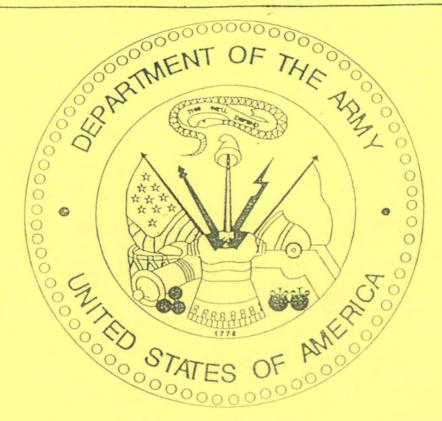
: - \* Gatlen, James F. 0-685331



## INDIVIDUAL DECEASED

## PERSONNEL FILE

BEST COPY POSSIBLE POOR QUALITY ORIGINAL

#### THE AMERICAN BATTLE MONUMENTS COMMISSION

WASHINGTON, D.C. 20314

April 2, 1985

SSGT Milton E. Cowart 18190494 Plot C, Row 28, Grave 27

SSGT William L. Weissker 14070304 Plot C, Row 14, Grave 27

Lorraine American Cemetery St. Avold, (Moselle) France

1LT James F. Gatlin, Jr. 0685331 World War II Tablets of the Missing

2LT Stephan V. Biezis 0824081 World War II Tablets of the Missing

Henri-Chapelle American Cemetery and Memorial Henri-Chapelle, Belgium

SSGT Joe R. Sanchez
39290993
World War II Tablets of the
Missing
Luxembourg American Cemetery and
Memorial
Luxembourg City, Luxembourg

Major John J. Adair, USAF (Ret) 1510 Mills Place Escondido, CA 92072

Dear Major Adair:

Reference is made to our letter of January 8, 1985.

A copy of the Missing Air Crew Report and a memorandum reviewing the circumstances surrounding your crews

disappearance were found in LT Gatlin's burial/MIA file. You were the only one fortunate enough to survive. I hope these two documents provide the information you are seeking.

Sincerely,

Colonel, AD

Director of Operations

and Finance

Encls

### MISSING AIR CREW REPORT

MACE NO. 11661

## WAR DEPARTMENT MEADQUARTERS ARMY AIR FORCES WASHINGTON

|                                   | This report will be considered to officially                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| AIRCRAF                           | T: TYPE MODEL A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| -                                 | TYPE MODEL AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| (Starting                         | with pilot, furnish th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| CREW                              | POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| (1) PIL                           | THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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30 March 1950

MEMOR NDUM FOR RECORD:

SUBJECT: Review of Circumstances Surrounding Disappearance of Personnel Presumed Dead.

1. The following-named Air Corps personnel were reported missing in action over Germany on 23 December 1944, while in flying pay status, by ETO Shipment No. 003:

| 1st Lt | Gatlin, James F., Jr. | 0685331  |
|--------|-----------------------|----------|
| 2d Lt  | Biezis, Stephen V.    | 0824081  |
| S Sgt  | Sanchez, Joe R.       | 39290993 |

- 2. Findings of Death were made in the cases of the above-named persons, under the provisions of Section 5, Missing Persons Act, by S.R. & D. No. 4974, showing the presumed date of death as 24 December 1945.
- 3. Missing Air Crew Report No. 11661, submitted by the 575th Bombardment Squadron, 391st Bombardment Group on 28 December 1944, identifies subject persons as members of the six-man crew of B-26 aircraft No. 42-107671 which was lost on a mission to Ahrweiler, Germany on 23 December 1944. The plane was last sighted three miles east of the target by Major Herschel S. Harkins, 0668065, and 1st Lt John A. Garside. A statement furnished by the latter is attached to the Report and is quoted:

"I was flying ..., lead aircraft, lead box, on the mission to bomb Ahrweiler, (R/R Viaduct) Germany, 23 December 1944. After turning off the bomb run and after having dropped our bombs on the primary target, we had our first fierce attack by enemy fighters numbering approximately fifty to seventy-five. The fighters attacked from the rear and in waves of fifteen to twenty at a time. I saw three aircraft on fire, two of which were diving in flames toward the ground and the third losing altitude rapidly. To the right and below my flight I saw an aircraft flying straight and level, later determined to be aircraft No. 42-107671, with the left engine on fire and the right engine feathered. I did not see any chutes leave the aircraft, but his position denoted that he was bailing out his crew. This activity occurred about three miles east of Kirchweiler, Germany.

4. The names and status of remaining crew members follow:

| 1st Lt | Adair, John J.       | 0746676  | POVI-EUS |
|--------|----------------------|----------|----------|
| S Sgt  | Cowart, Milton E.    | 18190494 | KIA      |
| S Sgt  | Weissker, William L. | 14070304 | KIA      |

Staff Sergeants Cowart and Weissker were reported missing in action on the same date and by the same Shipment number as subject persons and were presumed lead as of the same date and under the same provisions. Subsequently, they were reported killed in action on the date they were initially reported missing in 1950 tion by ETO Shipment Numbers 074 and 075. Burial Reports included in each 1820

Identification Branc'

11828

file show cause and place of death for S Sgt Cowart as bullet wound left chest, Manderscheid; and for S Sgt Weissker, jump from plane, Bettenfeld. Each was identified by identification tags.

- 5. Captured German Records from Interrogation Center, Dulag Luft, No. KU 1180A report the crash of this aircraft at Mainz and the capture of the survivor. The names of the entire crew are listed under the reference which contains no clue as to their fate.
- 6. Manderscheid and Bettenfeld are adjasent towns located approximately 35 miles south and slightly west of Ahrweiler. Mainz lies 60 65 miles east of Manderscheid.
- 7. On Individual Casualty Questionnaires attached to the Missing Air Crew Report, Lt Adair states that the entire crew parachuted from the plane. He added the following statement:

"When I left the plane the co-pilot was ready to follow me, the pilot was flying the plane. I assume the rest of the crew was jumping. Pilot & Co-Pilot to my knowledge were uninjured. The other three members were in the rear of the plane, these I did not sec.

Lt Adair further states that an explosion blew the bomb-bay door open which knocked him over. After picking himself up, he found the bomb-bay to be completely on fire.

8. S. R. & D. No. 4974 quotes a reply from Lt Adair, dated 24 October 1945, to a letter of inquiry addressed to him. The letter reads in part as follows:

"On the morning of 23 Dec. 44 at approximately 1030, we took off with our Group to bomb a target in Western Germany. We proceeded to our target which was a railroad viaduct at Ahrweiler, Germany ... . After bombs away I moved aft to the navigators compartment to operate the navigation equipment ... I had just set my equipment on the nevigetors table when we were hit in the bombay by fighters. The explosion blew open the bomb-bay door which hit me and knocked me over on the navigators table. After I picked myself up I opened the bomb-bay door to check the damage and I found the bomb-bay to be completely on fire. I then removed my flak suit and put on my shute, and went forward to tell Lt. Gatlin, the pilot, that we were on fire.... I hesitated for a moment to see if they were ready to jump. Lt. Biezis was out of his seat and waiting for me to go; Lt. Gatlin was flying the plane with his left hand and ringing the alarm bell with his right hand, still in the pilots seat. (At this time neither Lt. Gatlin or Lt. Biezis were wounded as to S/Sgt's Sanchez, Weissaker and Cowart I don't know. I hadn't been in touch with them since I left the nose for in the navigators compartment I haden't time to hook up my headset.) I then looked back and the fire was right behind my head next I jumped out of the plane which was at about 10,000 ft.

While I was at Dulag-Luft, Wetzlar, Germany I met a 2nd Lt. Charles F. Abel,...who was shot down the same day that we were... He described to me a person who very closely resembled my co-pilot, Lt. Biezis, but he didn't know this fellows name. He met this fellow in an infantry prisoner stockade to which the Germans had taken them... Their next stop was a civilian jail at Vitburg /Bitburg/, Germany. This jail was bombed 25 Dec. 44, wether any of the crew could have been killed in this bombing I have been unable to find out.

"Here I found a Lt. Schiro...who was flying on our wing the day that we were shot down. He told me that he had counted six of us come out of the plane and six open shutes. The plane had been flying straight and level and then went into a shallow glide into the ground about 40 kilometers south of Ahrweiler, Germany.

"But now I am inclined to believe that the Germans shot them when they hit the ground or very soon there after.... I have seen what the Germans have done to people and I woun't be surprised if this wasn't true. It is very unlikely that some accident could have happened to them all. Out of 24 men lost in our Squadron that day only two of us survived, and to me this doesn't seem accidental..."

- 9. Missing Air Crew Report No. 11551 contains a statement by Major Herschell S. Harkins covering the movements of the entire flight. Regarding the plane of which subject persons were crew members he states, "Aircraft #42-107671 which had been flying the slot position in my flight was seen off to my left with his wheels down, one engine feathered and the other apparently burning, with chutes coming out, that is, I definitely saw one chute. The area above me and to my left where my flight would normally have been, was a maelstrom of burning fighters and bombers...."
- 10. There are no Burial Reports for the subject men in the office of The Quartermaster General at this time.
- 11. The aircraft of which subject persons were crew members was attacked by a force of enemy fighter planes setting the left engine on fire after participating in a mission to Ahrweiler, Germany. An observer saw no parachutes emerge but the position of the aircraft denoted that the pilot was bailing out his crew. Two members of the crew are currently carried as killed in action and one was returned to military control at the cessation of hostilities. The remains of the two crew members, identified by identification tags, were recovered from adjacent towns approximately 35 miles south and slightly west of the target. The survivor states that he was informed that all six members of the crew bailed out and expressed the opinion that subject persons and those currently carried as killed

in action were killed after reaching the ground. Although there is no confirmation of this, it is significant that while Staff Sergeants Cowart and Weissker were in possession of their identification tags at the time they were buried by the Germans, their death was unreported. Although the German documents report the crash of the aircraft in question at Mainz, approximately 65 miles port the crash of the aircraft in question at Mainz, approximately 65 miles found, it is only reasonable to believe that this was the reporting office and does not represent the actual place of crash. While it is entirely possible that the subject men did not evacuate their plane, the unconfirmed reports indicating that they parachuted and were killed later, casts a question of doubt as to whether they met death as the result of the crash of their plane. It is considered, therefore, that insufficient information exists at the present time to warrant the issuance of official reports of death, pursuant to the provisions of Section 9 of the Missing Persons Act.

Mizabeth A. Ridgway
Investigator

CONCUR:

Ma, AGD

N. B.STARR
Captain, AGD
Asst. OIC, Det. & Rev. Unit
Casualty Section
PA Branch, AGO

COPY FOR:

OQMG, Mem. Div. (one copy for each individual named in par. 1)

AG 201 file of each individual named in par. 1.

Source material obtained as a result of this investigation is filed in the AG 201 file of 1st Lt James F. Gatlin, Jr., 0685331, unless otherwise indicated.

#### MEMORIALIZATION OF NON-RECOVERABLE REMAINS OF WORLD WAR II

|        | THIS | FILE | HAS | BEEN | AUDITED | FOR | NON-RECOVERABILITY |  |
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| RANK (5/4/1//V, | JAMES F. O | SERIAL NUMBER | _  |
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| DATE OF DEATH   | AAF        | AREA OF DEATH | 10 |
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NAME OF AUDITOR 24 DEC 145 GERMANY

NAME OF REVIEWER DATE

C.M. FRAZIER 9NOV 51

REMARKS

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#### NON-RECOVERABLE CASE RECORD OF REVIEW AND APPROVAL

NUMBER

(3) 17204

AREA OR ZONE (S)

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| NAME | dast. | First. | Middle | Initial) |
|------|-------|--------|--------|----------|

SERIAL NUMBER

0 685 331 1/Lt Gatlin, James F. Jr.

THE ATTACHED PROCEEDINGS OF THE FIELD BOARD OF REVIEW HAVE BEEN REVIEWED AND THE FINDINGS OF NON-RECOVERABILITY OF THE REMAINS OF THE FOLLOWING INDIVIDUAL(S) ARE APPROVED. (Corrections in name, rank, and/or serial number have been effected when appropriate.)

The above decedent and two (2) others

IN THE COURSE OF THIS REVIEW THE FOLLOWING SOURCES OF INFORMATION HAVE BEEN EXAMINED FOR ADDITIONAL CLUES. COPIES OF ANY DOCUMENTS BELIEVED MATERIAL TO THE CASE ARE ATTACHED FOLLOWING THE PROCEEDINGS OF THE FIELD BOARD OF REVIEW.

|                                                                                                                                                                                                                                                                                                           | or and booking the                                                                  | INITIALS OF ANALYST | (CROSS OUT THOSE NOT APPLICABLE)                            | INITIALS OF ANALYST |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------|---------------------|
| 3. U.S. MILITARY CEMETERIES, ISOLATED LOCATIONS, AND SEA BURIALS  4. INDEX FILE OF UNKNOWNS RECOVERED FROM APPROPRIATE AREA  4. INDEX FILE OF UNKNOWNS RECOVERED FROM APPROPRIATE AREA  4. INDEX FILE OF UNKNOWNS RECOVERED FROM APPROPRIATE AREA  6. ALPHABETICAL FILE OF FORMER UNKNOWNS NOW IDENTIFIED | 1. 293 FILE OF SUBJECT(S)                                                           | Jep                 | 2. b. FINDING OF DEATH                                      | Jer                 |
| 5. TO BE" AND TENTATIVELY IDENTIFIED 6. KNOWNS NOW IDENTIFIED                                                                                                                                                                                                                                             | 3. U.S. MILITARY CEMETERIES, ISOLATED                                               |                     | 4. INDEX FILE OF UNKNOWNS RECOVERED                         | JCP                 |
| UNKNOWNS                                                                                                                                                                                                                                                                                                  | ALPHABETICAL INDEX OF "BELIEVED<br>5. TO BE" AND TENTATIVELY IDENTIFIED<br>UNKNOWNS |                     | 6. ALPHABETICAL FILE OF FORMER UN-<br>KNOWNS NOW IDENTIFIED |                     |

7. OTHER DOCUMENTS OR SOURCES

Missing Air Crew Report

THE FACTS AND CIRCUMSTANCES HAVE BEEN FOUND TO BE SUBSTANTIALLY AS PRESENTED IN THE ATTACHED PROCEEDINGS OF THE FIELD BOARD OF REVIEW, WITH THE FOLLOWING EXCEPTIONS:

MIA 23 December 1944, vicinity of Manderscheid, Germany

2 6 OCT 1951

NAME OF CASE AMALYST C. Peterson/cwt CASE TO BE FORWARDED TO FOR CONSIDERATION OF NOTIFICATION TO INTERESTED PARTIES: APPROVED RECOMMEND APPROVAL IDENTIFICATION BRANCH CHIEF, FINAL DETERMINATION SEC-CASE REVIEWER, FINAL DETERMINA-TION SECTION, BENJAMIN B. KING, Lt Col MARY A. EDWARDS, Capt QMC NEWBAKER E. C.

REV 5 MAY 49 1916

49 9635

# HEADQUARTERS 7887 GRAVES REGISTRATION DETACHMENT OPERATIONS BRANCH APO 757 (Liege) US ARMY

Proceedings of Board of Review appointed in accordance with letter AGAO-S 293.9 (27 March 1947) D-M, War Dept., TAGO, 9 April 1947.

- 1. The Board convened pursuant to par. 4, SO 32, Headquarters, 7887 Graves Registration Detachment, APO 757, US Army, 10 April 1951, at Liege, Belgium, on 30 July 1951.
  - 2. Members present:

JAMES C. MacFARLAND, Lt Colonel, QMC C. W. STEINSIEK, Major, QMC ROBERT W. GANSEL, 1st Lt, QMC

- 3. FURPOSE: To review and determine, from evidence presented, the non-recoverability of the remains of World War II dead lost in the geographical area described below:
  - a. Vicinity of Manderscheid, (k-51/L-36) Germany. Case # 8142.
  - b. Facts:
- (1) The casualties listed below were three of the crew of six (6) of aircraft B-26-C-54 # 42-107671, which failed to return from a bombing mission on a railroad viaduct at Ahrweiler, Germany, on 23 December 1944.

| GATLIN, James F. Jr. | 1/Lt  | 0 685  | 331 |
|----------------------|-------|--------|-----|
| BIEZIS, Stephen V.   | 2/Lt  | 0 824  | 081 |
| SANCHEZ, Joe R.      | S/Sgt | 39 290 | 993 |

#### 4. FINDINGS:

- a. German Dulag KU 1180 A gives the place of crash as at Mainz, and lists one of the crew by name as captured, and the remainder of the crew by name, but no indication as to their fate. Dulag reference to place of crash as Mainz is obviously in error, as it is believed that mentioned Dulag originated at Mainz. Crash site has been established as in the vicinity of Manderscheid, as the remains of two crew members were recovered from that location.
- b. One crew member, Lt Adair, who was returned to military control, states that all crew members parachuted from the aircraft and

Non-Recoverable Board Proceedings (cont'd)

all parachutes opened. He is of the opinion that the three deceased were captured and murdered by the enemy.

- Records indicate that there are no unresolved unknowns from Manderscheid, while one, Unknown X-3357 St Avold, recovered from Bettenfeld, location where the remains of one crew member were recovered. cannot be associated with either of the three casualties.
- Field Investigation, dated 9 March 1951, reveals that the remains of three deceased were recovered from Manderscheid by an unknown American Unit which left no notice of disinterment. Attempts to trace to where these remains were evacuated, have all been negative.
- e. Reference is made to OQMG Forms 371, MACR 3 11661, Status Review and Determination Report # 4974, Memorandum For Record, dated 30 March 1950, on file in the Office of The Quartermaster General, Washington, D.C.
- f. Reference is also made to Narrative of Field Investigation, dated 9 March 1951, attached.

RECOMMENDATION: That the remains of the deceased herein considered, be determined Non-Recoverable.

JAMES C. MacFARLAND

Lt Colonel

Member

Major Member QMC

1st Lt Member

QMC

NARRATIVE OF INVESTIGATION AT MAINZ (K-51/M-35), GER. MANDERSCHEID (K-51/L-36), GER. BETTENFELD (K-51/L-36), GER.

COPY

9 March 1951

#### I. MATTERS INVESTIGATED:

Pursuant to instructions set forth in basic document, ID # 624, Case # Germany K-51/8142, dated 25 January 1951, an investigation was conducted at MAINZ (K-51/M-35), Germany, MANDERSCHEID (K-51/L-36), Germany, and BETTENFELD (K-51/L-36), Germany, in an effort to recover the remains of 1/Lt GATLIN, James F., Jr., 0-685331, 2/Lt BIEZIS, Stephen V., 0-824081 and S/Sgt SANCHEZ, Joe R., 39290993, still unresolved crew members of A/C # 42-107671, lost on 23 December 1944 after participating in a bombing mission of the R/R Viaduct at AHRWEIIER (K-51/F-51), Germany.

#### II. FACTS AND CIRCUMSTANCES:

Place of crash of subject aircraft unknown thus far, was assumed to be MAINZ on the basis of a report (DULAG KU-1180A), listing one (1) survivor as captured and the rest of the crew by name but no references as to their fate. However, this information proved erroneous, since subsequent investigation at MAINZ revealed that no US plane crashed there on 23 December 1944 according to the personal recollection of Chief Burgermeister STEIN and Burgermeister HUFSCHMIDT, both present at MAINZ at the time concerned. (See Exhibit "A"). This team, at present in no position to peruse the original Dulag report in German, thus assumes that MAINZ is referred to as the place of issuance of the report and not as the place of crash, which assumption was substantiated by later findings at MANDERSCHEID.

#### III. FINDINGS:

Due to the previous recovery of one (1) identified crew member S/Sgt COWART from MANDERSCHEID, and a second identified crew member S/Sgt WEISSKER from BETTENFELD, located in the immediate vicinity of and under the administration of MANDERSCHEID, this team immediately transferred its operations to the area of MANDERSCHEID in the belief that this area is the most likely terrain where the crash may have occurred.

Initially contacting the Burgermeister of MANDERSCHEID and the Police authorities with Mr Friedrich KOESTERS in charge, this team searched the files of the administration for any evidence pertaining to the case concerned. After an exhaustive search of various files and consultation with a former employee, Mr Franz PIEIN and the cemetery caretaker and grave digger Peter BOLIES, this team found conclusive evidence of a US two-motored bomber which, at around 1100 hours on 23 December 1944, crashed on the northern edge of MANDERSCHEID in the vicinity of the local school and entered in the Daily Journal, on file at the local police headquarters, reading as follows:

COON

# HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 U S ARMY

RRE 293.9 (IB)

7 September 1948

SUBJECT: Burial Information

TO:

The Quartermaster General

Washington 25 D. C.

1. Reference is made to OQMG Form 371 for First Lieutenant James F. Gatlin. 0 685 331.

- 2. The above and crew members may be associated with the following unknowns interred in US Military Cemetery St Avold: X-1082, X-1083 and X-1084.
- 3. Reprocessing of the unknowns will be accomplished. Results will be promptly forwarded to your office upon completion.

FOR THE COMMANDING GENERAL:

R. E. DEFFE Major OMC Actg Asst Adj Gen

Junes Folks 533)

above mentioned unknowns have been presently Lol

THE REAL PROPERTY.

SFP 20 1948

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| Y Gatlin, James                    | F. Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lst                 | Lt. 0-6853                         |
| DRGANIZATION 57                    | 5 Rouge Jan RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CREED               | FORMER SERIAL<br>NUMBER (If applie |
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|                                    | INDUCTION DENTAL CHART                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE 25 Tu          | ne 1943                            |
| PPER RIGHT                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R LEFT .            | 生                                  |
| 8 7 6 5 4                          | 3 2 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 2 3 4             | 5 6 7 8                            |
| OWER RIGHT                         | LOWE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R LEFT              |                                    |
| 16 15 14 13 12                     | 11 10 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9 10 11 12          | 13 15 16                           |
| X = Extracted                      | O = Carious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                   | = Carious Non-Restorable           |
| RACTURES AND/OR BREAKS             | TATTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OS AND/OR BIRTHMARK |                                    |
|                                    | rone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Q.                  | re!                                |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                   |                                    |
| ODITIONAL INFORMATION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1000                |                                    |
| ODITIONAL INFORMATION              | WHITE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 700                 |                                    |
| ODITIONAL INFORMATION              | A Thomas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -79 a               | tached                             |
| ODITIONAL INFORMATION              | She sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -79 a               | tlached                            |
| ODITIONAL INFORMATION              | Shell and the same of the same | -79 a               | tlached                            |
| ODITIONAL INFORMATION              | 3 de la constante de la consta | -79 a               | tlached                            |
| ODITIONAL INFORMATION              | SA S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -79 a               | tha chid                           |
| ODITIONAL INFORMATION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MEMORIAL            | DIAISION 12                        |
| ODITIONAL INFORMATION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | JAN NEWORIA         | DIAISION BO CHI 80 C               |
| ODITIONAL INFORMATION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MEMORIAL            |                                    |
| ODITIONAL INFORMATION              | Septimion of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | JAN NEWORIA         |                                    |
| ODITIONAL INFORMATION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | JAN NEWORIA         |                                    |

| 293 FILE                | DAT            | A ON REMAINS N  | OT YET RECURED (     | IR INFNTIFIED                            |
|-------------------------|----------------|-----------------|----------------------|------------------------------------------|
| NAME OF THE PARTY       |                | A ON REMAINS II | GRADE                | PRESENT SERIAL                           |
| NAME (Last, First, Midd | le Initial)    |                 |                      | NUMBER                                   |
| GATLIN.                 | James F.       | JR.             | 1 ST LT.             | 0-685 331                                |
| ORGANIZATION            | 01             | RACI            |                      | FORMER SERIAL<br>NUMBER (If applicable   |
| 575 - Bon               | 18 (1).        | 4               | 1 - D-               |                                          |
| 371                     | CAUSE OF DEATH | W               | HITE PRITESTAN       | 14 058 257<br>FOR PLACE LAST SEEN IF MIA |
| 23 DEC 44               | CAUSE OF DEATH |                 | VICINITY             | of                                       |
| DATE OF FOD             | F.O.D.         |                 | ,                    | EILER, GERMANY.                          |
| HEIGHT                  | WEIGHT         | COLOR EYES      | COLOR HAIR           | SHOE SIZE                                |
| 5'10"                   | 170            | BLUE            | BREWN                | 110                                      |
|                         |                |                 | ART 20 June          | - '44                                    |
| UPPER RIGHT             | 1 mds          | UPI             | PER LEFT do          |                                          |
| 8 7                     | 6 5 4 3 2      | 1               | 1 2 3 4 4            | 5 6 7 8                                  |
| LOWER RIGHT             | A A            | 110             | WER LEFT             | -                                        |
|                         | A              |                 |                      | \                                        |
| 16 15 14                | 13 12 11 10    | -LASS II        | 9 10 11 12           | 13 15 16                                 |
| X = Extracted           |                | 0 = Carious     |                      | 1=Carious Non-Restorable                 |
| FRACTURES AND/OR BR     | EAKS           | TAT             | TOOS AND/OR BIRTHMAR | K                                        |
|                         |                |                 |                      |                                          |
| ADDITIONAL INFORMAT     | TION           | NONE            | =                    |                                          |
| ADDITIONAL INFORMAT     | ION            |                 |                      |                                          |
|                         |                |                 |                      |                                          |
|                         |                |                 |                      |                                          |
|                         |                |                 |                      |                                          |
|                         |                |                 |                      |                                          |
|                         |                |                 |                      | ¥-                                       |
|                         |                |                 |                      |                                          |
|                         |                |                 |                      |                                          |
|                         |                |                 |                      | of in                                    |
|                         |                |                 | <i>d</i> .           | Jan alus                                 |
|                         |                |                 | No.                  | 28 194                                   |
|                         |                |                 | 20.                  |                                          |
|                         |                |                 |                      | 13 13                                    |
|                         |                |                 | O d                  | 8                                        |
|                         |                |                 | 10                   | 0                                        |

0QMG FORM 371 23 SEP 46 371

DATE FORWARDED TO FIELD -

#### WAR DEPARTMENT

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

4974

200 25

#### FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief. Casualty Branch, The Adjutant General's Office, finds First Lieutenant James F. Gatlin,

Junior, Army Serial Number 0685331, Air Corps,

to be dead. He was officially reported as missing in action as of the 23rd day of December 1944. For the purposes stated in said Act, death is presumed to have occurred on the 24th day of December, 1945.

BY ORDER OF THE SECRETARY OF WAR

SUMMARY OF INFORMATI AREA LINE OF STATUS AUTH D European Yes No Yes No Yes PREVIOUS REVIEWS None DATE OF BIRTH HOME ADDRESS DATE OF ENTRY ON CURRENT LENGTH OF SERVICE (AS OF PRESUMED DATE OF GEATH) 9 Aug 1919 Jacksonville, Florida 26 Jun 1943

Mrs. Jessie Goff Faircloth

EMERGENCY ADDRESSE

RELATIONSHIP

ADDRESS

267 Gregory Place

Jacksonville, Florida

| NAME                       | RELATIONSHIP | ADDRESS                                          | - |
|----------------------------|--------------|--------------------------------------------------|---|
| Mrs. Jessie Goff Faircloth | Aunt         | 267 Gregory Place<br>Jacksonville, Florida       |   |
| NAME                       | RELATIONSHIP | ADDRESS                                          |   |
| Mrs. Ruth Newlan Taylor    | Cousin       | R.F.D. Number Five, Box 226<br>Live Oak, Florida |   |

REMARKS

Distribution 5

Circumstances of Disappearance:

1946 J

The subject person became missing in action when the plane, of which he was a crew member, was severely damaged by enemy aircraft and crashed in the vicinity of Ahrweiler, Germany.

JAN 4 1946

ASN as EM: 14.058.257

### DENTIFICATION SECTION MEMORIAL DIVISION IDENTIFICATION DATA ARMY SERIAL NUMBER LAST NAME - FIRST NAME - MIDDLE INITIAL GOLOR HAIR SHOE SIZE 1ST LT JAMES WEIGHT SCLOR HAIR 12-24-45 110 BROWN BLUE LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation) 575TH BOMB Sq. (m) 391ST BOMB GP SHOT DOWN AND CRASHED NEAR AHRWEILER GERMANY LIST ALL CAMPS IN WHICH STATIONED IN U.S. PRIOR TO SERVICE OVERSEAS, WITH INCLUSIVE DATES AT EACH. STATION JUNE - 43. PAMPA TEXI J4LY- 43 Dodge CITY KAN, BARKSHALE FLO LA TO POE. TATTOOS AND/OR BIRTH MARKS FRACTURES AND/OR BREAKS SEP-22 1948 WHENT SHE DENTAL CHART 13 16 15 14 LOWER RIGHT CARIOUS NON-RESTORABLE 0 - CARIOUS X - EXTRACTED

GATLIN JAMES. . 0685 331.

Last Name First Name

To Clinical Records Branch

For disposition

The records show medical treatment as follows:

| Hospit   | tal   | From    | То       | Register Number |
|----------|-------|---------|----------|-----------------|
| BARKSDAL | e LA, | 9-2-43. | 9-5-43.  | 28446           |
| .,       | 4.5   | 11-9-43 | 11-18-43 | 28446-30706     |
| /1       | 11    | 1-19-44 | 1-27-44. | 30706-32848     |

aawaguw 9-9-46 DTRB
Clerk Date Branch

AGRAC 1-383 1-9-46



| UPPER TEETH                                   |
|-----------------------------------------------|
| Right Loft                                    |
| 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8               |
| 0 0 0 M M M M 0 0 00 F A A A A A              |
| MARRADA PARAMAN                               |
| LOWER TEETH                                   |
| Right Left                                    |
| 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16 |
| AAA                                           |
| ERROPPING PROPERTY                            |
| CLASS I                                       |
| Occursion: Calculus: Slight, Medium, Heavy    |
| Periodontoclasia                              |
| Dental foci suspected: Yes No                 |
| Other conditions                              |
|                                               |
|                                               |
| Date 9-2,19 43                                |
| W. B. P. Guchusan                             |
| *Restorable carious teeth by O                |

Nonrestorable carious teeth by / Missing natural teeth by X

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



### REGISTER OF DENTAL PATIENTS AT,

| d |     | ES    |     | RAC |             |              | la.         | TIVIT       | TY          |    | ) se    |          | 2                                                                   |
|---|-----|-------|-----|-----|-------------|--------------|-------------|-------------|-------------|----|---------|----------|---------------------------------------------------------------------|
|   |     |       |     |     | Crs. L-3-do | Crs. R-LL-CO | Crs. R-C-MO | Crs. R-5-mo | Crs. R-4-do |    |         |          | (10) DISEASE ON INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC. |
|   | i   |       |     |     | 2           | QA.          | A           | A           | QA          |    | tika m. | Exam.    | (11) DATES AND N                                                    |
| 1 | 0   |       |     |     | 6-20-44     |              |             |             |             |    | 6-20-44 | 10-30-43 | (11) DATES AND NATURE OF TREATMENTS AND OPERATIONS                  |
| F | (C) | 1     | 3   |     | D. 4        | 4            |             |             |             |    | 01.2    | C1.4     | (12) RESULTS AND REMARKS                                            |
|   | /   | " Yes | , , | 11  | Hosp        | 1            |             |             |             | 7. | BI.A. 2 | - ADS    | NO REMARKS                                                          |

Form 19-MEDICAL DEFARTMENT, U. S. A. (Revised Feb. 24, 1941)

PORT OF DENTAL SURVEY

| UPPER TEETH                                                                                  |
|----------------------------------------------------------------------------------------------|
| 8. 7 6 4 3 2 1 1 2 3 5 6 7 8                                                                 |
|                                                                                              |
| MARY BOY BY                                              |
| LOWER TEETH                                                                                  |
| 10 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16                                                |
|                                                                                              |
| ERROPPINGERE                                                                                 |
| CLASS II                                                                                     |
| Occlusion: Calculus: Slight, Medium, Heavy                                                   |
| Periodontoclasia                                                                             |
| Dental foci suspected: Yes No                                                                |
| Other conditions Com                                                                         |
| K. Ray L. 4 and R. S Ray Read                                                                |
| K Ray Head                                                                                   |
| Date 20 June 1944                                                                            |
| P. P. Spulsi Capt -                                                                          |
| *Restorable carious teeth by O * Nonrestorable carious teeth by / Missing natural teeth by X |

Teeth replaced by denture (horizontal line)

Teeth replaced by fixed bridge

(oval to include abutments)

(10) DISEASE OF INJURY WITH LOCATION, COMPLICATIONS, SEQUEDAE, ETC. Diag. L-4 Diag. Bite Car/R-1 Car.R-6-mo Car.R-5-mo Car.R-4-do R R-5 Wing Area XR(2) Adm. R. 00 XR(2) Exam. 6/20 6/00 6/21 6/20 6/20 R.P.Spurlin Cl. 2 R. P. Spur X-Ray Read

F.

331st

6-6/12

James (s) regiment or

C1.21

Fla.

(4) COMPANY

2nd Lt. Sq.

24

Form 19-MEDICAL DEPARTMENT, U. S. A. (Revised Feb. 24, 1941)

Lt.Col.

Dental Corps, U. S. A.

| ,       | /     |                | τ    | JPPI | R  | TE |     |     |      |            | 1    |       | ,    |
|---------|-------|----------------|------|------|----|----|-----|-----|------|------------|------|-------|------|
| 18/17   | 6     | Right<br>5 4   | 3    | b-1  | 1  | 1  | 1   | 3   | 4    | Left<br>5  | -    | -     | 8    |
| 01      | 1     | 1              |      | 0    | )  | Ò  | Û   |     |      |            | 8    |       | 0    |
| AX.     | E E   | BE             | B    | N    | 3  | 6  | E   | 6   | R    | B          | W.   | W. T. |      |
|         |       |                | L    | ow.  | ER | TE | ETI | H   |      |            |      |       |      |
| 11      |       | Right<br>13 12 | 11   | 10   | 9  | 9  | 10  | 11  |      | Left<br>13 |      | 15    | 46   |
| Fot     |       |                |      |      |    |    |     |     |      |            | X    |       | 0    |
| M       | W     | 19             |      | 19   | A  | B  | 9(  | K   | X    | X          | N    | R     | R    |
| Occlusi | on 2  | Yun            |      | CLA  |    |    | SI  | igh | t, 1 | Med        | liun | а, Н  | eavy |
| Period  | ontoc | lasia          |      |      |    |    |     |     |      |            |      |       |      |
| Dental  | foci  | susp           | ecte | d:   |    | Y  | es  |     |      | 1          | No   |       |      |

Dental Corps, U. S. A.

\*Restorable carious teeth by O . Nonrestorable carious teeth by / Missing natural teeth by X

Teeth replaced by denture (horizontal line)

Other conditions ...



Teeth replaced by fixed bridge (oval to include abutments)



### REGISTER OF DENTAL PATIENTS AT

| (1) SURNAM<br>Gatlin, | James F.                      |                   | .058257                                                 |
|-----------------------|-------------------------------|-------------------|---------------------------------------------------------|
| Pvt.                  | (4) COMPANY                   | (5) REGIMENT      | OR STAFF CORE                                           |
| (6) AGE YEARS         | (7) RACE                      | (8) NATIVITY Fla. | S.S. (0) SERVICE YEAR 7/12                              |
|                       | Caries L_8_DOF Caries R_8_DOF |                   | Carries L-1-1                                           |
|                       | A 8/24<br>A 8/26<br>A 8/31    | A 8/22            | (11) DATES AND NATURE OF TREATMENTS AND OPERATIONS 1942 |
|                       | ННН С1. 2<br>ННН С1. 2        | HHH Class 2       | (12) RESULTS AND REMARKS                                |

FORM 79-MEDICAL DEPARTMENT, U. S. A. (Revised Feb. 24, 1941)

Dental Corps, U. S. A.

### PI SICAL EXAMINATION FOR FL' IG

(See AR 40-100, 40-105, 40-110)



| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2nd Lt., Ai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | r Corps.                                                                                                                                                       | 0-685331                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5/1                      | (Years service                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------|
| (Last name) (First name) (Middle initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Grade and arm or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | service)                                                                                                                                                       | (Serial No.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Age)                    |                                                                                  |
| 355th Bomb Group (N), Barksdele I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rurpose of examination)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Annual.                                                                                                                                                        | (Date an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | result last              | eramination)                                                                     |
| Pilot Flying time as: Pilot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Total); observer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Total)                                                                                                                                                        | (Last 6 mos.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | observer                 | (Last 6 mos.)                                                                    |
| emperature 98.6 Vaccinations: Typhoid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | series, No5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last 9-43                                                                                                                                                      | ; smallpox9-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ate)                     | iction ************************************                                      |
| Medical history.  (In the case of applicant include family. Has he ever heaver nocturnus, migraine, insomnia, phobias, anxiety trends, repeated episodes of alcoholism, encephalitis, pneumonia, syph arthritis in any form, malaria, severe injuries, major operation.                                                                                                                                                                                                                                                                                                                                     | ilis, renal calculi, tuberculo<br>s, or other pertinent history                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | esis, asthma, hay for Explain fully.                                                                                                                           | ever, repeated colds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | mastoiditis              | , sinusitis, tolisii                                                             |
| Usual childhood diseases.<br>Fracture, left femur, 1937. No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                  |
| Fracture, left femur, 1937. No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | complications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tions.                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                  |
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| Eye: Inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                | Nystagm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | us Ho                    | 76                                                                               |
| Eye: Inspection Formal Associated parallel movements Formal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Pupils: Equality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Equal.                                                                                                                                                         | Reacti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | on Nor                   | nal                                                                              |
| Associated parallel movements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | o 20/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | L. E., 20/                                                                                                                                                     | 20 corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ctible to                | 20/                                                                              |
| Visual acuity: R. E., 20/, correctible to Depth perception (uncorrected)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | mm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | With correct                                                                                                                                                   | ion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                  |
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| Heterophoria at 6 meters: Eso Exo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Angle converge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nce: PcB LO                                                                                                                                                    | mm. Pd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 65 n                     | nm.                                                                              |
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| Accommodation: R. 33 D. L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Aligie converge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | required for 50                                                                                                                                                | cm. R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ectible to               | J                                                                                |
| Accommodation: R. J. D. L. (Jaeger type): Right J, correctible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D. Addition r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | : Left J                                                                                                                                                       | 1 corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ectible to               | J                                                                                |
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| Accommodation: R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D. Addition r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | : Left J                                                                                                                                                       | R Kormal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ectible to               | Normal                                                                           |
| Accommodation: R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D. Addition rele to J.  Normal Oph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | : Left J                                                                                                                                                       | R Kormal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ectible to               | Normal                                                                           |
| Accommodation: R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D. Addition rele to J. Oph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | thalmoscopic:<br>L. reads 20/20                                                                                                                                | R. <b>Cornel</b> R. <b>Cornel</b> with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ectible to               | Normal                                                                           |
| (Jaeger type): Right J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D. Addition rele to J. Oph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | thalmoscopic:<br>L. reads 20/20                                                                                                                                | R. Kormal with S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L.                       | Normal<br>CAx                                                                    |
| Accommodation: R. (Jaeger type): Right J, correctible Color vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D. Addition rele to J.  Normal Oph CAx OP I Membrana 20. Audiometer (per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | thalmoscopic:<br>L. reads 20/20<br>a tympani: R.<br>reent loss): R.                                                                                            | R. Wormal with - S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L. L. L.                 | Normal<br>CAx<br>Normal                                                          |
| Accommodation: R. (Jaeger type): Right J. (Color vision Remail to Ishihara Field of vision (form): R. (Grand L. Refraction: R. reads 20/20 with S. C. (Ear: History of ear trouble Resternal ear: R. (Social L. Romail L. Romail L. Romail L. Romail L. (Whisper): R. (20. L. 20.)                                                                                                                                                                                                                                                                                                                          | D. Addition rele to J.  Normal Oph CAx OP I Membrana 20. Audiometer (per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | thalmoscopic:<br>L. reads 20/20<br>a tympani: R.<br>reent loss): R.                                                                                            | R. Wormal with - S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L. L. L.                 | Normal<br>CAx<br>Normal                                                          |
| Accommodation: R.  (Jaeger type): Right J.  Color vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D. Addition rele to J.  Normal Oph CAx Oph Membrana 20. Audiometer (per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | thalmoscopic:<br>L. reads 20/20<br>a tympani: R.<br>reent loss): R.                                                                                            | R. Kormal with S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L. L. L.                 | Normal<br>CAx<br>Normal                                                          |
| Accommodation: R.  (Jaeger type): Right J.  Color vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D. Addition rele to J.  Nermal Oph CAx On Membrane 20. Audiometer (per Tonsils                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | thalmoscopic: L. reads 20/20 a tympani: R. rcent loss): R. HQ                                                                                                  | R. Kormal with - S.  Normal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | L. L. L. L. D. poprestor | Normal  CAx  Normal  Vy  able carious teet                                       |
| Accommodation: R.  (Jaeger type): Right J.  Color vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D. Addition rele to J.  Normal Oph CAx Solution of the control of  | thalmoscopic: L. reads 20/20 a tympani: R. rcent loss): R. HQ Combined TAMPA,                                                                                  | R. Formal  Normal  Regranging teeth by Coteeth by X.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | L. L. L. L. D. poprestor | Normal  CAx  Normal  Cyy  able carious teet                                      |
| Accommodation: R. (Jaeger type): Right J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D. Addition rele to J.  Normal Oph CAx Solution of the control of  | thalmoscopic: L. reads 20/20 a tympani: R. rcent loss): R. HQ Control missing natural physi                                                                    | R. Kormal with S.  Normal  FLA /5/  Regearious teeth by Coteeth by X. Locally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | L. L. L. L. D. poprestor | Normal CAx Normal                                                                |
| Accommodation: R. (Jaeger type): Right J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D. Addition rele to J.  Normal Oph CAx Solution of the control of  | thalmoscopic: L. reads 20/20 a tympani: R. reent loss): R. HQ TAMPA, Indicate Contain missing natural 1 physi for flyi                                         | R. Correct R. Cornel with S. Normal FLA /5/ Sgearjous teeth by Cotecth by X. I cally ng duty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | L. L. L                  | Normal CAx Normal                                                                |
| Accommodation: R.  (Jaeger type): Right J.  Color vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D. Addition rele to J.  Normal Oph CAx Solution of the control of  | thalmoscopic: L. reads 20/20 a tympani: R. rcent loss): R. HQ Control missing natural physi                                                                    | R. Kormal with S.  Normal  FLA /5/  figurations teeth by Coteeth by X. ically ing duty. ing duty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L. L. L                  | Normal CAx  Normal  Vy able carious teet                                         |
| Accommodation: R.  (Jaeger type): Right J.  Color vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D. Addition rele to J.  Normal Oph CAx Solution of the control of  | thalmoscopic: L. reads 20/20 a tympani: R. reent loss): R. HQ TAMPA, Indicate Contain missing natural 1 physi for flyi                                         | R. Correct R. Cornel with S. Normal FLA /5/ Sgearjous teeth by Cotecth by X. I cally ng duty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | L. L. L                  | Normal CAx  Normal  Vy able carious teet                                         |
| Accommodation: R.  (Jaeger type): Right J.  Color vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D. Addition rele to J.  Normal Oph CAx 1  Membrana 20. Audiometer (per Tonsils  ft 5 / 6 / 7 / 8 13 / 15 / 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | thalmoscopic: L. reads 20/20 a tympani: R. reent loss): R. HQ TAMPA, Indicate Contain missing natural 1 physi for flyi                                         | R. Kormal with S.  Normal  FLA /5/  figurations teeth by Coteeth by X. ically ing duty. ing duty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L. L. L                  | Normal CAx  Normal A.F.                                                          |
| Accommodation: R.  (Jaeger type): Right J.  Color vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D. Addition rele to J.  Normal Oph CAx OP  CAx OP  Membrana 20. Audiometer (per Tonsils  ft 5/6/7/8 13/4/15/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | thalmoscopic: L. reads 20/20 a tympani: R. rent loss): R. HQ TAMPA, Indicate: Gentile missing natural physic for flyic d) Classificatio                        | R. Correct R. S. Normal With S. S. Screen S. Cally De duty De Surgeon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | L. L. L                  | Normal CAx  Normal  A.F.                                                         |
| Accommodation: R.  (Jaeger type): Right J.  Color vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D. Addition rele to J.  Nermal Oph CAx On Membrana 20. Audiometer (per Tonsils  13 15 16  (Sleinda medium, see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | thalmoscopic: L. reads 20/20 a tympani: R. reent loss): R. HQ TAMPA, Indicate Contain missing natural 1 physi for flyi                                         | R. Formal with S.  Normal  Regearious teeth by Coteeth by X. ically ng duty. on Surgeon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | L. L. L                  | Normal  CAx  Normal  A.F.                                                        |
| Accommodation: R.  (Jaeger type): Right J.  Color vision  Field of vision (form): R.  Refraction: R. reads 20/20 with  Ear: History of ear trouble  External ear: R.  History (whisper): R.  Nares  Teetl  (a)  Right  Right  (Examinee's)  Le  8 7 6 5 4 3 2 1 1 2 3 4  16 15 14 13 12 11 10 9 9 10 11 12 1  (b) Remarks, including other defects  (c) Prosthetic appliances  History of swing, train, air, or sea sickness  Barany chair (when indicated with results)  Posture  (Excellent, good, fair, bad)  Height, 6 2 inches. Weight, 100 pounds.                                                    | D. Addition rele to J.  Normal Oph CAx Oph CAx Oph Tonsils  Strange Membrana Chest: Inspiration  D. Addition release to J.  Oph CAx Op | thalmoscopic: L. reads 20/20 a tympani: R. reent loss): R. HQ TAMPA, Indicate General missing natural 1 physic for flyic d) Classification                     | R. Formal with S.  Normal  Regearious teeth by Coteeth by X. ically ng duty. on Surgeon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | L. L. L                  | Normal  CAx  Normal  A.F.                                                        |
| Accommodation: R.  (Jaeger type): Right J.  Color vision Field of vision (form): R.  Refraction: R. reads 20/20 with Ear: History of ear trouble External ear: R.  L.  L.  L.  L.  L.  L.  L.  L.  L.                                                                                                                                                                                                                                                                                                                                                                                                       | D. Addition rele to J.  Normal Oph CAx Oph CAx Oph Tonsils  Strange Membrana Chest: Inspiration  D. Addition release to J.  Oph CAx Op | thalmoscopic: L. reads 20/20 a tympani: R. rent loss): R. HQ TAMPA, Indicate: Gentile missing natural physic for flyic d) Classificatio                        | R. Formal with — S.  Normal  Regranded teeth by Coteeth by X. ically ing duty. The Surgeor Surgeor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L. L. L                  | Normal  CAx  Normal  A.F.                                                        |
| Accommodation: R.  (Jaeger type): Right J.  Color vision  Field of vision (form): R.  Refraction: R. reads 20/20 with  Ear: History of ear trouble  External ear: R.  Hearing (whisper): R.  Nares  Teetl  (a)  Right (Examinee's)  Right (Examinee's)  Le  8 7 6 5 4 3 2 1 1 2 3 4  16 15 14 13 12 11 10 9 9 10 11 12 1  (b) Remarks, including other defects  (c) Prosthetic appliances  History of swing, train, air, or sea sickness  Barany chair (when indicated with results)  Posture  (Excellent, good, fair, bad)  Height, 2 2 inches. Weight, pounds.  Skin and lymphatics                       | D. Addition rele to J.  Normal Oph CAx Oph CAx Oph Tonsils  Strange Membrana Chest: Inspiration  D. Addition release to J.  Oph CAx Op | thalmoscopic: L. reads 20/20 a tympani: R. reent loss): R. HQ TAMPA, Indicate General missing natural 1 physic for flyic d) Classification                     | R. Formal with — S.  Normal  Regarious teeth by Coteeth by X. Ically Ing duty Ing du | L. L. L                  | Normal  CAx  Normal  A.F.                                                        |
| Accommodation: R.  (Jaeger type): Right J.  Color vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D. Addition rele to J.  Nermal Oph CAx Oph CAx Oph Tonsils  State of the control of the control open Tonsils  Oph CAx Oph Tonsils  Oph Tonsils  Feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | thalmoscopic: L. reads 20/20 a tympani: R. rent loss): R. HQ Gran TAMPA,  Indicte Centril missing natural physi for flyi a) Classification stock obese Expirat | R. Formal with — S.  Normal  Regranded teeth by Content by X. I cally and duty. In Surgeor Surgeor Frince In Bornal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L. L. L                  | Normal  CAx  Normal  Lyy able carious teet  A.F.  Manuel A.F.  Abdomen  49  96   |
| Accommodation: R.  (Jaeger type): Right J.  Color vision Field of vision (form): R.  Refraction: R. reads 20/20 with Ear: History of ear trouble External ear: R.  L.  L.  Right  Right  External ear: R.  L.  Right  Right  External ear: R.  L.  8 7 6 5 4 3 2 1 1 2 3 4  16 15 14 13 12 11 10 9 9 10 11 12 1  (b) Remarks, including other defects  (c) Prosthetic appliances  History of swing, train, air, or sea sickness  Barany chair (when indicated with results)  Posture  (Excellent, good, fair, bad)  Height,  Skin and lymphatics  Bones, joints, muscles  Heart  Pulse rate,  B. P.: S.  D. | D. Addition rele to J.  Normal Oph CAx Oph CAx Oph Tonsils  Strange Membrana Chest: Inspiration  D. Addition release to J.  Oph CAx Op | thalmoscopic: L. reads 20/20 a tympani: R. rent loss): R. HQ Man TAMPA, Indicte Centric missing natural 13 physi for flyi d) Classificatio                     | R. Sormal with S.  Normal  Ricarious teeth by Coteeth by X. to ally ang duty on Surgeor Film Pulse immediate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | L. L. L                  | Normal  CAx  Normal  Lyy  able carious teet  flod  A.F.  Abdomen  49  xercise 96 |

| 29. Respiratory system                                            |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 30. X-ray of chest 1                                              |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 31. Abdominal viscera Hormal                                      |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   | Hemorrhoids None                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 33. Genito-urinary system Normal                                  |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. Nervous system: Reflexes, gait, coordin                        | ation, musculature, tension, tremor, and other pertinent tests. | Mormal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 35. Laboratory procedures: Kahn <sup>1</sup> Urinalysis: Reaction | op. gr. Zaleo Albumin Sugar Nog.                                | Microscopical Nog.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 36. Estimated adaptability for military aer                       | onautids (a unsatisfactor) state reasons)                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7. Remarks on conditions not sufficiently                         | described                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| If disqualified, indicate defects by pa                           | flying duty? If yes, in what class?.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9. Have defects been waived by The Adju                           | tant General? If yes, give date                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 0 Is the examinee incapacitated for active                        | service? If yes, indicate defect by paragraph nur               | mber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1. Corrective measures or other action rec                        | commended None                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. If applicant for appointment: Does h physical defects? If rejo | e meet physical requirements? Do you recommended, specify cause | nend acceptance with min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                   | OP Shipp                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| arkedele Field, La. 9 Mard                                        | te) D. SHIPP Captain (Name and grade)                           | Mcdical Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                   | 6 thang hoson                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A                                                                 | E. J. SHAUGHNESSY, Captain                                      | Medical Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| EVIEWED AND APPROVED:                                             | (Name and grade)                                                | And the Party of t |
| 1. S. Saliba                                                      | Mounan                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| W. S. SALIBA, Hajor Med                                           | dical Corps. 4. M. ORMAN, 1et Lt.                               | Medical Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (Senior flight surgeon)                                           | (Name and grade)                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   | 1st Ind. <sup>2</sup>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| leadquarters                                                      |                                                                 | . 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                   |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   | <del>''</del>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Remarks and recommendations                                       |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   | (Orde) (Organiza                                                | tion and arm or service)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (Name)                                                            | (Grade) (Organizat                                              | Commanding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2.00                                                              | 2d Ind. <sup>2</sup>                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                   | 9 To The Adjutant General.                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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Required for candidates for commission, Reserve officers reporting for extended active duty, and applicants for flying cadet.

State action taken on recommendation of the board. If incapacitated for active service, state whether action by retiring board is recommended.

#### INDEX AND SYNCPSIS

2 9 JUL 1946

Transmittal letter listing Forms 2-3A forwarded for information requested.

FROM: OUNG Identification Section

TO : World War II Records Administration Center, ACO, St. Louis, Mos

DOCUMENT FILED UNDER

293 When mise.

Stavold France
X-1082, 83,84,86,92

above mentioned unknown have
been previously Ideal

Jep

10/1951

(Germany K-51) 8142

#### HEADQUARTERS AMERICAN GRAVES REGISTRATION COMMAND EUROPEAN AREA APO 58 US ARMY

RRE 293.9 (IB)

27 July 1948

SUBJECT: Burial Information

TO:

The Quartermaster General

Washington 25 D. C.

1. Reference is made to CQMG Form 371 for First Lieutenant James F. Gatlin, 0 685 331.

- The above may be associated with the following unknowns interred in US Military Cemetery St Avold: X-1082, X-1083 and X-1084.
- 3. Continued effort will be made to identify one of the unknowns as the subject casualty.

FOR THE COMMANDING OFFICER:

Major, Infantry Actg Asst Adj Gen

above mentioned unknowns hove been previously then!

5 August 1948

SUBJECT: Disinterment Operation

TO:

Commanding Officer

Philadelphia Quartermaster Depot

2800 South 20th Street

Philadelphia 45, Pennsylvania

ATTN: AGR Division

Forwarded herewith is Copy #5 of Disinterment Directive

910 00287 for T/Sgt Paul W. Gault, 13043655.

Request acknowledgment of receipt by indorsement hereon.

BY COMMAND OF MAJOR GENERAL LARKIN:

Disinterment Directive 1910 00287 Copy #5

POOLE ROGERS Captain, QMC Memorial Division

cj

MEHORIAL DIVISION

E/R/mmh/1C670/11828

30 March 1950

MEMORANDUM FOR RECORD:

SUBJECT: Review of Circumstances Surrounding Disappearance of Personnel Presumed Dead.

1. The following-named Air Corps personnel were reported missing in action over Germany on 23 December 1944, while in flying pay status, by ETO Shipment No. 003:

| 1st Lt | Gatlin, James F., Jr. | 0685331  |
|--------|-----------------------|----------|
| 2d Lt  | Biezis, Stephen V.    | 0824081  |
| S Sgt  | Sanchez, Joe R.       | 39290993 |

- 2. Findings of Death were made in the cases of the above-named persons, under the provisions of Section 5, Missing Persons Act, by S.R. & D. No. 4974, showing the presumed date of death as 24 December 1945.
- 3. Missing Air Crew Report No. 11661, submitted by the 575th Bombardment Squadron, 391st Bombardment Group on 28 December 1944, identifies subject persons as members of the six-man crew of B-26 aircraft No. 42-107671 which was lost on a mission to Ahrweiler, Germany on 23 December 1944. The plane was last sighted three miles east of the target by Major Herschel S. Harkins, 0668065, and 1st Lt John A. Garside. A statement furnished by the latter is attached to the Report and is quoted:

"I was flying ..., lead aircraft, lead box, on the mission to bomb Ahrweiler, (R/R Viaduct) Germany, 23 December 1944. After turning off the bomb run and after having dropped our bombs on the primary target, we had our first fierce attack by enemy fighters numbering approximately fifty to seventy-five. The fighters attacked from the rear and in waves of fifteen to twenty at a time. I saw three aircraft on fire, two of which were diving in flames toward the ground and the third losing altitude rapidly. To the right and below my flight I saw an aircraft flying straight and level, later determined to be aircraft No. 42-107671, with the left engine on fire and the right engine feathered. I did not see any chutes leave the aircraft, but his position denoted that he was bailing out his crew. This activity occurred about three miles east of Kirchweiler, Germany.

4. The names and status of remaining crew members follow:

| 1st Lt | Adair, John J.       | 0746676  | POW-EUS |
|--------|----------------------|----------|---------|
| S Sgt  | Cowart, Milton E.    | 18190494 | KIA     |
| S Sgt  | Weissker, William L. | 14070304 | KIA     |

Staff Sergeants Cowart and Weissker were reported missing in action on the same date and by the same Shipment number as subject persons and were presumed lead as of the same date and under the same provisions. Subsequently, they were reported killed in action on the date they were initially reported missing in 1250 tion by ETO Shipment Numbers 074 and 075. Burial Reports included in each 2

Tdentification Branc'

file show cause and place of death for S Sgt Cowart as bullet wound left chest, Manderscheid; and for S Sgt Weissker, jump from plane, Bettenfeld. Each was identified by identification tags.

- 5. Captured German Records from Interrogation Center, Dulag Luft, No. KU 1180A report the crash of this aircraft at Mainz and the capture of the survivor. The names of the entire crew are listed under the reference which contains no clue as to their fate.
- 6. Manderscheid and Bettenfeld are adjacent towns located approximately 35 miles south and slightly west of Ahrweiler. Mainz lies 60 65 miles east of Manderscheid.
- 7. On Individual Casualty Questionnaires attached to the Missing Air Crew Report, Lt Adair states that the entire crew parachuted from the plane. He added the following statement:

When I left the plane the co-pilot was ready to follow me, the pilot was flying the plane. I assume the rest of the crew was jumping. Pilot & Co-Pilot to my knowledge were uninjured. The other three members were in the rear of the plane, these I did not see.

Lt Adair further states that an explosion blew the bomb-bay door open which knocked him over. After picking himself up, he found the bomb-bay to be completely on fire.

8. S. R. & D. No. 4974 quotes a reply from Lt Adair, dated 24 October 1945, to a letter of inquiry addressed to him. The letter reads in part as follows:

"On the morning of 23 Dec. 44 at approximately 1030, we took off with our Group to bomb a target in Western Germany. We proceeded to our target which was a railroad viaduct at Ahrweiler. Germany ... . After bombs away I moved aft to the navigators compartment to operate the navigation equipment .... I had just set my equipment on the navigators table when we were hit in the bombay by fighters. The explosion blew open the bomb-bay door which hit me and knocked me over on the navigators table. After I picked myself up I opened the bomb-bay door to check the damage and I found the bomb-bay to be completely on fire. I then removed my flak suit and put on my shute, and went forward to tell Lt. Gatlin, the pilot; that we were on fire.... I hesitated for a moment to see if they were ready to jump. Lt. Biezis was out of his seat and waiting for me to go; Lt. Gatlin was flying the plane with his left hand and ringing the alarm bell with his right hand, still in the pilots seat. (At this time neither Lt. Gatlin or Lt. Biezis were wounded as to S/Sgt's Sanchez, Weissaker and Cowart I don't know. I hadn't been in touch with them since I left the nose for in the navigators compartment I haden't time to hook up my headset.) I then looked back and the fire was right behind my head next I jumped out of the plane which was at about 10,000 ft.

While I was at Dulag-Luft, Wetzlar, Germany I met a 2nd Lt. Charles F. Abel....who was shot down the same day that we were... He described to me a person who very closely resembled my co-pilot, Lt. Biezis, but he didn't know this fellows name. He met this fellow in an infantry prisoner stockade to which the Germans had taken them... Their next stop was a civilian jail at Vitburg /Bitburg/, Germany. This jail was bombed 25 Dec. 44, wether any of the crew could have been killed in this bombing I have been unable to find out.

"Here I found a Lt. Schiro....who was flying on our wing the day that we were shot down. He told me that he had counted six of us come out of the plane and six open shutes. The plane had been flying straight and level and then went into a shallow glide into the ground about 40 kilometers south of Ahrweiler, Germany.

"But now I am inclined to believe that the Germans shot them when they hit the ground or very soon there after.... I have seen what the Germans have done to people and I woun't be surprised if this wasn't true. It is very unlikely that some accident could have happened to them all. Out of 24 men lost in our Squadron that day only two of us survived, and to me this doesn't seem accidental..."

- 9. Missing Air Crew Report No. 11551 contains a statement by Major Herschell S. Harkins covering the movements of the entire flight. Regarding the plane of which subject persons were crew members he states, "Aircraft #42-107671 which had been flying the slot position in my flight was seen off to my left with his wheels down, one engine feathered and the other apparently burning, with chutes coming out, that is, I definitely saw one chute. The area above me and to my left where my flight would normally have been, was a maelstrom of burning fighters and bombers..."
- 10. There are no Burial Reports for the subject men in the office of The Quartermaster General at this time.
- ll. The aircraft of which subject persons were crew members was attacked by a force of enemy fighter planes setting the left engine on fire after participatin in a mission to Ahrweiler, Germany. An observer saw no parachutes emerge but the position of the aircraft denoted that the pilot was bailing out his crew. Two members of the crew are currently carried as killed in action and one was returned to military control at the cessation of hostilities. The remains of the two crew members, identified by identification tags, were recovered from adjacent towns approximately 35 miles south and slightly west of the target. The survivor states that he was informed that all six members of the crew bailed out and expressed the opinion that subject persons and those currently carried as killed

in action were killed after reaching the ground. Although there is no confirmation of this, it is significant that while Staff Sergeants Cowart and Weissker were in possession of their identification tags at the time they were buried by the Germans, their death was unreported. Although the German documents report the crash of the aircraft in question at Mainz, approximately 65 miles east of the point at which the remains of the two deceased crew members were found, it is only reasonable to believe that this was the reporting office and does not represent the actual place of crash. While it is entirely possible that the subject men did not evacuate their plane, the unconfirmed reports indicating that they parachuted and were killed later, casts a question of doubt as to whether they met death as the result of the crash of their plane. It is considered, therefore, that insufficient information exists at the present time to warrant the issuance of official reports of death, pursuant to the provisions of Section 9 of the Missing Persons Act.

Glyns it. V. Ridgery Mizabeth A. Ridgway Investigator

Jeglaceum Mai AGD

N. B.STARR Captain, AGD Asst. OIC, Det. & Rev. Unit Casualty Section PA Branch, AGO

COPY FOR:

OQMG, Mem. Div. (one copy for each individual named in par. 1) AG 201 file of each individual named in par. 1.

Source material obtained as a result of this investigation is filed in the AG 201 file of 1st Lt James F. Gatlin, Jr., 0685331, unless otherwise indicated. OMGMS 293

1st Ind

GRS European

SUBJECT: Request for Information

Dept. of the Army, OQMG, Washington 25, D. C., 8 December 1950

TO: Commanding Officer, 7887 Graves Registration Detachment, APO 757, c/o Postmaster, New York, New York

Attached are photostat copies of Memorandum for Record and all available dental charts for 1/Lt James F. Gatlin, Jr., 0-685331, 2/Lt Stephen V. Biezis, 0-824081 and S/Sgt. Joe R. Sanchez, 39290993 which includes all available information on subject decedents.

FOR THE QUARTERMASTER GENERAL:

4 Incls

1. Photo cy Memo for Record

- 2. Photo cys Forms 79 (Catlin)
- 3. Photo cy Form 79 (Biegis)
- 4. Photo cys Forms 79 (Sanchez)

THOMAS E. COX Captain QMC Memorial Division Form prescribed by Comptroller General, U.S.

#### WAR DEPARTMENT

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

349202 AX

#### FINDING OF DEATH OF MISSING PERSON

Pursuant to the provisions of Section 5 of the Act of 7 March 1942 (Public Law 490 77th Cong.) as amended, upon direction and delegation by The Secretary of War, The Chief, Casualty Branch, The Adjutant General's Office, finds First Lieutenant James F. Gatlin,

Junior, Army Serial Number 0685331, Air Corps,

to be dead. He was officially reported as missing in action as of the 23rd day of December 1944. For the purposes stated in said Act, death is presumed to have occurred on the 24th day of December, 1945.

BY ORDER OF THE SECRETARY OF WAR

CHIEF, CASUALTY BRANCH

SUMMARY OF INFORMATIO

AREA ABSENCE ON DUTY European Yes No Yes Yes No PREVIOUS REVIEWS None LENGTH OF SERVICE (AS OF PRESUMED DATE OF GEATH)
YEARS MONTH DATE OF BIRTH HOME ADDRESS DATE OF ENTRY ON CURRENT ACTIVE SERVICE 9 Aug 1919 Jacksonville, Florida 26 Jun 1943

Mrs. Jessie Goff Faircloth

EMERGENCY ADDRESSE

RELATIONSHIP

ADDRESS

267 Gregory Place

Jacksonville, Florida

|                            | BENEFICIA    | RIES                        |
|----------------------------|--------------|-----------------------------|
| NAME                       | RELATIONSHIP | ADDRESS 267 Gregory Place   |
| Mrs. Jessie Goff Faircloth | Aunt         | Jacksonville, Florida       |
| NAME                       | RELATIONSHIP | R.F.D. Number Five, Box 226 |
| Mrs. Ruth Newlan Taylor    | Cousin       | Live Oak, Florida           |

REMARKS

Distribution 5c

Circumstances of Disappearance: The subject person became missing in action when the plane, of which he was a crew member, was severely damaged by enemy aircraft and crashed in the vicinity of Ahrweiler, Germany.

ASN as EM: 14,058,257

#### WAR DEPARTMENT

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

34926240

#### -BATTLE CASUALTY REPORT

| NAME              |     | SE         | RIAL NU | MBER         | GRADE    | ARM OR<br>SERVICE | REPORTING  |
|-------------------|-----|------------|---------|--------------|----------|-------------------|------------|
| GATLIN JAMES F JR |     | 0 -        | 685     | 3.31         | 1 LT     | AC                | ETO        |
| PLACE OF CASUALTY |     | E OF CASUA | LTY     | FLYING OR    | TYPE OF  |                   |            |
|                   | DAY | MONTH      | YEAR    | JUMPING STAT | CASUALTY | SHIPM             | ENT NUMBER |
| GERMANY9          | 23  | DEC        | 44      | A            | MIA      |                   | 003        |

|                                                                                                                                |                                                                          |                          | 1,14           | 003                                                           |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------|----------------|---------------------------------------------------------------|
| NAME                                                                                                                           | AND ADDRESS OF                                                           | EMERGENCY ADDRE          | ESSEE          |                                                               |
| THE INDIVIDUAL NAMED ABOVE DESIGNATED THE GRAPHIC AND LETTER NOTIFICATIONS WILL BE SEPERSON IS NOT NECESSARILY THE NEXT-OF-KIN | FOLLOWING PERSON AS<br>ENT TO THIS PERSON. THE<br>OR RELATIVE DESIGNATED | THE ONE TO BE NOTIFIED I | N CASE OF FUED | GENCY, AND THE OFFICIAL TELE-<br>IT SHOULD BE NOTED THAT THIS |
| MR -MRS -MISS-FIRST NAME-MIDDLE INITIAL-LAS                                                                                    | TNAME                                                                    | RELATIONSHIP             | AT GRAIDITY IN | DATE NOTIFIED                                                 |
| MRS JESSIE G FAIRCLOTH                                                                                                         |                                                                          | TUUA                     |                | 10 JAN 45 mla                                                 |
| 267 GREGORY PLACE                                                                                                              | JACKSONV                                                                 | ILLE FLORIDA             |                |                                                               |
| REMARKS:                                                                                                                       |                                                                          | ECTED COPY               | - E            |                                                               |
| REMARKS:                                                                                                                       |                                                                          |                          | - ME :         |                                                               |

THECTS AND TO THE TOTAL TOTAL

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|               | ACCT. CASUALTY | TY    | THE DAG. DATE |        |      |       | MESSAGE |      |       | LATEST CAS. |   |     | ATE   | REFERENCE |       | CREW | RANCH, A.G.O. |              |      |       |      |      | 10   |             |      |
|               |                |       |               | _      |      |       | VD      |      | NO.   |             | D | AY  | MO.   | YR.       |       | REA  | POS.          | STATE COUNTY |      |       |      | COMP | **** |             |      |
| ACCT.<br>AREA |                | TATU  |               | D      | AY   | MO.   | 111.    |      |       |             |   |     |       |           |       |      |               |              | 1    | -     | INUO | Y    |      | RACE        |      |

OBSTRIBUTION "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.)

W.D., A.G.O., FORM NO. 03658

16 JUNE 1944

349262

DSJ:WB:cms May 10, 1946

25/10

Dear Mrs. Faircloths

The Army Effects Bureau has received some additional property of your nephew, First Lieutenant James F. Gatlin, Jr.

These effects are being forwarded to you in two cartons.

If, for some reason, the property has not reached you at the expiration of thirty days from the date of this letter, please notify me so tracer can be instituted.

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

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

Yours very truly,

D. S. JOHNSTON 2nd Lt., QMC Chief, Adm. Div. 91

57

67/

69/

21

| HOURT OF CHECK     | NOTE DISCREPANCY IN | ' INCLOSE VALUABLES          | RECIPIENT FROM          |
|--------------------|---------------------|------------------------------|-------------------------|
| AMOUNT OF CHECK    | NAME                | SHIP VALUABLES               | CASUALTY REPORT         |
| Anne production of | SERIAL NUMBER       | VALUABLES SHIPPED BY (clerk, | INVENTORY               |
| ACCOUNT NUMBER     | RANK                |                              | FORM 20                 |
|                    | RANK                |                              | LETTER                  |
|                    |                     |                              | NO. & TYPE OF CONTAINER |
|                    | Mrs. Jes            | sie Goff Faircloth           | ENVELOPE                |
|                    | 77                  |                              | CARTONS                 |
|                    | 267 Grego           | ory Place                    | PACKAGE                 |
|                    | 20:                 |                              | FOOT LOCKER             |
|                    | Jecksonvi           | ile, Florida                 | SPECIAL INSTRUCTIONS    |
| 1st Lt. James F.   |                     |                              | REMOVE GI               |
| Ist Lt. James 1.   | Cabili              |                              | SHIP BLOODSTAINED       |
| 0 005991           |                     |                              | SHIP DAMAGED            |
| 0-685331           |                     |                              | REMOVE BL'DSTAINE       |
| 349262 D           |                     |                              | REMOVE DAMAGED          |
| 349262 D           |                     |                              | FILMS REMOVED           |
|                    |                     |                              | DIARY REMOVED           |
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| REMARKS            |                     |                              | FRANKED                 |
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| the following in   |                     |                              | DAMAY IPPER 1940        |
|                    |                     |                              | SHIPPING CLERK          |
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|                    |                     |                              | FILE                    |

CHAIN CALEBOAR AND A A STORY CONTRACTOR AND AND AND A STORY

EFF OM FORM 14 10 OCT 1945

G-5331E

100

## LAUNDRY INVENTORY ARMY EFFECTS BUREAU

G-5331E

| DRY CLEANING                 | Do not use |   | LAUNDRY Do not us           | se |
|------------------------------|------------|---|-----------------------------|----|
| TROUSERS, WOOL 24            |            | 1 | SHIRTS. WOOL                |    |
| COAT. SERVICE, WOOL          |            | 1 | TROUSERS, COTTON            |    |
| OVERCOAT, LONG               | 1          |   | TIE. COTTON                 |    |
| OVERCOAT, SHORT, WOOL        | #          | 4 | UNDERSHIRTS. COTTON         |    |
| CAP, GARRISON                |            |   | SHIRTS, DRESS, COTTON       | _  |
| CAP. SERVICE                 |            | 1 | DRAWERS, COTTON             |    |
| TIES. WOOL                   |            |   | SWEATSHIRTS, COTTON OR WOOL | _  |
| GLOVES, LEATHER OR WOOL      |            |   | DRAWERS, WOOL               |    |
| SCARFS. SILK. RAYON, OR WOOL |            |   | SOCKS, COTTON, PR.          |    |
| SWEATERS                     |            |   | SOCKS. WOOL, PR.            |    |
| TRUNKS, SWIM                 |            |   | PAJAMA TOPS                 | _  |
| LEGGINGS                     |            | 2 | PAJAMA BOTTOMS              |    |
| BATHROBES                    |            |   | FATIGUES, 1 PC., COTTON     |    |
| BED ROLL                     |            |   | FATIGUES, TOPS, COTTON      |    |
| COMFORTER                    |            |   | FATIGUES, TROUSERS, COTTON  |    |
|                              |            |   | FATIGUES, CAP               |    |
|                              |            |   | BELT. COTTON                | _  |
| d                            |            | 1 | TOWEL. HAND                 |    |
| 37                           |            | 2 | TOWEL. BATH                 |    |
| Q 97,                        |            |   | CLOTH. WASH                 |    |
|                              |            |   | GLOVES, COTTON              |    |
| *                            |            |   | JACKET, FIELD               |    |
|                              |            | 1 | SUPPORTERS. ATHLETIC        |    |
|                              |            | 2 | HANDKERCHIEFS L             | _  |
|                              |            |   | SCARFS, COTTON              |    |
|                              | -          |   |                             |    |

# ARMY EFFECTS FIREAU Summary Court-Cartial KANSAS CITY QUARTER ASTER DEPOT 601 Hardesty Avenue Kansas City 1, Missouri

Case No. JSD/EL/fkw
Date 8 November 1948

SUBJECT: Report of transactions in disposing of the effects of

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. 59, Hq., KCQM Depot, dated 25 Mar 48 or 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 decedent's 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 Coros, at Government expense to person found entitled (See Summary Court-Martial FINDING below).

#### FINDING

| dated 25 March 1948 , the ap                         |                  |                                                      | quarters, KCQM Depot |
|------------------------------------------------------|------------------|------------------------------------------------------|----------------------|
| for the effects of the above-                        | -named deceased  | soldier, or person sub                               | oject to military    |
| law, now in the possession of                        | the United Sta   | tes, with other releva                               | ant evidence, was    |
| duly considered;                                     |                  |                                                      |                      |
| Whereupon, this Summary                              | Court-Martial f  | inds that, under the p                               | provisions of A.W. 1 |
| / N.                                                 | Mrs. Jessie G.   |                                                      | of                   |
| (1/8                                                 | ame of person fo | und entitled)                                        |                      |
|                                                      |                  | Jacksonville                                         |                      |
| 267 Gregory Place (Number, Street or Avenue          | ie) ,            |                                                      | State of             |
| 267 Gregory Place (Number, Street or Avenue) Florida | is the           | (City, Town or Village  Aunt  Relationship or Capaci | of the               |

(Signature of Summary Court-Martial)

JOHN S. DAY, Capt QMC

(Mame, Rank, Organization)

EFF QM Form 75 29 May 1948

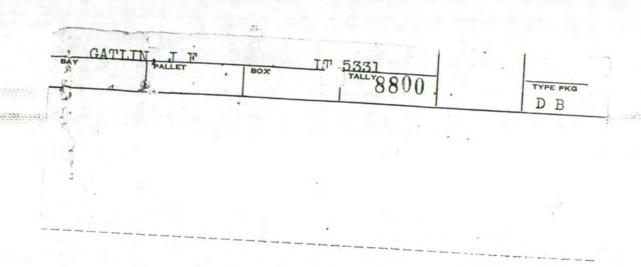
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| 5                                            | ATTACHMENTS                                                                                                                                                                                                                                                           |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATUS                                                                                                                                                      |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                              | INBOUND INVENTORY                                                                                                                                                                                                                                                     | Ludking.                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DECEASED                                                                                                                                                    |
| G. R. OR SUB GR LABEL WILL OR POWER OF ATTY. |                                                                                                                                                                                                                                                                       | EFFECTS I                                                                                                                                                                    | MISSING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                             |
|                                              |                                                                                                                                                                                                                                                                       | ARMY EFFE                                                                                                                                                                    | CTS BUREAU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P. O. W.                                                                                                                                                    |
| 1                                            | TALLY IN FORM 43                                                                                                                                                                                                                                                      |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ABANDONED                                                                                                                                                   |
|                                              |                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UNKNOWN                                                                                                                                                     |
| X                                            | BAGS, CLOTH OR TRAVEL BELT, MONEY (NO MONEY) BILLFOLD (NO MONEY) BOOKS BRACELET, IDENT. CAMERAS CLOTHING MISC. ARTICLES RELIGIOUS ARTICLES RIBBONS, DECORATION SHORT SNORTER SOUVENIR MONEY SOUVENIRS TESTAMENTS TOWELS & WASHCLOTHS U. S. MONEY (AMOUNT) WATCH WINGS | BELT BOOKS, ADDRESS BOOKS, PILOT LOG BRUSHES CASE CLOTH, WASH COATS FOOTLOCKER FOOTWEAR, PR. GLASSES GLOVES, PR. HANDKERCHIEFS HEADWEAR JACKETS KITS KNIVES LETTERS LIGHTERS | OVERCOATS PAPERS, PERSONAL PENCIL, MECHANICAL PEN, FOUNTAIN PHOTOS PIPES RINGS SCARFS SHIRTS SOCKS, PR. STATIONERY TIES TOBACCO TOILET ARTICLES TOWELS TROUSERS, PR. TRUNKS, PR. UNDERWEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                             |
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|                                              | NAME AND STA                                                                                                                                                                                                                                                          | TUS VARIATIONS                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ROSS REFERENCE                                                                                                                                              |
|                                              | NAME AND STA                                                                                                                                                                                                                                                          | TUS VARIATIONS                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CROSS REFERENCE                                                                                                                                             |
|                                              | CHECK REC'D                                                                                                                                                                                                                                                           | 82                                                                                                                                                                           | I I I I I I I I I I I I I I I I I I I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |
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|                                              | CHECK REC'D MONEY ORDER                                                                                                                                                                                                                                               | By J                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BUREAU CHECK TRANSMIT ORIGINAL                                                                                                                              |
|                                              | CHECK REC'D MONEY ORDER BOND                                                                                                                                                                                                                                          | By J                                                                                                                                                                         | I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BUREAU CHECK TRANSMIT ORIGINAL ORIG, REG, MAIL                                                                                                              |
|                                              | CHECK REC'D MONEY ORDER BOND TRAV. CHECK                                                                                                                                                                                                                              | BY SYM                                                                                                                                                                       | I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O.                                                                                                  |
|                                              | CHECK REC'D MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY                                                                                                                                                                                                             | BY SYM                                                                                                                                                                       | I I I I I I I I I I I I I I I I I I I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED                                                                                        |
|                                              | CHECK REC'D MONEY ORDER BOND TRAV. CHECK                                                                                                                                                                                                                              | NUN<br>SYM                                                                                                                                                                   | I I I I I I I I I I I I I I I I I I I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O.                                                                                                  |
|                                              | CHECK REC'D MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY                                                                                                                                                                                                             | NUN SYM  AMC  PLACE C  PA                                                                                                                                                    | MBER  BOL  OUNT  TE  NK  R  F ISSUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED                                                                                        |
|                                              | CHECK REC'D MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY                                                                                                                                                                                              | BA C PLACE C PA                                                                                                                                                              | MBER  BOL  DUNT  NK  R  F ISSUE  YEE  TTER  R  WER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED                                                                                        |
| TALLY                                        | CHECK REC'D MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY                                                                                                                                                                                              | BA C PLACE C PA                                                                                                                                                              | MBER  BOL  DUNT  NK  R  F ISSUE  YEE  TTER  R  WER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED                                                                                        |
|                                              | CHECK REC'D MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY                                                                                                                                                                                              | BA C PLACE C PA                                                                                                                                                              | MBER  BOL  DUNT  NK  R  F ISSUE  YEE  TTER  R  WER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS                                                     |
|                                              | CHECK REC'D MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY                                                                                                                                                                                              | BA C PLACE C PA                                                                                                                                                              | MBER  BOL  DUNT  NK  R  F ISSUE  YEE  TTER  R  WER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS                                                     |
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| NAME                                         | CHECK REC'D MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY                                                                                                                                                                                              | BA C PLACE C PA                                                                                                                                                              | MBER  BOL  DUNT  NK  R  F ISSUE  YEE  TTER  R  WER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS N. 6 85 33 1                                        |
| NAME                                         | CHECK REC'D MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY                                                                                                                                                                                              | BA C PLACE C PA                                                                                                                                                              | MBER  BOL  DUNT  NK  R  F ISSUE  YEE  TTER  R  WER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS N. 6 85 33 1                                        |
| NAME<br>ORGAN                                | CHECK MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY  ORIG. NO. OF F                                                                                                                                                                                    | NUM  SYM  AMO  DA  PLACE C  PA  REMI C  DRA  KGS. EXAMINING DATE 21 March  T L 1 W                                                                                           | MBER  BOL  DUNT  NK  R  F ISSUE  YEE  TTER  R  WER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS CASE NO.                                            |
| NAME<br>ORGAN                                | CHECK MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY  ORIG. NO. OF F                                                                                                                                                                                    | NUM  SYM  AMO  DA  PLACE C  PA  REMI C  DRA  KGS. EXAMINING DATE 21 March  T L 1 W                                                                                           | MBER  BOL  DUNT  NK  R  F ISSUE  YEE  TTER  R  WER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS  CASE NO. DIARY REMOVED                             |
| NAME<br>ORGAN                                | CHECK REC'D MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY                                                                                                                                                                                              | NUM  SYM  AMO  DA  PLACE C  PA  REMI C  DRA  KGS. EXAMINING DATE 21 March  T L 1 W                                                                                           | MBER  BOL  DUNT  NK  R  F ISSUE  YEE  TTER  R  WER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS  CASE NO.  DIARY REMOVED PHOTO FILM REMOVED         |
| NAME<br>ORGAN                                | CHECK MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY  OTO  OTO  OTO  HOUSE SPACE  306                                                                                                                                                                   | NUM  SYM  AMC  DA  BAA  PLACE C  PA  REMINING DATE  21 March  T L I W  EXAMINING DAY  21 March                                                                               | MBER  BOL  DUNT  NK  R  F ISSUE  YEE  TTER  R  WER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS  CASE NO. DIARY REMOVED                             |
| NAME<br>ORGAN                                | CHECK MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY  O O O ORIG. NO. OF FORIZATION  HOUSE SPACE  306                                                                                                                                                   | REMINING DATE 21 March  TLIN  EXAMINING DATE 21 March  TLIN  EXAMINING DATE 21 March                                                                                         | MBER  BOL  DUNT  NK  R  F ISSUE  YEE  TTER  R  WER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS  CASE NO.  DIARY REMOVED PHOTO FILM REMOVED SHIPPED |
| NAME<br>ORGAN                                | CHECK MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY  O O O ORIG. NO. OF FORIZATION  HOUSE SPACE  306                                                                                                                                                   | REMINING DATE  21 March  TLIM  EXAMINING DATE  21 March  TLIM  PACKED BY  PACKED BY                                                                                          | INTER REPORT OF THE REPORT OF | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS  CASE NO.  DIARY REMOVED PHOTO FILM REMOVED SHIPPED |
| NAME<br>ORGAN                                | CHECK MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY  O O O ORIG. NO. OF FORIZATION  HOUSE SPACE  306                                                                                                                                                   | REMINING DATE 21 March TLIM  EXAMINING DATE 21 March TLIM  PACKED BY INSPECTED BY                                                                                            | INTER REPORT OF THE REPORT OF | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS  CASE NO.  DIARY REMOVED PHOTO FILM REMOVED SHIPPED |
| NAME<br>ORGAN                                | CHECK MONEY ORDER BOND TRAV. CHECK FOREIGN CURRENCY U. S. CURRENCY  O O O ORIG. NO. OF FORIZATION  HOUSE SPACE  306                                                                                                                                                   | REMINING DATE  21 March  TLIM  EXAMINING DATE  21 March  TLIM  PACKED BY  PACKED BY                                                                                          | INTER REPORT OF THE REPORT OF | BUREAU CHECK TRANSMIT ORIGINAL ORIG. REG. MAIL TO G. A. O. MUTILATED TO ISSUING AGENCY  SHEET OF SHEETS  CASE NO.  DIARY REMOVED PHOTO FILM REMOVED SHIPPED |



ARMY SERVICE FORCES SAS CITY QUARTERMASTER DEPOT ARMY EFFECTS BUREAU 601 Hardesty Avenue Kansas City 1, Missouri

In Reply Refer To: 349262

(S-11-15-45) RTB: WA:mj September 11, 1945

Mrs. Jessie G. 'Faircloth 267 Gregory Place Jacksonville, Florida

Dear Mrs. Faircloth:

The Army Effects Dureau is forwarding to you the following personal property, recontly received here, belonging to your nephew, First Lieutenant James F. Gatlin, Jr .:

- 1 Carton and contents
- 1 Bureau check for \$22.69 inclosed

Ly action in transmitting the property does not, of itself, vest title in you. The items are forwarded in order that you may act as gratuitous bailee in caring for them pending the return of the owner, who has been reported missing in action, In the event he later is reported a casualty, and I sincerely hope he never is, it will be necessary that the property be turned over to the person or persons legally entitled to receive it.

When delivery has been made, I shall appreciate your acknowledging receipt by signing one copy of this letter in the space provided below, and returning it to this Bureau. For your convenience, there is inclosed an addressed envelope which needs no postage.

I regret the circumstances prompting this letter, and wish to express my hope for the safe return of your nephew.

Yours very truly,

C. B. JUINN

2nd Lt., QMC

Chief, Files Branch

Incl--Envelope Check

Receipt acknowledged:

Jairclark 7/10/ 1/945

Eff. (Form 205 (11 Apr 45)

#### ARMY SERVICE FORCES ARMY EFFECTS BUREAU

| Ac                | ose Bureau Check<br>ct. No. 111089                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Remove G.I.  Note discrepancy in 7/1                                          |
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| Am<br>Incl.       | ount \$22.69 \ \times \times \ ose "Valuables" item "Valuables" item(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Note discrepancy in  Films removed  Diary removed  Iaundry removed  140705 df |
| 2 Ware            | unting Branch M<br>house Division<br>s Branch, Adm. Div.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 111089<br>349262                                                              |
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Shipping Clerk

Eff. QM Form 14 (26 Dec 44)

10011 NAME AND STATUS VARIATIONS CROSS REFERENCE REC'D NUMBER CHECK BUREAU CHECK MONEY ORDER TRANSMIT ORIGINAL SYMBOL BOND' ORIG. REG. MAIL TRAV. CHECK TO G. A. O. AMOUNT FOREIGN CURRENCY MUTILATED U. S. CURRENCY TO ISSUING AGENCY DATE BANK OR PLACE OF ISSUE PAYEE REMITTER OR DRAWER TALLY NO. ORIG. NO. OF PKGS. EXAMINING DATE BOX NO. A. S. N. CASE NO. EXAMINED BY WAREHOUSE SPACE DIARY REMOVED PHOTO FILM REMOVED PACKED BY MOTION PICTURE FILM REMOVED PACKAGE DESCRIPTION WEIGHT SHIPPED INSPECTED BY DATE BY WHOM STORED BY M FORM 11 (15 JUNE 45) 100M LARUE, K. C. 7-9-45

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NAME GATLIN, JAMES F. JP LT 5331

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TYPE OF PKG. WHSE SPACE INVENTORIED

BOX
Eff. QM Form 48

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## AR Y EFFECTS BUREAU INVENTORY

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|              | CASE NO.     | 34                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | TYPED BY     | Steeby                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | DATE         | 6-5-45                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 9.           |              | Gatllin, Jr., James F.       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | NA E         | 0-685331                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | A.S          |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <del>,</del> | RANK         | lst Lt.                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | ORGATIZATION | Unk                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | A OUT        | \$22.69 PAID-UDGE OF THE MO. | 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|              | LIST NO.     | _F_250                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|              | REMARKS      |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### ACCOUNTING INVENTORY

NO. WV -989690

| CAR INITIALS AND                                                                                       | NO I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | -                                                 |                   |                  |                            |                  |                                           |  |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|------------------|----------------------------|------------------|-------------------------------------------|--|
| CA INITIALS AND                                                                                        | NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | 3                                                 |                   |                  |                            |                  |                                           |  |
| NAME OF INITIAL                                                                                        | TRANSPORTATION VERSAL CARLOADI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NG & DISTRIBUTIO                                                                    | ONTROL NOS.                                       | INC.              | FA               |                            |                  |                                           |  |
| TOP THIS CAR AT                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | _                                                 | FURNISHED         | †MARKED CA       | PACITY OF CAR<br>FURNISHED | TDATE CAR        | 15 SEP                                    |  |
|                                                                                                        | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | FROM                                              |                   |                  |                            |                  |                                           |  |
| RECEIVED BY THE TRANSPORTATION COMPANY NAMED ABOVE, SUBJECT TO CONDITIONS                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (SHIPPING POINT) KANSAS CITY, MISSOUR I                                             |                                                   |                   |                  |                            |                  |                                           |  |
|                                                                                                        | NAMED ON THE REVERSE HEREOF, THE PUBLIC PROPERTY HEREINAFTER DESCRIBED, IN APPAR- ENT GOOD ORDER AND CONDITION (CON- TENTS AND VALUE UNKNOWN), TO BE FOR- WARDED TO DESTINATION BY THE SAID COM-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | ARMY EFFECTS BUREAU, KANSAS CITY  QM DEPOT  MARKS |                   |                  |                            |                  |                                           |  |
| TENTS AND VAL                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                   |                   |                  |                            |                  |                                           |  |
| PANY AND CONNECTING LINES, THERE TO BE DELIVERED IN LIKE GOOD ORDER AND CONDI- TION TO SAID CONSIGNEE. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                   |                   |                  |                            |                  |                                           |  |
| ONSIGNEE                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | -                                                 |                   | 4                |                            |                  |                                           |  |
|                                                                                                        | SIE G. FAIRCLOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | H                                                                                   |                                                   |                   | Pine.            |                            |                  |                                           |  |
|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                   | O BE BILLED       |                  |                            | AND BUREAU OR SI | ERVICE AND LOCATION)                      |  |
| ESTINATION                                                                                             | ILLE, FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                                   | TION CHARC        |                  |                            | -                |                                           |  |
|                                                                                                        | Y WHEN SOME SUBSTANTIAL INTEREST OF THE C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OVERNMENT IS SUBSERVED THEREBY)                                                     |                                                   | 935 P             |                  | A 215                      | /62409           | \$ 99-9                                   |  |
|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | KANS                                              | AS CIT            | Y QM E           | EPOT.                      | K.C.,            | MO.                                       |  |
| CARR IER                                                                                               | S DELIVERY SERV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ICE REQUESTED                                                                       | NAME AND                                          | TITLE OF ISS      | UING OFFIC       | CER                        |                  | Transpor                                  |  |
| PICK-UP SERVICE AT                                                                                     | ORIGIN WAS NOT THE CONTROL OF THE CO |                                                                                     | † FU                                              | RNISH THIS INF    | ORMATION IN      | CASE OF CA                 | RLOAD SHIPMI     | Office<br>ENTS ONLY.<br>CASES WHERE REQUI |  |
| PACKAGES NO. KIND                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TION OF ARTICLES<br>ON OR TARIFF DESCRIPTION IF POSSIE<br>NONTECHNICAL DESCRIPTION) | BLE                                               | The second second | TUAL<br>VEIGHTS* |                            |                  |                                           |  |
|                                                                                                        | NON- M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ILITARY                                                                             |                                                   |                   |                  |                            |                  |                                           |  |
| 1 CT.                                                                                                  | PERSONAL E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FFECTS                                                                              | 349                                               | 262               | 86               |                            |                  |                                           |  |
|                                                                                                        | AUTHOR I TY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FOR SHIPMENT:<br>AND W.D. CIRCULA                                                   |                                                   |                   |                  |                            |                  |                                           |  |
|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2.40                                                                                | No.                                               | 1 32 2            |                  |                            |                  |                                           |  |
|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                   | i tu              |                  |                            |                  |                                           |  |
|                                                                                                        | CERTIFICATE OF ISSUING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OFFICER                                                                             | NAME OF TRAN                                      | NSPORTATION :     | COMPANY          |                            |                  | -                                         |  |
| ONTRACT NO. OR<br>IRCHASE ORDER NO.<br>R OTHER AUTHORITY                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _ DATED                                                                             |                                                   | CRSAL C           | ARLOAD           | DING &                     |                  | BUTING                                    |  |
| O. B. POINT<br>AMED IN CONTRACT<br>GNATURE OF                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | SIGNATURE OF                                      |                   |                  |                            |                  | , INC.                                    |  |
| SUING OFFICER                                                                                          | L.F. CISTON. CWO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | USA, A.T.O.                                                                         |                                                   |                   |                  |                            | PE               | •                                         |  |

No.9.

#### QM BRANCH DEPOT Q-114, UNITED STATES ARMY, APO 635.

. 7th. November 1945.

SUBJECT: Baggage.

Commanding Officer, 391 Bomb Gp. 575. APO 749. U.S. Army.

1. Request this office be furnished shipping instructions for baggage indicated below which has been received at this depot.

Name, rank and ASN of Owner.

Item. Stock No.

GATLIN, J.F. Lt. -685831

Barrack bag

105064

- 2. If the owner has returned to the United States, request that this letter be indorsed to that effect and returned to this office so that proper disposition may be made.
- 3. If the owner has been transferred to another organization, request this letter be forwarded to his present organization for compliance with paragraph 1, above.

For the Effects Quartermaster,

M. WALLACE, 1st Lt. OMC,

Assistant.

MAY 14 1946

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W/Ind

GHA/jtm/cej/2621

WD, AGO, Washington 25, D.C., 2 March 1946

TO: Effects Quartermaster, UK, QM Branch Depot Q-114, U.S. Army, APO 635, c/o Postmaster, New York, New York.

The records of this office show that First Lieutenant James E. Gatlin, Jr., AC, 0685331, was presumed dead as of 24 December 1945, under the provisions of Public Law 490, 77th Congress. Officer designated his aunt Mrs. Jessie G. Faircloth, 267 Gregory Place, Jacksonville, Florida, as the person to be notified in the case of an emergency as well as the person to receive his lost or mislaid property.

BY ORDER OF THE SECRETARY OF WAR:

PE-4662 Ltr dtd 7 Nov 45

MAY 14 1946

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2nd #5

GATLIN, J.F. 0-685331. )Lt. 105064.

B.B. Recd. 27th March, 1945. Listed 15 April 1945. 391 Bomb Gp. M. APO 559.

Form 1tr req shpg instr sent June 2 1945. Letter returned not known. List a second time. Listed #3, 28th September 1945. CAS

CPD. 391 Bomb Gp.
575, APO 749.

Ltr. req. shpg. inst. sent 7th. Nov. 1945.

5886/. PE-4660 2nd \$42 May 1945.

Space requested 30 Nov. 45.