HQ. COM. ZONE, ETOUSA

TOOTH CHART

Neuville Belgium

April 16, 1946

Date

UNKNOWN - X - 2501

Unknown

Unknown

Last Name

First

Initial

Rank

Serial No.

Unknown

A.A.F.

Unit

Organization

Durboslar, Ger. (VK-9657) Sept. 1944

Place crash

Place of Death

Date of Death

Cause of Death

Right

Left

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

[Disturbing text redacted]

Side views

TOP

VIEWS

Side Views

UPPER

LOWER

PORCELAIN

SILVER

SILVER

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bacuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

T/S S. L. Kunk

Signature of Officer or other person who prepared Tooth chart

W. H. Barnett

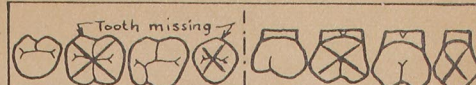
Verified by G. R. S. Officer

WILLIAM H. BARNETT

2nd Lt. - O-2018275

6890 Q.M.G.R. Co.

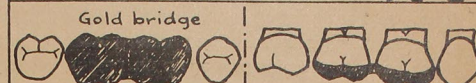
MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



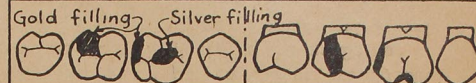
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



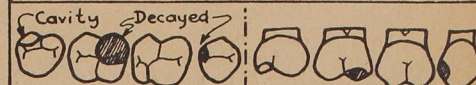
BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES)... Outline location and size of cavity, shade in thus :

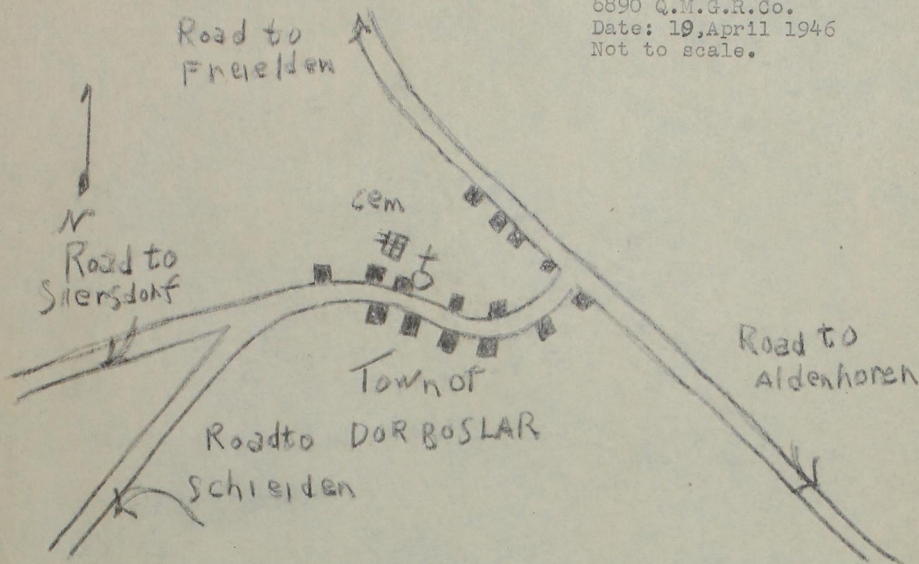


DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

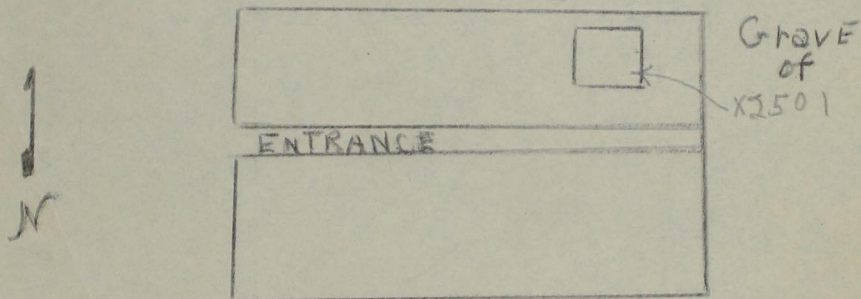
ADDITIONAL SPACE FOR FURTHER REMARKS

SKETCH SHOWING GRAVE of UNKNOWN X 2501, DURBOSLAR, GERMANY

Map: Germany 1/250,000
 Sheet: Brussels Liege No. 3
 Coord: vk 9657
 Location: Durboslar, Germany
 Sketched by: T/5 Armento
 6890 Q.M.G.R.Co.
 Date: 19 April 1946
 Not to scale.



Durboslar Cemetery



143008

WIN/sap/13735/11181

AG 704 DEAD (18 May 49)

18 May 1949

MEMORANDUM TO: Officer in Charge, Casualty Section
Personnel Actions Branch, AGO

SUBJECT: Report of Death

1. The following persons, Air Corps, members of the 671st Bombardment Squadron, 416th Bombardment Group, were reported missing in action, in flying pay status, over Germany on 29 September 1944 by ETO Shipment Number 217, and presumed dead as of 30 September 1945 under the provisions of Section 5, Missing Persons Act (SR&D Case No. 4154):

2nd Lt	Burns, Alwin C., Jr.	0708876
S Sgt	Troyer, Reuben J.	15059054

2. Missing Air Crew Report No. 9274, dated 2 October 1944, reveals that the subject persons, and two others, 1st Lieutenant Francis W. DeMand, 0806235, and S Sgt Clyde W. Middleton, 17100579, officially reported as killed in action and evacuated to the United States, respectively, constituted this crew. They were the crew members of an A-20 (Boston) bomber, aircraft number 43-21724, which departed its base at Melun, France on a bombing mission to Julich, Germany on 29 September 1944. The plane received a direct flak hit while over the target area and exploded. Two eyewitnesses stated that they saw one parachute open.

a. Sergeant Middleton stated that the plane exploded in the air and he had no knowledge of the fate of the other crew members.

3. Captured German record of the 3rd Battery, 53rd Flak Regiment, dated 30 September 1944, reports the downing of a U.S. Boston type plane at 1733 hours on 29 September 1944, two kilometers southwest of Froisdorfen, Germany. The report shows that "one man bailed out, was blown to the East. The rest dead." The report also gives the serial number of the plane as "39925".

a. Aircraft number 43-9925 (MACR 9276) was also a Boston type plane, from the same squadron, on this mission. This plane crashed, at the same time, 800 meters southwest of Durboslar, Germany. The American Graves Registration Service investigated this crash, and found the identification tag of one of the crew members in the plane wreckage. This crew has been accounted for and the number of the plane as reported by the 53rd German Flak Regiment is evidently in error.

FILE
JUN 15 1949
G. W. Rogers
Capt., GAO
Identification Branch

AG 704 DEAD (18 May 49)

11181

b. Army Map Service reports that Freialdenhoven is four miles west of Julich and Durboslar is four miles west and south of Julich. Freialdenhoven and Durboslar are about one mile apart.

4. The records of the Memorial Division, Office of the Quartermaster General, contain no information, at the present, relative to the burial of the subject crew members.

5. The subject persons were members of the crew of an A-20 (Boston) bomber which departed its base at Melun, France on a bombing mission to Julich, Germany on 29 September 1944. The plane received a direct flak hit while over the target area and exploded, one parachute was observed leaving the plane. Captured German document reports the downing of a Boston type plane at 1733 hours on 29 September 1944 about 1.24 miles southwest of Durboslar, Germany. The report shows that one of the crew bailed out and the rest dead. Two planes from this squadron crashed at the same time in this area and the plane number, which was typed on the carbon copy of the German report after it was made, is evidently in error, and is that of the other plane crash identified by the American Graves Registration Service. Nothing has been seen or heard of the subject persons since. Considering the above facts, and the lapse of time, it is reasonable to believe that they were killed when their plane was hit or crashed.

6. It is recommended, therefore, that pursuant to the provisions of Section 9, Missing Persons Act, the foregoing information be accepted as an official report of death, and that a casualty report be initiated stating that the subject persons, named in paragraph 1, were killed in action, in flying pay status, on 29 September 1944 when their plane crashed about 1.24 miles southwest of Freialdenhoven, Germany. The systemat will be processed in accordance with Paragraph 2b, Operations Bulletin 35, 1945. The casualty report and official report of death will include the following statement:

Finding of Death has been issued previously under Section 5, Public Law 490, 7 March 1942, as amended, showing presumed date of death as 30 September 1945. This "Report of Death" based on information received since that date, is issued in

AG 704 DEAD (18 May 49)

11181

accordance with Section 9 of said Act
and its effect on prior payments and
settlements is as provided in Section
9.

Station and place of death: European Theater.

Walter L. Malls
WALTER L. MALLS
Investigator

APPROVED: Recommended action will be taken

BY ORDER OF THE ACTING SECRETARY OF THE ARMY:

T. J. Collum
T. J. COLLUM
Major, AGD
Acting Officer in Charge
Casualty Section
Personnel Actions Branch, AGO

Copy Furnished: Central Files
AG 201 and OQMG file of each individual
named in par 1.

Source material obtained as a result of this
investigation is filed in the AG 201 file of
2nd Lt Burns, Alvin C., Jr., 0708876, unless
otherwise indicated.

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-88 BY 6032

IN 11-11-88 BY 6032

DATE 11-11-88 BY 6032

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 11-11-88 BY 6032

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-88 BY 6032



IDENTIFICATION SECTION
MEMORIAL DIVISION

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL			ARMY SERIAL NUMBER		GRADE
Troyer Reuben J.			15 059 054		S/ser.
HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR	SHOE SIZE	DATE OF DEATH
69"	138	Blue	D. Brown	9 1/2 D	30 Sept. 45

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

671st Bomb Sq. 416th Bomb Gp. (L)

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

Over Juelich Germany

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

STATION	DATES
Charute Fld. Ill.	25 Sept. 40
Kelly Fld. Texas	24 Feb. 42
Spartan Aircraft Co. Muskogee Okla.	29 Mar 42
Godman Fld Ky.	16 May 42
Ft. Myers Fla.	1 Oct. 42
Myrtle Beach S.C.	6 Jan. 43
Will Rogers Fld. Okla.	14 Feb. 43

FROM: WD, AGO CLINICAL RECORDS BRANCH
AVAILABLE RECORDS FORWARDED HEREWITH

FRACTURES AND/OR BREAKS

TATTOOS AND/OR BIRTH MARKS

DENTAL CHART

X 7 6 5 4 3 2 1

UPPER RIGHT

1 2 3 4 5 6 X X

UPPER LEFT

16 15 X 13 12 11 10 9

LOWER RIGHT

9 10 11 12 13 14 15 16

LOWER LEFT

X - EXTRACTED

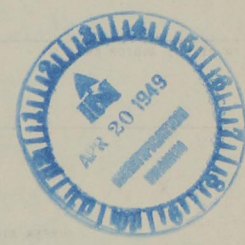
O - CARIOUS

I - CARIOUS NON-RESTORABLE

ASTAC FORM
1 Aug 1946

I-380

(Indicate dentures, bridgework, etc., if shown.)



7

FLYING PERSONNEL DENTAL IDENTIFICATION FORM
Office of the Dental Surgeon

Station
Troyer, Reuben J S/Sgt 1059054
Name Rank ASN
671st 24 3 1/2 yrs 18 March 44
Organization Age Service Date

Armorer - Gunner
Aeronautical Rating

Right								Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X													X		X
A	X	X											A	A	

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

CLASS IV

OCCUSION Poor CALCULUS Med PERIODONTCLASIA - FOCI SUSPECTED -
ANOMALIES, OTHER CONDITIONS, REMARKS: - Edge to edge bite on anteriors
Bicuspid do not touch on occlusion. L-16 partly erupted.

OUTLINE CRIES 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 ☒ ☒ ☒
TEETH REPLACED BY FIXED BRIDGE ☒ ☒

APPROVED Thomas H. Laufer Station Dental Surgeon
Thomas H. Laufer Examining Dental Officer

FILE

SEP 24 1948

E. J. Gordon, 1st Lt., CMC
DENTIST

293 FILE

DATA ON REMAINS NOT YET RECORDED OR IDENTIFIED

NAME (Last, First, Middle Initial) TROYER, REUBEN J.		GRADE S/Sgt.	PRESENT SERIAL NUMBER 15,059,054	
ORGANIZATION 671 BOMB. SQ AC 416 BOMB. Grp. (L)	RACE WHITE	CREED PROT.	FORMER SERIAL NUMBER (If applicable) _____	
DATE OF DEATH/MIA 29-9-44	CAUSE OF DEATH F.O.D.		PLACE OF DEATH OR PLACE LAST SEEN IF MIA OVER TARGET, JULICH, GERMANY	
DATE OF FOD 30-8-45	HEIGHT 69"	WEIGHT 138	COLOR EYES BLUE	COLOR HAIR DK. BROWN

DENTAL CHART

20 SEPT. '40

UPPER RIGHT 7 6 5 4 3 2 1 X	UPPER LEFT 1 2 3 4 5 6 X X
LOWER RIGHT 16 15 X 13 12 11 10 9	LOWER LEFT 9 10 11 12 13 14 15 16

X = Extracted

O = Carious

1 = Carious Non-Restorable

FRACTURES AND/OR BREAKS

TATTOOS AND/OR BIRTHMARK

ADDITIONAL INFORMATION

D/B: 4 SEP. 1919.

FILE

AUG 2 - 1948

E. J. Collins, 1st Lt., GPO
IDENTIFICATION BRANCHOQMG FORM 371
23 SEP 46

U. S. GOVERNMENT PRINTING OFFICE 16-49805-1

DATE FORWARDED TO FIELD _____

GLC DENTAL Photo STAT.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 757 US ARMY

APPROVED *8/29/50*

TROYER, Reuben J. S/Sgt 15059051
Chief, Identification (Name) (Rank) (ASN)
Memorial Division, OQMG

previously buried as Unknown X 2501 USMC Neuville-En-Condroz, Belgium
Identification accepted in accordance with Letter, WD AGAO-S 293.9, 9 April 1947
Subj: Establishment of Boards of Review for Identification of Unknown Dead Overseas
and par 118 b, SR 830-110-5, DA, 3 Mar. 1949, by the following members of the Board
of Review, established by Par 2, SO No 1, this Headquarters, dated 2 Jan. 1950.

Col Harold P. HENRY, O-12589 QMC Lt Col. Edward D. MULVANNITY, O-359598 QMC
Capt. Edward F. PRICE Jr., O-1588236 QMC 1st Lt. Gaylord E. LUTZ, O-1595665 QMC
CWO Ledore GONDREAU W-2113434 USA

IDENTIFICATION
RECOMMENDED

Henry

*File to
day
R/R
1-8*

Incl #1

CORRECTED COPY

SR

Graves Registration
Form No. 1
(Revised Sept. 1943)

REPORT OF BURIAL

27 January 1950
Date

TROYER, Reuben J. S/Sgt 15059054
 Last Name First Initial Rank Serial No.
 671 Bb Sq. 416 Bb Gp
 Unit Organization
 Vic. DURBOSLAR, Germany 29 September 1944 Plane crash
 Place of Death Cause of Death
 1230, 23 April 1946 U.S. Military Cemetery NEUVILLE EN CONDROZ, Belgium
 Name of Cemetery Name or Coordinates of Location
 157 7 Cross
 Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags Previously buried as Unknown X-2501 (Neuville) and identified as: TROYER, Reuben J. S/Sgt 15059054. Identified through: 1) Tooth chart for X-2501 is in agreement with FPDIF for S/Sgt Troyer. 2) Est. height, age & color of hair of X-2501 are in agreement with height, age & color of hair

What means of identification were buried with the body? of S/Sgt Troyer. 3) Est. date & place of death of X-2501 are in agreement with MACR for A/C 43-21724 of which S/Sgt Troyer was a crew member. 4) Unknown X-2501 was disinterred from the same common grave as the remains of 2 additional crew members of A/C 43-21724.

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

Who is buried on:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	X-2499				156
	JONES	39901702			158
Deceased's Left:					

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

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

Emergency Addressee Unknown

Name

Address

Religion

Protestant

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

REBURIAL

Previously buried in isolated grave located at: Durboslar, Ger. (VK.9657) 1.260.000, Sh 3

This corrected copy of Report of Burial, prepared at HQ American Graves Registration Command, EA.

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

LEODORE GOUDREAU

CWO

USA

2-8

CORRECTED COPY

IF DECEASED UNIDENTIFIED

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

Height: _____ Laundry Marks: _____
 Weight: _____ Number of Rifle: _____
 Color of Eyes: _____ Wear Glasses? _____
 Color of Hair: _____ Is Tooth Chart Attached? _____
 Race: _____

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

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

Left Hand

Right Hand

1

2

3

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100

TOOTH CHART

	Deceased's Left										Deceased's Right									
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	9	10	11	12
Upper																				
Lower																				

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

Characteristics:

Other Data:

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

23 FEB 1951
 Identification Section

S. at C" 76992 - 887 M - 3-45

CASE HISTORY

UNKNOWN X-2501, USMC Neuville

S/Sgt Reuben J. Troyer, 15059054.

1. A/C 43-9925 and 43-21724 crashed together in the vicinity of Durboslar, Germany, 29 September 1944. All three crew members of A/C 43-9925 were reported KIA. Of the four crew members of A/C 43-21724, three were reported KIA and one RMC.

2. One casualty, a crew member of A/C 43-21724, has been reburied as a Known.

3. The five remaining casualties of the two A/C were previously buried as a Group Identification. Reprocessing of the five remains by an Anthropologist enables three individual identifications. The remaining two Unknowns will be identified as a Group of the remaining two casualties, thus accounting for all crew members as follows:

UNKNOWN X-2501 - S/Sgt Reuben J. Troyer, 15059054

UNKNOWN X-2502 - 2/Lt Alwin C. Burns Jr, O-708876

UNKNOWN X-2503 - S/Sgt Arthur J. Burgess, 33416564

UNKNOWN X-8096 and UNKNOWN X-8115 (previously

X-93 Margraten) - Either 1/Lt Ray C. Morehouse, O-752431, or
S/Sgt Leonard A. Zygiel, 36582062.

Groves Registration
Form No. 1
(Revised 1, Sept. 1943)

REBURIAL REPORT OF BURIAL

Neuville Belgium
Restricted TM 10-630 AND AR 30-1815
TROYER, Reuben J. \$/Sgt.
UNKNOWN-X-2501 UNKNOWN
Last Name First Initial Rank
Unknown
Unit
Durboelar, Ger. (VK.9657) Sept. 1944
Plane crash
23 Place of Death Date of Death Cause of Death
1230, 24 Apr/46, U.S. Military Cemetery, Neuville-en-Condroz, VK.3819
Time and Date of Burial Name of Cemetery Belgium, VK 390187 Coordinates of Location
157 7 J Temp. cross
Grave Number Row Number Plot Number Type of Marker

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

If No Identification Tags

How were remains identified?

See reverse

Ident. by Field, accepted by Capt. Cox 2 Aug. 50 hmg

REBURIAL
Previously buried in isolated grave
located at Durboelar, Ger. (VK.9657)
Map Ref. Ger. 1/250,000

What means of identification were buried with
G.R.S. No. 1, in Bottle Brussels Liege Sheet 3

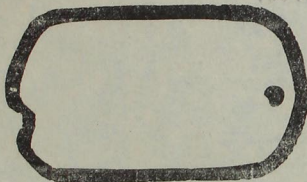
To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:	Name	Serial-No.	Rank	Unk	Unk	Unk	156
JONES, Amasa L.	39901702	Unk	Unk	Unk	Unk	Unk	158
Deceased's Left:	Name	Serial-No.	Rank	Unk	Unk	Unk	Grave No.

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

If print of identification tag is not affixed fill in below



Emergency Address

Unknown

Name

Address

Religion

Unknown

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

None

Disintering Officer

W. H. Barnett

WILLIAM H. BARNETT
2nd Lt. - O-2018275
6890 Q.M.G.R. Co.

Signature of Officer or other person reporting burial

Reintering Officer.

Charles F. Barney
CHARLES F. BARNEY, 2nd Lt, Inf.
6800 Q. GR Det (CA)

REPORT OF BURIAL

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands.

If unable to obtain a complete set of Fingerprints

Take Those You Can.

and fill in the following:

Height: Unk. Laundry Marks: None
 Weight: Unk. Number of Rifle: None
 Color of Eyes: Unk. Wear Glasses? Unk.
 Color of Hair: Unk. Is Tooth Chart Attached? Yes
 Race: Unk.

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

Impossible to determine

[Disturbing text redacted]

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

Grave marked with cross

Ser.No. of machine guns
 995983 frigidare
 994558 General Motors
 994563 (M.F.G.R.)

TOOTH CHART

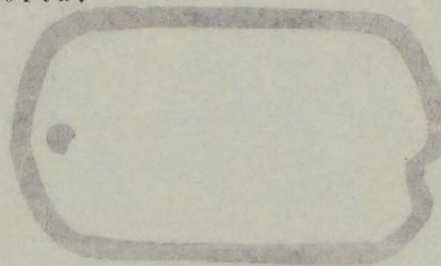
If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

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

Indicate: missing natural teeth by X; fillings by ☐
 Bridges by ☐ linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:



SEE ATTACHED SHEET

Fingers Decayed

Fingers Decayed

Left Hand

Right Hand

Form prescribed by
Comptroller General, U.S.
7 October 1944

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

4154

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 Reuben J. Troyer, Army Serial Number 15,059,054, Air Corps, to be dead. He was officially reported as missing in action as of the 29th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 30th day of September, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Heahent

ADJUTANT GENERAL
CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATION

AREA		FLYING STATUS	JUMP STATUS	LINE OF DUTY	OWN MISC. 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)			
4 Sep 1919	Kokomo, Indiana	20 Sep 1940		YEARS	MONTH	DAYS	
				Over	three	years	

EMERGENCY ADDRESSEE		
NAME	RELATIONSHIP	ADDRESS
Mrs. Reuben E. Troyer	Mother	1816 South Bell Street Kokomo, Indiana

BENEFICIARIES		
NAME	RELATIONSHIP	ADDRESS
Clara Troyer	Mother	1816 South Bell Street Kokomo, Indiana
Reuben E. Troyer	Father	1816 South Bell Street Kokomo, Indiana

REMARKS

Distribution - 56 -

Circumstances of disappearance: Subject person became missing in action when the aircraft in which he was a member was hit by enemy fire and exploded in mid-air while over the target, Julich, Germany.

FILE
OCT 3 1945
DCC

WD AGO FORM 0353
1 FEB 1945

THIS FORM SUPERSEDES WD AGO FORM 0353, 1 NOVEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.



SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATH

DATE 7 Jun 49 lgi

FULL NAME <u>Troyer, Reuben J.</u>		ARMY SERIAL NUMBER <u>15 059 054</u>		GRADE <u>S/Sgt.</u>	
HOME ADDRESS <u>Kokomo, Indiana</u>		ARM OR SERVICE <u>Air Corps</u>		DATE OF BIRTH <u>4 Sep 1919</u>	
PLACE OF DEATH <u>Germany</u>		CAUSE OF DEATH <u>Killed in Action</u>		DATE OF DEATH <u>29 Sep 44</u>	
STATION OF DECEASED <u>European Area-</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>20 Sep 40</u>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>over 3 years</u>	
EMERGENCY ADDRESSEE (Name, relationship, and address) <u>Mrs. Reuben E. Troyer, Mother, 1816 South Bell Street, Kokomo, Indiana</u>					
BENEFICIARY (Name, relationship, and address) <u>Mrs. Clara Troyer, Mother, same as above</u> <u>Mr. Reuben E. Troyer, Father, same as above</u>					
INVESTIGATION MADE	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
YES	NO	YES	NO	YES	NO
ADDITIONAL DATA AND/OR STATEMENT					BATTLE NON-BATTLE

Finding of death has been issued previously under Section 5, Public Law 490, 7 March 1942, as amended, showing presumed date of death as 30 September 1945. This "Report of Death" based on information received since that date is issued in accordance with Section 9, of said Act, and its effect on prior payments and settlements is as prescribed in Section 9.

BY ORDER OF THE UNDER SECRETARY OF THE ARMY

~~XXXXXXXXXXXXXXXXXXXX~~

*File
17 Jun 49
Cld*

James R. Hux
 ADJUTANT GENERAL

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

—BATTLE CASUALTY REPORT

793

NAME TROYER REUBEN J ASN 15059054	GRADE S/SGT SON	DATE CAS. REPORT RECEIVED
NAME AND AD. DRESS OF E. A. MRS REUBEN I TROYER 1816 SOUTH BELL STREET KOKOMO INDIANA		DATE TELEGRAM SENT str 2 June 49

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

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

GRADE S/SGT	NAME TROYER, REUBEN J.	SERIAL NUMBER 15059054	ARM OR SERVICE AC	REPORTING THEATRE K	F OR J STATUS K	SHIPMENT NUMBER 43008 U-2X
TYPE OF CASUALTY KILLED IN ACTION		PLACE OF CASUALTY IN GERMANY		DATE OF CASUALTY DAY MONTH YEAR 29 SEP 44		CASUALTY CODE

REMARKS: AG 704 DEAD /18 MAY 49/ ☐ CORRECTED COPY

MEMO ACTG. OIC CAS. SEC. PAB. KILLED WHEN PLANE CRASHED ABOUT 1.24 MI. SW OF FREIALDENHOVEN. FOD ISSUED PREV UNDER SEC 5, PL 490, 7 MAR 42, AS AMENDED SHOWING PRESUMED DATE OF DEATH 30 SEP 45. 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 PROVIDED IN SEC 9. STA AND PL OF DEATH ETO.

HOME ADDRESS: KOKOMO, HOWARD CO., IND.

PROCESS IN ACCORD WITH PAR 2B, OPER BUL 35, 1945.

Reports of Death issued 7 Jun 49/181

ACTION BY COMPOSITE SECTION: REPORT VERIFIED		FORM 49	AS ROI REQ.
CASUALTY BRANCH FILE ATTACHED		OR CHARGED TO	DATE
PREVIOUSLY REPORTED	NO.	YES	(AS INDICATED BELOW):
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA
E. A. NOTIFIED			
FORWARDED TO			
SPEC. IDEN.	C. R. P.	TELEGRAM	LETTER
CERTIF.	P. REL.	CORRES.	REPAT.
NON-DEL.			
REPORT NOT VERIFIED		NO FORM 49	NO CAS. BR. FILE
CHECKED BY		REVIEWED BY	
DISTRIBUTION "A" 38 COPIES		DISTRIBUTION "B" 31 COPIES	

WD AGO FORM 0365 1 MAY 1945 EDITION OF 1 JAN. 1945 MAY BE USED.



REPARATION
RECORDS BRANCH
JUN 13 9 16 AM '49
MEMORIAL DIVISION

Form prescribed by
Comptroller General, U.S.
7 October 1944

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

4154

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 Reuben J. Troyer, Army Serial Number 15,059,054, Air Corps, to be dead. He was officially reported as missing in action as of the 29th day of September 1944. For the purposes stated in said Act, death is presumed to have occurred on the 30th day of September, 1945.

BY ORDER OF THE SECRETARY OF WAR

George F. Hendert

ADJUTANT GENERAL
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)			
4 Sep 1919	Kokomo, Indiana	20 Sep 1940		YEARS	MONTH	DAYS	
				Over	three	years	

EMERGENCY ADDRESSEE

NAME	RELATIONSHIP	ADDRESS
Mrs. Reuben E. Troyer	Mother	1816 South Bell Street Kokomo, Indiana

BENEFICIARIES

NAME	RELATIONSHIP	ADDRESS
Clara Troyer	Mother	1816 South Bell Street Kokomo, Indiana
NAME	RELATIONSHIP	ADDRESS
Reuben E. Troyer	Father	1816 South Bell Street Kokomo, Indiana

REMARKS

Distribution - 56 -

Circumstances of disappearance: Subject person became missing in action when the aircraft in which he was a member was hit by enemy fire and exploded in mid-air while over the target, Julich, Germany.

WD AGO FORM 0353
1 FEB 1945

THIS FORM SUPERSEDES WD AGO FORM 0353, 1 NOVEMBER 1944,
WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

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

In Reply Refer To: 568427

RTB:GC:tdl
November 14, 1945

Mrs. Reuben E. Troyer
1816 South Bell Street
Kokomo, Indiana

Dear Mrs. Troyer:

Reference is made to our letter dated August 29, 1945 reporting shipment of the personal property belonging to your son, Staff Sergeant Reuben J. Troyer.

If you have received this property, I will appreciate your acknowledging delivery in accordance with the above mentioned letter. Should that communication have been misplaced, you may acknowledge receipt by signing in the space provided below and returning one copy of this communication to the Army Effects Bureau.

In the event the property has not been received, please so advise, and tracer action will be instituted by this Bureau.

Although I prefer to have your acknowledgment, unless we hear from you within a month from this date, I shall assume that satisfactory delivery was made and that no further action on our part is necessary.

For your convenience in replying, there is inclosed an addressed envelope which needs no postage.

Yours very truly,

Harry Niemiec

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

1 Incl--Envelope

Mrs. Reuben E. Troyer.
(Signature)

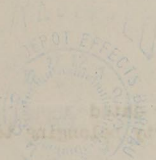
Nov. 26, 1945
(Date)

Case No. 568427

Eff. QM Form 109

KANSAS CITY, MISSOURI
 301 Broadway Avenue
 Kansas City 1, Missouri

In reply, please refer to



Reference is made to our letter dated May 8, 1968, regarding shipment of the personal property belonging to you. We have received this property and are now processing it. We are sorry that we cannot deliver it to you immediately, but we are working to expedite the process. We will contact you again when the property is ready for delivery. In the meantime, we will keep you informed of any developments. We appreciate your patience and understanding.

Very truly,
 [Signature]
 [Name]

I enclose--

 (Signature)

 (Signature)

 (Signature)

568427

(S-11-2-45)
RTP:JFH:vv
August 29, 1945

Mrs. Reuben E. Troyer
1816 South Bell Street
Kokomo, Indiana

Dear Mrs. Troyer:

son, Staff Sergeant Reuben J. Troyer:

2 cartons and contents

son.

Yours very truly,

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

205

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

SHIP TO: Mrs. Reuben E. Troyer
 1816 South Bell Street
 Kokomo, Indiana

Effects of: S/Sgt. Reuben J. Troyer
 Name 15059054
 ASN 568427 H
 Case No.
 Wt.

DATE 29 August 1945
 RTB:JPH:vw

FOR: *J. J. J. J.*
 Effects Quartermaster

REMARKS:

_____ Inclose Bureau Check	_____ Remove G.I.
_____ Acct. No. _____	_____ ☒ Note discrepancy in <i>name</i>
_____ Amount _____	_____ Films removed
_____ Inclose "Valuables" item	_____ Diary removed
_____ Ship "Valuables" item(s)	_____ Laundry removed

ROUTING:

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

file up

REMARKS:

#1 Ctu = 18 July
 #2 = 13 Aug

Tracked ☒ SEP 5 1945
 Est. Exp. Chgs. _____
 Est. Frt. Chgs. _____
 No. of packages 2

EP
 Shipping Clerk

Eff. Form 14 (26 Dec 44)

ATTACHMENTS		EFFECTS INVENTORY ARMY EFFECTS BUREAU		STATUS	
☒	INBOUND INVENTORY			☒	DECEASED
	G. R. OR SUB GR LABEL			☒	MISSING
	WILL OR POWER OF ATTY.				P. O. W.
	TALLY IN FORM 43				ABANDONED
					UNKNOWN
	BAGS, CLOTH OR TRAVEL		BELT		OVERCOATS
	BELT, MONEY (NO MONEY)		BOOKS, ADDRESS		PAPERS, PERSONAL
	BILLFOLD (NO MONEY)		BOOKS, PILOT LOG		PENCIL, MECHANICAL
	BOOKS		BRUSHES		PEN, FOUNTAIN
	BRACELET, IDENT.		CASE		PHOTOS
	CAMERAS		CLOTH, WASH		PIPES
	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			No Information Rechecked		
NAME AND STATUS VARIATIONS			CROSS REFERENCE		
CHECK	REC'D BY	NUMBER	BUREAU CHECK		
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL		
BOND		AMOUNT	ORIG. REG. MAIL		
TRAV. CHECK		DATE	TO G. A. O.		
FOREIGN CURRENCY			MUTILATED		
U. S. CURRENCY			TO ISSUING AGENCY		
BANK OR PLACE OF ISSUE					
PAYEE					
REMITTER OR DRAWER					
TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET	
9997	1	13-Aug-45		OF	SHEETS
NAME	REUBEN J. TROYES		A. S. N.	15059034	
ORGANIZATION			RANK	5/597	
WAREHOUSE SPACE	2573		EXAMINED BY	Diary Removed	
PACKED BY	Williams		PHOTO FILM REMOVED		
INSPECTED BY	O. J. Jones		MOTION PICTURE FILM REMOVED		
STORED BY	7205		SHIPPED		
PACKAGE DESCRIPTION	WEIGHT	DATE	BY WHOM		
Alc. Tn		SEP 5 1945	EP		

NAME ~~T~~TROYERS, REUBEN. S/SGT. 90 54

BAY	PALLET	BOX	TALLY
18	4		9997

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
PKG.		

Ent. QM Form 43

Tray
Trey
Trov
Trov
Reuben
Gup.

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

1 Garrison cap
1 khaki shirt
1 pr. gym shoes

NUMBER

DATE

SYMBOL

AMOUNT

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

Shields
INVENTORY CLERK

SUPERVISOR

G-1. REMOVED

INVENTORY OF EFFECTS

(See AR 600-550)

Troyer, Reuben J. 15 059 054
 (Last name) (First name) (Middle initial) (Army serial number)
 Rtc S. Sgt. 416th Bomb Group (L)
 (Grade) (Organization or arm or service)
 MIA on the 29 day of Sept, 1944

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

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Fountain Pen ✓	
1	Pencil, Automatic ✓	
1	Testament ✓	
1	Box, Misc. snapshots, etc. ✓	
1	Hibon, Award ✓	
2	Wallets ✓	

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

CLASS II—Other effects

NUMBER	ARTICLES
1	Cap, Garrison 0
1	Pr Trunks, Gym ✓
1	Shirt, Khaki 0
1	Scarf, Wool ✓
1	Belt, Money ✓
1	Handkerchief ✓
1	Wash cloth
1	Pr Shoes, Gym 0

W.D., A.G.O. Form No. 54
 July 1, 1953

15-21164

[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 ON Depot Communication Zone
(Give name and degree of relationship; if legal representative

or beneficiary named by the deceased, so state)

~~*the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.~~

DAVID L. WILLETTTS,
Major, Air Corps,
Commanding.

APC 140, U. S. Army.
(Station)

11 October, 1944
(Date)

*Strike out words not applicable.

NAME TROYER, RUEBEN S/SGT. 9054

BAY	PALLET	BOX	TALLY
	20	40	9447

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
CTN.		

EN. QM Form 43

SPQDK 332.3 (569717
399737, 540517, 544887
400707, 568427)

(3-7-Sep-45)
28 August 1945

ARMY EFFECTS BUREAU

ADMINISTRATIVE

CORRESPONDENCE

THE ADJUTANT GENERAL

WASHINGTON 25, D. C.

x

RTB:GC:mw

It is requested that the information needed by this Bureau in the cases of certain military personnel, namely, status, name and address of emergency addressee, beneficiary, and bailee, be furnished, by completion and return of inclosed Eff. QM Forms 20, to enable quick disposal of their personal property received here.

FOR THE EFFECTS QUARTERMASTER:

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

6 Incl--a/s