

RECEIPT OF REMAINS

HEADQUARTERS
NEW YORK PORT OF EMBARKATION
DISTRIBUTION CENTER #1, AGRS
1ST AVENUE & 58th STREET
BROOKLYN, NEW YORK

DISTRIBUTION CENTER

ROUTINE

REMAINS CONSIGNED TO:

GEORGE T DAVIS INC
14 LE COUNT PLACE
NEW ROCHELLE N Y

REMAINS OF THE LATE

²⁹³
PFC ALBERT A ANDERSON JR

ACCOMPANIED BY

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

ON

TUESDAY 22 JUNE

PLEASE MAKE ARRANGEMENTS TO ACCEPT

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

ESCORT: VINZI, ANGELO, T/4,
ER-31487242, DET #5, 1300 ASU

G. H. BARE

COLONEL, QMC

NAT
FILE
RECORDS ANNOTATED
DATE 7-26-48
NAME Ameloo
R & R BR.

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 22 DAY OF June, 19 48

T/4 Angel A. Vinzi A.F.F.
WITNESS (Escort)

George T. Davis, Inc
Geo M. Davis Jr
CONSIGNEE Via Pres

E.R. 31487242

RECEIPT OF REMAINS

HEADQUARTERS
NEW YORK PORT OF EMBARCATION
DISTRIBUTION CENTER AT AGES
100 AVENUE 2 WEST STREET
BROOKLYN, NEW YORK

DISTRIBUTION CENTER

ROUTE

AGGEE T DAVIS INC

REMAINS CONSIGNED TO:

14 LE COURT PLACE

NEW ROCHELLE N Y

ACCOMPANIED BY

BY

HEARINGS OF THE LATE

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

PLEASE MAKE ARRANGEMENTS TO ACCEPT

TUESDAY 22 JUNE

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

OF ARRIVAL

GT. B. BARR

COLONEL, OMC

ESCORTE: VINCE, ANGELLO, TAVI
FR-3182345, DET. 13, 1300 ASU

RECORDS ASSOCIATED

DATE

REPATRIATION
RECORDS BRANCH

JUL 20 9 04 PM '48

MEMORIAL DIVISION

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE NAMED DECEASED

DAY OF MONTH YEAR

[Handwritten signature]

WITNESS (SIGNED)

FR-3182345

/ztl

720 IRR

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7749 00218

DATE
15 03 48
DAY MONTH YEAR

NAME
ANDERSON ALBERT A JR

SERIAL NUMBER
42182224

RANK
PFC

ARM
1

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEM SANTA BARBARA NO 1

DISPOSITION OF REMAINS
2300 01

PLOT ROW GRAVE COUNTRY
92 4829 PHILIPPINE ISLANDS

CODE DIST. PT.

CAUSE OF DEATH
1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
GEORGE T. DAVIS, INC.
14 LE COUNT PLACE
NEW ROCHELLE, NEW YORK

NAME AND ADDRESS OF NEXT OF KIN
ALBERT A. ANDERSON (FATHER)
137 SICKLES AVENUE
NEW ROCHELLE, NEW YORK

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME
ANDERSON, Albert A. Jr.

SERIAL NUMBER
42 182 224

RANK
Pfc

DATE OF DEATH
2 June '45

DATE DISTINTERRED
27 Apr '48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
USAGF

RELIGION
protestant

IDENTIFICATION VERIFIED BY
WILLIAM A. JOHNSON
(Embalmer) NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE
27 Apr '48

BY
WILLIAM A. JOHNSON

EMBALMER (Signature)

William A. Johnson
WILLIAM A. JOHNSON

CASKET SEALED BY

WILLIAM A. JOHNSON

SHIPPING ADDRESS VERIFIED BY

CASKET BOXED AND MARKED

DATE 27 Apr '48 BY PLACIDO M. CASTILLO

AGUSTIN LIQUIGAN, 2nd Lt., FA

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

Agustin Liquigan
AGUSTIN LIQUIGAN, 2nd Lt., FA

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

AGRS Remains Depot

Truck

AGRS Port Officer

J. BOLAWAN, Capt., Cav.

D. L. ADAIR, Major, TC

AGRS Port Officer

USAT Lt. George W. G. Boyce

Truck

D. L. ADAIR, Major, TC
15 May 1948

USAT Lt. George W. G. Boyce
15 May 1948

FROM USAT LT. GEORGE W. G. BOYCE

OAKLAND

ARMY BASE

SHIP

NAME OF CONVOYER NONE

SIGNATURE OF RECEIVER

DATE 15/5/48

OIAF NORDMANN 1st Lt. TC

4. SHIPPED

NO STEEL, PT MASON, CAVES

DC-1 Brooklyn Army Base NYPE

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

ARTHUR C. BRIT

5. SHIPPED

M. M. M...
Operations Officer DC# 1

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

NEW ROCHELLE, NEW YORK

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

GEORGE T. DAVIS, INC.

DATE

ALBERT A. ANDERSON (FATHER)
NEW ROCHELLE, NEW YORK

NAME OF CONVOYER

SIGNATURE OF RECEIVER

6. SHIPPED

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

NAME OF CONVOYER

7. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

SPACE# 0 BAY# 1

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION POINT)

NAME ANDERSON, ALBERT A. JR.	RANK PFC.	SERIAL NUMBER 42182224
---------------------------------	--------------	---------------------------

NEXT OF KIN ALBERT A. ANDERSON	ADDRESS 137 SICKLES AVE., NEW ROCHELLE, N.Y.
-----------------------------------	---

SHIPPING CASE - General Appearance (Check ONLY Discrepancies)		CONDITION OF SHIPPING CASE (Check one) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
<input type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> FINISH (Interior) <input type="checkbox"/> HANDLES <input type="checkbox"/> HANDLE BOLTS <input checked="" type="checkbox"/> STENCILING - NAMEPLATE	REMARKS <i>New stencil put on case</i> <i>J. W.</i>	

CASKET - General Appearance (Check ONLY Discrepancies)		CONDITION OF CASKET (Check one) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
<input checked="" type="checkbox"/> FINISH (Exterior) <input type="checkbox"/> HANDLES AND FASTENINGS <input type="checkbox"/> STENCILING - NAMEPLATE <input checked="" type="checkbox"/> CAM LOCKS (Sealing) <input type="checkbox"/> ODOR OR MOISTURE <i>Cam Lock missing</i>	REMARKS <i>Abractions on casket sprayed</i> <i>Missing Cam Lock replaced</i> <i>Casket cleaned and polished</i> <i>J. W.</i>	

ROUTED THROUGH

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/>
NECESSARY DISINFECTION (Explain)	CASKET EXCHANGED <input type="checkbox"/>
	SHIPPING CASE REPAIRED <input checked="" type="checkbox"/>
	SHIPPING CASE EXCHANGED <input type="checkbox"/>
	REMARKS <i>Wood stripping - Prommet -</i> <i>Plastic Wood -</i> <i>Sanded.</i>

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
				6-16-48	

REMARKS

IF SHIPPING CASE DOES NOT REQUIRE REPLACEMENT, REMOVE STENCIL FROM INSIDE CASE AND DESTROY. IF CASE IS TO BE REPLACED, RE-STENCIL WITH STENCIL FOUND INSIDE CASE, THEN DESTROY STENCIL.

Parentell
6-16-48
Final Inspector U.S.
John With

WU B29 39 COLLECT 6 EXTRA

RECEIVED

NEWROCHELLE NY MAY 27 1227P

DISTRIBUTION CENTER #1 NEW YORK PORT OF EMBARKATION

1948 MAY 27 19 10

G H BARE JOURNAL QUARTERMASTER BROOKLYN NY

WAR DEPARTMENT
TELEGRAPH OFFICE
BROOKLYN BASE, NYPE

INSTRUCTIONS CONFIRMED FOR FINAL ARRANGEMENTS FOR ~~BONE~~ REMAINS

OF PFC ALBERT A ANDERSON JR. IF ANY OTHER COMMUNICATIO

PLEASE SEND TO ME AS PFC ALBERT A ANDERSONS FATHER DIED

MAY 20TH 1948

IRENE ANDERSON MOTHER

137 SICKLES AVE NEW ROCHELLE NY.

20 1948 137.

IN

OUT

MAY 27 3 56 PM 1948

DC #1, AGRS
NYPE

MESSAGEFORM

MESSAGE CENTER NO.		TRANSMITTING MEANS		CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No.	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION			EXEMPT	OPERATING SIGNALS	GROUP COUNT
INFORMATION				1948 MAY 23 15 16	GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

ACTION TO: DAY LETTER
• ALBERT A. ANDERSON
F • 137 SICKLES AVE.
• NEW ROCHELLE, N.Y.

INFORMATION TO:

SECURITY CLASSIFICATION	
WAR DEPARTMENT TELEGRAPH OFFICE PRECEDENCE FOR ACTION BROOKLYN BASE, N.Y.	
<input type="checkbox"/> ORIGINAL MESSAGE	
REFERS TO ANOTHER MESSAGE IDENTIFICATION	CLASSIFICATION

PLEASE BE ADVISED THE REMAINS OF THE LATE PFC. ALBERT A. ANDERSON JR. ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO GEORGE T. DAVIS INC., 14 LE COUNT PLACE, NEW ROCHELLE, N.Y. WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE. HOWEVER, WE APPRECIATE YOUR DESIRE TO RECEIVE REMAINS AS SOON AS POSSIBLE AND ASSURE YOU EVERY EFFORT IS BEING MADE TO EXPEDITE DELIVERY. YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO THE DATE REMAINS WILL BE DELIVERED TO HIM AND HE WILL BE REQUESTED TO INFORM YOU SO THAT YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE CONFIRM THE ABOVE INSTRUCTIONS BY TELEGRAM COLLECT TO DISTRIBUTION CENTER NUMBER ONE, NEW YORK PORT OF EMBARKATION WITHIN FORTY EIGHT HOURS OR SUBMIT NEW DELIVERY INSTRUCTIONS. IT WILL NOT BE

SECURITY CLASSIFICATION		AUTHORIZATION	
ORIGINATING AGENCY		SIGNATURE	
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE	PAGE OF

F

POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT HOUR PERIOD. SUGGEST YOU ARRANGE WITH ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

G. H. BARE
COLONEL, QMC

CERTIFICATE

(AR 30.1830)

PAID

WW 11

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

PART A - CIVILIAN OR PRIVATE CEMETERY

A

REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT <i>93</i> ANDERSON, ALBERT A. JR.	GRADE PTG.	SERIAL NUMBER 42182224	COMPONENT USAGF
---	----------------------	----------------------------------	---------------------------

I certify that the sum of \$ 191.50 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY Beechwood	CITY OR COUNTY NEW Rochelle	STATE New York
---	---------------------------------------	--------------------------

INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: HEADQUARTERS NEW YORK PORT OF EMBARKATION D - C #1 AGR 1st Avenue & 58th Street Brooklyn, N.Y.	SIGNATURE OF CLAIMANT <i>A. Drew Anderson</i>
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) 137 Sedgwick Ave. New Rochelle, N.Y.
	RELATIONSHIP TO DECEDENT Mother

PART B - NATIONAL OR POST CEMETERY

B

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
------------------	-------	---------------	-----------

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

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
--	---

INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to:	SIGNATURE OF CLAIMANT
	ADDRESS OF CLAIMANT (City, Street or RFD, and State)
	RELATIONSHIP TO DECEDENT

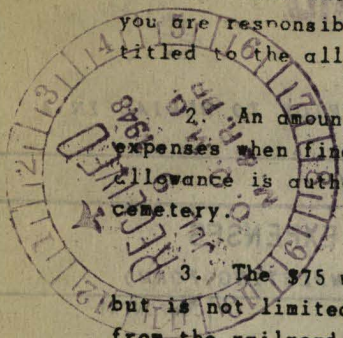
EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.

2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.

3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.

4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.



EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2, below.

2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.

3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.

4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.

OUT

NI

JUN 30 11 46 AM 1948

NYPE

1538

REQUEST FOR DISPOSITION OF REMAINS

BUDGET BUREAU No. 49-R277.

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

DATE:

Pfc. Albert A. Anderson, Jr., 32 182 224
Row 92, Grave 4829,
United States Armed Forces Cemetery
Santa Barbara, #1, Philippine Islands

9 October 1947

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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

PART I

I, Albert A. Anderson,

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- WIDOW WIDOWER SON OVER 21 YEARS OLD DAUGHTER OVER 21 YEARS OLD
- FATHER MOTHER BROTHER OVER 21 YEARS OLD SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) _____

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

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

Beechwood Cemetery, New Rochelle, N. Y.

(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO _____ (FOREIGN COUNTRY), THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT Beechwood Cemetery, New Rochelle, N. Y. (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.)

Pfc. Albert A. Anderson, Jr., 42 182 224

W. J. [unclear]
APR 8 1948

CODING

26/3/48 Bussan

OQMG FORM 14 NOV 1946 345 MILITARY

16-50411-1

MAR 8

PAGE 1

*Beattie
T. [unclear]*

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 Anderson		FIRST NAME Albert		MIDDLE INITIAL A.
NUMBER AND STREET 137 Sickles Avenue,		CITY OR TOWN New Rochelle,	COUNTY OR PROVINCE Westchester	STATE OR TERRITORY OF U. S. A., OR COUNTRY N. Y.
EXPRESS OFFICE (Nearest railroad passenger station) New Rochelle Railway Express		TELEGRAPH ADDRESS New Rochelle		TELEPHONE NO. N. R. 8 1920

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 Geo. T. Davis Inc.				
NUMBER AND STREET 14 LeCount Pl.,		CITY OR TOWN New Rochelle,	COUNTY OR PROVINCE Westchester	STATE OR TERRITORY OF U. S. A., OR COUNTRY New Rochelle, N. Y.
EXPRESS OFFICE (Nearest railroad passenger station) New Rochelle,		TELEGRAPH ADDRESS New Rochelle,		TELEPHONE NO. N. R. 2 0324

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 Anderson,		FIRST NAME Mrs. Albert		MIDDLE INITIAL A.	RELATIONSHIP TO DECEASED Mother
NUMBER AND STREET 137 Sickles Avenue,		CITY OR TOWN New Rochelle,		COUNTY OR PROVINCE Westchester,	STATE OR TERRITORY OF U. S. A., OR COUNTRY N. Y.

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.

Albert A. Anderson,
(SIGNATURE OF NEXT OF KIN)
Albert A. Anderson
(NAME PRINTED OR TYPED)

137 Sickles Avenue, New Rochelle, N. Y.
(STREET AND NUMBER)
New Rochelle, N. Y.
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 12 day of Nov.

1947 at city (or town) of New Rochelle, county of Westchester, and State (or Territory or District) of New York

William E. Landrum
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)
 Exp. date, March 30, 1948

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

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

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

PART III

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

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

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

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

ADDITIONAL REMARKS AND INSTRUCTIONS

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

PLEASE PRINT (PLEASE PRINT NAME)
PART I OF THIS FORM DO NOT BE FILLED IN UNLESS YOU ARE THE PERSON WHOSE RIGHTS TO THE REAL ESTATE ARE BEING TRANSFERRED TO THE DECEASED OR TO THE SURVIVORS OF THE DECEASED

NAME	RELATIONSHIP TO THE DECEASED
NUMBER AND STREET	CITY OR TOWN
STATE OR COUNTY	

RECORDS BRANCH

NOV 15 1 51 PM '47

MEMORIAL DIVISION



754
Pfc. Albert A. Anderson, Jr., 32 182 224
Row 92, Grave 4829,
United States Armed Forces Cemetery
Santa Barbara, #1, Philippine Islands

9 October 1947

Mr. Albert A. Anderson
141 Sickles Avenue
New Rochelle, New York

Dear Mr. Anderson:

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

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

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

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

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

8 Incls. E.
ABS

Oct 15 2-26 PM '47
O. Q. M. G.
MAIL & RECORDS BRANCH

how

23 September 1946

Mr. Albert A. Anderson
141 Sickles Avenue
New Rochelle, New York

Dear Mr. Anderson:

243
The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Albert A. Anderson, Jr., A.S.N. 42 182 224.

The records of this office disclose that his remains are interred in the United States Armed Forces Cemetery, Santa Barbara, #1, row 92, grave 4829. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located approximately one hundred thirty-five miles north of Manila, Philippine Islands, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

SEP 23 3 09 PM '46
MAIL & RECORDS DIVISION

Handwritten signature or initials in the bottom right corner.

QMGGP 293

Anderson, Albert A. (42182224)

ADDRESS REPLY TO
THE QUARTERMASTER GENERAL

9 August 1946

Mr. and Mrs. Albert A. Anderson
141 Sickles Avenue,
New Rochelle, New York

Dear Mr. & Mrs. Anderson:

This is in reply to your letter dated 5 August 1946,
regarding the return of your son, Private Albert A. Anderson,
who was killed in action overseas.

We shall be pleased to keep your letter requesting his
return to this country on file as an expression of your desires.

However, at a later date you will receive a letter of
inquiry from the War Department in which will be inclosed a form
containing four options. At that time you will be requested to
make known your wishes on this form in the matter of final burial,
and all feasible wishes will be carried out.

Due to the magnitude of the task in many parts of the
world you will realize how difficult it would be at the present
time to estimate just when evacuation of the United States Armed
Forces Cemetery at Santa Barbara, Luzon, Philippine Islands, will
be initiated. Be assured, however, that you will be kept informed
of every important step in this program insofar as it concerns
your son.

Inclosed is a recent statement of Brigadier General George
A. Horkan, Director of the Memorial Division of the Office of The
Quartermaster General, which explains in some detail the program
which Congress and the President have authorized the War Department
to carry out. I trust it will answer any questions which may have
occurred to you about the program.

In the event that you have further queries, please do not
hesitate to send them to the Memorial Division, Office of The
Quartermaster General, Washington 25, D.C.

FOR THE QUARTERMASTER GENERAL:

Very truly yours,

W. M. HINES, SR.
Special Assistant.

1 Incl.
statement

99 11 24 AM '46
L & RECORDS BRANCH
D.C.

August 5th. 1946.

Quartermaster General, William M. Hines,
American Graves Registration Service,
Washington 25, D. C.

Prt. Albert A. Anderson #42182224.

Dear Sir:

Noticing the article in the Tribune regarding the return
of our dead boys we wish that you would include our boy.
He was killed June 3rd. 1945, Cemetery at Santa Barbara,
Luzon, Philippine Islands.

We have been waiting your formal notice.

Very truly yours,

Mr & Mrs. Albert A. Anderson

Albert A. Anderson,
141 Sickles Avenue,
New Rochelle, N. Y.

7566
RESTRICTED

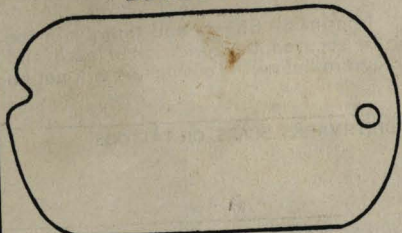
25626

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

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

DATE OF REPORT
11 Dec. '47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

ANDERSON, Albert A. Jr.

SERIAL No.

42 182 224

GRADE

Pfc

ORGANIZATION

Co D 27th Inf Regt

BRANCH OF SERVICE

Army

RACE

RELIGION

Protestant

IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH

Near Santa Fe,
Luzon, P.I.

CAUSE OF DEATH

KIA GSW Rt Leg

DATE OF DEATH

2 June '45

EMERGENCY ADDRESSEE (Name, relationship, and address)

Mrs. Ada I. Anderson, (Mother) 141 Sickles Ave., New Rochelle, New York

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

Yes (2)

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

No

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

RECORDS BRANCH
17 12 26 PM '48
MEMORIAL DIVISION

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.

DATE OF BURIAL

STORAGE
24 Nov '47

HOUR

1400

BURIED IN (Shroud, blanket, or name of other)

STORED

Casket

TYPE OF GRAVE MARKER

None

PLOT No.

HANGER
810

ROW No.

BAY
I

GRAVE No.

GRYRI
2942

WAS THIS A REBURIAL?
(Yes or no)

RESTORED
Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF Cemetery Sta Barbara #1, Luzon, P.I.

PLOT No.

ROW No.

GRAVE No.

92 4829

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

NAN
FILE
12 Apr. 48
Kerney
P. R.

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

STORED
Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

STORED
BURDETTE, Glen C.

RANK

S/Sgt

SERIAL No.

36027268

ORGANIZATION

Co I, 129th
Inf Regt

GRAVE No.

2944

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

STORED
BEFUS, Jacob J.

RANK

Pfc

SERIAL No.

37342534

ORGANIZATION

MedDet, 1st
Bn, 126th
Inf Regt

GRAVE No.

2940

SIGNATURE OF PERSON PREPARING REPORT

R. R. AGIERTO, Pvt.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L. S. PANOPPO, 2nd Lt., INF

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

RESTRICTED

Ince 375


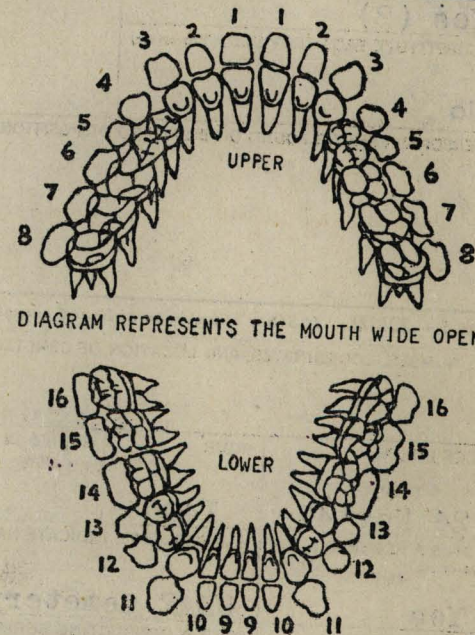




Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:

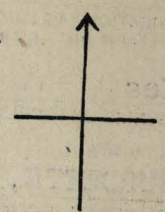
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	
OTHER IDENTIFICATION CLUES				

FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

20 JAN 1948

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

7 Nov 1947

DATE

ANDERSON Albert A. Jr.
LAST NAME FIRST INITIAL

Pfc
RANK

42182224
SERIAL NO.

Co D 27th Inf Regt

Near Santa Fe,
Luzon, P. I.
PLACE OF DEATH

USAF Cemetery Santa
Barbara #1, Luzon, P. I.
PLACE OF BURIAL

ORGANIZATION
92 4829
PLOT ROW GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		A	A	X	A	A	A	A	⊕	⊕	⊕	A	A	A	X	A		TYPE	
LOCATION		df	of		m	od	md	md				d	mod	mod		mod	df	LOCATION	

INSIDE — LOOKING OUT

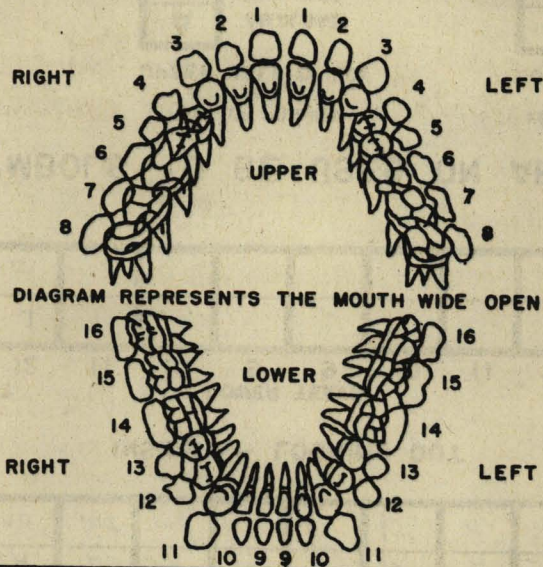
		RIGHT						LEFT											
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE			A	⊕	A	A							⊕	A	⊕		TYPE		
LOCATION			mod		md	m								mod	df		LOCATION		

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;">X</div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;">X</div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">⊕</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
--	---	--

INSTRUCTIONS:

1. **ACCURACY AND ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
2. **NOTE CAREFULLY THAT:** SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.
3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.
4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Joseph M Owen
SIGNATURE OF PERSON WHO PREPARED CHART

JOSEPH M OWEN
Embalmer Asst. SP-6

NAME AND RANK TYPED OR PRINTED
USAF Cemetery Santa Barbara #1,
Luzon, P. I.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Otto H. Kaufmann
VERIFIED BY GRS OFFICER

OTTO H. KAUFMANN
Administrative Asst.

NAME AND RANK TYPED OR PRINTED

7 Nov 1947

DATE

REPORT OF INTERMENT

25628

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

(Par. 21d - TM 10-630)

2C

<u>ANDERSON</u>	<u>Albert</u>	<u>A., Jr.</u>	<u>42182224</u>	<u>Pfc</u>	<u>Co D 27th Inf Regt</u>	<u>6</u>
(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)	(Organization)	

<u>Near Santa Fe, Luzon, P.I.</u>	<u>2 June 1945</u>	<u>KIA GSW Rt Leg</u>
(Place of Death)	(Date of Death)	(Cause of Death)

<u>1500 Hr 3 June 1945</u>	<u>USAF Cemetery Santa Barbara No 1, Luzon, P.I.</u>
(Time and Date of Burial)	(Place of Burial - Name and No. of Cemetery, if in a cemetery)

<u>4829</u>	<u>92</u>	<u>Regulation Cross</u>	Buried with body <input checked="" type="checkbox"/>
(Grave No.)	(Row No.)	(Plot No.) (Kind Grave Marker)	Attached to marker <input checked="" type="checkbox"/>
			(Identification Tags)
			Protestant <input checked="" type="checkbox"/>
			Catholic <input type="checkbox"/>
			Hebrew <input type="checkbox"/>

Other pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)

*File
2-1-46
E/S*

<u>(Mother) Mrs. Ada I. Anderson, 141 Sickles Ave., New Rochelle, New York</u>	<u>(Name and address of Emergency Addressee)</u>	<u>(Name and address of legal next of kin)</u>
--	--	--

(7) *And 136*

Fingerprints (right hand) if right hand missing furnish prints of left hand.
 (Required when positive identity cannot otherwise be established) (Par. 25e (2)
 TM 10-630)

Place X mark
 below when
 prints are of
 left hand



Thumb	1	2	3	4

List of personal effects and disposition of same

NONE

(Name, rank, serial number, organization, grave numbers of bodies buried on either side):

On Right— Stephen NMI Csiesila 36537213 Pfc Co D 128th Inf Regt 4830

On Left— Charles R. Buce 39524260 Pfc Co B 27th Inf Regt 4828

W. P. Doyle
 W. P. Doyle, Pfc Base M GRS
 Signature of Officer or other person reporting Burial.

R. E. Baumbach
 R. E. BAUMBACH, 1st Lt, QMC,
 Verified by Army G.R.S. Officer.

Prepare in triplicate—1 copy to Army G.R.S. Officer—1 copy to Chief, G.R.S.—Original to the Q.M.G.

27 NOV 1945

— 293
ml Anderson, Albert A. Jr. 42182224
NAME ASN

Santa Barbara #1 Laguna
CEMETERY COUNTRY

The Burial Report for above Individual is in the New Cemetery File,
Room 1200, Bldg. C.

File ✓

JAN 2 1946

J.R.S.

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

REPORT OF DEATH

DATE 22 Jun 45 mm 2825

FULL NAME Anderson, Albert A., Jr.		ARMY SERIAL NUMBER 42 182 224	GRADE Private First Class
HOME ADDRESS New Rochelle, New York		ARM OR SERVICE Infantry	DATE OF BIRTH 16 Apr 26
PLACE OF DEATH Southwest Pacific Area	CAUSE OF DEATH Killed in action.		DATE OF DEATH 2 Jun 45
STATION OF DECEASED Southwest Pacific Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 22 Sep 44	LENGTH OF SERVICE FOR PAY PURPOSES: YEARS MONTHS DAYS

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)
Mrs. Ada Irene Anderson, Mother, 141 Sickles Avenue, New Rochelle, New York.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
Mrs. Ada Irene Anderson, Mother, address shown above
Mr. Albert Ansel Anderson, Father, 141 Sickles Avenue, New Rochelle, New York.

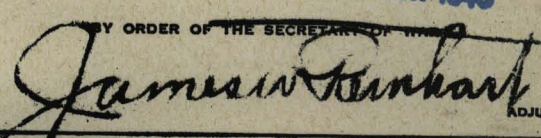
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
												X	X

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

Evidence of death was received in the WD 18 June 1945.
 *Combat Infantryman - Source and date of order will be furnished when rec'd.

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


 28 JUN 1945
 BY ORDER OF THE SECRETARY OF WAR
 ADJUTANT GENERAL

a

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

551424

PM

REPORT OF DEATH

DATE 22 Jun 45 mm 2825

FULL NAME Anderson, Albert A., Jr.		ARMY SERIAL NUMBER 42 182 224	GRADE Private First Class
HOME ADDRESS New Rochelle, New York		ARM OR SERVICE Infantry	DATE OF BIRTH 16 Apr 26
PLACE OF DEATH Southwest Pacific Area	CAUSE OF DEATH Killed in action.		DATE OF DEATH 2 Jun 45
STATION OF DECEASED Southwest Pacific Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 22 Sep 44	LENGTH OF SERVICE FOR PAY PURPOSES
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)		YEARS	MONTHS
Mrs. Ada Irene Anderson, Mother, 141 Sickles Avenue, New Rochelle, New York.			DAYS

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)
 Mrs. Ada Irene Anderson, Mother, address shown above
 Mr. Albert Ansel Anderson, Father, 141 Sickles Avenue, New Rochelle, New York.

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

ADDITIONAL DATA AND/OR STATEMENT

BATTLE NON-BATTLE

Evidence of death was received in the WD 18 June 1945.
 *Combat Infantryman - Source and date of order will be furnished when rec'd.

RR

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

BY ORDER OF THE SECRETARY OF WAR
James W. Pinkhart
 ADJUTANT GENERAL

551424

HN:VM:oms
March 1, 1946

*ee
3/1*

Dear Mr. Anderson:

The Army Effects Bureau has received from overseas some personal effects of your son, Private First Class Albert A. Anderson, Jr.

These effects are being forwarded to you in one package.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted.

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence.

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

Yours very truly,

HARRY NIEMIEC
2nd Lt., QMC
Chief, Adm. Division

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM	
	NAME	SHIP VALUABLES	CASUALTY REPORT	
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY	
	RANK		FORM 20	
<p>Mr. Albert A. Anderson 141 Sickles Avenue New Rochelle, New York</p> <p>Pfc. Albert A. Anderson, Jr. 42182224 551424 D</p>			LETTER	
			NO. & TYPE OF CONTAINER	
			ENVELOPE	
			CARTONS	
			PACKAGE	
			FOOT LOCKER	
			SPECIAL INSTRUCTIONS	
			REMOVE GI	
			SHIP BLOODSTAINED	
			SHIP DAMAGED	
REMOVE BL'DSTAINED				
REMOVE DAMAGED				
FILMS REMOVED				
DIARY REMOVED				
HN: VM: gs		SUMMARY COURT DATA		
DATE OF FINDING	APPLICANT	DATE ACTION TAKEN	MAIL REVIEWER (initials)	
28 February 1946	Father	1 Mar. 46	ee	
REMARKS		SHIPPED		
		FRANKED		
		EXPRESS		
		FREIGHT		
		DATE SHIPPED	MAR 5 1946	
		SHIPPING CLERK	AK	
		ROUTING		
		ACCOUNTING BRANCH		
		WAREHOUSE		
		FILE		
ORDER FOR ACTION				

EFF OM FORM 14
10 OCT 1945

551434

ATTACHMENTS

STATUS

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

FP

<input checked="" type="checkbox"/>	INBOUND INVENTORY
<input checked="" type="checkbox"/>	G. R. OR SUB GR LABEL
<input type="checkbox"/>	WILL OR POWER OF ATTY.
<input type="checkbox"/>	TALLY IN FORM 43

<input type="checkbox"/>	DECEASED
<input type="checkbox"/>	MISSING
<input type="checkbox"/>	P. O. W.
<input type="checkbox"/>	ABANDONED
<input type="checkbox"/>	UNKNOWN

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

CONTAINERS ADDRESSED TO

INFORMATION

(mother)
Mrs Ida L. Anderson
141 Peckles Ave.
New Rochelle N.Y.

Mrs Ida L Anderson
141 Peckles Ave
New Rochelle N.Y.

NAME AND STATUS VARIATIONS

CROSS REFERENCE

43- D.R. Labels + inventory
show Albert A. Anderson Jr.

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		BANK OR PLACE OF ISSUE	MUTILATED
U. S. CURRENCY		PAYEE	TO ISSUING AGENCY
		REMITTER OR DRAWER	

CW
2-28-46

TALLY NO. *8170* ✓ ORIG. NO. OF PKGS. EXAMINING DATE *19 Feb 46* ✓ BOX NO. SHEET OF SHEETS

NAME *Albert Ansel Anderson Jr.* ✓ A. S. N. *42182 22x* ✓

ORGANIZATION RANK *Pfc* ✓ CASE NO.

WAREHOUSE SPACE *2267* EXAMINED BY *D. C. ...* DIARY REMOVED
 PACKAGE DESCRIPTION *#1 PKG* WEIGHT Packed BY *Hall* PHOTO FILM REMOVED
 INSPECTED BY *JER* MOTION PICTURE FILM REMOVED
 STORED BY *JER* DATE *MAR 5 1946* SHIPPED BY WHOM *AR*

PC

MBS

ADDITIONAL REMARKS

REMOVALS (other than G.I.)

DAMAGES (List type of damage-extent)

Strap + pins missing from watch. Photo faded & damaged by moisture. Billfold damaged by moisture rust + mould. Points of pencil missing

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G. I. REMOVED

U.S. GOVERNMENT PRINTING OFFICE

42 284

ANDERSON, Albert A Jr.,

Mc

Co D, 27th Infantry

APO #25

Mrs Ada I. Anderson, Mother.

141 Sickles Ave., New Rochelle, New York.

Ye

2 June 1945

Santa Fe

Santa Barbara

BB

Serial No. 36 157 429 Name Klaus Fred P
Grade Pfc Rank
Organization Co G 27th Inf
Address PO 25
Nearest Relative Mrs Clarabelle Klaus Mother
Address 955 Woodlam Detroit Michigan
Killed in Action yes Died of Disease
Date Hospital
Battle Area Information
Place of Burial Santa Barbara IJ Luzon PI
Point of Coordination
Description of Body
Members Missing
Signed

ANDERSON, ALBERT A. JR. PFC 2224

DAY

PALLET

BOX

TALLY

8170

TYPE PKG.

GRB.

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

Case No. 551424
WFR: VM: gs
Date 28 February 1946

SUBJECT: Report of transactions in disposing of the effects of

Albert A. Anderson, Jr., 42182224 late a
(Name of deceased) (Army Serial Number)
Private First Class, Infantry who died
(Grade) (Organization, Army or Service)
on the 2 day of June, 1945, at Southwest Pacific Area.

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 28 February 1946, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Albert Ansel Anderson for the effects of the above named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112,

Albert Ansel Anderson of
(Name of person found entitled)
141 Sickles Avenue, New Rochelle State of
(Number, Street or Avenue) (City, Town or Village)
New York, is the father of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

W. F. HEHMAN, Major, QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

ANDERSON ALBERT A. Pfc. 42182224

EFFECTS of:

551,424

Co., "D" 27th Inf. APO 25

Type: 1 Bag

Date Rec'd: 25 July 45 Sect. stored: E

Date shipped: 21 Aug. 45 Dock: # 2

Tally In: 713 Vessel: 2-137

Tally Out: 209 Remarks:

551424

DISTRIBUTION:

BEQM Form 1

Orig - BSOS

Dupl - BEQM File

BASE EFFECTS QUARTERMASTER

BASE "M"
APO 70

Tally-In No: 713

Date Rec'd: 25 July 1945

ANDERSON Albert A. Jr. Pfc. 42182224
PRINT Last Name First Name Initial Rank A S N

27th Inf. APO 25 Co., "D" KIA 2 Jun. 1945
Organization KIA or MIA Date KIA or MIA

Santa Fe, Luzon, P. I. 1 Bag Good 3 lbs.
Place of Death or Missing Bx or FL Condition Approx Wt

Barnard Big Mt Lt., 25th Inf. APO 25
Effects Received from Name, Rank & Org of Summary Court Off

23 Aug. 45 #2 Y-137
Date Forwarded Dock Vessel Number

Port General Base "M" APO 70 (For SPOK) 209
To Whom Forwarded Tally-Out Number

25 July 1945 Yes 25 July 1945 23 Aug. 45
Indexed WD AGO Form #54 Filed

I certify the above to be correct:

SIGNED: _____

SAMUEL KATZ, 1st Lt., QMG
Baggage & Effects Officer

REMARKS: _____

File 8/1/45 (SPOK)

INVENTORY OF EFFECTS AR 600-550

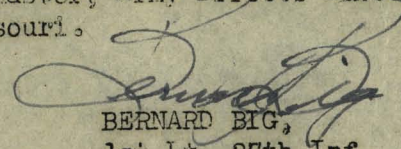
Anderson Albert A. Jr. 42 182 224
 (last name) (first name) (initial) (ASN)

late a Pfc D 27th Infantry

who died on the 2nd day of June 1945.

<u>NUMBER</u>	<u>ARTICLES</u>
1	Wrist Watch (Elgin)
1	Fountain Pen (Wearever)
1	Pencil
1	Address Book

I Certify that the foregoing inventory comprises all the effects of the deceased whose name appears above and that the effects were delivered to the Effects Quartermaster, Quartermaster Depot, Sub Base "M", APO 701 for forwarding to the Effects Quartermaster, Army Effects Bureau, Quartermaster Depot, Kansas City, Missouri.



BERNARD BIG,
 1st Lt, 27th Inf,
 Sum Court O.

APO # 25, c/o Postmaster,
 San Francisco, California.

551,427

FR

Hq, 27th Inf, APO # 25.

23 July 1945

Subject: Final Report of Sum Court in the case of-
Anderson, Albert A. Jr., 42 182 224
Pfc CO D 27th Infantry

To : The Adjutant General, Washington, 25, D. C.

1. Report of Sum Court Apt'd UP AW 112 by SO 63, par 3, Hq, 27th Infantry, dtd 11 Apr 1945 (Exhibit A) for the purpose of processing the effects of the above named deceased member of this comd, and covering all actions by the Sum Ct in accordance with AW 112, and current WD regulations is herewith submitted.

2. The report to the WDoF of circumstances surrounding the death of the deceased, stated: "WIA, due to enemy action, 2 June, 1945 at Santa Fe, Nueva Biscaya, Luzon, P. I.

3. The beneficiary of the deceased fr available records is:
Mrs Ada I. Anderson, Mother, 141 Sickles Ave., New Rochelle, N. Y.

4. Disposition of the effects of the deceased has been made as follows: A. All personal effects of the deceased other than financial known to exist have been collected, cleaned, and inventoried (Ex B) & securely packed with a copy of the inventory inclosed.

B. All org clothing and equip have been removed fr the effects.

C. Separate ltr of explanation accompanies the financial effects of deceased as contained in Treas of the US check drawn on the accts of C H MILES, Lt Col, FD, Fin O, 25th Dev, & drawn to the order of the Effects QM Trustee, transmitted direct by airmail to the Effects QM, Army Effects Bureau, QM Depot, Kansas City, Mo.

5. A. The inventory has been checked agains the personal effects before sealing the packages & found to be correct.

B. The packages containing the effects have been clearly marked, "Effects of deceased (EM) (OFF)". The Intelligence Off serving Hq, 27th Inf, has indicated on the outside of the packages that all material of Mil Intell value have been removed.

C. The packages have been addressed to the Effects QM, Army Effects Bureau, QM Depot, Kansas City, Mo., & shipped thru Sub Base "M", Effects QM, APO #70.

D. A copy of this final report has been sent direct to the Effects QM, Kansas City, Mo.

Incl: Exhibits "A" and "B"

Distribution: TAG, Washington, 25, D. C.
Effects QM, Kansas Cy, Mo.
File, Hq, 27th Infantry.

B. BIG
B. BIG,
1st Lt., 27th Inf.,
Sum Court Off

SPECIAL ORDERS)

NUMBER 63)

HEADQUARTERS

27th Infantry APO #25

11 April, 1945

EXTRACT

3. 2nd Lt BERNARD BIG, O-1324132, 27th Inf is detailed as Summary Court (Effects Only) in the case of all O's and EM, this Regt deceased Vice Captain JOHN S. FLOWE, O-394430 reld. Auth: AR 600-550 & 112 AW.

BY ORDER OF COLONEL LINDEMAN:

OFFICIAL:

C. T. Cannon

C. T. CANNON
CWO USA
Asst Adj

C. T. CANNON

CWO USA

Asst Adj

INVENTORY OF EFFECTS AR 600-550

Anderson, Albert A. Jr., 42 182 224
 (last name) (first name) (initial) (ASN)

late a Pfc. Co D 27th Infantry

who died on the 2nd day of June 1945.

NUMBER

ARTICLES

-1	Wrist Watch (Elgin)
1	Fountain Pen (Weaver)
1	Pencil
1	Address Book

I Certify that the foregoing inventory comprises all the effects of the deceased whose name appears above and that the effects were delivered to the Effects Quartermaster, Quartermaster Depot, Sub Base "M", APO 70* for forwarding to the Effects Quartermaster, Army Effects Bureau, Quartermaster Depot, Kansas City, Missouri.

APO # 25, c/o Postmaster,
 San Francisco, California.

Bernard Big
 BERNARD BIG,
 1st Lt., 27th Inf.
 Sum Court O.

256-932

