

293 PIPES, WILLIAM E. (35 496 706) Pfc. (INF.) EUROP. AREA (KY) '44 mm

19468

RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DEPOT COLUMBUS 15 OHIO

ROUTINE 11 JANUARY 1949

REMAINS CONSIGNED TO: STURGEON FUNERAL HOME
 BRANDENBURG KENTUCKY

FROM QMDCG _____ BARDEN

REMAINS OF THE LATE PTC WILLIAM E PIPES ASN 35496706 BEING SHIPPED TO YOU
 ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 152-52 LOUISVILLE AND NASHVILLE
 RAILROAD LEAVING COLUMBUS OHIO 11:10 PM FOURTEEN JANUARY AND DUE TO ARRIVE
 BRANDENBURG KENTUCKY 8:34 AM RAILROAD TIME FIFTEEN JANUARY. REQUEST YOU
 IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN. REQUEST FURTHER YOU MAKE
 ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND TRANSPORT REMAINS
 AND ESCORT TO BATTLETOWN KENTUCKY THE PLACE OF FINAL BURIAL AND RETURN ESCORT TO
 RAILROAD STATION. YOU SHOULD SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE
 PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF
 ANY FROM BRANDENBURG KENTUCKY RAILROAD STATION TO BATTLETOWN

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

THIS 15 DAY OF Jan, 1948 Sturgeon Funeral Home
DAY MONTH

Carl J. Cooley
 WITNESS (Escort) Q.M.C.

B. D. Sturgeon
 CONSIGNEE

NAT
 FILE
 RECORDS ANNOTATED
 DATE FEB 1 0 1949
 NAME W. E. Pipes

QMC FORM 1193
 15 NOV 46

16-52078-1 U.S. GOVERNMENT PRINTING OFFICE

1		DISINTERMENT DIRECTIVE			
		SECTION A— NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3555 02235	DATE 15 07 48 DAY MONTH YEAR
NAME PIPES WILLIAM E		SERIAL NUMBER 35496706	RANK PFC	ARM 1	DATE OF DEATH
CEMETERY MARIGNY - ST LO					DISPOSITION OF REMAINS 1 5200 07 CODE DIST. PT.
PLOT C	ROW 8	GRAVE 149	COUNTRY FRANCE		CAUSE OF DEATH 1
SECTION B— CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE STURGEON FUNERAL HOME BRANDENBURG, KENTUCKY (F/B BATTLETOWN, KENTUCKY)			NAME AND ADDRESS OF NEXT OF KIN ALTHEA PIPES (WIFE) BATTLETOWN, KENTUCKY		
SECTION C— DISINTERMENT AND IDENTIFICATION					
NAME PIPES, William E.		SERIAL NUMBER 35496706	RANK Pfc	DATE OF DEATH	DATE DISTINTERRED 19 May 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION USAGF	RELIGION Prot.	IDENTIFICATION VERIFIED BY S.L. YAHRES FVB NAME AND TITLE	
SECTION D— PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL C.D. UNIFORM		CONDITION OF REMAINS Advanced Decomposition Fract: Skull, L/Humerus, Femur, Tibia			
OTHER MEANS OF IDENTIFICATION NONE					
MINOR DISCREPANCIES NONE					
REMAINS PREPARED AND PLACED IN CASKET Transfer Case					
DATE 25 May 1948		BY SAMUEL L. YAHRES			
CASKET SEALED BY THOMAS E. JONES		EMBALMER (Signature)			
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY All markings tags and plates verified by W.J. SMITH 1/Lt CE			
DATE 1/6/48 BY M.H. NOYES					
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					
I certify that the entries on this form are true copies of the entries on Copy No. 4 of RQMD: 2/Lt FA					
SIGNATURE OF GRS INSPECTOR 1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies of the persons whose names are typed hereon.					
QMC FORM REV 15 MAR 46 1194 FR 9 Mar 49 10:15 QRF BM acc. credited (251)					

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC MARIGNY		TO USMC ST. JAMES	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER Pfc R.C. Spach Jr.	
SIGNATURE OF SHIPPER J.J. ANDREWS 1/Lt Inf	DATE 10/6/48	SIGNATURE OF RECEIVER HARRY F. HILL CAPT QMC	DATE 10/6/48
2. SHIPPED			
FROM USMC ST. JAMES		TO CASKETING POINT A CHERBOURG	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER JAMES E. POWELL	
SIGNATURE OF SHIPPER HARRY F. HILL CAPT QMC	DATE 9/9/48	SIGNATURE OF RECEIVER E.N. CIAMPO 1/Lt FA	DATE 9/9/48
3. SHIPPED			
FROM CASKETING POINT A CHERBOURG		TO PORT UNIT CHERBOURG	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER SFC FULLER	
SIGNATURE OF SHIPPER E.N. CIAMPO 1/Lt FA	DATE 18/11/48	SIGNATURE OF RECEIVER J.E. HENDRY JR. Maj CAC	DATE 18/11/48
4. SHIPPED			
FROM PORT UNIT CHERBOURG		TO NYPOE	
KIND OF CONVEYANCE USAT JAMES E. ROBINSON		NAME OF CONVOYER ALLEN W. CANTRELL, 1st Lt Inf.	
SIGNATURE OF SHIPPER J.E. HENDRY JR Maj CAC	DATE 27/11/48	SIGNATURE OF RECEIVER W. W. PREISCH LIEUT. COLONEL, TC.	DATE DEC 8 1948
5. SHIPPED			
FROM NYPOE		TO 20207	
KIND OF CONVEYANCE E.LOMI, KENLOCKA		NAME OF CONVOYER E. Caghaman 1st Lt	
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC.	DATE DEC 7 1948	SIGNATURE OF RECEIVER E. Caghaman 1st Lt	DATE DEC 7 1948
6. SHIPPED			
FROM C 8 143 BUNICE		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

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS NY-022-R	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT	
WESTERN UNION			GR		
FROM: (Originator)			SECURITY CLASSIFICATION		
ACTION TO: MRS ALTHEA PIPES DLR AND REPORT ANY CHARGES BALLTETOWN KENTUCKY			GOVT PD		
INFORMATION TO: FROM QMDCG 18241-B BARDEN			PRECEDENCE FOR ACTION INFORMATION		
			DAY LETTER		
			<input type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
<p>WE HAVE BEEN ADVISED REMAINS OF THE LATE</p> <p><u>PRIVATE FIRST CLASS WILLIAM E PIPES</u></p> <p>ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED</p> <p>TO <u>STURGEON FUNERAL HOME</u></p> <p><u>BRANDENBURG KENTUCKY</u></p> <p>WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL</p> <p>INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING</p> <p>ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER COLUMBUS GENERAL DISTRIBUTION</p> <p>DEPOT COLUMBUS OHIO. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE</p> <p>POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY</p> <p>INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF</p> <p>THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR</p> <p>CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS</p> <p>REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR</p> <p>FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME</p> <p>REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU</p> <p>THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL</p> <p>BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER.</p> <p>PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON</p> <p>ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY</p> <p>HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO</p> <p>MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN</p> <p>MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.</p> <p>NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH</p> <p>MILITARY HONORS.</p> <p>BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO</p>					
SYMBOL		ORIGINATING AGENCY	DATE-TIME GROUP	OFFICIAL TITLE	PAGE OF
			DEC 2 1948	FRANCIS FAPPIANO CAPT, QMC, Asst AGR Div	

WD AGO FORM 11-168
15 JUN 1945

Model 1

This form supersedes WD AGO Form 11-168, 23 Aug 44, and WD AGO Form 801, 12 Mar 43, which are obsolete.
Rail - Funeral Director Designated

10-45801-1 U. S. GOVERNMENT PRINTING OFFICE

77

WUA69 10 GOVT COLLECT

TDLV BRANDENBURG KY DEC 3 747P

BOWMAN CO

ARRANGEMENTS FIRST MADE FOR PFC WILLIAM E PIPES OKAY

ALTHAD PIPES

915A

althad

GDB77 SVC 4 DEC 257P

TO SVC BUR COLS OHIO

SEE YOUR WUA69 10 GOVT COLLECT TDLV BRANDENBURG KY DEC 3 747P SGD
SXXX ALTHAD PIPES. PLS CK THE FIRST NAME OF THE SENDER IT SHOULD
BE ALTHEA RPT ALTHEA. PLS GIVE CORRECTION

SVC BUR GRAVES DIV COLS GEN DEPOT COLS OHIO

300P

WUB034 SVC GD (TPR) GRAVES

OUR NUMBER WUA69 TO YOU 4TH FROM BRANDENBURG KY

3 747P COMMANDING OFFICER COLS GEN DIST DEPOT MAKE

SIG READ ^FALTHA D PIPES RPT ^FALTHA D PIPES

COLUMBUS OHI SVC BUR DEC 4

904A DEC 6..

INSPECTION CHECKLIST (FOR USE AT DISTRIBUTION CENTER)						
NAME Pipes, William E.		RANK Pfc		SERIAL NUMBER 35496706		
SOURCE		CONSIGNEE Sturgeon Funeral Home Brandenburg, Kentucky				
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (EXTERIOR)		REMARKS <i>Painted & Repaired 3</i> <i>3 Handles</i>				
FINISH (INTERIOR)						
HANDLES						
HANDLE BOLTS						
STENCILING - NAMEPLATE						
HEALTH PERMIT MARKER						
HEALTH PERMIT NUMBER						
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF CASKET (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (EXTERIOR)		REMARKS <i>Scrubbed up</i>				
HANDLES AND FASTENINGS						
STENCILING - NAMEPLATE						
CAM LOCKS (SEALING)						
ODOR OR MOISTURE						
Routed Through <i>John W. W.</i>						
<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"/> YES <input type="checkbox"/> NO				
NECESSARY DISINFECTION (EXPLAIN)		CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO				
		SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO				
		SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO				
		REMARKS				
TIME	DATE	SIGNATURE OF MORTICIAN		TIME	DATE	SIGNATURE OF INSPECTOR
				1605	Jan 49	<i>[Signature]</i>
REMARKS						

AMERICAN GRAVES REGISTRATION DIVISION
COLUMBUS GENERAL DISTRIBUTION DEPOT
COLUMBUS 15, OHIO

SUMMARY SHEET OF CLAIM OR POTENTIAL CLAIM BY FUNERAL DIRECTORS

In accordance with letter Office of the Quartermaster General dated 25 August 1948, file QMCMO, Subject: Discrepancies in Permanent 293 Files, the following information is furnished

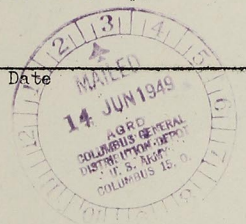
To be filled in if claim has been received

1. Name and serial number of deceased: _____
2. Name of claimant: _____
3. Amount claimed: _____
4. Amount allowed (if any): _____
5. Purchase order number (if any): _____

To be filled in if a potential claim exists

1. Name of potential claimant: Sturgeon Funeral Home, Brandenburg, Ky F/B:
Battletown, Ky.
2. For transportation of remains of WILLIAM E. PIPES PFC.
Serial 35496706 in 9a from Brandenburg, Kentucky Railroad Station
to Battletown, Kentucky and return escort to railhead
if necessary.

Date



Francis Fattiano
FRANCIS FATTIANO
Capt, QMC
OIC, Administrative Branch

FILE

AMERICAN OVERSIGHT INVESTIGATION DIVISION
COLUMBUS, OHIO

STANDARD SHEET OF CLAIM OR POTENTIAL CLAIM BY MINOR OR MINORS

In accordance with Article 10 of the Convention on the Rights of the Child, the following information is provided:

1. Name and birth date of child: _____

2. Date of claim: _____

3. Amount claimed: _____

4. Amount offered (if any): _____

5. Signature of child (if any): _____

6. Name of potential claimant: _____

7. For transmission of money to: _____

8. Address: _____

9. City: _____

10. State: _____

11. Zip: _____



COPY

WW II

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES (Read Explanation on Reverse Side before completing form)		DATE <i>Jan 17 1949</i>
NAME OF DECEDENT (Last, First, Middle Initial) Pipes, William E.		BRANCH OF SERVICE Army
RANK OR GRADE Pro.	SERIAL NO. 35496706	TO BE FILLED IN BY CLAIMANT A. <input checked="" type="checkbox"/> INTERMENT EXPENSES (Civilian or Private Cemetery) B. <input type="checkbox"/> TRANSPORTATION EXPENSES (National or Post Cemetery)
<p align="center">INSTRUCTIONS TO PERSONS SIGNING THIS FORM</p> <ol style="list-style-type: none"> 1. This form is NOT to be signed by Funeral Director. 2. Fill in as required and sign four copies. 3. Check Box "A" or Box "B" above, not both. 4. Check Box "A" when interment is in a civilian or private cemetery. 5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery. 		
<p align="center">FILL IN THIS STATEMENT IF BOX "A" IS CHECKED</p> <p>I certify that the sum of \$ <i>15.00</i> was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:</p> <p>NAME of Cemetery: <i>Marble Cemetery</i></p> <p>CITY OR COUNTY: <i>Battletown</i></p> <p>STATE: <i>Ark.</i></p>		<p align="center">FILL IN THIS STATEMENT IF BOX "B" IS CHECKED</p> <p>I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)</p> <p>TO: (Name and Location of National or Post Cemetery)</p>
<p>RETURN FOUR COPIES TO</p> <p>AMERICAN GRAVES REGISTRATION DIVISION COLUMBUS GENERAL DEPOT COLUMBUS 15, OHIO</p>		<p>SIGNATURE OF CLAIMANT</p> <p>(Sign original copy only)</p> <p>ADDRESS (Street number or R.F.D., City and State)</p> <p>RELATIONSHIP TO DECEDENT</p>
REMARKS		
<p align="right">PAID ON VOUCHER... <i>84697</i></p> <p align="center">FEB 8 1949 ACCOUNTS OF W. KNOBLOCH, Lt. Col. F. D. SYMBOL NO. 211-943</p>		

QMC FORM 1236
REV 5 MAR 48PREVIOUS EDITIONS OF THIS
FORM ARE OBSOLETE

16-54738-1

PART A

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.

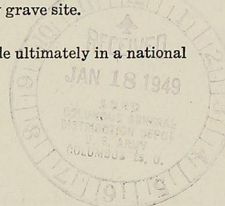
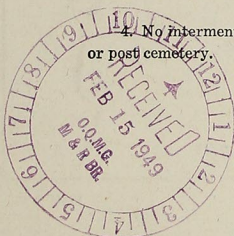
PART B

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.



REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc William E. Pipes, 35 496 706
 Plot C, Row 8, Grave 149,
 United States Military Cemetery
 Marigny, France

27 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, Mrs. Althea Pipes

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- ☒ 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) Wife & Next Of Kin

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

The Bennett Cemetery, at Battletown, Kentucky
 (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 _____ (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.)

Correct.

DDO name
13 Oct 48

Coded, R Jones
 6/22/48

345 MILITARY

FEB 16

16-50411-1

PAGE 1

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 Pipes	FIRST NAME Althea	MIDDLE INITIAL D
NUMBER AND STREET	CITY OR TOWN Battletown,	COUNTY OR PROVINCE Meade
EXPRESS OFFICE (Nearest railroad passenger station) Brandenburg,	TELEGRAPH ADDRESS Same	STATE OR TERRITORY OF U. S. A., OR COUNTRY Ky.
		TELEPHONE No. Same

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

FULL NAME OF FUNERAL DIRECTOR <i>Sturgeon Funeral Home</i>			
<i>By Delegation</i>			
NUMBER AND STREET	CITY OR TOWN 07	COUNTY OR PROVINCE Meade	STATE OR TERRITORY OF U. S. A., OR COUNTRY Kentucky
EXPRESS OFFICE (Nearest railroad passenger station) Brandenburg Station Ky	TELEGRAPH ADDRESS Brandenburg Ky	TELEPHONE No. 22 Brandenburg Exchange	

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 Pipes	FIRST NAME Althea	MIDDLE INITIAL D	RELATIONSHIP TO DECEASED Wife
NUMBER AND STREET	CITY OR TOWN Battletown,	COUNTY OR PROVINCE Meade	STATE OR TERRITORY OF U. S. A., OR COUNTRY Ky.

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.

X *Ms. Althea Pipes* (SIGNATURE OF NEXT OF KIN) Battletown, Kentucky. (STREET AND NUMBER)
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 3rd day of Nov., 1947, at city (or town) of Brandenburg, county of Kentucky, and State (or Territory or District) of _____

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

PAGE 2

My Com. Exp. 2/17/1948.

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public, Meade County, Kentucky.

(OFFICIAL TITLE)

16-50411-1

If you are the next of kin and you de

I, THE _____
NAMED IN PART I OF THIS FORM, DO
THE NEXT EXISTING PERSON IN THE

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE

(SIGNATURE OF N

(NAME PRINTED

If you are NOT the next of kin autho

THIS IS TO NOTIFY YOU THAT I AM NO
NAMED ON PAGE 1 OF THIS FORM. T
SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE

(NAME PRINTED C

16-50410-1

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)

(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

(DATE)

(SIGNATURE) (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.



FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

29th Pines Wm E Pt 35496706 Widow
 Name HANK ASN 345 Signed by the Option Selected
 Cemetery Plot Row Grave Consignee
 Address

Write NOK Mr. _____ Relationship _____
 Mrs. _____ (Address) _____
 Miss _____ (City and State) _____

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. () Indicate OPTION desired
3. () Indicate CEMETERY in which internment desired
4. () Indicate Country (HOMELAND) of deceased or NOK
5. () Indicate CONSIGNEE Name and/or Address
6. () Obtain SIGNATURE of NOK
7. () Obtain NOTARIZATION
8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA:

9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
10. () Reply to REMARKS on IRF
11. () SPECIAL INSTRUCTIONS: _____

12. () Inform Party Listed Below of Action taken by This Office

Name _____ Relationship _____
 (Address) _____
 (City and State) _____

Orig- With 345
 Dup- M&R for 293 File

Acceptance Clerk's Name

Date

Pfc Wm. E. Pipes, 35 496 706
 Plot C, Row 8, Grave 149
 USMC, Marigny, France
 345 signed by: Widow, Option 2

8 March 1948

35, 496, 706
243 Pipes, William E.

Mrs. Althea Pipes
 Battletown, Kentucky

Dear Mrs. Pipes:

The inclosed Request for Disposition of Remains form, which you accomplished, is returned for completion or correction as checked below. Please make changes or additions on the form and return both the form and this letter in the self addressed envelope inclosed. No postage is required.

1. () Indicate your relationship to the deceased. (Part I, page 1, in blocks)
2. () Indicate option desired. (Part I, page 1, items 1,2,3, or 4.)
3. () Indicate National or Private Cemetery in which interment is desired. (Part I, page 1, item 2 or 4)
4. () Indicate country (Homeland) of deceased. (Part I, page 1, item 3.)
5. () Advise name and address of consignee. (Part I, page 2.)
6. () If you are Next of Kin, affix your signature in the presence of a Notary Public. (Part I, page 2)
7. () Have form Notarized. (Bottom of page 2)
8. () The National Cemetery you selected is closed. Please select another from attached list. (Change form Part I, page 1, item 4)
9. () Furnish certified copy of Re-marriage Certificate of Widow.
10. () Furnish copy of Death Certificate of _____.
11. () Special instructions, not covered by the above:

Upon receipt of the corrected Reply Form, and this letter, action will be taken to process this case.

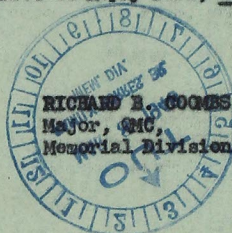
Incls.

1. Disposition Form
2. Self addressed envelope

For Mail and Records Branch Only:

Route this form and inclosures
 direct to Reply Form Acceptance Unit
 Family Correspondence Branch.

el



RBC

The Hon. E. Pipes, 32 100 100
 Flat C, Row 8, Grave 110
 Hono, Hawaii, Hawaii
 The signed by: Widow, Option 2

8 March 1948

Mrs. Alfred Pipes
 Hattiesburg, Kentucky

Dear Mrs. Pipes:

The enclosed Request for Disposition of Remains form, which
 was accompanied, is returned for completion or correction as checked below. Please
 make changes or additions on the form and return both the form and this letter in
 the self-addressed envelope enclosed. No postage is required.

1. () Indicate your relationship to the deceased. (Part I, page 1, in blocks)
2. () Indicate option desired. (Part I, page 1, items 1, 2, 3, or 4.)
3. () Indicate National or Private Cemetery in which interment is desired.
 (Part I, page 1, item 5 or 6)
4. () Indicate country (Hawaii) of deceased. (Part I, page 1, item 3.)
5. () Advise name and address of consignor. (Part I, page 2.)
6. () If you are next of kin, attach your statement in the presence of a Notary
 Public. (Part I, page 2)
7. () Have form notarized. (Bottom of page 2)
8. () The National Cemetery you selected is closed. Please select another
 from attached list. (Change form Part I, page 1, item 4)
9. () Furnish certified copy of Heirship Certificate of Widow.
10. () Furnish copy of Death Certificate of
11. () Special instructions, not covered by the above:

Upon receipt of the corrected Reply form, and this letter,
 action will be taken to process this case.



1. Disposition form
2. Self-addressed envelope

For Mail and Records Branch only:
 Route this form and inclosures
 direct to Reply Form Acceptance Unit
 Family Correspondence Branch.

ech

Pfc William E. Pipes, 35 496 706
 Plot C, Row 8, Grave 149,
 United States Military Cemetery
 Marigny, France

27 October 1947

Mrs. Althea Pipes
 Battletown, Kentucky

Dear Mrs. Pipes:

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 E. LARKIN
 Major General
 The Quartermaster General

4
Inc.
bk

bk

Oct 30 11 19 AM
U.S. ARMY
MAIL & RECORDS DIV.

SPQYG 293
Pipes, William E.
S.N. 35 496 706 *L*

18 October 1945

Mrs. Althea Pipes
Battletown, Kentucky

Dear Mrs. Pipes:

Your letter of 23 September 1945 has been referred to this office for reply regarding the return of the remains of your husband, the late Private First Class William E. Pipes.

Your request to have the remains of your husband returned to this country for final burial has been made a record of this office.

It is anticipated by the War Department that the return, at Government expense, of the remains of those who have died overseas in the service of their country to a final resting place as selected by the next of kin will be authorized in the near future. Upon receipt of such authority, the War Department, through this office, will furnish full information to the proper next of kin. However, it should be realized that this mission as a whole is world wide in scope and of necessity time consuming, but you may rest assured that this office fully appreciates your desires and will do everything in its power to fulfill them at the earliest possible date.

The official report of interment received in this office reveals that the remains of your husband were interred in the United States Military Cemetery #1, Marigny, France, Plot C, Row 8, Grave 149. This cemetery is located approximately five miles west and south of St. Lo and ten miles east and north of Coutances, both in France.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

pcu
ah

JLP

Sgt 23-43

Battletown
Ky.

Gentlemen

I am writing about the
body of my husband Cpl.
William E Cipes, 35496706
who was killed in action
July 27, 1944. Can his body
be brought back and buried
in a cemetery in the United
States if it can I would
like very much for it to
be brought back

293
Picked Mrs E.

Here are the
No that was on
the papers I got

Refer to
XC. 3699-414

ag 201

PC-D-810169

Thank you

Allison Cipes

ADMINISTRATIVE ASSISTANT

SEP 26 1945

2 WAR DEPARTMENT

gms



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

RTB:GC:vd
August 31, 1945

IN REPLY REFER TO 179287

Mrs. Althea Pipes
Battletown, Kentucky

Dear Mrs. Pipes:

The Army Effects Bureau has received additional property of your husband, Private First Class William E. Pipes, consisting of funds in the amount of \$40.69. A check for this sum is inclosed.

As previously indicated, such property is forwarded for distribution.

Sincerely,

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

1 Incl
Check

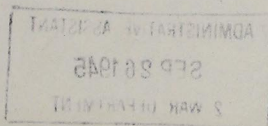
MEMORIAL DIVISION

SEP 27 4 30 PM '45

GRAVES REGISTRATION SECTION

MEMORIAL DIVISION

SEP 27 1 53 AM '45



RESTRICTED 17 OCT 1944

30124

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-18F5

7 August 1944
DatePipes,
Last NameWilliam
First35496706
Serial No.30th Division
Organization

15

Normandy, Fr
Place of DeathEst 31 July 1944
Date of DeathKIA Body Decomposed
Cause of Death2000 7 Aug 1944
Time and Date of BurialMarigny Cem # 1
Name of Cemetery393633
Coordinates of Location149
Grave Number8
Row Number

Plot Number

Temp
Type of MarkerDisposition of Identification Tags: Buried with body Yes ☒ No ☐ Attached to Marker Yes ☒ No ☐

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Fenstermacher 33585206
Name Serial No.150
Grave No.

Deceased's Right:

Deignan 31050917
Name Serial No.148
Grave No.

Deceased's Left:

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

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

Emergency Addressee

Name

Address

Religion Protestant

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

Pen Bracelet
Fwd to Effect QMWILLIAM E. PIPES
35496706 T43-44 0HARRY DUBROW
Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

Inc #53

RESTRICTED 17 OCT 1984 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.:

TOOTH CHART

Deceased's Left															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ◊; linking anchor teeth; replacements by artificial teeth X															
Upper															
Lower															

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.

AG P BR HQ S05

/22560

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

12

REPORT OF DEATH

DATE 2 September 1944

FULL NAME Pipes, William E.		ARMY SERIAL NUMBER 35 496 706		GRADE Pfc.	
HOME ADDRESS Battletown, Ky.		ARM OR SERVICE Infantry		DATE OF BIRTH 17 Apr 22	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in action		DATE OF DEATH 27 Jul 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 6 Oct 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Althea Pipes, Wife, Battletown, Ky.					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Althea Pipes, Wife, same as above William N. Pipes, Father, same as above Chester W. Pipes, Brother, same as above					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)					

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 27 Jul 44 until such absence was terminated on 29 Aug 44, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

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

☒ BATTLE☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall

ADJUTANT GENERAL

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

REPORT OF DEATH

DATE 2 September 1944
Jre 4632

FULL NAME <u>Pipes, William E.</u>		ARMY SERIAL NUMBER <u>35 496 706</u>		GRADE <u>Pfc.</u>	
HOME ADDRESS <u>Battletown, Ky.</u>		ARM OR SERVICE <u>Infantry</u>		DATE OF BIRTH <u>17 Apr 22</u>	
PLACE OF DEATH <u>European Area</u>		CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>27 Jul 44</u>	
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>6 Oct 42</u>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Althea Pipes, Wife, Battletown, Ky.</u>					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Althea Pipes, Wife, same as above</u> <u>William N. Pipes, Father, same as above</u> <u>Chester W. Pipes, Brother, same as above</u>					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)					

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report of death is held by the War Department to have been in a missing in action status from 27 Jul 44 until such absence was terminated on 29 Aug 44, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

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

☒ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR

J. A. Marshall
J. A. Marshall

ADJUTANT GENERAL

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

REPORT OF DEATH

DATE 4 Dec 1944
CRS/4032

FULL NAME <u>Pipes, William E.</u>		ARMY SERIAL NUMBER <u>35 496 706</u>	GRADE <u>PFC</u>
HOME ADDRESS <u>E attletown, Ky.</u>		ARM OR SERVICE <u>Infantry</u>	DATE OF BIRTH <u>17 Apr 22</u>
PLACE OF DEATH <u>European Area</u>	CAUSE OF DEATH <u>Killed in action</u>		DATE OF DEATH <u>27 Jul 44</u>
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>6 Oct 42</u>	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Althea Pipes, wife, Battletown, Ky.</u>			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Althea Pipes, wife, same as above</u> <u>William N. Pipes, father, same as above</u> <u>Chester W. Pipes, brother, same as above</u>			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)			
YES		NO	
* X			

ADDITIONAL DATA AND/OR STATEMENT

*COMBAT INFANTRY MAN

The individual named in this report of death is held by the War Dept to have been in a missing in action status from 27 Jul 44 until such absence was terminated on 29 Aug 44, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

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

☒ BATTLE☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

ADJUTANT GENERAL

all
aid

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

REPORT OF DEATH

DATE 4 Dec 1944
CPS/4832

FULL NAME <u>Pipes, William E.</u>		ARMY SERIAL NUMBER 35 496 706	GRADE PFC
HOME ADDRESS B attletown, Ky.		ARM OR SERVICE Infantry	DATE OF BIRTH 17 Apr 22
PLACE OF DEATH European Area	CAUSE OF DEATH Killed in action		DATE OF DEATH 27 Jul 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 6 Oct 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Althea Pipes, wife, Battletown, Ky.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Althea Pipes, wife, same as above William N. Pipes, father, same as above Chester W. Pipes, brother, same as above			
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS
YES NO	YES NO	YES NO	YES NO
AUTHORIZED ABSENCE		IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)
YES NO		YES NO	YES NO

ADDITIONAL DATA AND/OR STATEMENT

*COMBAT INFANTRY MAN

The individual named in this report of death is held by the War Dept to have been in a missing in action status from 27 Jul 44 until such absence was terminated on 29 Aug 44, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a commander in the European Area.

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

☒ BATTLE☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

ADJUTANT GENERAL

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

179287

-BATTLE CASUALTY REPORT

NAME PIPES WILLIAM E		SERIAL NUMBER 35496706	GRADE PFC	ARM OR SERVICE INF	REPORTING THEATRE ETO
PLACE OF CASUALTY FRANCE	DATE OF CASUALTY DAY 27 MONTH JUL YEAR 44	FLYING OR JUMPING STAT MIA	TYPE OF CASUALTY MIA	SHIPMENT NUMBER 154	

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

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

MR.-MRS.-MISS—FIRST NAME—MIDDLE INITIAL—LAST NAME MRS ALTHEA PIPES	RELATIONSHIP WIFE	DATE NOTIFIED 14 AUGUST 44 dmb
NO. AND NAME OF STREET—CITY—STATE BATTLETOWN KENTUCKY		

REMARKS:



CORRECTED COPY



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED _____ FORM 43 _____ AG 201 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. ☐ TELEGRAM ☐ WOUNDED ☐ LETTER ☐ CORRES. ☐ S. R. & D. ☐ CERTIF. ☐ M. & M. ☐ NON-DEL.

REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY _____ REVIEWED BY _____

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		COMP	RACE
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY		
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59				

DISTRIBUTION "A" ☐ 3 COPIES(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.DISTRIBUTION "B" ☐ COPIES(ALL WOUNDED MILITARY PERSONNEL AND ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYEES OF W. D. CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.)
COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.W.D., A.G.O. FORM NO. 0805
16 JUNE 1944

179287

RTB:GC:vd
August 31, 1945Mrs. Althea Pipes
Battletown, Kentucky

Dear Mrs. Pipes:

The Army Effects Bureau has received additional property of your husband, Private First Class William E. Pipes, consisting of funds in the amount of \$40.69. A check for this sum is inclosed.

As previously indicated, such property is forwarded for distribution.

Sincerely,

1 Incl
CheckC. B. QUINN
2nd Lt., QMC
Chief, Files Branch

TH

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of: Mrs. Althea Pipes
 Name
 Pfc. William E. Pipes
 ASN
 35496706
 Case No.
 179287 D
 Wt.
 DATE 31 August 1945
 RTB:GC:vd

FOR: Effects Quartermaster

REMARKS:

<input checked="" type="checkbox"/> Inclose Bureau Check	<input type="checkbox"/> Remove G. I.
Acct. No. <u>79014</u>	<input type="checkbox"/> Note discrepancy in
Amount <u>\$40.69</u> <i>me</i>	<input type="checkbox"/> Films removed
Inclose "Valuables" item	<input type="checkbox"/> Diary removed
Ship "Valuables" item(s)	<input type="checkbox"/> Laundry removed

ROUTING:

133992 hmc

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

79014

179287

September 1 45

Althea Pipes

40.69

Forty and 69/100

REMARKS

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

Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

ARMY EFFECTS BUREAU
INVENTORY179,287^{PHS}
CASE NO.

TYPED BY Bonnie

DATE 2-19-45

STATUS Deceased

NAME William E. Pipes

A.S.N. 35496706

RANK Pfc.

ORGANIZATION

AMOUNT 40.69

PAID-Check No. 13399274

79014
ACCOUNT NO.

LIST NO. CZ F166

REMARKS
Wf

ACCOUNTING INVENTORY

FEB 24 1945



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

JRM:MH:dw
April 13, 1945

IN REPLY REFER TO 179,287

Mrs. Althea Pipes
Battletown, Kentucky

Dear Mrs. Pipes:

The Army Effects Bureau has received some additional property of your husband, Private First Class William E. Pipes.

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

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

Extending every sympathy, I am

Sincerely yours,

P. L. KOOB
2nd Lt. Q.M.C.
Officer-in-Charge
SJ Unit

83

ARMY SERVICES FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENT

SHIP TO:

Mrs. Althea Pipes

Bettletown, Kentucky

Effects of:
Name

Pfc. William E. Pipes

ASN

35496706

Case No.

179,287 D

Wt.

DATE

13 April 1945

JRM:mhdw

Margaret Lee
FOR: Effects Quartermaster

REMARKS:

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

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

ROUTING:

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

file up

REMARKS:

1 pkg

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

APR 17 1945

179
Shipping Clerk

SHEET <u>1</u> OF <u>1</u> SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED MISSING P O W ABANDONED	
BOX NUMBER <u>4</u>	ORIGINAL NUMBER OF PACKAGES				
TALLY NUMBER <u>6978</u>	INVENTORY DATE <u>24 May 45</u>	CASE NUMBER <u>179,287</u>	RANK <u>PHS</u>		
EFFECTS OF <u>William S. Piper</u>	A.S.N. <u>35491146</u>		ORGANIZATION <u>Co 5th Inf Div</u>		
PACKAGE DESCRIPTION <u>#1 Piper</u>					
CLOTHING		PERSONAL ITEMS		CONTAINERS	
BELT		BRACELET, IDENTIFICATION		BAGS, CLOTH	
BELT, MONEY (NO MONEY)		BRUSHES		BAGS, TRAVEL	
CLOTH, WASH		CAMERAS		BILLFOLD, (NO MONEY)	
COATS		CLASSES		CASE	
FOOTWEAR, PR.		KNIVES		FOOTLOCKER	
GLOVES, PR.		LIGHTERS		KIT, SEWING	
HANDKERCHIEFS		MISC. INSIGNIA		KIT, TOILET	
HEADWEAR		MISC. ITEMS		KIT, WRITING	
JACKETS		PEN, FOUNTAIN		PAPERS AND MISC.	
OVERCOATS		PENCIL, MECHANICAL		BOOKS	
SCARFS		PIPES		BOOKS, ADDRESS	
SHIRTS		RELIGIOUS ARTICLES		BOOKS, NOTE	
SOCKS, PR.		RIBBONS, DECORATION		BOOKS, PILOT LOG	
TIES		RINGS		DIARY (REMOVED FOR DURATION)	
TOWELS		TOBACCO		FILMS	
TROUSERS, PR.		TOILET ARTICLES		LETTERS	
TRUNKS, PR		WATCH		PAPERS, PERSONAL	
UNDERWEAR		WINGS		PHOTOS	
				SHOE SHINE ARTICLES	
				SHORT SNOTTER	
				SOUVENIRS	
				SOUVENIR MONEY	
				STATIONERY	
				TESTAMENTS	
				U.S. MONEY (AMOUNT)	
REMARKS: <u>(Wife & Son)</u> <u>Mr. Alvin Piper</u> <u>Battlestown</u> <u>Pa.</u>					
ATTACHMENTS: <u>FORM #54</u> <u>FORM #100</u> <u>1 #38</u> <u>1 #28</u> <u>1 #24</u> <u>1 #21</u>					
C.A.T. <u>Alvin Piper</u> <u>Battlestown, Kentucky</u>		WEIGHT		GI REMOVED	
WAREHOUSE SPACE <u>959</u>		STORED BY <u>PHS</u>		SHORTAGE ON REVERSE	
INVENTORIED BY <u>PHS</u>		DATE SHIPPED <u>APR 17 1945</u>		IDENT. TAGS REMOVED	
PACKED BY <u>PHS</u>		CHECKED BY <u>PHS</u>		DIARY REMOVED	
				LOCKED STORAGE	
				LAUNDRY REMOVED	
				FILM REMOVED	

ADDITIONAL REMARKS

SHORTAGES

U.S. GOVT. CHECK SHORT

106.5 grams
B10 N.S. currency

NUMBER

DATE

SYMBOL

AMOUNT

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

Mellman

INVENTORY CLERK

La Zere

SUPERVISOR

C.I. REMOVE

WAR DEPARTMENT
FINANCE DEPARTMENT
Form No. 38
Approved Nov. 24, 1930

WAR DEPARTMENT
FINANCE DEPARTMENT

U. V. No. 351

RECEIPT FOR MISCELLANEOUS COLLECTIONS

\$ 40.69

APD 30

8 September

1944

(Station)

(Date)

*Received in cash of 2017 Fr from L. F. Sency, Capt., O-1284947, 119th Inf

*Collected on-Vol

Forty

Dollars and

sixty-nine

Cents,

on account of personal funds of William E. Pipes, Late Pfc, 35496706, KIA, Co G, 119th Inf, APO 30, c/o PM, New York, N. Y.

APP.

P. A. IF 218916

which sum I have passed to the credit of the United States, and hold myself accountable therefor.

Symbol No. 210-645

*Strike out words not applicable.

L. R. HARRIS, Lt. Col.,

Finance Department.

Rate of Exchange: 1 Fr - \$.020175

To be executed in triplicate.
Ribbon copy to be sent to Chief of Finance.
One copy to be furnished as receipt.
One copy to be retained by Disbursing Officer.

R E S T R I C T E DHEADQUARTERS 119TH INFANTRY
APO #30, U. S. ARMY.

(Date) _____

SUBJECT: Inventory of Personal Effects of:

(Last Name) _____

(First Name) _____

(MI) _____

(Rank) _____

(ASN) _____

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

The above named individual of _____

(Unit) _____

(Organization) _____

was reported _____

about _____

1944.

(Status: Killed, MIA, Hospitalized, etc) _____

Designated beneficiary if information readily accessible _____

Alpha Piper, Ballston, Ky. _____

1 Ballot

R 1965 francs and \$1.05 US Currency, personal funds, deposited
with Finance Officer, 30th Infantry Division.*J. P. Smith*Captain, Infantry
Personnel Officer*filed*R E S T R I C T E D

NAME

PIPES, WILLIAM E PFC

BAY	PALLET	BOX	TALLY
		4	6973
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
P.E.BAG			

Eff. QM Form 43

Off. Williams E. Pipes 35496706
Co. 2. 118th Inf.

Filed 27 July 44

Beneficiary: Alshea Pipes
Sattletown, Ky.

Tip-889

U.S.A.

6978

Summary Court-Martial
ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT Case No. 179287 D mg
601 Hardesty Avenue
Kansas City 1, Missouri Date 23 January 1945

SUBJECT: Report of transactions in disposing of the effects of

William E. Pipes, 35496706 late a
(Name of deceased) (Army Serial Number)
PFC, Infantry who died
(Grade) (Organization, Army or Service)
on the 27 day of July, 1944, at European Area

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

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City, Mo., pursuant to S.O., 228, Hq., 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. _____.)

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. _____.)

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 20 January 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Althea Pipes 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, Mrs. Althea Pipes of
(Name of person found entitled)
Battletown State of
(Number, Street or Avenue) (City, Town or Village)
Kentucky, is the Widow 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, C.M.C.
(Name, Rank, Organization)
SUMMARY COURT MARTIAL



ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOT
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO: # 179287

JRM:VM:mg
January 23, 1945

Mrs. Althea Pipes
Battletown, Kentucky

Dear Mrs. Pipes:

The Army Effects has received an identification bracelet and a fountain pen belonging to your husband, Private First Class William E. Pipes, and is forwarding them to you.

I regret that this property was received here in a damaged condition.

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.

Please accept my sympathy in the loss of your husband.

Yours very truly,

E. L. RICHTER
Administrative Assistant
Army Effects Bureau

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Effects of
Name **PFC William E. Pipes**

Mrs. Althea Pipes

ASN **35496706**

Battletown, Kentucky

Case No. **179287 D**

Wt.

DATE January 23, 1945

JRM:VM:mg

Barbieri
FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check

Remove G.I.

Acct. No.

Note discrepancy in

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.

filed

REMARKS:

Franked **FRANKED**

Est. Exp. Chgs.

Est. Frt. Chgs.

No. of Packages

JAN 30 1945

JAN 25 1945

JAN 24 1945

Shipping Clerk *mk*

SHEET 1 OF 1 SHEETS		ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>	
BOX NUMBER 29		ORIGINAL NUMBER OF PACKAGES 1		MISSING <input type="checkbox"/>	
TALLY NUMBER 5138 ✓		INVENTORY DATE 11 Jan 45		CASE NUMBER 179,287	
EFFECTS OF William E Pipes ✓		RANK Supt ✓		ABANDONED <input type="checkbox"/>	
A.S.N. 35496706 ✓		ORGANIZATION 30th Div.			
PACKAGE DESCRIPTION					
CLOTHING		PERSONAL ITEMS		CONTAINERS	
BELT	✓	BRACELET, IDENTIFICATION ✓		BAGS, CLOTH	
BELT, MONEY (NO MONEY)		BRUSHES		BAGS, TRAVEL	
CLOTH, WASH		CAMERAS		BILLFOLD (NO MONEY)	
COATS		GLASSES		CASE,	
FOOTWEAR, PR.		KNIVES		FOOTLOCKER	
GLOVES, PR.		LIGHTERS		KIT, SEWING	
HANDKERCHIEFS		MISC. INSIGNIA		KIT, TOILET	
HEADWEAR		MISC. ITEMS		KIT, WRITING	
JACKETS	✓	PEN, FOUNTAIN ✓		PAPERS AND MISC.	
OVERCOATS		PENCIL, MECHANICAL		BOOKS	
SCARFS		PIPES		BOOKS, ADDRESS	
SHIRTS		RELIGIOUS ARTICLES		BOOKS, NOTE	
SOCKS, PR.		RIBBONS, DECORATION		BOOKS, PILOT LOG	
TIES		RINGS		DIARY (REMOVED FOR DURATION)	
TOWELS		TOBACCO		FILMS	
TROUSERS, PR.		TOILET ARTICLES		LETTERS	
TRUNKS, PR.		WATCH		PAPERS, PERSONAL	
UNDERWEAR		WINGS		PHOTOS	
				SHOE SHINE ARTICLES	
				SHORT SNORTER	
				SOUVENIRS	
				SOUVENIR MONEY	
				STATIONERY	
				TESTAMENTS	
				U.S. MONEY (AMOUNT)	
REMARKS: no information Rechecked no correspondence * broken & corroded. ** rusty					
C.A.T. none.		ATTACHMENTS: FORM #54 FORM #100		1 document I.S.R. ✓	
WAREHOUSE SPACE 1717		STORED BY E.M.		WEIGHT	
INVENTORIED BY M. Marshall		DATE SHIPPED JAN 25 1945		GI REMOVED	
PACKED BY		CHECKED BY B		SHORTAGE ON REVERSE	
				IDENT. TAGS REMOVED	
				DIARY REMOVED	
				LOCKED STORAGE	
				LAUNDRY REMOVED	
				FILM REMOVED	

ADDITIONAL REMARKS

SHORTAGES

U S GOVT. CHECK SHORT

NUMBER

DATE

SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR

G.I. REMOVED

INVENTORY OF EFFECTS

The following listed effects
were found on _____
(Rank)

Pipes, William E 35496706

(Orgn) (Name) (SN)

30th Div Est. 31 July 1944

(Orgn) (Date Recd)

Buried at Marigny #1

and effects forwarded to Effects W.M.

Pen ✓

Bracelet ✓

filed

Edwin H. Miller
EDWIN H. MILLER
1 ST. LT. GMC

25496706 *7m*
PIPES

Serial No. Name

Grade Rank

Organization

Address

Nearest Relative

Address

Killed in Action Died of Disease

Date Hospital

Battle Area Information

Place of Burial

Point of Coordination

Description of Body

Members Missing

Signed