

RECEIPT OF REMAINS

DISTRIBUTION CENTER

AGR DISTRIBUTION CENTER, PHILA. QM DEPOT

T. G. RHODES
BROADWAY, ROCKINGHAM COUNTY, VA.

DAY LETTER
XXXXXX
ROUTINE

O.I. 3361

REMAINS CONSIGNED TO:

1293
REMAINS OF THE LATE PFC LAWRENCE M. HOLSINGER, 33536536 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER FIVE TWENTY SEVEN PENNSYLVANIA RAILROAD LEAVING PHILADELPHIA SIX FIFTY FIVE PM NINETEEN APRIL AND DUE TO ARRIVE LURAY, VA. RAILROAD TIME FOUR THIRTY EIGHT AM TWENTY APRIL REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND DELIVER TO BROADWAY, VA. REQUEST YOU SUBMIT ITEMIZED STATEMENT IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF TRANSPORTATION CHARGES ONLY IF ANY FROM LURAY, VA. TO BROADWAY, VA. REQUEST YOU NOTIFY NEXT OF KIN.

FRANK M. GREEN, JR.
MAJOR, QMC

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

THIS 20th DAY OF April, 1948

Andrew Balogh S/Sgt.
WITNESS (Escort)

T. G. Rhodes
CONSIGNEE

jm

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

3508 02208

DATE

15 11 47

DAY MONTH YEAR

NAME
HOLSINGER LAWRENCE M

SERIAL NUMBER

33536536

RANK

PFC

ARM

1

DATE OF DEATH

DAY MONTH YEAR

CEMETERY
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS

3300 03

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

B 9 167 FRANCE

CAUSE OF DEATH

1

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

T. G. RHODES
BROADWAY, VIRGINIA

NAME AND ADDRESS OF NEXT OF KIN

ANNIE L. HOLSINGER (MOTHER)
RURAL FREE DELIVERY #1
TIMBERVILLE, VIRGINIA

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

HOLSINGER Lawrence M.

SERIAL NUMBER

33536536

RANK

Pfc

DATE OF DEATH

Utd

DATE DISTINTERRED

4 Feb 48

IDENTIFICATION TAG ON

ORGANIZATION

USAGF

RELIGION

P

IDENTIFICATION VERIFIED BY

John H Clark, 2 Lt QMC

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Uniform

CONDITION OF REMAINS

Advanced decomposition

OTHER MEANS OF IDENTIFICATION

Embossed plate on grave marker

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 12 Feb 48

BY

H.A. Gentzel

CASKET SEALED BY

H.A. Gentzel

EMBALMER (Signature)

SHIPPING ADDRESS VERIFIED BY

DATE 12 Feb 48 T.C. Snider

John Palyok Jr., 1 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.

John Palyok Jr., 1 Lt FA

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blossville		TO Casketing Point A -Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER T/5 James Gregory	
SIGNATURE OF SHIPPER <i>E.N. Ciampo</i> Jim F. Randall, Capt QMC	DATE 11 Feb 48	SIGNATURE OF RECEIVER <i>E.N. Ciampo</i> E.N. Ciampo, 1 Lt FA	DATE 11 Feb 48

2. SHIPPED

FROM Casketing Point A - Cherbourg		TO Port Unit Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>E.N. Ciampo</i> E.N. Ciampo, 1 Lt FA	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr</i> John E. Hendry Jr, Maj CAC	DATE

3. SHIPPED

FROM PORT UNIT CHERBOURG		TO NYPOE	
KIND OF CONVEYANCE USAT MC CARLEY		NAME OF CONVOYER ROBERT V. SCHNEIDER 1st Lt. TC.	
SIGNATURE OF SHIPPER <i>John E. Hendry Jr</i> JOHN E. HENDRY JR. MAJOR CAC	DATE 10 March 1948	SIGNATURE OF RECEIVER <i>Robert V. Schneider</i>	DATE 10 March 1948

4. SHIPPED

FROM		TO <i>My PE</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. McKINNON COLONEL, T. C.	DATE APR 5 1948

5. SHIPPED

FROM <i>My PE</i>		TO PORT TRANSPORTATION OFFICER	
KIND OF CONVEYANCE <i>Drum</i>		NAME OF CONVOYER <i>Capt James R. Barrett</i>	
SIGNATURE OF SHIPPER <i>James L. McKinnon</i> JAMES L. McKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE APR 9 1948	SIGNATURE OF RECEIVER <i>Capt James R. Barrett</i>	DATE APR 10 1948

6. SHIPPED

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

7. SHIPPED

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

O.I. 3361		INSPECTION CHECK LIST (For Use at Distribution Point)			
Name HOLSINGER, LAWRENCE M ✓			Rank PFC		Serial Number 33536536 ✓
Source Annie L. Holsinger (Mother) Rural Free Delivery #1, Timberville, Va			Consignee T. G. Rhodes, Broadway, Rockingham County, Va. ✓		
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)			Condition of Shipping Case (Check One) <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory		
✓	FINISH (Exterior)		Remarks <div style="text-align: right;">4-10-48</div>		
	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 type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory		
✓	FINISH (Exterior)		Remarks		
	HANDLES AND FASTENINGS				
	STENCILING - NAMEPLATE				
	CAM LOCKS (Sealing)				
	ODOR OR MOISTURE				
ROUTED THROUGH					
<input type="checkbox"/> MORTUARY OPERATING ROOM			<input type="checkbox"/> 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 or Mortician	Time	Date	Signature of Inspector
				4/6/48	Paul H. Gentry
Remarks <div style="text-align: center; font-size: 2em;"> Mon Jar for ship (24) </div>					

WESTERN
UNION

WESTERN
UNION

WESTERN
UNION

A.G.R. DIVISION
PHILA. QM DEPOT

908 MAR 29 PM 3:41

WU AA156 21 GOVT COLLECT

TIMBERVILLE VIR MAR 29 135P

PHILADELPHIA QUARTERMASTER DEPOT

ATTN AMERICAN GRAVES REG DIV

RETEL REMAINS / PFC LAWRENCE M HOLSINGER. HAVE REMAINS SENT TO
LURAY VIRGINIA CARE T G RHODES BROADWAY VIRGINIA

FUNERAL DIRECTOR

ANNIE L HOLSINGER.

302P.



MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

PHILADELPHIA QUARTERMASTER DEPOT
PHILADELPHIA, PENNA.

SECURITY CLASSIFICATION

ACTION TO:

• ANNIE L. HOLSINGER

~~DEPT~~ • RURAL FREE DELIVERY #1

• TIMBERVILLE, VA.

GOVT PAID

PRECEDENCE FOR

ACTION

INFORMATION

DAY LETTER

O.I. 3361

☐ ORIGINAL MESSAGE

X

REFERS TO ANOTHER MESSAGE

IDENTIFICATION

CLASSIFICATION

INFORMATION TO:

DLR AND CHECK ANY CHGS

WAR DEPARTMENT WILL DELIVER REMAINS OF LATE PFC LAWRENCE M. HOLSINGER

IN NEAR FUTURE. RECORDS OF

THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO T. G. RHODES

BROADWAY, ROCKINGHAM COUNTY, VIRGINIA

PLEASE INSTRUCT FUNERAL DIRECTOR TO MAKE ARRANGEMENTS TO ACCEPT
REMAINS AT RAILROAD STATION UPON ARRIVAL. PRIOR TO SHIPMENT, FUNERAL
DIRECTOR WILL BE NOTIFIED **72 HOURS IN ADVANCE** OF RAIL ROUTING AND SCHEDULED TIME REMAINS
WILL ARRIVE AT RAILROAD STATION. REQUEST IMMEDIATE CONFIRMATION OF
ABOVE SHIPPING INSTRUCTIONS BY TELEGRAM COLLECT TO PHILADELPHIA
QUARTERMASTER DEPOT ATTENTION AMERICAN GRAVES REGISTRATION DIVISION
PHILADELPHIA PENNA. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU
SHOULD ASK LOCAL PATRIOTIC OR VETERANS' ORGANIZATION OF YOUR CHOICE
TO MAKE ARRANGEMENTS. NECESSARY YOU INCLUDE NAME OF DECEASED IN REPLY
TELEGRAM.

D. G. POLLARD
LT. COL., GMC

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

ORIGINATING AGENCY

DATE-TIME GROUP

OFFICIAL TITLE

SYMBOL

PAGE 1 OF 1

WORLD WAR II DEC'D

CERTIFICATE

(AR 30-1830)

1704

WW II

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>Holsinger, Lawrence M.</i>	GRADE PFC	SERIAL NUMBER 33536536	COMPONENT AGF
---	---------------------	----------------------------------	-------------------------

I certify that the sum of \$ 90.00 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 <i>Timberville Cemetery</i>	CITY OR COUNTY <i>Timberville</i>	STATE <i>Va.</i>
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: Commanding Officer Philadelphia Quartermaster Depot 2800 So. 20th St. Philadelphia 45, Pa.		SIGNATURE OF CLAIMANT <i>Annie L. Holsinger</i> ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>P.O. # 1 Timberville, Va</i> RELATIONSHIP TO DECEDENT <i>Mother</i> DATE <i>4/18/48</i>

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	DATE

PAID

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc. Lawrence M. Holsinger, 33 536 536
 Plot B, Row 9, Grave 167,
 United States Military Cemetery
 Bloisville, France

11 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, Annie L. Holsinger
 (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

Timberville Cemetery, Timberville, Va
 (NAME AND LOCATION OF CEMETERY)

- ☐ 3. BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____
- (FOREIGN COUNTRY) (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.)

22 Nov 47 None

coded 11/6/47 Mitchell

PART I (Continued)

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

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

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

OR

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

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
Stultz	Mrs. Evelyn	V	Sister
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
	Timberville	Rockingham	Va

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.

Annie L. Holsinger
 (SIGNATURE OF NEXT OF KIN)
 Annie L. Holsinger
 (NAME PRINTED OR TYPED)

R.F.D. #1
 (STREET AND NUMBER)
 Timberville, Va
 (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 10th day of October, 1947, at city (or town) of Timberville, county of Rockingham, and State (or Territory or District) of Virginia.

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

Bert Pate
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

(OFFICIAL TITLE)

My commission expires Jan. 25, 1948

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 Father, 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 <u>Holsinger</u>	FIRST NAME <u>Mrs. Annie</u>	MIDDLE INITIAL <u>L.</u>
RELATIONSHIP TO THE DECEASED <u>Mother</u>		
NUMBER AND STREET <u>R.F.D. #1</u>	CITY OR TOWN <u>Timberville</u>	STATE OR COUNTRY <u>Va</u>

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

<u>Vernon C Holsinger</u> (SIGNATURE OF NEXT OF KIN)	<u>Oct 8. 1947</u> (DATE)
<u>Vernon C. Holsinger</u> (NAME PRINTED OR TYPED)	<u>Timberville Va</u> (STREET AND NUMBER)
	<u>Timberville, Va</u> (CITY AND STATE)

PART III

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

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

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

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

Pfc. Lawrence M. Holsinger, 33 536 536
Plot B, Row 9, Grave 167,
United States Military Cemetery
Blasville, France

11 September 1947

Mrs. Annie L. Holsinger
Rural Free Delivery #1
Timberville, Virginia

Dear Mrs. Holsinger:

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

Incls.

82M.W.
oey

SPQYG 293

Holsinger, Lawrence M.

11 March 1946

Mr. Vernon Holsinger
RFD #1
Timberville, Virginia

Dear Mr. Holsinger:

The War Department is most desirous that you be furnished the burial location of your son, the late Private First Class Lawrence M. Holsinger, A.S.N. 33 536 536.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Bloisville, France, plot B, row 9, grave 167.

This cemetery is located approximately twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France, and is under the constant care and supervision of United States military personnel.

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

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

211 245 PM '46

MAIL & RECORDS BRANCH

afr

IM

CORRECTIONS AND ADDITIONS TO BURIAL REPORTS AS TALLIED FROM AG CAS CARD

COUNTRY	PLOT	ROW	GRAVE
NAME :	BLOEVILLE	B	9 167
RANK :	HOLSINGER, <u>Lawrence M.</u>		
ASN :	Pfc.		
ORGANIZATION :	33 536 556		
DATE OF DEATH :	---		
PLACE OF DEATH :	---		
CAUSE OF DEATH :	---		
*	---		

AND/OR OCMO PLOT MAP

*File #7
2 Jan 49
Chas. Taylor
NASH*

(Signature)
T.C. 3/18/48

RESTRICTED
REPORT OF BURIAL

568

7244
14 June 1944

TM 10-630 AND AR 30-1815

Date

Holsinger,

Last Name

Lawrence

First

M.

Initial

Pvt.

Rank

33536536

Serial No.

Unknown

Unit

82nd A/B Div.

Organization

Normandy, France

Place of Death

6 June 1944

Date of Death

KIA

Cause of Death

6 June 1944

Time and Date of Burial

Blosville,

Name of Cemetery

France

Name or Coordinates of Location

167

Grave Number

09

Row Number

8 B

Plot Number

Peg

Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:	<u>Robert Ware Jr</u>	<u>32508457</u>	<u>Pfc</u>	<u>82nd A/B Div.</u>	<u>168</u>
	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>Charles F. Downing</u>	<u>0-1310585</u>	<u>2dn Lt.</u>	<u>82nd A/B Div.</u>	<u>166</u>
	Name	Serial No.	Rank	Organization	Grave No.

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

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

Emergency Addressee Annie Holsinger

Name

Timberville, Va.

Address

Religion P

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

- 1 Wrist Watch
- 2 Pocket Books
- 2 Service Ribbons

Signature of Officer or other person reporting burial

Edwin H. Miller

Verified by G.R.S. Officer

EDWIN H. MILLER, 1st Lt. QMC

File
5-23-45
AED

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

--BATTLE CASUALTY REPORT

NAME			SERIAL NUMBER			GRADE		ARM OR SERVICE		REPORTING THEATRE	
HOLSINGER LAWRENCE M			33536536			PFC		INF		ETO	
PLACE OF CASUALTY			DATE OF CASUALTY			FLYING OR JUMPING STAT		TYPE OF CASUALTY		SHIPMENT NUMBER	
FRANCE			DAY 06	MONTH JUN	YEAR 44			KIA		102	

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	RELATIONSHIP
	MRS ANNIE L HOLSINGER			MOTHER
NO. AND NAME OF STREET		CITY	COUNTY	STATE
RURAL FREE DELIVERY NUMBER ONE		TIMBERVILLE VIRGINIA		

REMARKS:

☐

CORRECTED COPY

23 JUNE 44 MS

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
<i>File not forwarded</i> REPORT NOT VERIFIED _____ NO FORM 43 _____ NO CAS. BR. FILE _____ CHECKED BY <i>provald</i> 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 *445*

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JUL 1944 FILE

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

WASHINGTON 25, D. C.

CH/mbb 4635

REPORT OF DEATH

DATE 1 July 1944

293

FULL NAME Holsinger, Lawrence M		ARMY SERIAL NUMBER 33 536 536	GRADE Pfc
HOME ADDRESS Timberville, Virginia		ARM OR SERVICE Infantry	DATE OF BIRTH 10 Sept 1916
PLACE OF DEATH France	CAUSE OF DEATH Killed in action		DATE OF DEATH 6 June 44
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 15 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS 1 5 22
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Annie L. Holsinger (mother) RFD #1, Timberville, Va.			
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Annie L. Holsinger (mother) RFD #1, Timberville, Va. Vernon Holsinger (father) Timberville, Va.			
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT
YES	NO	YES	NO
	X	X	X
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES	NO	YES	NO
X			X
OTHER PAY STATUS (SPECIFY BELOW)			
YES NO			

ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A., WASH., D. C.
G. A. O.	VET. ADMIN.	ARMY EFFECTS BUREAU
Q. M. G.	OFF. FIS. DIR.	

BY ORDER OF THE SECRETARY OF WAR:

Battle

John T. Winn

ADJUTANT GENERAL

11 JUL 1944 FILE

WLR

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE

OH/mbb 4635

WASHINGTON 25, D. C.

REPORT OF DEATH

226252
1 July 1944
DATE

FULL NAME Holsinger, Lawrence M		ARMY SERIAL NUMBER 33 536 536	GRADE Pfc			
HOME ADDRESS Timberville, Virginia		ARM OR SERVICE Infantry	DATE OF BIRTH 10 Sept 1916			
PLACE OF DEATH France	CAUSE OF DEATH Killed in action		DATE OF DEATH 6 June 44			
LOCATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 15 Dec 42	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">YEARS 1</td> <td style="width: 33%;">MONTHS 5</td> <td style="width: 33%;">DAYS 22</td> </tr> </table>	YEARS 1	MONTHS 5	DAYS 22
YEARS 1	MONTHS 5	DAYS 22				
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Annie L. Holsinger (mother) RFD #1, Timberville, Va.						
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Annie L. Holsinger (mother) RFD #1, Timberville, Va. Vernon Holsinger (father) Timberville, Va.						
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT			
YES	<input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO			
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE	IN FLYING PAY STATUS			
YES <input checked="" type="checkbox"/> NO		YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO			
OTHER PAY STATUS (SPECIFY BELOW) YES <input type="checkbox"/> NO <input type="checkbox"/>						



ADDITIONAL DATA AND/OR STATEMENT

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A., WASH., D. C.
G. A. O.	VET. ADMIN.	ARMY EFFECTS BUREAU
Q. M. G.	OFF. FIS. DIR.	

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn

ADJUTANT GENERAL



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

IN REPLY REFER TO: #226252 M

JRM:NM:man
November 24, 1944

Mr. Vernon Holsinger
Timberville, Virginia

Dear Mr. Holsinger:

The Army Effects Bureau has received some additional property of your son, Private First Class Lawrence M. Holsinger.

These effects, contained in one carton, 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,

F. A. ECKHARDT
Captain Q.M.C.
Assistant

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Ship to: **Mr. Vernon Holsinger**

Effects of:

Timberville, Virginia

Name **Pfc. Lawrence M. Holsinger**

ASN **33536536**

Case No. **226252 D**

Wt.

FRANKED

Ship Via _____ G B/L No. _____

JRM:NM:1b
Date 24 November 1944

Le Mc Mullan
For the Effects Quartermaster

PACKAGES SHIPPED

1 Otn

TOTAL 1 WT. _____

Franked _____
Est. Exp. Chgs. _____
Est. Frt. Chgs. _____
Date Shipped NOV 27 1944

REMARKS: **2nd Inventory**

NOV 25 1944

NOV 28 1944

Sheet 1 of 1 Sheets.
Box No.

ARMY EFFECTS BUREAU
INVENTORY

Pal 56
Bag 49
Box 320

Deceased X
Missing
P.O.W.
Abandoned

SHOWN ON TALLY-IN AS Halsinger, Lawrence M. ORIGINAL NO. OF PKGS. 4
TALLY-IN NO. 5361 INVENTORY DATE 11/13/44 CASE NO. 226252
EFFECTS OF Lawrence M. Halsinger RANK Prvt
A.S.N. 33536536 ORG.

PACKAGE DESCRIPTION: <u># 1 Chu.</u>	
ARTICLE DESCRIPTION	
1 New Testament	
1 Box w/ Personal Letters	
Card, Photos.	
1 folder (empty)	
1 Pen	
1 Pencil	
1 Razor + Blades	
1 lat Photos	
1 Cap	
1 sweater	
1 Blanket	
1 medal	
	2nd Div.

REMARKS: Mather.
Mrs Annie Halsinger
R#1 Tunderville, Virginia
Correspondence.

ATTACHMENTS:
Form 54.

C.A.T. not available

~~NO CORRESPONDENCE~~
~~SHORTAGE ON REVERSE~~
~~G.I. ON REVERSE~~

STORAGE) 2028
SPACE)

SAFE STORAGE
VAULT STORAGE

WEIGHT NOV 27 1944
SHIPPED

Inventoried by Cam Packed by Mc Cox

INVENTORY OF EFFECTS

(See AR 600-550)

HOLSINGER, LAWERENCE M. 33536536

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

late a **PVT.**

(Grade)

(Organization or arm or service)

who died on the **6** day of **JUNE**, 19 **44**

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

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Fountain Pen	
1	Eversharp	
1	Campaign Ribbon	

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

CLASS II—Other effects

NUMBER	ARTICLES
1	Pkg. Letters & Cards
1	Blanket, Italian
1	Cap, Overseas
1	Box Misc. Items Razor etc.
1	Sweater, wool

CLASS II--Continued

[illegible]

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that *the effects were delivered to * Mrs. Annie Holsinger
(Give name and degree of relationship; if legal representative)

R# 1 Tunberville, Virginia
or beneficiary named by the deceased, so state) (Mother)

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

Geny W Hansen
2nd Lt Jny

APD 469

(Station)

(Station)
Hove 30
(Date)

(Date)

19.

*Strike out words not applicable.

Hq SOS

1677

* Through Quartermaster 82nd.
A/B Division.



226252
KW



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

JHM:R10t
24 November 1944

IN REPLY REFER TO WQ 201

SUBJECT: Disposal of Pay Records

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

Transmitted herewith for disposal by personnel officers concerned, in accordance with par. 11d(2), AR 345-125 C19, U.S., A.G.O. Form No. 23, (Soldier's Individual Pay Record) of:

<u>Name</u>	<u>ASN</u>	<u>Rank</u>	<u>Organization</u>
Arvin, Vernon W.	35568165	Cpl.	Inf.
Brano, John H.	31252700	Pvt.	
Bryant, J. C.	31306081	Pvt.	
Cox, Avis H.	33044285	PFC.	PA
Cullion, James F.	13066559	Pvt.	
Molinger, Lawrence H.	33536536	PFC.	
Johnson, D. D.	31624354	Pvt.	Inf.
LeDourgeois, Albert L.	31233946	PFC.	Inf.
Molise, Herman A.	31583069	PFC.	Gen.
Singer, Irving	33051433	PFC.	Inf.

For the Effects Quartermaster:

G. H. GALVIN, JR.
Captain U.S.A.
Chief, Administrative Division

10 Incls--U.S., A.G.O. Form No. 23

File it

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

Case No. 226252 MDate 22 November 1944

SUBJECT: Report of transactions in disposing of the effects of

Lawrence M. Holsinger

(Name of deceased)

33536536

(Army Serial Number)

late a

Private First Class

(Grade)

Infantry

(Organization, Army or Service)

, who died

on the 6 day of June, 1944, at European 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 22 November 1944, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of

Vernon Holsinger 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, Vernon Holsinger of

(Name of person found entitled)

(Number, Street or Avenue)

Timberville

(City, Town or Village)

State of

Virginia

is the

father

(Relationship or Capacity)

of the

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

(Signature of Summary Court Officer)

W. F. HEHMAN, Major Q.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: 226252 M ✓

JRM:NM:ct
November 22, 1944

Mr. Vernon Holsinger ✓
Timberville, Virginia ✓

Dear Mr. Holsinger:

The Army Effects Bureau has received from overseas some personal effects of your son, Private First Class Lawrence M. Holsinger. ✓

These effects, consisting of two billfolds, one lot of souvenir notes, and a wrist watch, are being forwarded to you. ✓

If, by any chance, the property has not reached you at the expiration of thirty days, 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,

F. A. ECKHARDT
Captain Q.M.C.
Assistant

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Ship to:

Mr. Vernon Holsinger

Timberville, Virginia

Effects Of

Name

PFC Lawrence M. Holsinger

ASN

Case No. 33536536

Wt.

226252 D

Ship Via

~~TRAIN~~

G B/L No.

Date 22 November 1944

JRM:NM:ct

hl Mc Millan

For the Effects Quartermaster

SHIPPED

DATE: 11/27/58

PACKAGES SHIPPED

1 pkg

REGISTERED

Franked

Est. Exp. Chgs.

Est. Frt. Chgs.

867-434

TOTAL

WT.

Date Shipped

NOV 25 1944

REMARKS:

Receipt letter mailed

NOV 23 1944

Lock storage item
NOV 30 1944

mlg
(Shipping Clerk)

Sheet 1 of 1 Sheets
Box No.

ARMY EFFECTS BUREAU
INVENTORY

File
nm

Deceased ☒
Missing ☐
P.O.W. ☐
Abandoned ☐

1 Gr. Bag Page 4
Box 257

SHOWN ON TALLY-IN AS Lawrence M. Holsinger ORIGINAL NO. OF PKGS. 1
TALLY-IN NO. 5486 INVENTORY DATE 11-8-44 CASE NO. 226252
EFFECTS OF Lawrence M. Holsinger RANK Pfc
A.S.N. 33536536 ORG. 82nd Airborne

PACKAGE DESCRIPTION:

2 packages L.S.

ARTICLE DESCRIPTION

2 briefolds (no
money)

Lot of souvenir
notes

Removed to
locked storage
(1) Wrist watch
(central) V.L.

SHIPPED

DATE: 11/27/44

Rec'd. Lt.

REMARKS:

(Mother) Annie Holsinger
Timberville Virginia.
No correspondence
Shortage on Reverse

ATTACHMENTS:

Form #28
1 Gr. Tag
Form #54

NO CORRESPONDENCE

SHORTAGE ON REVERSE

G. I. ON REVERSE

C.A.T. Annie Holsinger
Timberville Virginia

STORAGE)
SPACE) 2013

SAFE STORAGE
VAULT STORAGE

WEIGHT

NOV 21 1944
SHIPPED

Inventoried by L. Johnston

Packed by Aldridge

VALUABLES RECEIPT

TALLY NO. 5486

NAME Lawrence M. Holsinger

RANK Pfc.

A.S.N. 33536536

DATE 11-8-44

Eff. QM Form 56

Johnston

Removed to
locked storage
(1) Wrist watch
(central)

11-13-44

Ejw

INVENTORY OF EFFECTS

(See AR 600-550)

AWARNCE M HOLSINGER *R*

(Last Name) *536* (First Name) *T* (Middle Initial) *W* (Army serial number)

ANNIE HOLSINGER

(Grade)

(Organization or arm of service)

WIMBURYVILLE VA 6 day of *July*, 19 *44*

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

NUMBER	ARTICLES	*PACKAGE NUMBER
	Private's effects	<i>✓</i>
<i>2</i>	Pocket Books	<i>✓</i>
<i>2</i>	Service Ribbons	<i>○</i>
	Private's effects	

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

CLASS II—Other effects

NUMBER	ARTICLES

file
nm
LAWRANCE M.

Serial No. 33536536 Name HOLSINGER

Grade _____ Rank Pvt

Organization 82ND AIB

Address _____

Nearest Relative _____

Address _____

Killed in Action ☒ Died of Disease _____

Date 6-6-44 Hospital _____

Battle Area _____ Information _____

Place of Burial Blosville, FRANCE

Point of Coordination _____

Description of Body _____

Members Missing _____

Signed _____

HEADQUARTERS COMPANY 82nd. AIRBORNE DIV.
APO. 469 % Postmaster New York, N.Y.

July 18, 1944

SUBJECT : Disposition of Effects of Deceased Persons.
TO : Effects Quartermaster, ETOUSA.
THRU : Headquarters Co. 82nd. Airborne Division

1. Forwarded herewith Inventory of Effects (WD, AGO Form 54) for deceased enlisted man of this command.

a. HOLSINGER, LAWRENCE M.

b. PRIVATE FIRST CLASS

c. 33536536

d. HEADQUARTERS COMPANY 82nd. AIRBORNE DIVISION.

e. STATUS - (KIA).

f. JUNE 6, 1944


g. JUNE 28, 1944, Delivered to Quartermaster 82nd. A/B for delivery to Mrs. Holsinger R# 1 Timberville, Virginia. (Mother)

h. Name and address of any bank in the United Kingdom in which the person concerned is believed to have an account -None-.

i. Names and addresses of any known private debtors and creditors (exclusive of U.S. Government agencies.)

j. No receipt for funds, Money Orders, traveler's checks, deeds, will, etc.

k. MRS. ANNIE HOLSINGER R# 1 Timberville, Virginia (Mother)


George W. Hansen
GEORGE W. HANSEN
2nd. Lt., Inf
Commanding Officer

1 Incl
1 - WD AGO Form 54

R E S T R I C T E D

201 - Holsinger, Lawrence M. 1st Ind.
(Enl)

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 20 July 1944.

TO: Effects Quartermaster, ETOUSA, APO 871, U. S. Army.



226252

m. L

ENL/wjm

File
nm

G. B. B.

1 Incl(x) n/c

R E S T R I C T E D

R E S T R I C T E D

201 - Holsinger, Lawrence M. 1st Ind.

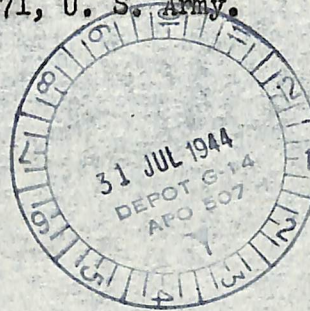
ENL/wjm

(Enl)

HEADQUARTERS 82D AIRBORNE DIVISION, APO 469, U. S. Army, 20 July 1944.

TO: Effects Quartermaster, ETOUSA, APO 871, U. S. Army.

1 Incl(x) n/c



G. B. B.

R E S T R I C T E D