

16880

RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DEPOT

COLUMBUS 15 OHIO

ROUTINE 8 APRIL 1949

REMAINS CONSIGNED TO: DAVIS FUNERAL HOME

443 WEST PIKE STREET

CLARKSBURG WEST VIRGINIA

FROM QMDCG 293 BARDEN

REMAINS OF THE LATE PFC JAMES E KNIGHT ASN 35386344 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 12 BALTIMORE AND OHIO RAILROAD LEAVING COLUMBUS 8:35 AM THIRTEEN APRIL AND DUE TO ARRIVE CLARKSBURG WEST VIRGINIA 4:41 PM RAILROAD TIME THIRTEEN APRIL. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN.

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

THIS 13 DAY OF April, 1949

Lt. Col. Leonard R Conley
WITNESS (Escort)

Davis Funeral Home
CONSIGNEE
Dep. Rev. Raymond Davis

NAT
FILE
RECORDS ANNOTATED
DATE MAY - 3 1949
NAME WINBERLY

DISINTERMENT DIRECTIVE

11-30

313

hj

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER		DATE				
				4650 08857		15 07 48 DAY MONTH YEAR				
NAME				SERIAL NUMBER		RANK		ARM	DATE OF DEATH	
KNIGHT JAMES E				35386344		PFC		1	DAY MONTH YEAR	
CEMETERY									DISPOSITION OF REMAINS	
MARGRATEN - AACHEN								1	5400 07 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH				
MMM	8	191	HOLLAND			1				

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE		NAME AND ADDRESS OF NEXT OF KIN	
DAVIS FUNERAL HOME 443 WEST PIKE STREET CLARKSBURG, WEST VIRGINIA		MRS. DELLA KNIGHT (MOTHER) STATION B CLARKSBURG, WEST VIRGINIA	

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISINTERRED	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY			
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		USAGF				NAME AND TITLE			

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL		CONDITION OF REMAINS	
------------------	--	----------------------	--

OTHER MEANS OF IDENTIFICATION

SEE ATTACHED SHEET

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
------	----	----------------------

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
-------------------------	------------------------------

DATE	BY
------	----

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

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM ANTWERP PORT, PIER 140		TO ANTWERP PORT, PIER 140	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER DET GEORGE D LARDE, RA 12317162	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 27.1.49	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 27 JAN 1949

2. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USAT HAITI VICTORY	
KIND OF CONVEYANCE VC. 2		NAME OF CONVOYER A. S. KIMBERLIN 1st. Lt. INF.	
SIGNATURE OF SHIPPER R. D. MILLER, Lt. COL. T.C.	DATE MAR 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE MAR 1949

3. SHIPPED

FROM NYPE		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE MAR 15 1949

4. SHIPPED

FROM NYPE TRAIN		TO DC # 07	
KIND OF CONVEYANCE		NAME OF CONVOYER Cpl Patrick J. Salatiello	
SIGNATURE OF SHIPPER LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE MAR 1949	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE MAR 21 1949

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTERMENT DIRECTIVE

SECTION A—
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

MMM 8 191 MARGRATEN HOLLAND

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

JAMES E. KNIGHT

35386344

PFC

23 AUGUST 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☒ REMAINS

☒ MARKER

P

CLYDE B. SPINKS

CAPT., FA NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS CRUSHED SKULL. FRACTURES:
R/HUMERUS, L/HUMERUS, R/TIBIA AND FIB-
ULA. PARTIAL UPPER DENTURE. FINAL
STAGE OF DECOMPOSITION.

MATTRESS COVER AND UNIFORM.

OTHER MEANS OF IDENTIFICATION

NONE

MINOR DISCREPANCIES 1

0002 WAISTBAND OD TROUSERS.
ME-7482 WAISTBAND OD TROUSERS.

REMAINS PREPARED AND PLACED IN CASKET

DATE 24 AUGUST 1948

BY

FERRARS D. STEWART, EMBALMER

CASKET SEALED BY

FERRARS D. STEWART

EMBALMER (Signature)

FERRARS D. STEWART

CASKET BOXED AND MARKED

JACK W. BLEECKER
IDENT. TECH.

ALL TAGS, PEATES, AND
MARKINGS VERIFIED BY

ROBERT W. GANSEL, 1/LT., QMC

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

ROBERT W. GANSEL, 1/LT., QMC

SIGNATURE OF GRS INSPECTOR

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

MESSAGEFORM

MESSAGE CENTER NO.

TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

NY 0262

CALLS

STA. SER. No.

PRECEDENCE

TRANSMISSION INSTRUCTIONS

ORIGINATOR

DATE-TIME GROUP

V

NR

ACTION

INFORMATION

EXEMPT

OPERATING SIGNALS

GROUP COUNT

WESTERN UNION

GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

SECURITY CLASSIFICATION

GOVT PD

ACTION TO:

PRECEDENCE FOR
ACTION INFORMATION

MRS DELLA KNIGHT
DLR AND REPORT ANY CHARGES

DAY LETTER

STATION B
CLARKSBURG WEST VIRGINIA

☐ ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE
IDENTIFICATION CLASSIFICATION

INFORMATION TO:

FROM QMDCG 19606-C BARDEN

WE HAVE BEEN ADVISED REMAINS OF THE LATE

PRIVATE FIRST CLASS JAMES E KNIGHT

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED
TO DAVIS FUNERAL HOME

443 WEST PIKE STREET CLARKSBURG WEST VIRGINIA

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL

INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANCES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS.

BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO

SECURITY CLASSIFICATION

SIGNATURE

AUTHORIZATION

SYMBOL

ORIGINATING AGENCY

DATE-TIME GROUP

OFFICIAL TITLE

FRANCIS FAPPIANO
CAPT, QMC, Asst AGR Div

PAGE OF

WU046 30 COLLECT CLARKSBURG WVIR MR XXX MAR 10 954A

C BARDEN COMMANDING OFFICER COLS GEN DIST

BUREAU

THIS IS TO CONFIRM PREVIOUS INSTRUCTIONS REGARDING THE REMAINS
OF PFC JAMES E KNIGHT TO BE DELIVERED TO THE DAVIS FUNERAL

HOME 443 W PIKE ST CLARKSBURG W VA

MRS DELLA KNIGHT

443 W

1024A

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NAME Knight, James E.		RANK Pfc.	SERIAL NUMBER 35386344
SOURCE NY 026R		CONSIGNEE Davis Funeral Home 443 West Pike Street Clarksburg, West Virginia	
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR) FINISH (INTERIOR) HANDLES HANDLE BOLTS STENCILING - NAMEPLATE HEALTH PERMIT MARKER HEALTH PERMIT NUMBER		REMARKS <div style="font-size: 2em; text-align: center;">OK</div>	
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF CASKET (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
FINISH (EXTERIOR) HANDLES AND FASTENINGS STENCILING - NAMEPLATE CAM LOCKS (SEALING) ODOR OR MOISTURE		REMARKS <div style="font-size: 1.5em; text-align: center;">Touch up in Bay</div>	

4
5
2

ROUTED THROUGH

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/> 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
			1315	4/5/49	<i>stuff</i> <i>KMM</i>

COPY

WORLD WAR II DECEASED

REQUEST FOR REIMBURSEMENT OF INTERMENT
OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

April 14, 1949

NAME OF DECEDENT (Last, First, Middle Initial)

293
Knight, James E.

BRANCH OF SERVICE

Army

TO BE FILLED IN BY CLAIMANT

A. ☒ INTERMENT EXPENSES
(Civilian or Private Cemetery)B. ☐ TRANSPORTATION EXPENSES
(National or Post Cemetery)

RANK OR GRADE

Pfc.

SERIAL NO.

35386344

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

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.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ **75.00** 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:

NAME: of cemetery, Coplin cemetery

CITY OR COUNTY: Harrison Co

STATE: West Virginia

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

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)

TO: (Name and Location of National or Post Cemetery)

RETURN FOUR COPIES TO

AMERICAN GRAVES REGISTRATION DIVISION
COLUMBUS GENERAL DEPOT
COLUMBUS, OHIO

SIGNATURE OF CLAIMANT

ADDRESS (Street number or RFD, City and State)

Station B, Adamston, W Va

RELATIONSHIP TO DECEDENT

Mother

REMARKS

PAID ON VOUCHER
MAY 2 1949
W. KNOBELOCH, Lt Col USA
119136

SYMBOL NO. 211-943

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pfc James E. Knight, 35 386 344
 Plot MM, Row 8, Grave 191,
 United States Military Cemetery
 Margraten, Holland

5 December 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, Mrs. Della Knight

(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) _____

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

Copeland Cemetery near Wolf Summit, W 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

(FOREIGN COUNTRY)

PRIVATE CEMETERY LOCATED AT _____

(LOCATION OF CEMETERY SELECTED)

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

(LOCATION OF NATIONAL CEMETERY SELECTED)

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

☐ YES☐ NO

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

NONE

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	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS		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 DAVIS FUNERAL HOME			
NUMBER AND STREET 443 West Pike St	CITY OR TOWN Clarksburg	COUNTY OR PROVINCE Harrison	STATE OR TERRITORY OF U. S. A., OR COUNTRY West Va
EXPRESS OFFICE (Nearest railroad passenger station) Clarksburg, W Va	TELEGRAPH ADDRESS Clarksburg, W Va		TELEPHONE No. 196

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

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

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

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

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

X Mrs Della Knight

(SIGNATURE OF NEXT OF KIN)

Mrs Della Knight

(NAME PRINTED OR TYPED)

Station B.

(STREET AND NUMBER)

Clarksburg, W. Va.

(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 17 day of April, 1948, at city (or town) of Clarksburg, county of Harrison, and State (or Territory or District) of West Virginia

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

Mamie Primm

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

My commission expires Jan. 25, 1955.

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

IN REPLY REFER TO BURIAL OF
Pfc James E. Knight, 35 386 344
Plot MM, Row 8, Grave 191
USMC, Margraten, Holland

12 April 1948

Mrs. Della Knight
Route #1
Wolf Summit, West Virginia

Dear Mrs. Knight:

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 1, page 1, in blocks)
2. () Indicate option desired. (Part 1, page 1, items 1, 2, 3, or 4)
3. () Indicate National or Private Cemetery in which interment is desired. (Part 1, page 1, item 2 or 4)
4. () Indicate country (Homeland) of deceased. (Part 1, page 1, item 3)
5. () Advise name and address of consignee. (Part 1, page 2)
6. () If you are Next of Kin, affix your signature in the presence of a Notary Public. (Part 1, 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 1, page 1, item 4)
9. () Furnish certified copy of Remarriage Certificate of Widow, or statement from widow that she has in fact remarried.
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.

Sincerely yours,

2 Incls.

1. Request for Disposition form
2. Return Envelope

RICHARD B. COOMBS
Major, QMC
Memorial Division

48 653

FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

293 Knight James E Rank 35386344 SN 345 Executed by Mother Option Selected 2

Maryann Cemetery Plot Row 8 Grave 191 Consignee

Write NOK Mr. Mrs. Miss Della Knight Relationship Mother

Route 1 (Address)

Wolf Summit, W Va (City and State)

A. Action to Family Letters Section

1. () Indicate RELATIONSHIP
2. () Indicate OPTION desired
3. () Indicate CEMETERY in which interment 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 _____ State _____

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

L. Sawyer Acceptance Clerk's Name 3 April 48 Date

FILE
APR 5 1948
W. C. Yeager
J. M. Corbin

Pfc James E. Knight, 35 386 344
Plot MM, Row 8, Grave 191,
United States Military Cemetery
Margraten, Holland

5 December 1947

Mrs. Della Knight
Rural Free Delivery #1
Wolf Summit, West Virginia

Dear Mrs. Knight:

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

eh1

15 November 1946

Mrs. Della Knight
Rural Free Delivery #1
Wolf Summit, West Virginia

Dear Mrs. Knight:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class James E. Knight, A.S.N. 35 386 344.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Margraten, Holland, plot 1881, row 1, grave 191. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located ten miles west of Aachen, Germany, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

Nov 15 4 21 PM '46
O. G. M. C.
MAIL & RECORDS BRANCH

355

CORRECTIONS AND ADDITIONS TO BURIAL REPORT AS TAKEN FROM AG CASUALTY CARD

NAME

RANK

ASN

ORGANIZATION 318 INF.

DATE OF DEATH 31 MAR. 45

PLACE OF DEATH

CAUSE OF DEATH

TGR
(Signature)

REPORT OF BURIAL

TM 10-630 AND AR 30-1315

355

24 AUG 1945

Date

293 KNIGHT

JAMES

E

Pfc

35386344

Last Name

First

Initial

Rank

Serial No.

Unknown

Unknown

Unit

Organization

Melsungen Germany

UNK (estimated to be 9 April 45)

SF head

Place of Death

Date of Death

Cause of Death

1500 24 AUG 1945

US Military Cemetery Margraten Holland

VK 645482

Grave Number

Row Number

Plot Number

Type of Marker

191

8

MMM

Cross

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

If No Identification Tags

How were remains identified?

REBURIAL

What means of identification were buried with the body? Previously buried in BUTZBACH Cemetery

Plot A Row 8 Grave 191

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

Who is buried on:

Deceased's Right:

Lamb

33925410

Pvt

Unknown

190

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Harris

31466194

Pfc

Co F 385 Inf 76 Div

192

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:

JAMES E KNIGHT
15386344 T42 43

Emergency Addressee Della Knight

Name

RD. #1 Wolf Summit W. Va.

Address

Religion Protestant

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

NO PERSONAL EFFECTS.

DISIN. OFF. Kenneth I. Durr
KENNETH I. DURR
1ST LT. QMC

Signature of Officer or other person reporting burial

Oliver E. Wells

Verified by G.R.S. Officer

OLIVER E. WELLS-O-1585070

1st LT QMC

603rd QM GR. REG. CO.

RESTRICTED

14 DEC 1945
FILE 77

191

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand

4	3	2	1	Thumb
---	---	---	---	-------

Right Hand

4	3	2	1	Thumb
---	---	---	---	-------

TOOTH CHART

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

Deceased's Right								Deceased's Left							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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 C; linking anchor teeth; replacements by artificial teeth, X

Characteristics:

Other Data:

AG P BR HQ SOS

122560

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

10 April 45

Date

497

KNIGHT

E James

E

Pfc

35386344

Last Name

First

Initial

Rank

Serial No.

UNKNOWN

Unit

UNKNOWN

Organization

Melsungen Germany

UNK (Estimated to be 9 April 45)

SF Head

Place of Death

Date of Death

Cause of Death

1400 10 April 45

U.S. Military Cemetery Butzbach Germany

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

191

8

A

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

LAMB

33925410

Pvt

UNKNOWN

190

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

HARRIS

31406194

Pfc

Co F 385 Inf 76 Div

192

Name

Serial No.

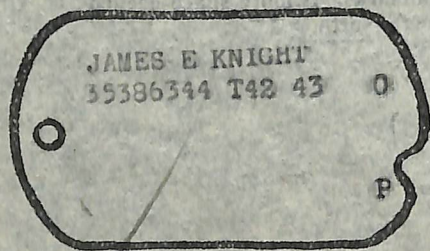
Rank

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 Della Knight

Name

RD. #1 Wolf Summit W.Va.

Address

Protestant

Religion

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

NO PERSONAL EFFECTS.

RESTRICTED

Signature of Officer or other person reporting burial

For The Commanding Officer

E R DE WEESE

1st Lt QMC

609th QM Gr Reg Co.

Verified by G.R.S. Officer

#90

file 10/14/45

BW

REPORT OF BURIAL IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand

2

1

Thumb

Right Hand

2

1

Thumb

TOOTH CHART

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

Deceased's Left

Deceased's Right

Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	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 C; linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

SENSITIVE SURFACE - HANDLE EDGES ONLY

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

REPORT OF DEATH

DATE ~~24~~ 25 Apr 45 plg

FULL NAME 293 Knight, James E.				ARMY SERIAL NUMBER 35,386,344		GRADE PFC							
HOME ADDRESS Wolf Summit, West Virginia				ARM OR SERVICE Infantry		DATE OF BIRTH 12 Aug 1909							
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in action			DATE OF DEATH 31 Mar 1945							
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 6 July 1942		LENGTH OF SERVICE FOR PAY PURPOSES <table style="width: 100%; border: none;"> <tr> <td style="border: none;">YEARS</td> <td style="border: none;">MONTHS</td> <td style="border: none;">DAYS</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>		YEARS	MONTHS	DAYS			
YEARS	MONTHS	DAYS											
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Della Knight, mother, R F D #1, Wolf Summit, West Virginia.													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Della Knight, mother, same as above. Bertha Bell Shaffer, sister, same as above.													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
										X		*X	

ADDITIONAL DATA AND/OR STATEMENT

☒ BATTLE
 ☐ NON-BATTLE

*Combat Infantryman (source and date of order will be furnished when received.)
 Evidence of death received in W. D. 11 April 1945.

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

BY ORDER OF THE SECRETARY OF WAR:

30 APR 1945

ADJUTANT GENERAL