1st Lt Leonard J. Crandell
44th BG 3-24-44 "Varsity"
Peoria IL

INDIVIDUAL DECEASED PERSONAL FILE

USMC MARGRATEN

Plot H, Row 16, Grave 26
Date of Burial: 1[illegible] Feb 49
Verified by GRS officer
Willard B Owen, Capt. Inf.

I CERTIFY that the typed names appearing above are the same as the original signatures on the No. 4 copy of F - 1194 concerned

Raymond A Radalgue
CWO USA

DISINTERMENT DIRECTIVE

SECTION A— NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY MONTH YEAR)
4650 03875	15 11 48

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CRANDELL LEONARD J	0-720197	1 LT	1	1	1

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS CODE	DIST. CTR.
MARGRATEN HOLLAND	BB	2	38	4601	80

SECTION B — CONSIGNEE AND NEXT OF KIN Flag sent: 11 Feb 49

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
MARGRATEN, HOLLAND	ELSIE M. CRANDELL (MOTHER) 619 FAIRHOLM PEORIA, ILLINOIS

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	USAAF		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MAT FILE RECORDS ANNOTATED DATE 27 APR 1949 WIMBERLY

MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies*)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (*Signature*)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE BY	

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM REV 11 FEB 48 1194

FINAL LETTER SENT 8 APR 1949

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

8 April 1949

293 1/ Lt Leonard J. Crandell, ASN 0 720 197
Plot H, Row 16, Grave 26
Headstone: Cross
Margraten (Holland) U. S. Military Cemetery

Mrs. Elsie M. Crandell
619 Fairholm
Peoria, Illinois

Dear Mrs. Crandell:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN
Major General
The Quartermaster General

lh

BUDGET BUREAU No. 49-R277.

REQUEST FOR DISPOSITION OF REMAINS

L 9/9/48

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

DATE: 8-9-48

(ARC)

1/Lt. Leonard J. Crandell, O 720 197
Plot BB, Row 2, Grave 38
United States Military Cemetery
Margraten, Holland

23 JUL 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

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

PART I

I, Elsie M. Crandell (PLEASE PRINT OR TYPE NAME OF NEXT OF KIN) *(Please indicate relationship to the deceased by placing an "X" in the proper box.)*

☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD

☐ FATHER ☒ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD

☐ RELATIONSHIP OTHER THAN ABOVE *(Specify)* _____

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

☒ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. Margraten

☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

_____ (NAME AND LOCATION OF CEMETERY)

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

☐ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)

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

☐ YES ☒ NO

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

None

DNIAC NOV 24 1948

Coded-11/18/48
H-Jarmen

OQMG FORM 14 NOV 1948 345 MILITARY #1 NOV 12 1948

PAGE 1

Kreine

PART I (*Continued*)

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

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

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

OR

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

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (*Nearest railroad passenger station*)	TELEGRAPH ADDRESS		TELEPHONE No.

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

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

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

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

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

X Mrs. Elsie M. Crandell
(SIGNATURE OF NEXT OF KIN)

619 Fairholm
(STREET AND NUMBER)

Mrs. Elsie M. Crandell
(NAME PRINTED OR TYPED)

Peoria, Illinois
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 9th day of August, 1948, at city (or town) of Peoria, county of Peoria, and State (or Territory or District) of Illinois

(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public
(OFFICIAL TITLE)

MY COMMISSION EXPIRES AUG. 22, 1948

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

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

I, THE _____ AS THE NEXT OF KIN OF THE DECEASED
(PLEASE INSERT RELATIONSHIP)

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

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

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

_____ (DATE)

_____ (SIGNATURE OF NEXT OF KIN)

_____ (STREET AND NUMBER)

_____ (NAME PRINTED OR TYPED)

_____ (CITY AND STATE)

PART III

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

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
CRANDELL	Elsie M.	M.
RELATIONSHIP TO THE DECEASED		
mother		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY
619 Fairholm	Peoria	Illinois

Laverne R. Marks (SIGNATURE)

September 1, 1948 (DATE)

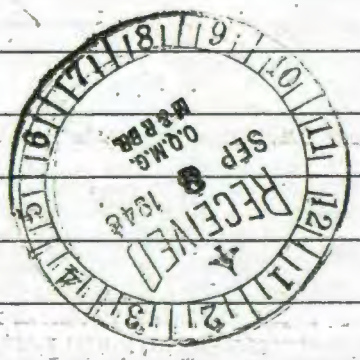
1322 Moss Ave. (STREET AND NUMBER)

Laverne R. Marks (NAME PRINTED OR TYPED)

Peoria, Illinois (CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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



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

SEE OTHER SIDE

In Reply Refer To RR Br: QMGMR 293

Crandell, Leonard J., 1/Lt., O 720 197
Plot BB, Row 2, Grave 38
United States Military Cemetery
Margraten, Holland

IMPORTANT
Address reply and envelope to:
THE QUARTERMASTER GENERAL
Do NOT include the name of the official who signed the communication.

23 JUL 1948

PRIORITY

Miss Janet Neel, Home Service Director
Midwestern Area, American Red Cross
1709 Washington Avenue
Saint Louis 3, Missouri

Dear Miss Neel:

The Next of Kin of the above captioned deceased wife
(relationship)
Mrs. Lavern R. Crandall, 317 Wilson Avenue, Peoria, Illinois
(name) (address)
has failed to return a Form 345 indicating disposition instructions for the remains. The form was dispatched 2 December 1947.

It is respectfully requested that the attached OQMG Form 345 be properly accomplished by the Next of Kin and legal documents obtained through assistance of your representative if appropriate, be furnished this office. In the event you are unable to secure disposition instructions from the Next of Kin, it is further requested that a statement of the action taken by your representative be furnished this office for use as a basis for final disposition of remains of the decedent.

It is recommended that in contact with the Next of Kin mentioned above, they first be queried as to whether or not they have submitted the appropriate form, as it may have been mailed to this office since receipt by you of this request.

Sincerely yours,

John O. Hyatt

Incls.

JOHN O. HYATT
Colonel, QMC
Memorial Division

October 13, 1948

CRANDELL, Leonard J., Lt.,
O 7 201 197
World War II Deceased

Gentlemen:

Our Peoria Chapter contacted the widow and learned that she has remarried. She is now Mrs. William Marks, 1322 Moss Avenue, Peoria, Illinois. She signed part III of form 345.

Mrs. Elsie Crandell, 609 Fairholm, Peoria, Illinois, the mother of the decedent is the next of kin. The chapter assisted the mother in completing form 345, which was mailed to your office together with a certified copy of the death record of the father on September 2, 1948.

A certified copy of the marriage certificate of the remarried widow was mailed to your office on October 8.

Sincerely yours,

Janet Neel

(Miss) Janet Neel
Director, Home Service
Midwestern Area

CRANDELL, LEONARD J. Lt.
#: 07201197
World War II Deceased

STATE OF ILLINOIS, PEORIA COUNTY

I, LEONARD T. SOURS, County Clerk in and for said County, do hereby certify that WILLIAM J. MARKS, age 24 years, and LA VERNE R. CRANDELL, age 24 years, were married on the 21st day of June A. D. 1947, by Rev. Edwin Deane, Catholic Priest as the same appears from the records of my office.

Given under my hand and official seal at Peoria, this 8th day of October A. D. 19 48

FILE

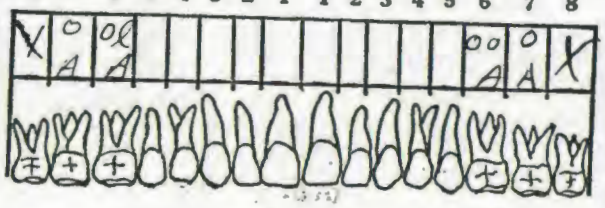
Name .....
LEONARD T. SOURS Clerk.
Date .....
Albert Mortar Deputy.
Acceptance Section
Family Corres. Branch

Form D2 12-46 2M

*REPORT OF DENTAL SURVEY

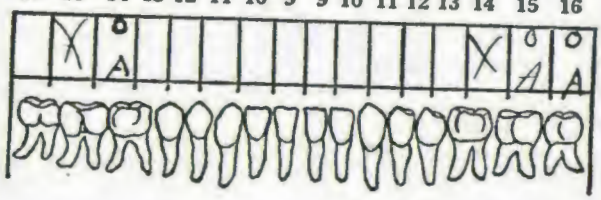
UPPER TEETH

Right 8 7 6 5 4 3 2 1 — 1 2 3 4 5 6 7 8 Left



LOWER TEETH

Right 16 15 14 13 12 11 10 9 — 9 10 11 12 13 14 15 16 Left



CLASS ~~IV~~

Occlusion Worn: Calculus: Slight, Medium, Heavy

Periodontoclasia None

Dental foci suspected: Yes (No)

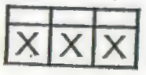
Other conditions None

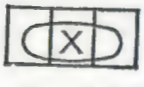
Date 7-18-46, 19____

Pt. A. Morales

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) 

Teeth replaced by fixed bridge (oval to include abutments) 

16—20622

REGISTER OF DENTAL PATIENTS AT

MOUNTAIN HOME, IDAHO

(1) SURNAME	(2) CHRISTIAN NAME		
Crandell,	Leonard J.	O-720197	
(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS	
2nd Lt.	213th	CCTS	7146
(6) AGE, YEARS	(7) RACE	(8) NATIVITY	(9) SERVICE, YEARS
25	W.	Ill.	1-7/12

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS	(12) RESULTS AND REMARKS
	DENTAL IDENT. RECD	File APR - 7 1949 G. W. ROGERS Capt., QMC Identification Branch

Dental Corps, U. S. A.

Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

16—20622

PHYSICAL EXAMINATION FOR FLYING

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

1. Crandell (Last name) Leonard (First name) J. (Middle initial) 2nd Lt (Grade and arm or service) AC 0-720197 (Serial No.) 25 (Age) 1 (Years service)

2. AAF Mtn Home, Idaho (Address) Combat Flying (Purpose of examination)[1] March 1944 Qualified (Date and result last examination)

Pilot (Aeronautical ratings) Flying time as: Pilot 365 (Total); observer 0 (Total); pilot 200 (Last 6 mos.); observer 0 (Last 6 mos.)

3. Temperature 98.6, Vaccinations: Typhoid series, No. 1 Last 1943; smallpox 1944 (Date), reaction Immune
Tetanus-1944

4. Medical history.

(In the case of applicant include family. Has he ever had epilepsy, enuresis, headaches, dizziness, vertigo, fainting, stammering, tic, somnambulism, pavor nocturnus, migraine, insomnia, phobias, anxiety trends, irritability, apathy, elation, depression, sensory disturbances, amnesia, spasms, unconsciousness, repeated episodes of alcoholism, encephalitis, pneumonia, syphilis, renal calculi, tuberculosis, asthma, hay fever, repeated colds, mastoiditis, sinusitis, tonsillitis, arthritis in any form, malaria, severe injuries, major operations, or other pertinent history? Explain fully.)

Measles, mumps in childhood-no sequelae.

5. Eye: Inspection Normal Nystagmus None
6. Associated parallel movements Normal Pupils: Equality Equal Reaction Normal
7. Visual acuity: R. E., 20/ 20, correctible to 20/ - L. E., 20/ 20, correctible to 20/ -
8. Depth perception (uncorrected) 4 mm. With correction - mm.
9. Heterophoria at 6 meters: Eso 0 Exo 3 R. H. 0 L. H. 0 Prism divergence 7
10. Red lens test Normal Angle convergence: PcB 45 mm. Pd 61 mm. - °
11. Accommodation: R. 9 D. L. 9 D. Addition required for 50 cm. R. - L. -
(Jaeger type); Right J. 1-13, correctible to J. -: Left J. 1-13, correctible to J. -
12. Color vision Normal to AOC
13. Field of vision (form): R. Normal L. Normal Ophthalmoscopic: R. Normal L. Normal
14. Refraction: R. reads 20/20 with Not S. Indicated Ax ° L. reads 20/20 with Not S. Indicated °
15. Ear: History of ear trouble Denies
16. External ear: R. Normal L. Normal Membrana tympani: R. Normal L. Normal
17. Hearing (whisper): R. 20/20. L. 20/20. Audiometer (percent loss): R. - L. -
18. Nares Normal Tonsils Normal
19. Teeth:

(a)

Right (Examinee's)								Left							
X	7	6	5	4	3	2	1	1	2	3	4	5	6	D	X
16	X	14	13	12	11	10	9	9	10	11	12	13	X	15	16

Indicate: Restorable carious teeth by ○; nonrestorable carious teeth by /; missing natural teeth by ×.

(b) Remarks, including other defects None
(c) Prosthetic appliances None (d) Classification[2] II
20. History of swing, train, air, or sea sickness Denies
21. Barany chair (when indicated with results) Not Done
22. Posture Good (Excellent, good, fair, bad) Figure Medium (Slender, medium, stocky, obese) Frame Medium (Light, medium, heavy)
23. Height, 70½ inches. Weight, 158 pounds. Chest: Inspiration 38 Expiration 35½ Rest 36½ Abdomen 29
24. Skin and lymphatics Normal Endocrine system Normal
25. Bones, joints, muscles Normal Feet Normal
26. Heart Normal
27. Pulse rate, 80 B.P.: S. 118-120 D. 80-82 Schneider -- Pulse immediately after exercise 98
Two minutes after exercise 80 Character Full and Regular
28. Arteries Normal Varicose veins None

[1] Semiannual, appointment as cadet, commission in the Air Corps, commission in Air Corps Reserve, transfer to the Air Corps, or any other special purpose.
[2] I, II, III, or IV; see par. 3, AR 40-510.

16—22381

W.D., A. G. O. Form No. 64 (May 20, 1941)

Altitude Indoctrination completed 7/10/44 Lincoln, Nebraska

29. Respiratory system Normal

30. X-ray of chest[1] Negative (February 1944 Fredrick, Okla)

31. Abdominal viscera Normal

32. Hernia None Hemorrhoids None

33. Genito-urinary system Normal

34. Nervous system: Reflexes, gait, coordination, musculature, tension, tremor, and other pertinent tests Normal

35. Laboratory procedures: Kahn[1] Negative (17 July 1944 XXXXXXXX AAF Mtn Home, Idaho) Wassermann

Urinalysis: Reaction Acid Sp. gr. 1.018 Albumin Neg Sugar Neg Microscopical Neg

36. Estimated adaptability for military aeronautics (if unsatisfactory, state reasons) Not Required

37. Remarks on conditions not sufficiently described None

38. Is the examinee physically qualified for flying duty? Yes If yes, in what class? I

If disqualified, indicate defects by paragraph number -

39. Have defects been waived by The Adjutant General? - If yes, give date -

If no, is waiver recommended? - Is request for waiver attached? -

40. Is the examinee incapacitated for active service? No - If yes, indicate defect by paragraph number -

41. Corrective measures or other action recommended Dental Appointment made

42. If applicant for appointment: Does he meet physical requirements? - Do you recommend acceptance with minor physical defects? - If rejection is recommended, specify cause -

Army Air Field
Mtn Home, Idaho (Place) 18 July 1944 (Date)

Clovis W. Bowen (Name and grade) Medical Corps.

CLOVIS W. BOWEN, Captain AME

(Name and grade), Corps.

REVIEWED AND APPROVED:

(Senior flight surgeon), Medical Corps.

(Name and grade), Corps.

1st Ind.[2]

Headquarters , 19

To the Commanding General,

Remarks and recommendations

(Name) (Grade) (Organization and arm or service)

Commanding.

2d Ind.[2]

, 19 To The Adjutant General.

[1] Required for candidates for commission, Reserve officers reporting for extended active duty, and applicants for flying cadet.
[2] State action taken on recommendation of the board. If incapacitated for active service, state whether action by retiring board is recommended.

NOTE.—*Use typewriter if practicable. Attach additional plain sheets if required.*

U. S. GOVERNMENT PRINTING OFFICE 16—22281

0720197 World War II Deceased

STATE OF ILLINOIS
DWIGHT H. GREEN, GOVERNOR

CERTIFIED COPY OF A DEATH RECORD

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
Division of Vital Statistics and Records
Registered No.:

1. PLACE OF DEATH: County of Peoria, Illinois. Registration Dist. No. 747
City, Township, Village, Road Dist. Richwoods Twp. Primary Dist. No. 7485
Street and Number 743 Crandell Leondry Peoria Municipal T.B. San. Hospital
LENGTH OF STAY: In Hospital or Institution Yrs. Mos. Days.; In Community where death occurred 2 Yrs. Mos. Days.

2. PLACE OF RESIDENCE State Illinois, County Peoria, Township, Road Dist.
City or Village Peoria Street and No. 619 Fairholm

19. Int. List Number

3.(a) FULL NAME ----WILLIAM CRANDELL------

3.(b) If Veteran, name war NO
3.(c) Social Security No. ....

4. Sex Male
5. Color or race White
6.(a) SINGLE, MARRIED, WIDOWED, DIVORCED MARRIED
6.(b) Name of husband or wife Elsie Day Crandall
6.(c) Age of husband or wife (if alive) years

7. BIRTHDATE OF DECEASED Month November Day 9th Year 1893
8. AGE OF DECEASED Years 41 Months 1 Days 0 If less than one day (Hrs.) (Min.)
9. BIRTHPLACE OF DECEASED City or County Peoria State or foreign country Illinois.
10. USUAL OCCUPATION (Kind of job) Inspector
11. INDUSTRY OR BUSINESS: Machine Shop Factory Tractor
Father 12. Name Thomas Crandell
13. Birthplace Peoria County Illinois.
Mother 14. Maiden Name Armintha Crandell
15. Birthplace Unknown Ohio.
16. INFORMANT Elsie Crandell (Pen and ink signature)
P. O. Address Peoria, Ills.

17. PLACE OF BURIAL, Cremation or Removal
(a) Cemetery Springdale
Location Peoria
County Peoria State Ills.
(b) DATE: 12/12/1934 19

18. FUNERAL DIRECTOR'S
Signature J.T.Pyle
Address Peoria Ills.
License Number
Firm Name J.B.Wilton Bro Co.

MEDICAL CERTIFICATE OF DEATH

20. Date of death: Month December day 9th 1934 year 4 hour 35 PM minute

21. I hereby certify that I attended the deceased from 9/1/1931, 19 , to December 9th 1934; that I last saw him alive on Dec 9th 1934, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic pulmonary tuberculosis since 1930	
Associated diseases	
Tuberculosis empyema Etc.	
Other conditions (Include pregnancy within 3 months of death)	

22. Was an operation performed? NO Date of
For what disease or injury?
Was there an autopsy? NO XRay & Sputum
Findings?

23. If a communicable disease; where contracted? Usual place of abode
Was disease in any way related to occupation of deceased? NO
If so, specify how:

24. (Signed) Maxim Pollock M. D.
Address Peoria Municipal T.B.San.
Date 12/9/1934, 19 Telephone 8307

*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. FILED 12/10/1934, 19
(Signed) Cornelia Murdock Registrar.
P. O. Address Peoria, Illinois.

FILE
Name Breene to Slaughter
Action [illegible] mother NOK
Date 10 Nov 48
Acceptance Section
Corres. Branch

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3a and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE September 14th 1948 SIGNED LEONARD T. SOURS

AT Peoria, Illinois., Illinois. OFFICIAL TITLE County Clerk
By: [signature] Deputy

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

VS&R 201 (1947 Revision of VS 30B) (49278—50M—12-47)

345 Section
Rec'd 9-9-48
M-1

October 12,1948

Office of Quartermaster General
Washington 25, D. C.

743
RE: CRANDELL, LEONARD J.
Lt.
~~07201197~~
World War II
Deceased
Marquette, Kol. BB-2-38

Enclosed you will please find the certified copy of the marriage certificate of Laverne R. Crandell and William J. Marks. This documentary evidence will establish the mother, Mrs. Elsie Crandell, as next of kin. This evidence is being sent in connection with the QMG form 345 which was signed by the mother and sent on September 2.

Next of kin Hallaghan's file

N/C

FILE
Name Greene for Slaughter
Action 345 as letter M-1
Date 9 Nov 48
Acceptance Section
Family Corres. Branch

BB-2-38 - Margaten
R-9/9/48

September 15, 1948

Flagged
Unresolved 24 Sept

Office of Quartermaster General
Washington 25, D. C.

293
Re; Crandell, Leonard J.
1st Lt. 0720197
~~World War II~~ Deceased

Widow: Mrs. Laverne R. Crandell
Mother: Mrs. Elsie Crandell

Dear Sir:

Please find the certified copy of a death record enclosed.

On September 3, 1948 the QMG form was sent direct to your office. The certified copy of the death record was not sent at this time. However, in case this death record is needed, it is now being sent.

M-1
R 9/9/48

RECEIVED

FILE
Name Green for Slaughter
Action 345 (M-1) Accepted
Date 10 Nov. 48
Accepted
Fami

1st Lt Leonard J. Crandell, 0-720 197
Plot XE, Row 2, Grave 38,
United States Military Cemetery
Margraten, Holland

8 December 1947

Mrs. Lavera R. Crandell
317 Wilson Avenue
Peoria, Illinois

Dear Mrs. Crandell:

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

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

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

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

Sincerely,

THOMAS B. LARKIN
Major General
The Quartermaster General

Incls.

tjh

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

In Reply Refer To:
[illegible] 314.6
[illegible] Graves Registration
(European) U.S. Misc

22 November 1946

SUBJECT: Burial Records Corr,

TO: Commanding Officer
American Graves Registration Command
European Theater Area
APO 887, c/o Postmaster
New York, New York

1. Request the burial reports and grave markers for the following decedents be changed to read as underscored:

Cemetery: United States Military Cemetery Margraten, Holland

NAME	RANK GRADE	SERIAL NO.	DATE OF DEATH	ORGAN.	PLOT	ROW	GRAVE
Coleman, Robert L.	2nd/Lt.	O 769 612	1 April 1945	429th FTR Sq. 474th FTR Gp.	H	8	195
Collings, Charles W.	S/Sgt.	31 030 873	22 Oct. 1944	16th Armd. Inf. Bn.	U	6	241
293 Crandall, Leonard J.	1st/Lt.	O 720 197	24 Mar 1945	67th Bomb. Sq. 44th Bomb. Gp.	H	2	36

2. The records of this office have been reverified with the records of The Adjutant General, War Department, and have been found to be correct as indicated above.

FOR THE QUARTERMASTER GENERAL:

MARTIN G. RILEY
Major, QMC
Assistant

REGISTRATION RECORDS BRANCH

4 NOV. 1946
DATE

NAME CRANDELL, LEONARD J. 1ST LT.

SERIAL NO 0720197

CEMETERY MARGRATEN, HOLLAND

PLOT BB

ROW 2

GRAVE 38

LETTER FIELD
Correct Records to Read

RANK 1ST LT.

DATE OF DEATH 24 MAR. 1945

org

V. Simpson
SPECIAL CHECKER

File
22 Nov 46
2 Bouquets
Mail

QMGYG 293
Crandell, Leonard J.
S.N. 0 720 197

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

6 August 1946

Mrs. Lavern R. Crandell
317 Wilson Avenue
Peoria, Illinois

Dear Mrs. Crandell:

Inclosed for your information is a copy of a letter received in this office.

The communication is self-explanatory. Nothing is known by this office as to the writer and, accordingly, it is not felt that your name and address as the widow of the late First Lieutenant Leonard J. Crandell should be given unless you desire it.

While it is possible that the letter has been written in perfectly good faith, there have been some cases in other localities where similar persons have imposed upon or become a nuisance to the next of kin. Therefore, as indicated, a copy of the letter is being forwarded to you for such action as you desire.

The official Report of Burial discloses that the remains of your husband were interred in Plot BB, Row 2, Grave 38, in the United States Military Cemetery Margraten, Holland, located ten miles west of Aachen, Germany.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

1 Incl.
Cy ltr dtd 25 May 1946.

JAMES L. PHENN
Major, QMC
Assistant

JLP

rwb
cc: AAF

Nederland

Kerkrade 25 - 5 - 45

To Quarter Master General,

D. C. 25 Washington.

If possible I would like to have the home-adresses of the next soldiers, whose graves I have adoptied on the U. S. A. Military Cemetery in Margrater (Nederland), to correspondend with their relations in America.

Behrman, Edwin H. Med. 370th Inf.

Prot. 36 977 329

Died 6 - 4 - '45 Religion: Cath.

Crandell, Leonard J. O-420197

AAF Died 24 - 3 - '45

Religion: Prot.

And could you tell me or the soldier,

Rupert J. Pitts 7007951 T 4 L - 42

O

(Joh C. Pitts
Gen Del
Shula Hills N. C. P.)

has died, or his right address, For I have sent different letters to his field - and to his army - adress, but they all came back with on the envelope: "unknown to adress."

Hope to get an anaword soon of you.

Sincerely

my adress is: /s/ T. Dorscheidt

T. Dorscheidt
Nieuwstraat 131
Kerkrade (L), Nederland.

C O P Y C O P Y C O P Y

QMGYG 095
Dorscheidt, T.

214.6 Netherlands

Address Reply To
THE QUARTERMASTER GENERAL
Attention: Memorial Division

6 August 1946

Mr. T. Dorscheidt
Nieuwstraat 131
Kerkrade (L), Netherlands

Dear Mr. Dorscheidt:

Your letter concerning the home addresses of the late Private First Class Edwin Behrman and the late First Lieutenant Leonard J. Crandell, has been received in this office.

Copies of your letter have been forwarded to the next of kin of the late Private First Class Behrman and the late First Lieutenant Crandell for whatever action they may deem necessary to take regarding the request referred to in your letter.

A copy of your letter has also been forwarded to The Adjutant General, Washington 25, D. C., for direct reply relative to the address of Robert J. Pitts, as that office has jurisdiction over matters of this nature.

This office appreciates the interest you have taken in the graves of our deceased American personnel and wishes to thank you for the effort you are making in this matter.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN
Major, QMC
Assistant

JLP

rwh

RESTRICTED

GRAVE REGISTRATION
FOR
(Rev. Sept. 1943)

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

6 April 1945
Date

Last Name	First	Initial	Rank	Serial No.
Crandell,	Leonard			0-720197

Unit	Organization
67th Bomb Sq AAF	44 Bomb Gp H

Place of Death	Date of Death	Cause of Death
Vic. Wesel, Germany	24 March 1945	KIA

Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location
1435 6 April 1945	U.S. Mil. Cem., Margraten, Holland	VK 645482

Grave Number	Row Number	Plot Number	Type of Marker
38 ✓	2	BB	Wooden Cross

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

If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Right:	Clemons, Homer L.	35086348	Pvt.	290 Inf 75 Div.	37
Deceased's Left:	OGilvie, Robt. B.	32736724	Unknown	AAF	39

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

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

LEONARD J CRANDELL
0-720197 T43 44 0
P

Emergency Addressee Unknown
Name

Address

Religion

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

NONE.

Edwin J. Donovan
Signature of Officer or other person reporting burial

EDWIN J. DONOVAN
1st. Lt., QMC GRS Officer
611 QM Gr. Reg. Co.
Organization of Officer reporting burial

Dlle 5/1/45 Ed

43

RESTRICTED

IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand: 4 | 3 | 2 | 1 | Thumb

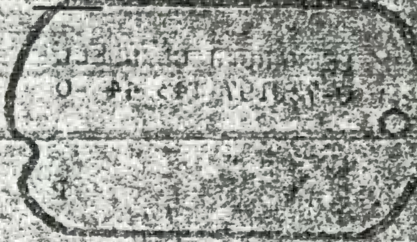
Right Hand

TOOTH CHART

	Upper	Lower
Deceased's Left	8	8
	7	7
	6	6
	5	5
	4	4
	3	3
	2	2
	1	1
Deceased's Right	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8

Indicate: missing natural teeth by X; crowns by O; fillings by ☐; Bridges by ○ linking anchor teeth; replacements by artificial teeth X

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



AG P BR HQ SOS /22560

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT

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

REPORT OF DEATH Crandell, Leonard J. DATE 19 May 1945/cmc

FULL NAME	ARMY SERIAL NUMBER	GRADE
Crandell, Leonard J.	0 720 197	1st Lt.
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Peoria, Ill.	Air Corps	3 Sep 1918
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
European Area	Killed in action	24 Mar 1945
STATION OF DECEASED	**DATE OF ENTRY ON CURRENT ACTIVE SERVICE**	**LENGTH OF SERVICE FOR PAY PURPOSES** (YEARS / MONTHS / DAYS)
European Area	15 April 1944	

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)

Mrs. Lavern R. Crandell (Wife) 317 Wilson Ave., Peoria, Ill.

BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Lavern R. Crandell (Wife) Address shown above
Janice Sue Crandell (Child) Address same as wife's
Mrs. Elsie M. Crandell (Mother) 619 Fairholm, St., Peoria, Ill.
Elsie May Crandell (Sister) 619 Fairholm, St., Peoria, Ill.

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

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 24 Mar 45 until such absence was terminated on 14 May 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

FILE
MAY 23 194

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

BY ORDER OF THE SECRETARY OF WAR:

Eli A. Fowler

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

SENSITIVE SURFACE - HANDLE EDGES ONLY

4 75,246
EK

WAR DEPARTMENT

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

REPORT OF DEATH

DATE 19 May 1945/cmc

FULL NAME	ARMY SERIAL NUMBER	GRADE
Crandell, Leonard J.	0 720 197	1st Lt.
HOME ADDRESS	**ARM OR SERVICE**	**DATE OF BIRTH**
Peoria, Ill.	Air Corps	3 Sep 1918
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
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European Area	15 April 1944	

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Mrs. Elsie M. Crandell (Mother) 619 Fairholm, St., Peoria, Ill.
Elsie May Crandell (Sister) 619 Fairholm, St., Peoria, Ill.

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

ADDITIONAL DATA AND/OR STATEMENT

[X] BATTLE [ ] NON-BATTLE

The individual named in this report of death is held by the War Dept. to have been in a missing in action status from 24 Mar 45 until such absence was terminated on 14 May 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from a Commander in the European Area.

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

BY ORDER OF THE SECRETARY OF WAR:

Eli A. Fowler

ADJUTANT GENERAL

WD AGO FORM 52-1
1 FEBRUARY 1945

THIS FORM SUPERSEDES WD AGO FORM 52-1, 1 DECEMBER 1944, WHICH MAY BE USED UNTIL EXISTING STOCKS ARE EXHAUSTED.

475248

RTS:DM:sh
February 4, 1946

Dear Mrs. Crandell:

The Army Effects Bureau has received some additional property of your husband, First Lieutenant Leonard J. Crandell.

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

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

Sincerely yours,

HARRY WIENIEG
2nd Lt., QMC
Chief, Correspondence Branch

AMOUNT OF CHECK	NO DISCREPANCY IN	INCLOSE VALUABLES	RECIPIENT FROM
	NAME	SHIP VALUABLES	X CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK		FORM 20
			LETTER

Mrs. Lavern R. Crandell
317 Wilson Avenue
Peoria, Illinois

1/Lt. Leonard J. Crandell
0-720 197
475246 D

NO. & TYPE OF CONTAINER	SPECIAL INSTRUCTIONS
ENVELOPE	REMOVE GI
2 CARTONS	SHIP BLOODSTAINED
PACKAGE	X SHIP DAMAGED
FOOT LOCKER	REMOVE BL'DSTAINED
	REMOVE DAMAGED
	FILMS REMOVED
	DIARY REMOVED

RTB:DM:dbs

SUMMARY COURT DATA

DATE OF FINDING	APPLICANT

DATE ACTION TAKEN: 1 Feb 46
MAIL REVIEWER (initials): ll

REMARKS

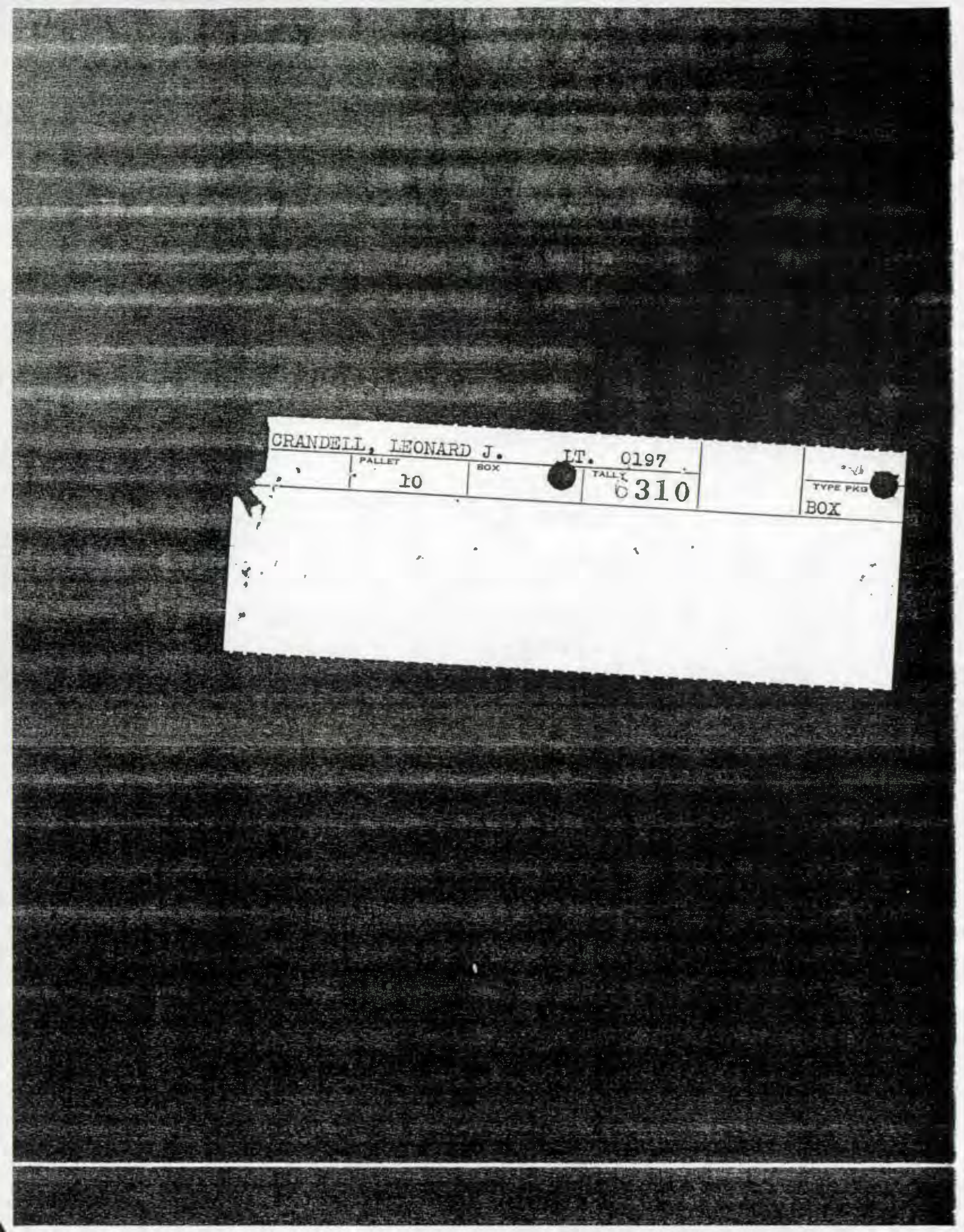
1 Oct 94
2 Cartons

SHIPPED	ROUTING
FRANKED	ACCOUNTING BRANCH
EXPRESS	1 WAREHOUSE
2 FREIGHT	2 FILE

DATE SHIPPED: FEB 7 1946
SHIPPING CLERK: [illegible]

ORDER FOR ACTION

EFF OM FORM 14
10 OCT 1945


CRANDELL, LEONARD J. LT. 0197
PALLET
10
BOX
TALLY
0310
TYPE PKG
BOX

1T

ATTACHMENTS	
X	INBOUND INVENTORY ✓
	G. R. OR SUB GR LABEL
	WILL OR POWER OF ATTY. ✓
1	TALLY IN FORM 43

EFFECTS INVENTORY
ARMY EFFECTS BUREAU

STATUS	
DECEASED	
MISSING	
P. O. W.	
ABANDONED	
UNKNOWN	

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

DAMAGED UNKNOWN

CONTAINERS ADDRESSED TO

Mrs Lavern (Shumaker) Crandell
317 Wilson Avenue
Peoria - Ill
(wife)

INFORMATION

Mrs Lavern (Shumaker) Crandell
317 Wilson Avenue
Peoria, Ill
(wife)

NAME AND STATUS VARIATIONS

Husband Inv. shows
to Leonard J. Crandell.

CROSS REFERENCE

		REC'D BY			
	CHECK		NUMBER		BUREAU CHECK
	MONEY ORDER				TRANSMIT ORIGINAL
	BOND		SYMBOL		ORIG. REG. MAIL
	TRAV. CHECK				TO G. A. O.
	FOREIGN CURRENCY		AMOUNT		MUTILATED
	U. S. CURRENCY				TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

1-31

REMITTER OR DRAWER

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET OF SHEETS
6310		14 Jan 46		

NAME LEONARD JOHN CRANDELL

A. S. N. 6-22497

SHORT SNORTER		GLOVES. PR.		STATIONERY	
SOUVENIR MONEY		HANDKERCHIEFS		TIES	
SOUVENIRS		HEADWEAR		TOBACCO	
TESTAMENTS		JACKETS		TOILET ARTICLES	
TOWELS & WASHCLOTHS		KITS		TOWELS	
U. S. MONEY (AMOUNT)		KNIVES		TROUSERS, PR.	
WATCH		LETTERS		TRUNKS, PR.	
WINGS		LIGHTERS		UNDERWEAR	

DAMAGED BOUNDARY

CONTAINERS ADDRESSED TO

Mrs Lavern (Shumaker) Crandell
317 Wilson Avenue
Pearia - Ill
(wife)

INFORMATION

Mrs Lavern (Shumaker) Crandell
317 Wilson Avenue
Pearia, Ill
(wife)

NAME AND STATUS VARIATIONS

43 and inv. shows
Leonard J. Crandell.

CROSS REFERENCE

	REC'D BY		
CHECK		NUMBER	BUREAU CHECK
MONEY ORDER			TRANSMIT ORIGINAL
BOND		SYMBOL	ORIG. REG. MAIL
TRAV. CHECK			TO G. A. O.
FOREIGN CURRENCY		AMOUNT	MUTILATED
U. S. CURRENCY			TO ISSUING AGENCY

DATE

BANK OR PLACE OF ISSUE

PAYEE

REMITTER OR DRAWER

1-31

TALLY NO.	ORIG. NO. OF PKGS.	EXAMINING DATE	BOX NO.	SHEET OF SHEETS
6310		14 Jan 46		

NAME	A. S. N.
LEONARD JOHN CRANDELL	0-720197

ORGANIZATION	RANK	CASE NO.
	1st Lt.	

WAREHOUSE SPACE	EXAMINED BY	DIARY REMOVED
14 U	Jackson	PHOTO FILM REMOVED
	Miller	MOTION PICTURE FILM REMOVED

PACKAGE DESCRIPTION	WEIGHT	INSPECTED BY	SHIPPED DATE	BY WHOM
#1 Ctn	94	STORED BY	FEB 7 1946	JCK

ADDITIONAL REMARKS

REMOVALS (other than G. I.)	DAMAGES (List type of damage-extent)
	3 towels are slightly ~~mark~~ stained

SHORTAGES

U. S. GOV'T CHECK SHORT

NUMBER 877,053

DATE

SYMBOL

AMOUNT $3-9-5

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

Jackson
INVENTORY CLERK

Smart
SUPERVISOR

G. I. REMOVED

Box

RESTRICTED

INVENTORY FORM

6 April 1945

SUBJECT: Inventory of Personal Effects of:

CRANDELL	LEONARD	J.	1st Lt.	O-730197
(LAST NAME)	(FIRST NAME)	(MI)	(RANK)	(ASN)

TO: Effects Quartermaster, ~~Communications Zone~~ US, APO 407 US Army

The above named individual of 67th BOMB. SQ. (UNIT) 44th BOMB. GROUP (H) (ORGANIZATION)

was reported MISSING IN ACTION (STATUS (KIA, MIA, Hosp. etc.)) about 24 March (DATE) 1945

Designated Beneficiary if information readily accessible MRS. LAVERN (SHUMAKER) CRANDELL (WIFE)
317 Wilson Avenue,
Peoria, Illinois.

[redacted]

INVENTORY OF EFFECTS

1 ea. Knife, hunting				
1 eq. Bible	1 ea. Scarf	3 ea. Sewing Kit	1 ea. Garrison Cap, khaki	
7 ea. Pipe	6 ea. Ties	1 pr. Trousers, od	1 ea. Garrison Cap, green	
1 ea. Souvenir	7 ea. Towels	1 pr. Trousers, green	2 ea. Cover, cap	
2 pr. Wings	20 ea. Undershirt	2 pr. Trousers, pink	1 ea. Blouse, [illegible]	
1 ea. Form #5	14 ea. Handkerchief	1 pr. Trousers, gab.	1 pr. Shower slippers	
2 pr. Rubbers	1 ea. Jacket, field	2 pr. Trousers, khaki	1 ea. Award papers	
2 ea. Belt	1 ea. Bath robe	1 pr. Swim Trunks	2 ea. Fountain Pen	
13 pr. Drawers	1 ea. Jacket, battle	1 ea. Shirt, gab.	1 ea. Insignias, misc.	
3 pr. Pajamas	1 ea. Jacket, short	4 ea. Shirt, khaki	1 pkg. Photos w/folder	
26 pr. Socks	1 ea. Overcoat, field	2 ea. Shirt, green	1 pkg. Papers & Letters	
6 pr. Shoes	1 ea. Overcoat, short	1 pr. Gloves, leather	2 ea. Parachute silk	
2 pr. Slippers	1 pr. Tennis shoes	1 pr. Gym Trunks	1 ea. Drafting set	
1 ea. Sweater	2 ea. Service Cap		1 ea. Money belt	

Money in the amount of _____ has been turned into _____ (NAME OF FINANCE OFFICE AND SYMBOL NUMBER)

Form WDFD 38 enclosed.

US Official Check $677,083 Amount £3-2-8 Barclays Bank Limited, East Dereham, Norfolk
NAMES AND ADDRESSES OF ANY BANKS IN WHICH ACCOUNTS MAY BE CARRIED

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by delivering to Base Co, AAF 115, APO 558 (RAIL, TRUCK, ETC.) on 6 April 1945.

Karl T. Grube

Name KARL T. GRUBE

Rank & ASN Major, AC, O-387783

Organization 67th BOMB. SQ.
44th BOMB. GROUP (H)

Any additional pertinent information:
Inclosed is: 1-General Power of Attorney
7-$10.00 Bank Trav. Checks
Natl. Aty. Bk., N.Y.

AG ETO Form No. 26 RESTRICTED AGPO 12-44/300M/C126ABCD

C-0197E 239717 475246

LAUNDRY INVENTORY
ARMY EFFECTS BUREAU

C-0197E

	DRY CLEANING	Do not use		LAUNDRY	Do not use
	TROUSERS, WOOL	24	1	SHIRTS, WOOL	
	COAT, SERVICE, WOOL			TROUSERS, COTTON	
	OVERCOAT, LONG			TIE, COTTON	
	OVERCOAT, SHORT, WOOL		10	UNDERSHIRTS, COTTON 40	10
1	CAP, GARRISON 13	1		SHIRTS, DRESS, COTTON	
	CAP, SERVICE		3	DRAWERS, COTTON 12	5
	TIES, WOOL		1	SWEATSHIRTS, ~~COTTON~~ OR WOOL 12	1
	GLOVES, LEATHER OR WOOL		1	DRAWERS, WOOL 12	1
	SCARFS, SILK, RAYON, OR WOOL		1	SOCKS, COTTON, PR. 4	1
	SWEATERS		2	SOCKS, WOOL, PR. 12	2
	TRUNKS, SWIM		1	PAJAMA TOPS 12	1
	LEGGINGS		1	PAJAMA BOTTOMS 12	1
	BATHROBES			FATIGUES, 1 PC., COTTON	
	BED ROLL			FATIGUES, TOPS, COTTON	
	COMFORTER			FATIGUES, TROUSERS, COTTON	
1	wool jacket 50	1		FATIGUES, CAP	
				BELT, COTTON	
				TOWEL, HAND	
			2	TOWEL, BATH 8	2
			1	CLOTH, WASH 2	
				GLOVES, COTTON	
			1	JACKET, FIELD	1
	50			SUPPORTERS, ATHLETIC	
				HANDKERCHIEFS	
				SCARFS, COTTON	
				CASE, PILLOW	
				TRUNKS, GYM	
				SHEETS, COTTON	
				BAGS, BARRACKS	
	137			126	

TALLY NO. 6310 | ORIG. NO. OF PKGS. | EXAMINING DATE 11 June 46 | BOX NO. | SHEET ____ OF ____ SHEETS

NAME LEONARD JOHN CRANDELL | A.S.N. 8-720197

	CAP, SERVICE		3	DRAWERS, COTTON ~ ~	12	3
	TIES, WOOL		1	SWEATSHIRTS, ~~COTTON~~ OR WOOL ~ ~	12	1
	GLOVES, LEATHER OR WOOL		1	DRAWERS, WOOL ~ ~	12	1
	SCARFS, SILK, RAYON, OR WOOL		1	SOCKS, COTTON, PR. ~ ~	4	1
	SWEATERS		2	SOCKS, WOOL, PR. ~ ~	12	2
	TRUNKS, SWIM		1	PAJAMA TOPS ~ ~	12	1
	LEGGINGS		1	PAJAMA BOTTOMS ~ ~	12	1
	BATHROBES			FATIGUES, 1 PC., COTTON		
	BED ROLL			FATIGUES, TOPS, COTTON		
	COMFORTER			FATIGUES, TROUSERS, COTTON		
1	wool jacket ~ 50	1		FATIGUES, CAP		
				BELT, COTTON		
				TOWEL, HAND		
			2	TOWEL, BATH ~ ~	8	2
			1	CLOTH, WASH ~ ~	2	
				GLOVES, COTTON		
			1	JACKET, FIELD ~ ~		1
	50			SUPPORTERS, ATHLETIC		
				HANDKERCHIEFS		
				SCARFS, COTTON		
				CASE, PILLOW		
				TRUNKS, GYM		
				SHEETS, COTTON		
				BAGS, BARRACKS		
	137				126	

TALLY NO. 6310 | ORIG. NO. OF PKGS. | EXAMINING DATE 14 Jan 46 | BOX NO. | SHEET ____ OF ____ SHEETS

NAME LEONARD JOHN CRANDELL | A. S. N. 8-720197

ORGANIZATION | RANK 1st Lt. | CASE NO.

WAREHOUSE SPACE 570

EXAMINED BY

LISTED BY J. McDonell

CHECKED BY Smith

CHECKED AND PACKED BY

SUPERVISOR'S OK

LAUNDRY REMOVED FROM FOOTLOCKER

SHIPPED

DATE FEB 7 1946 | BY WHOM

PACKAGE DESCRIPTION | WEIGHT

EFF. QM FORM 11L (15 JUNE 45) 20M LARUE, E. C. 7-9-45

1945

MIF

MEMORANDUM

NO. WV—9937401

CAR INITIALS AND NO.

NAME OF INITIAL TRANSPORTATION COMPANY: UNIVERSAL CARLOADING & DISTRIBUTING CO., INC.

TRAFFIC CONTROL NOS.

STOP THIS CAR AT

FOR

RECEIVED BY THE TRANSPORTATION COMPANY NAMED ABOVE, SUBJECT TO CONDITIONS NAMED ON THE REVERSE HEREOF, THE PUBLIC PROPERTY HEREINAFTER DESCRIBED, IN APPARENT GOOD ORDER AND CONDITION (CONTENTS AND VALUE UNKNOWN), TO BE FORWARDED TO DESTINATION BY THE SAID COMPANY AND CONNECTING LINES, THERE TO BE DELIVERED IN LIKE GOOD ORDER AND CONDITION TO SAID CONSIGNEE.

†SIZE CAR IN FT. & INS. ORDERED	†SIZE CAR IN FT. & INS. FURNISHED	†MARKED CAPACITY OF CAR ORDERED	†MARKED CAPACITY OF CAR FURNISHED	†DATE CAR FURNISHED	DATE B/L ISSUED
					4 FEB. 194

FROM (SHIPPING POINT): KANSAS CITY, MISSOURI

FROM (FULL NAME OF SHIPPER): ARMY EFFECTS BUREAU, KANSAS CITY QM DEPOT

MARKS

CONSIGNEE

MRS. LAVERN R. CRADDELL
317 WILSON AVENUE

CHARGES TO BE BILLED TO (DEPARTMENT OR ESTABLISHMENT AND BUREAU OR SERVICE AND LOCATION) Finance Officer, U. S. Army, Washington, D. C.

DESTINATION: PEORIA, ILLINOIS

APPROPRIATION CHARGEABLE: 609-935 P 470-03 A 215/62409 S 99-999

VIA (ROUTE JOURNEY ONLY WHEN SOME SUBSTANTIAL INTEREST OF THE GOVERNMENT IS SUBSERVED THEREBY): UNIVERSAL

ISSUING OFFICE: KANSAS CITY QM DEPOT, K.C., MO.

CARRIER'S DELIVERY SERVICE REQUESTED

NAME AND TITLE OF ISSUING OFFICER: G. E. JOHNSTON, CAPT., T.C. — Transportation Officer

PICK-UP SERVICE AT ORIGIN WAS NOT (Insert "WAS" or "WAS NOT") BY THE GOVERNMENT OR ITS AGENT

INITIALS OF SHIPPER'S AUTHORIZED AGENT OR EMPLOYEE

† FURNISH THIS INFORMATION IN CASE OF CARLOAD SHIPMENTS ONLY.
*SHOW ALSO CUBIC MEASUREMENTS FOR SHIPMENTS VIA OCEAN CARRIER IN CASES WHERE REQUIRED.

PACKAGES NO.	PACKAGES KIND	DESCRIPTION OF ARTICLES (USE CARRIERS' CLASSIFICATION OR TARIFF DESCRIPTION IF POSSIBLE, OTHERWISE A CLEAR NONTECHNICAL DESCRIPTION)	NUMBERS ON PACKAGES	ACTUAL WEIGHTS*	
1	CT.	NON-MILITARY PERSONAL EFFECTS RELEASED VALUATION AT LOWEST RATE AUTHORITY FOR SHIPMENT: A.W. #112 AND W.D. CIRCULAR #85 16 MARCH 1945	473246	94	

CERTIFICATE OF ISSUING OFFICER

CONTRACT NO. OR PURCHASE ORDER NO. _____ DATED _____

OTHER AUTHORITY FOR SHIPMENT

O. B. POINT NAMED IN CONTRACT

SIGNATURE OF ISSUING OFFICER: FOR T.O.

NAME OF TRANSPORTATION COMPANY: UNIVERSAL CARLOADING & DISTRIBUTING CO., INC.

DATE OF RECEIPT OF SHIPMENT

SIGNATURE OF AGENT

PER

UNIVERSAL CARLOADING & DISTRIBUTING CO., INC. MEMORANDUM COPY

6

4752L6

RTB:VC:sb
September 7, 1945

REGISTERED MAIL:

Mrs. Lavern R. Crandell
317 Wilson Avenue
Peoria, Illinois

Dear Mrs. Crandell:

I am inclosing Bureau check in the amount of $14.00 representing funds received here belonging to your husband, First Lieutenant Leonard J. Crandell. Also inclosed are seven traveller's checks in the total amount of $70.00 and a Power of Attorney executed by your husband.

No other property belonging to him has been received at the Army Effects Bureau to date.

Our action in transmitting funds 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.

Money ordinarily is sent from overseas by mail in advance of other effects; therefore, it is probable that additional belongings of decedent will reach this Bureau at a later date. As it is intended to forward any such property to you promptly upon receipt here, I ask that you please notify this Bureau if there is a change in your address within the next few months.

I wish to express my sympathy in the loss of your husband.

Yours very truly,

A. G. SCHUMACHER
1st Lt., QMC
Chief, Accounting Branch

9 Incls--
Check
7 Traveller's checks
Power of Attorney

ORDER FOR SHIPMENT

SHIP TO: Lavern R. Crandell

Effects of:
Name 1st Lt. Leonard J. Crandell

ASN 0-720197

Case No 475246 D

Wt.

DATE 7 September 1945
RTB:VC:sb

FOR:
Quartermaster

REMARKS:

X Inclose Bureau Check
Acct. No. 139988
Amount $14.00 M.O.
X Inclose "Valuables" item
Ship "Valuables" item(s)

Re...
X Note...
Fi...
Di...
La...
...ary in ASN

ROUTING:

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

hmc

September 12 4...

Lavern R. Crandell

VALUABLES S...

DATE 9/14

BY

14.00

Fourteen and No/100

REMARKS

Fran...
Est. ...
Est. ...
No. of ...

Eff. QM Form 14 (26 Dec 44)

...ing Clerk

ARMY EFFECTS BUREAU
ACCOUNTING INVENTORY

CASE NO. 475246

TYPED BY bb

DATE 7/20-45

STATUS MIA

NAME Leonard J Crandell

A.S.N. O-7920197

RANK 1st Lt

ORGANIZATION -

CONSIGNOR Q-114

AMOUNT 14.00 PAID-Check No. 1411542

ACCOUNT NO. 139988 Le

LIST NO. UK 523

CHECK DESCRIPTION:
INCLUDED IN ONE U.S. TREASURER'S CHECK
NEGOTIABLE BY EQM

#

DATED

SYMBOL

AMOUNT

REMARKS:

Eff. QM Form 11A (17 July 45)

475246

37733

WEM/asm

12th April

1st Lt. Leonard J. Crandell O-720157.
67th Bomb Sq. ~~448th Bomb Gp.~~

MIA

24th March

B

1-7. National City Bank of New York, Travellers cheques Nos E636-273 through to E636-279 for $10.00 each, being a total amount of $70.00 in favour of Leonard J. Crandell.

8. General Power of Attorney.

Army Effects Bureau, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri

VALUABLES SHIPPED

DATE 9/14/45

BY M L

Receipt acknowledged.
APR 24 1945

For The Effects Quartermaster:

INVENTORY

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 24 August 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Lavern R. Crandell for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Lavern R. Crandell (Name of person found entitled) of 317 Wilson Avenue (Number, Street or Avenue), Peoria (City, Town or Village) State of Illinois, is the Widow (Relationship or Capacity) of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Col., QMC
(Name, Rank, Organization)
SUMMARY COURT MARTIAL

Eff. QM Form 75

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

JRM:VC:sb
Case No. 475246

Date 7 September 1945

SUBJECT: Report of transactions in disposing of the effects of

Leonard J. Crandell (Name of deceased), 0-720197 (Army Serial Number) late a.

First Lieutenant (Grade), Air Corps (Organization, Army or Service), who died

on the 24 day of March, 19 45, at European Area

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

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

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 24 August 1945, pursuant to Special Orders 228, Headquarters, KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Lavern R. Crandell for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Lavern R. Crandell (Name of person found entitled) of

317 Wilson Avenue (Number, Street or Avenue), Peoria (City, Town or Village), State of Illinois, is the Widow (Relationship or Capacity) of the

above-named decedent and appears to be entitled to [illegible]