

2nd LT Bernard L. Knudson

392B6, 576th BS

KIA 3-24-45 'Varsity'



 **COPY**

# INDIVIDUAL DECEASED PERSONAL FILE

BEST COPY POSSIBLE  
POOR QUALITY ORIGINAL

WESTERN  
UNION

## RECEIPT OF REMAINS

DELIVER AND REPORT  
ANY CHARGES

DISTRIBUTION CENTER

AGR DIV., CHICAGO ON DEPOT  
1819 N. PERSHING RD., CHICAGO 9 ILL. ROUTINE

DAY LETTER

## REMAINS CONSIGNED TO:

BEAMAN &amp; PALMER FUN'L DIRECTOR

FULLERTON, NEBRASKA

REMAINS OF THE LATE 2ND LT. BERNARD L. KNUDSON SN: 02072357 *B*

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 79

UP RR

DUE TO ARRIVE FULLERTON, NEBR., 1:08 PM (CST) TUESDAY 17 MAY 1949.

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS

TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 21980.

THOS. O. CALL  
MAJOR, QMC

FILE

15 JUN 1949

INFORMATION  
BRANCH  
MEM. DIV.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased  
this 17 day of May, 1949  
(Day) (Month)

*Wm. H. Borch*  
(Witness (Escort))

*Beaman & Palmer*  
(Consignee)  
*by John Beaman*

## DISINTERMENT DIRECTIVE

|                                                                                                                                                                      |           |                                                     |                    |                                                                                        |  |                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|--------------------|----------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|
| 1                                                                                                                                                                    |           | SECTION A —<br>NAME AND BURIAL LOCATION OF DECEASED |                    | DIRECTIVE NUMBER<br>4650 08921                                                         |  | DATE<br>15 06 48<br>DAY MONTH YEAR                        |  |
|                                                                                                                                                                      |           | NAME<br>KNUDSON BERNARD L                           |                    | SERIAL NUMBER<br>02072357                                                              |  | RANK<br>2 LT                                              |  |
| CEMETERY<br>MARGRATEN - AACHEN                                                                                                                                       |           | ARM<br>1                                            |                    | DATE OF DEATH<br>DAY MONTH YEAR<br>15 06 48                                            |  | DISPOSITION OF REMAINS<br>7600 7621 209<br>CODE DIST. PT. |  |
| PLOT<br>V                                                                                                                                                            | ROW<br>12 | GRAVE<br>299                                        | COUNTRY<br>HOLLAND |                                                                                        |  | CAUSE OF DEATH<br>1                                       |  |
| SECTION B — CONSIGNEE AND NEXT OF KIN                                                                                                                                |           |                                                     |                    |                                                                                        |  |                                                           |  |
| NAME AND ADDRESS OF CONSIGNEE<br>FORT MC PHERSON NATIONAL CEMETERY<br>MAXWELL, NEBRASKA<br><i>Beaman &amp; Palmer Fun. Dir.<br/>Fullerton, Ill.<br/>Port. Burial</i> |           |                                                     |                    | NAME AND ADDRESS OF NEXT OF KIN<br>MRS. ALFRED J. LARSEN (MOTHER)<br>WOLBACH, NEBRASKA |  |                                                           |  |
| SECTION C — DISINTERMENT AND IDENTIFICATION                                                                                                                          |           |                                                     |                    |                                                                                        |  |                                                           |  |
| NAME                                                                                                                                                                 |           | SERIAL NUMBER                                       |                    | RANK                                                                                   |  | DATE OF DEATH                                             |  |
| IDENTIFICATION TAG ON<br><input type="checkbox"/> REMAINS<br><input type="checkbox"/> MARKER                                                                         |           | ORGANIZATION<br>USAAF                               |                    | RELIGION                                                                               |  | IDENTIFICATION VERIFIED BY<br>NAME AND TITLE              |  |
| SECTION D — PREPARATION OF REMAINS FOR SHIPMENT                                                                                                                      |           |                                                     |                    |                                                                                        |  |                                                           |  |
| NATURE OF BURIAL                                                                                                                                                     |           |                                                     |                    | CONDITION OF REMAINS                                                                   |  |                                                           |  |
| OTHER MEANS OF IDENTIFICATION<br><br><b>SEE ATTACHED SHEET</b>                                                                                                       |           |                                                     |                    |                                                                                        |  |                                                           |  |
| MINOR DISCREPANCIES, I                                                                                                                                               |           |                                                     |                    |                                                                                        |  |                                                           |  |
| 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 GRS INSPECTOR                                                                                                                                           |           |                                                     |                    |                                                                                        |  |                                                           |  |
| 1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.                                                                                                 |           |                                                     |                    |                                                                                        |  |                                                           |  |

# 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 |

| PLOT ROW GRAVE                                                                                                                                                                                                                                                                                                               |         | INSPECTION CHECKLIST                                                                                                               |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|---------------------------------|------------------------|--|--|-----------------------------------------------------|--------------------------------------------------|--|--|
| NAME<br><b>KNUDSON, BERNARD L.</b>                                                                                                                                                                                                                                                                                           |         | RANK<br><b>2 LT.</b>                                                                                                               | SERIAL NO.<br><b>02072357</b> | ARM OR SERVICE<br><b>AAF</b>          |                                 |                        |  |  |                                                     |                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                              |         | RACE<br><b>WHITE</b>                                                                                                               | RELIGION<br><b>PROT.</b>      | DIRECTIVE NO.<br><b>4650 08921 NY</b> |                                 |                        |  |  |                                                     |                                                  |  |  |
| CONSIGNEE AND ADDRESS<br><br><b>FORT MC PHERSON NATIONAL CEMETERY<br/>MAXWELL, NEBRASKA</b>                                                                                                                                                                                                                                  |         | NEXT-OF-KIN ADDRESS<br><br><b>MRS. ALFRED J. LARSEN (MOTHER)<br/>WOLBACH, NEBRASKA</b>                                             |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| SHIPPING CASE - General Appearance<br>(Check ONLY Discrepancies)                                                                                                                                                                                                                                                             |         | CONDITION OF SHIPPING CASE (Check One)<br><input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>FINISH (Exterior)</td></tr> <tr><td>FINISH (Interior)</td></tr> <tr><td>HANDLES <b>RAIL</b></td></tr> <tr><td>HANDLE BOLTS</td></tr> <tr><td>STENCILING - NAMEPLATE</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> |         | FINISH (Exterior)                                                                                                                  | FINISH (Interior)             | HANDLES <b>RAIL</b>                   | HANDLE BOLTS                    | STENCILING - NAMEPLATE |  |  |                                                     | REMARKS:<br><i>Serial change</i><br><i>OK AB</i> |  |  |
| FINISH (Exterior)                                                                                                                                                                                                                                                                                                            |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| FINISH (Interior)                                                                                                                                                                                                                                                                                                            |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| HANDLES <b>RAIL</b>                                                                                                                                                                                                                                                                                                          |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| HANDLE BOLTS                                                                                                                                                                                                                                                                                                                 |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| STENCILING - NAMEPLATE                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| INSPECTED BY:                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| CASKET - General Appearance<br>(Check ONLY Discrepancies)                                                                                                                                                                                                                                                                    |         | CONDITION OF CASKET (Check One)<br><input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY        |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>FINISH (Exterior)</td></tr> <tr><td>HANDLES AND FASTENINGS</td></tr> <tr><td>STENCILING - NAMEPLATE</td></tr> <tr><td>CAM LOCKS (Sealing)</td></tr> <tr><td>ODOR OR MOISTURE</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>            |         | FINISH (Exterior)                                                                                                                  | HANDLES AND FASTENINGS        | STENCILING - NAMEPLATE                | CAM LOCKS (Sealing)             | ODOR OR MOISTURE       |  |  | REMARKS:<br><br><br>INSPECTED BY: <i>F. Palacke</i> |                                                  |  |  |
| FINISH (Exterior)                                                                                                                                                                                                                                                                                                            |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| HANDLES AND FASTENINGS                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| STENCILING - NAMEPLATE                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| CAM LOCKS (Sealing)                                                                                                                                                                                                                                                                                                          |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| ODOR OR MOISTURE                                                                                                                                                                                                                                                                                                             |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| INSPECTED BY:                                                                                                                                                                                                                                                                                                                |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| ROUTED THROUGH                                                                                                                                                                                                                                                                                                               |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| <input type="checkbox"/> MORTUARY OPERATING ROOM                                                                                                                                                                                                                                                                             |         | <input type="checkbox"/> MORTUARY REPAIR SHOP                                                                                      |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| CONDITION OF REMAINS<br><input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY                                                                                                                                                                                                                        |         | CASKET REPAIR<br><input type="checkbox"/>                                                                                          |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| NECESSARY DISINFECTION (Explain)                                                                                                                                                                                                                                                                                             |         | CASKET EXCHANGED<br><input type="checkbox"/>                                                                                       |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                              |         | SHIPPING CASE REPAIRED<br><input type="checkbox"/>                                                                                 |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                              |         | SHIPPING CASE EXCHANGED<br><input type="checkbox"/>                                                                                |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                              |         | REMARKS:                                                                                                                           |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |
| TIME                                                                                                                                                                                                                                                                                                                         | DATE    | SIGNATURE OF MORTICIAN                                                                                                             | TIME                          | DATE                                  | SIGNATURE OF INSPECTING OFFICER |                        |  |  |                                                     |                                                  |  |  |
| STORAGE LOCATION                                                                                                                                                                                                                                                                                                             |         |                                                                                                                                    | PASS. LIST NO.                | CONTROL NUMBER                        |                                 |                        |  |  |                                                     |                                                  |  |  |
| FLOOR                                                                                                                                                                                                                                                                                                                        | SECTION | BAY                                                                                                                                | STORAGE NUMBER <b>1237</b>    | <b>020</b>                            | <b>MC-21980</b>                 |                        |  |  |                                                     |                                                  |  |  |
| STAMP INCOMING OR OUTGOING                                                                                                                                                                                                                                                                                                   |         |                                                                                                                                    |                               |                                       |                                 |                        |  |  |                                                     |                                                  |  |  |

HEADQUARTERS  
CHICAGO QUARTERMASTER DEPOT  
OFFICE OF THE COMMANDING OFFICER  
1819 WEST PERSHING ROAD  
CHICAGO 9, ILLINOIS

IN REPLY REFER TO:

CMIC-30 235

CMO/djh  
22 March 1949

SUBJECT: Cancellation of Burial in National Cemetery

TO: Superintendent

Fort Mc Pherson National Cemetery  
Maxwell, Nebraska

1. Request you disregard information previously furnished regarding  
final burial of

|       |                    |            |             |
|-------|--------------------|------------|-------------|
| 2 Lt. | Bernard L. Knudson | 02072357   | NC-21980    |
| Grade | Name               | Serial No. | Control No. |

in your national cemetery. The next of kin has now requested this distri-  
bution center to forward the remains to a funeral director for final burial  
in a private cemetery.

FOR THE COMMANDING OFFICER:

G. M. ODENWALDER  
Captain, Q.M.C.  
Chief, Admin. Br.  
AGR Division

AGN DIV., CHICAGO QUARTERMASTER DEPOT  
1819 W. PERSHING RD., CHICAGO 9, ILL.

WESTERN UNION  
DAY LETTER

DELIVER AND REPORT ANY CHARGES

MRS. ALFRED J. LARSEN

WOLBACH, NEBRASKA

WE HAVE BEEN ADVISED THAT REMAINS OF THE LATE **2 LT BERNARD L. KNUDSON**

ARE ENROUTE TO THE UNITED STATES

OUR RECORDS INDICATE YOU WISH REMAINS INTERRED IN **FORT MC PHERSON NATIONAL CEMETERY**  
**MAXWELL, NEBRASKA**

PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS WITHIN 48 HOURS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS, INCLUDING FULL NAME OF DECEASED AND YOUR CORRECT ADDRESS. YOUR REQUEST FOR CHANGE IN DELIVERY INSTRUCTIONS AFTER 48 HOURS HAVE ELAPSED CANNOT BE COMPLIED WITH AT GOVERNMENT EXPENSE. FINAL INTERMENT WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIVED HOWEVER MANY FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS TO NATIONAL CEMETERY FOR SEVERAL WEEKS. NATIONAL CEMETERY SUPERINTENDENT WILL NOTIFY YOU BY TELEGRAM OF DATE AND HOUR FUNERAL SERVICES WILL BE HELD IN SUFFICIENT TIME TO PERMIT YOUR ATTENDANCE AT YOUR OWN EXPENSE. APPROPRIATE JOINT MILITARY AND RELIGIOUS SERVICES WILL BE PROVIDED AT GRAVESIDE BY VETERANS ORGANIZATIONS OR MILITARY OR NAVAL PERSONNEL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. INTERMENT EXPENSE ALLOWANCE OF \$75.00 IS NOT AUTHORIZED IN ANY CASE WHERE BURIAL IS MADE IN A NATIONAL CEMETERY. IN REPLY REFER TO CONTROL NO. **NC-21980**

Th. E. C. C.  
Major, QMC  
Chief,

A. E. R. D.

MAR 9 1949

C. M. WALDER  
Captain, QMC  
Chief, Admin. Br.

# REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

1. DATE

May 25, 1949

2. NAME OF DECEDENT (Last, First, Middle Initial)

243 KNUDSON, BERNARD L.

3. BRANCH OF SERVICE

AAF

6. A. ☒ INTERMENT EXPENSES  
(Civilian or Private Cemetery)

B. ☐ TRANSPORTATION EXPENSES  
(National or Post Cemetery)

4. RANK OR GRADE

2 LT

5. SERIAL NO.

02072357

7. ☒ IF WORLD WAR II DECEASED, CHECK BOX.  
☐ CURRENT DECEASED, ENTER DATE OF DEATH.

## INSTRUCTIONS TO INITIATING INSTALLATION

Fill in items 1 through 7 and item 10.

Cross out item 8 or item 9, whichever is not applicable.

Stamp "Ribbon" copy "ORIGINAL."

Stamp carbon copies "COPY."

FORWARD COPY

TO OFFICE OF

ARTERMASTER GENERAL, WASHINGTON 25, D. C.

ATTN: HDQRS., A. B. R. S.

## INSTRUCTIONS TO PERSONS SIGNING THIS FORM

This form is to be signed by the claimant and NOT by the funeral director.

Complete the original and three copies.

SIGN ORIGINAL ONLY.

CLAIM VALID-REPATRIATION JUN 2 1949

8. FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ 75.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: of cemetery Fullerton Cemetery

CITY OR COUNTY: Nance

STATE: Nebraska

9. FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

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

10. RETURN THE ORIGINAL AND THREE COPIES TO:

COMMANDING OFFICER  
CHICAGO QUARTERMASTER DEPOT  
18-19 WEST PERSHING ROAD  
CHICAGO 9, ILLINOIS  
ATTN: AGR DIVISION

11. SIGNATURE OF CLAIMANT

MRS. ALFRED J. LARSEN

12. ADDRESS (Street number or RFD, City and State)

WOLBACH, NEBRASKA

13. RELATIONSHIP TO DECEDENT

MOTHER

REMARKS:

201159

PAID ON  
MONEY ACCOUNTS OF E. G. DOYEL  
LT. COL. F. D., Symbol Number 210-587  
CHICAGO, ILL. JUN 20 1949

(DO NOT SIGN THIS)

COPY

HEADQUARTERS  
CHICAGO QUARTERMASTER DEPOT  
OFFICE OF THE COMMANDING OFFICER  
1819 WEST PERSHING ROAD  
CHICAGO 9, ILLINOIS

IN REPLY REFER TO:

CMO/djh  
22 March 1949

QMDIG-UC 205

SUBJECT: Change in Delivery Instructions and Final Interment

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTN: Memorial Division

1. Reference is made to DD 4650 08921 pertaining to remains of <sup>2</sup> Lt. Bernard L. Knudson shipment number NY-026.
2. The original instructions provided for burial in the Fort  
Mc Pherson National Cemetery. The next of kin has now requested this distribution center to deliver the remains referred to above to Beaman & Palmer Funeral Directors, Fullerton, Nebraska for final interment in a private cemetery.
3. The superintendent of the national cemetery has been advised of this cancellation.

FOR THE COMMANDING OFFICER:

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

ATTENTION: MEMORIAL DIVISION

*O. M. Odenwalder*  
O. M. ODENWALDER  
Captain, QMC  
Chief, Admin. Br.  
ACM Division

*Not  
file  
copy  
in  
Rept*

## REQUEST FOR DISPOSITION OF REMAINS

L 5/12/48

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

DATE:

2nd Lt Bernard L. Knudson, O-2 072 357  
 Plot V, Row 12, Grave 299,  
 United States Military Cemetery  
 Margraten, Holland

28 November 1947

|   |  |   |  |
|---|--|---|--|
| A |  | C |  |
| B |  | D |  |

DO NOT WRITE ABOVE THIS LINE

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

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

## PART I

I, Mrs. Alfred J. Larsen

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

- ☐ WIDOW ☐ WIDOWER ☐ SON OVER 21 YEARS OLD ☐ DAUGHTER OVER 21 YEARS OLD
- ☐ FATHER ☒ MOTHER ☐ BROTHER OVER 21 YEARS OLD ☐ SISTER OVER 21 YEARS OLD
- ☐ RELATIONSHIP OTHER THAN ABOVE (Specify) \_\_\_\_\_

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

- ☐ 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- ☐ 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

- ☐ 3. BE RETURNED TO \_\_\_\_\_ THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A

(FOREIGN COUNTRY)

PRIVATE CEMETERY LOCATED AT \_\_\_\_\_

(LOCATION OF CEMETERY SELECTED)

- ☒ 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_

Fort McPherson, Georgia

(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.)

not sent None 9/22  
 08921 - 097621  
 letter from father dated 29 July  
 states mother legal next of kin

Chg to Miss William 6/23/48

DDPROC 11/29/48 AB

Coded a. 2 Jones

6-21-48 9-23-48

OQMG FORM 345 MILITARY

14 NOV 1946

16-50411-1

81 MAY 1948

PAGE

Perryman

# **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.)

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 REMAINS.

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

*Mrs. Alfred J. Larsen*  
(SIGNATURE OF NEXT OF KIN)

Mrs. Alfred J. Larsen  
(NAME PRINTED OR TYPED)

(STREET AND NUMBER)

Wolbach, Nebraska  
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 7th day of May,

1948, at city (or town) of Wolbach, county of Greeley, and State (or Territory or District) of Nebraska.

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

*J. H. Wilson*  
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

Notary Public  
(OFFICIAL TITLE)

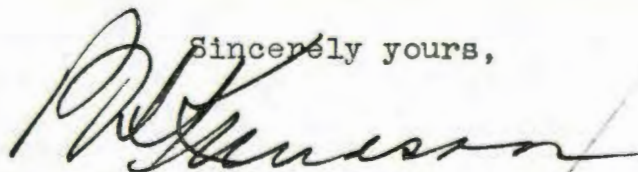
Twenty-eight Ten Cable Avenue July 29th. 1948. Lincoln 2, Nebraska

The Quartermaster General,  
Washington 25, D.C.

QMGMF 293  
293 Knudson, Bernard L., SN 02 072 357  
Plot V, Row 12, Grave 299  
USMC Margraten, Holland.

In reply to your letter of the 27th. Inst., regarding the above captioned case this is to advise that my former wife, Mrs. Alfred J. Larsen, Wolbach, Nebraska, should be legally recognized as the next of kin having the right to direct the final disposition of the remains of my son. Even if there is or could be I hereby relinquish any rights regarding this matter.

Sincerely yours,



Bernard L. Knudson.

345 acc 11 May 48  
711th Apr 4.



NAN  
12011g 48  
Jann (Jan 13)  
Cape

Baker

27 July 1948

Dear Mr. Knudson:

Upon request, your former wife, Mrs. Alfred J. Larson has submitted a certified copy of the divorce decree whereby she was awarded the custody of your son.

Your cooperation and promptness in forwarding the requested document to our office will be greatly appreciated.

12 21 PM '48  
JUL 27  
O Q M G BRANCH  
MAIL & RECORDS

A circular postmark from Tunis. The outer ring contains the word 'TUNIS' at the top and numbers 1 through 12 around the perimeter. The center contains the text 'TUNIS' in large letters, 'JUL 25 1878' in the middle, and 'NEW DIA' and 'LIVRY COURTES DE' on the right side.

**JFS**

## CORRESPONDENCE ACTION SHEET

|                                                 |  |                                |               |       |
|-------------------------------------------------|--|--------------------------------|---------------|-------|
| NAME OF DECEDENT (Last, First, Middle)          |  | GRADE                          | SERIAL NUMBER |       |
| KNUDSON, BERNARD L.                             |  | 2/LT                           | 02 072 357    |       |
| PREVIOUS BURIAL LOCATION (Cemetery and Country) |  | PLOT                           | ROW           | GRAVE |
| PRESENT BURIAL LOCATION (Cemetery and Country)  |  | PLOT                           | ROW           | GRAVE |
| USMC MARGRATEN, HOLLAND                         |  | V                              | 12            | 299   |
| ADDRESSEE                                       |  | ADDRESS (Street, City, State). |               |       |
| MR. ALFRED J. LARSEN                            |  | WOLBACH, NEBR                  |               |       |
| MRS. <i>Mother</i>                              |  |                                |               |       |
| RELATIONSHIP                                    |  |                                |               |       |

PARAGRAPHS  
(Sequence)

ADDITIONAL DATA — MODIFICATIONS

We have received the "Request for Disposition of Remains" form and a certified copy of the divorce decree ~~in regard~~ *pertaining* to the remains of your son, ~~the late~~ the late

It is the ~~opinion~~ *opinion* of our legal advisors that the certified copy of the divorce decree is ~~sufficient~~ sufficient to establish you as the legal next of kin of your ~~late~~ son. However, it has been noted that the portion of the decree which awards custody of your son can at any subsequent time be amended by the courts of any state having competent jurisdiction of the parties concerned.

Therefore, a letter has been sent to your son's father for submission of documentary evidence which may indicate that the above mentioned divorce decree has been amended or modified.

In the event that your ~~son~~ former husband does not furnish us with the requested documentary evidence, official action will be initiated to comply with your expressed desire to have the remains of your son returned to the United States for final interment in the Fort McPherson National Cemetery, Maxwell, Nebraska.

Please rest assured that we ~~shall~~ *will* assist you in every possible manner.

Mr. Bernard L. Knudson (father)  
2810 Cable Street  
Lincoln, Nebraska

142-C Par 1 -  
Par 2 - wife, Mrs. ALFRED J. LARSEN,  
Par 3 -

166-K cc: Mr. Arrowood

ANALYST INITIALS AND DATE

Knudson 7-23-48

TYPIST INITIALS

REVIEWER INITIALS AND DATE

QUART 293

Knudson, Bernard L., SN 02 072 357

Plot V, Row 12, Grave 299

USMC Margraten, Holland

27 July 1948

Mrs. Alfred J. Larsen  
Wolbach, Nebraska

Dear Mrs. Larsen:

We have received the "Request for Disposition of Remains" form and a certified copy of the divorce decree pertaining to the remains of your son, the late Second Lieutenant Bernard L. Knudson.

It is the opinion of our legal advisors that the certified copy of the divorce decree is sufficient to establish you as the legal next of kin of your son. However, it has been noted that the portion of the decree which awards custody of your son can at any subsequent time be amended by the courts of any state having competent jurisdiction of the parties concerned.

Therefore, a letter has been sent to your son's father for submission of documentary evidence which may indicate that the above mentioned divorce decree has been amended or modified.

In the event that your former husband does not furnish us with the requested documentary evidence, official action will be initiated to comply with your expressed desire to have the remains of your son returned to the United States for final interment in the Fort McPherson National Cemetery, Maxwell, Nebraska.

Please rest assured that we will assist you in every possible manner.

Sincerely yours,

JAMES F. SMITH  
Major, GSC  
Memorial Division



JUL 27 12 21 PM '48

MAIL & RECORDS BRANCH  
la

JFS  
ph

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

| 1<br>NO. | 2<br>FROM—                                      | 3<br>TO—                                           | 4<br>DATE        | 5<br>MESSAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------|-------------------------------------------------|----------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3        | Office<br>of the<br>General<br>Counsel          | NOK SEC<br>FC BR<br>MEM DIV<br>Miss<br>Williams    | 8 - JUL 1946     | <p>QMGEG 293 Knudson, Bernard L. - Legal Next of Kin.</p> <p>1. It is the opinion of this office that the attached document purporting to be a decree of divorce of the District Court of Nance County, Nebraska, dated 26 January 1934 and certified a true copy by a notary public of Hall County, Nebraska, is sufficient evidence to establish that the decedent's parents were divorced and that at that time custody of the decedent was given to his mother.</p> <p>2. It should be noted that the portion of the decree which awards custody of the issue of the marriage can at any subsequent time be amended by the courts of any state having competent jurisdiction of the parties concerned.</p> <p>3. Recommend, therefore, that a letter be sent to the decedent's father advising of the submission of subject documentary evidence and that unless the Department of the Army is furnished with the decree of a court of competent jurisdiction indicating that the aforesaid decree of divorce has been modified or amended or a court order establishing his prior right to dispose of decedent's remains, the decedent's mother will be considered next of kin for this purpose.</p> <p>Incl: File as above<br/>lo</p> <p><i>Drape</i><br/>for COMPTON<br/>4293</p> <p>WR<br/>Renehan<br/>74716</p> <p>BED</p> <p>RML</p> |
| 4        | NOK Sec<br>FC Br<br>Mem Div<br>Miss<br>Williams | Acc. Sec<br>EC Br<br>Mem Div<br>APTN:<br>Mrs. Cage | 12<br>July<br>48 | <p>For necessary action. Mother, Mrs. Alfred J. Larsen, Wolbach, Nebraska, may be shown on records as next of kin, but 345 from her should not be accepted until letter has been sent to father and he has had an opportunity to reply.</p> <p>3 Incls:<br/>1. OQMG Form 345<br/>2. Ltr dtd 7 June 48 w/decreed<br/>3. 293 File of Knudson, Bernard L.<br/>SN 02 072 357</p> <p>THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE</p> <p><i>Williams</i><br/>WILLIAMS<br/>5775</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

| 1<br>NO. | 2<br>FROM-                                       | 3<br>TO-                                        | 4<br>DATE        | 5<br>MESSAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------|--------------------------------------------------|-------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1        | Family<br>Corres<br>Branch<br>Fam Ltr<br>Section | Miss<br>Williams<br>F. N.                       | 11 June 48       | <p>Forwarded for adequacy of document and decision as to the person authorized to direct disposition of decedent's remains.</p> <p>3 Incls:<br/>293: Knudson, Bernard L.,<br/>SN 0-2 072 357</p> <p>Ltr dtd 7 June 48</p> <p>Divorce decree</p> <p><i>COOMBS</i><br/>5072</p>                                                                                                                                                                                                                                                      |
| 2        | NOK Sec<br>FC Br<br>Mem Div<br>Miss<br>Williams  | The<br>General<br>Counsel<br>QMG<br>2849 B Bldg | 23<br>June<br>48 | <p>1. Attached is 293 file of Bernard L. Knudson, 02072357, with letter of mother, inclosing copy of divorce decree and OQMG Form 345 completed by the mother.</p> <p>2. Information is desired as to whether the divorce decree is sufficient to establish that custody of decedent was awarded to his mother.</p> <p>3 Incls:<br/>1. OQMG Form 345<br/>2. Ltr dtd 7 June 48 w/divorce<br/>3. 293 File of Knudson, Bernard L.<br/>SN 02 072 357, Margraten, V-12-299</p> <p><i>Williams</i><br/>WILLIAMS<br/>5775</p> <p>2415</p> |

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

2415-01/11. Received by Knudson 0-2072357

Walbach, Nebraska  
June 7-1948

The Quartermaster General:  
Washington, D.C.

Dear Sir:

In reply to your letter of  
June 3. I am enclosing a  
notarized copy of the divorce  
decree which you requested.

My son's natural father is  
living at Lincoln, Nebraska, street  
name and number is 2810 Cable.

I hope this is the information  
which you need for your records.

Mr. Larsen and I were married  
on Nov. 26, 1941.

Yours  
Mrs Alfred J Larsen



243 Mrs. Larsen, Walbach, Nebraska  
JUN 10 1948  
0207255-1

In the District Court of Nance County  
Nebraska.

Ruby F. Knudson,

Plaintiff,

vs.

Bernard L. Knudson,

Defendant.

D E C R E E .

Now on this 26th day of January, 1934, the same being one of the days of the adjourned November 1933 term of said Court, this cause came on for hearing before the Court, the plaintiff being present in court and represented by her attorneys, Thompson & Thompson, and the defendant failing to appear, answer or plead, and no one appearing for him is in default, and default is hereby entered against said defendant; the court finds generally for the plaintiff and against the defendant.

This matter coming on further to be heard upon the pleadings and the evidence, the court finds that the plaintiff filed her petition in said court on the 13th day of October 1933; and due and legal service was had on the defendant Bernard L. Knudson, to-wit: person service on October 13th, 1933.

The court further finds that the plaintiff and defendant were married at Fullerton, Nebraska, on the 24th day of August, 1918; that plaintiff is a resident of Nance County,

193- 1/14. Defendant's motion for judgment of default granted. J. H. O. - 20-7-257

Nebraska. That the only issue of said marriage is a son Bernard L. Knudson Jr.

The Court further finds, upon the evidence adduced, that the defendant has been guilty of extreme cruelty toward the plaintiff as alleged in her petition; that the plaintiff is entitled to a divorce from said defendant as prayed for in her petition.

The court further finds that the plaintiff is entitled to have the absolute and exclusive custody, care, education and control of said child Bernard L. Knudson, Jr.

The Court further finds that the defendant should contribute towards the support of his son Bernard L. Knudson Jr., the sum of \$15.00 per month, said amount to be paid to the plaintiff.

It is therefore ordered, adjudged and decreed by the Court that the marriage relation heretofore existing and now existing between said plaintiff and defendant be, and the same hereby is dissolved, set aside and wholly annulled, and that said plaintiff is hereby granted a divorce from the defendant, and that the plaintiff be and hereby is awarded the exclusive, custody, care, education and control of said child Bernard L. Knudson, Jr.; subject to the right of the defendant to visit said child at all reasonable times upon receiving consent of the plaintiff; that the plaintiff have and recover from the defendant the sum of \$15.00 per

343 - 2/14. Bernard L. Knudson Jr. 0-2072357

month as maintenance and support for said child Bernard L. Knudson, Jr., said sum of money to be paid to the clerk of this court on the first day of each month, commencing February 1st, 1934, and that defendant pay the costs of this action, including an attorneys fee to Thompson & Thompson, attorneys for the plaintiff in the sum of \$50.00.

BY THE COURT.

/s/ Louis Lightner  
JUDGE.

A TRUE COPY:

Dorothy M. Wilcox  
DOROTHY M. WILCOX  
Notary

293-2/15 Deceased Knudson, Jr. 0-2072357

Walbach, Nebraska

May 24 - 1948

The Quartermaster General  
Washington, D.C.

Dear Sir:

In reply to your letter of  
May 20 - 1948. The Alfred J. Larsen  
did not legally adopt my son.  
My son was left in my custody  
when a small child. I remarried  
just a few years ago.

The Army Air Force officer who  
helped me complete all papers at  
the time I received notice of my  
son's death took photostatic  
copies of all our papers and  
I supposed, filed them.

My son named me as his  
next-of-kin in all his records.

Yours

Mrs Alfred J. Larsen

Knudson, Bernard L. 02 072 357  
Plot V, Row 12, Grave 299  
USMC Margraten, Holland

Mrs. Alfred J. Larsen  
Wolbach, Nebraska

Your letter pertaining to the remains of your son, the late Second Lieutenant Bernard L. Knudson, has come to my attention.

If you were awarded custody of your son, or if his father relinquishes his potential disposition right to you, you may be authorized the right to direct the final disposition of the remains of your son, provided documentary evidence supporting your contention is submitted to the Department of the Army.

Your cooperation and promptness in forwarding the requested document to our office will be greatly appreciated.

RICHARD  
 Major,  
 Memorial



2 Incls:  
1. Info Slip  
2. Envelope

0.0.41.13.  
RECORDS BRANCH:



# CORRESPONDENCE ACTION SHEET

|                                                 |  |                                |  |               |       |
|-------------------------------------------------|--|--------------------------------|--|---------------|-------|
| NAME OF DECEDENT (Last, First, Middle)          |  | GRADE                          |  | SERIAL NUMBER |       |
| Knudson, Bernard L.                             |  | 2/L1                           |  | 0-2072357     |       |
| PREVIOUS BURIAL LOCATION (Cemetery and Country) |  | PLOT                           |  | ROW           | GRAVE |
|                                                 |  |                                |  |               |       |
| PRESENT BURIAL LOCATION (Cemetery and Country)  |  | PLOT                           |  | ROW           | GRAVE |
| USMC Magnaten, Holland                          |  | V                              |  | 12            | 299   |
| ADDRESSEE                                       |  | ADDRESS (Street, City, State). |  |               |       |
| MR. MISS MRS. <i>Alfred J. Larsen</i>           |  | <i>Wolbach, Nebraska</i>       |  |               |       |
| RELATIONSHIP                                    |  |                                |  |               |       |
| <i>Mother</i>                                   |  |                                |  |               |       |

| PARAGRAPHS (Sequence) | ADDITIONAL DATA — MODIFICATIONS                                                                                                                                                                                                                                                  |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 165A                  |                                                                                                                                                                                                                                                                                  |
| 142B                  | <p>1st par</p> <p>3rd par. out "thus"</p> <p>As requested in our letter of 23 April '48, it would be greatly appreciated if you would inform us if the decedent's natural father is living, and if so his name and current address in order that we may complete our records</p> |
| 166K                  |                                                                                                                                                                                                                                                                                  |

|                           |                 |                            |
|---------------------------|-----------------|----------------------------|
| ANALYST INITIALS AND DATE | TYPIST INITIALS | REVIEWER INITIALS AND DATE |
| <i>EP 1 June 48</i>       |                 |                            |

48  
Walbach, Nebraska

April 29-1948

The Quartermaster General  
Washington 25, D.C.

Dear Sir:

I have your letter of April 23 which was written to me following an inquiry from the Commanding Officer of the Kansas City Quartermaster Depot.

I, Mrs Alfred J. Larsen, was named as next of kin by my son, the late Second Lieutenant Knudson. I have a copy of his Personnel Services record which contains that information. I consulted the escort officer who called on me a few days ago as to what to do to get the Department of Army to spell my name correctly. I am enclosing a letter sent to me by Brig. Genl Johnson of Army Air Forces written on August 23-1945 in which he says the correction had been made.

When the papers came concerning the disposal of his body, they were addressed to my husband as well as misspelled again.

2 - 1 - 10 - 3

I was named as next of kin by my son  
and in order to keep future records in  
order, I think my name, Mrs Alfred J. Larsen  
should be absolutely accurate and correct.

Will you return the letter which I  
am enclosing?

Sincerely

Mrs Alfred J Larsen



QMGMF 293  
Knudson, Bernard L., ASN 02 072 357  
Plot V, Row 12, Grave 299,  
USMC Margraten, Holland.

20 May 1948

Mrs. Alfred J. Larsen

Wolbach, Nebraska

Dear Mrs. Larsen:

Your letter pertaining to the remains of your son, the late Second Lieutenant Bernard L. Knudson, has come to my attention.

I wish to advise you that the records have been amended to show that your surname is Larsen, rather than Latser, as it previously appeared in our files.

In order that we may determine who is the person authorized to designate the final resting place of your son's remains, it is requested that you advise us if Mr. Alfred J. Larsen ever legally adopted your son. If such adoption was accomplished, please furnish us a certified copy of the adoption papers as verification.

Your cooperation and prompt action in this matter will be greatly appreciated. An envelope, which requires no postage, is inclosed for your convenience.

Sincerely yours,

- 3 Incls:  
1. Ltr. dtd 23 Aug 45  
2. Information Slip  
3. Return envelope

O.D.M. RECORDS SECTION

RICHARD B. COOMBS  
Major, QMC  
Memorial Division

RBC



# CORRESPONDENCE ACTION SHEET

|                                                                              |  |                                                         |                  |                                  |  |
|------------------------------------------------------------------------------|--|---------------------------------------------------------|------------------|----------------------------------|--|
| NAME OF DECEDENT (Last, First, Middle)<br><i>Knutson, Edward L.</i>          |  | GRADE<br><i>2/L</i>                                     |                  | SERIAL NUMBER<br><i>02072357</i> |  |
| PREVIOUS BURIAL LOCATION (Cemetery and Country)                              |  | PLOT                                                    | ROW              | GRAVE                            |  |
| PRESENT BURIAL LOCATION (Cemetery and Country)<br><i>Morganton, Skotland</i> |  | PLOT<br><i>✓</i>                                        | ROW<br><i>12</i> | GRAVE<br><i>299</i>              |  |
| ADDRESSEE<br>MR. MISS MRS. <i>Alfred J. Larsen</i>                           |  | ADDRESS (Street, City, State)<br><i>H. Alback, Ark.</i> |                  |                                  |  |
| RELATIONSHIP<br><i>father</i>                                                |  |                                                         |                  |                                  |  |

|                       |                                 |
|-----------------------|---------------------------------|
| PARAGRAPHS (Sequence) | ADDITIONAL DATA — MODIFICATIONS |
|-----------------------|---------------------------------|

165A

I wish to advise you - that the records have been amended to show that your surname is Larsen rather than Latzer as it previously appeared in our files.

And so that we may determine who is the person legally authorized to designate the final resting place of your son's remains, it is requested that you advise if Mr. Alfred J. Larson ever legally adopted your son. If such adoption was accomplished please furnish us a certified copy of the adoption papers as verification.

136C

- #3 - action in this matter - - - -

1. Info. recd 29 Aug 45
2. Info. slip
3. Envelope

|                                             |                                  |                            |
|---------------------------------------------|----------------------------------|----------------------------|
| ANALYST INITIALS AND DATE<br><i>SN 5-18</i> | TYPIST INITIALS<br><i>Steele</i> | REVIEWER INITIALS AND DATE |
|---------------------------------------------|----------------------------------|----------------------------|

NAME Knudson, Bernard L  
ASN 0-2072357 RANK 2nd Lt  
Margraten, Holland  
V-12-299

Changes made in information  
Forms #333 and A-Z are from  
sources listed below:

Corres from  
KC GMD dtd  
14 Apr 48.  
Correct Spelling  
of last name.  
of NOK.

OFFICERS' NAME

DATE

FROM: RELATIONSHIP

NAME

STREET

CITY & STATE

TO: RELATIONSHIP

NAME

STREET

CITY & STATE

NAT

FILE

5 May 48  
RR  
Aposton

**5 MAY 1948**

Spec. ch.  
D. Gray  
3 May 48

m+r

DEPARTMENT OF THE ARMY

XXXXXXXXXXXXXXXXXXXX

QMGMF 293  
Kndson, Bernard L. SN 02 072 357  
Plot V, Row 12, Grave 299  
USMC, Margraten, Holland

23 April 1948

Mrs. Alfred J. Larsen

Wolbach, Nebraska

Dear Mrs. Larsen:

An inquiry has been received recently from the Commanding Officer, Kansas City Quartermaster Depot, 601 Hardesty Avenue, Kansas City 1, Missouri, pertaining to the remains of your son, the late Second Lieutenant Bernard L. Kndson.

Before the Department of the Army can determine who may be considered the legal next of kin of the late Second Lieutenant Kndson, and therefore the person authorized to direct the final disposition of the remains, certified copies of adoption papers are necessary to substantiate the legal relationship.

If however, legally recorded adoption was never accomplished by Mr. Alfred J. Larsen, step-father, the right of disposition will pass to the next of kin having precedence as established by the Secretary of the Army. Thus, in this case, if the decedent's natural father is no longer living, you will receive the disposition right.

In the event the decedent's natural father is living, please furnish us his name and current address in order that we may complete our records.

We regret sincerely that our letter of 28 November 1947, was incorrectly addressed to Mr. Larsen as Mr. Alfred J. Latser.

It is of the utmost concern that information released to the families of our honored dead be absolutely accurate. Please accept my apology for this error.

Your cooperation and promptness in forwarding the requested information and document to our office will be greatly appreciated.

Sincerely yours,

cc: Commanding Officer  
Kansas City QM Depot

gph  
2 Incls:  
1. Information Slip  
2. Self-addressed Envelope

RICHARD B. COOMBS  
Major, QMC  
Memorial Division



RBC

## CORRESPONDENCE ACTION SHEET

Mr.  
Miss.  
Addressee: Mrs. Alfred J. Larsen mother  
Relationship  
State Wolbach, Nebraska  
City, State \_\_\_\_\_ '47  
Date letter  
Cemetery  
Temporary: \_\_\_\_\_  
Permanent: V 12 299 U L MC Margraten, Holland  
Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS  
(sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

165-F cc: Commanding Officer  
Kansas City Quartermaster Depot  
601 Hardesty Avenue  
Kansas City 1, Missouri

142-A 1st par--

If however, legally recorded adoption was never accomplished by Mr. Alfred J. Larsen, step-father, the right of disposition will pass to the next of kin having precedence as established by the Secretary of the Army. Thus, in this case, if the decedent's natural father is no longer living, you will receive the disposition right.

In the event the decedent's natural father is living, please furnish us his name and current address in order that we may complete our records.

~~166-Kx~~

We regret sincerely that our letter of 28 November 1947 was incorrectly addressed to Mr. Larsen as Mr. Alfred J. Latser.

It is of the utmost concern that information released to the families of our honored dead be absolutely accurate ~~and~~. Please accept ~~my~~ my apology for this error.

166-K and information

Analyst Typist Reviewer

Modifications

OKed

Precedent:

*Kruschman*

*David*

*Initial*

*Rank*

*ASN*

*02-072-357*

*47 11117*

*Wajski*  
*4-22-48*

FROM: Family Letters Section

(Date)

TO: Reply Form Acceptance Section

Knudson  
(Last Name)

Bernard L.  
(First Name)

Lo  
initial

12072357  
(ASN)

Margraten  
(Cemetery)

V  
(Plot)

12  
(Row)

299  
(Grave)

The attached correspondence pertains to the disposition of the remains of the subject decedent. It is requested that the following information be supplied this Section in order to reply to correspondent:

- <sup>6</sup>  
☐ 1. Has 345 been dispatched?
- ☒ 2. Has 345 been received and accepted? no
- ☒ 3. a. What option was selected?  
☐ b. What cemetery and location?
- ☒ 4. 345 was executed by whom?
- ☐ 5. Did N.O.K. relinquish disposition authority?
- ☐ 6. Did widow indicate remarriage?
- ☐ 7. Did documents accompany reply form?  
(If so, what document?)
- ☐ 8. Have necessary records been amended to reflect this change in NOK?
- ☐ 9. Has L.O.I. been dispatched to new N.O.K.?
- ☐ 10. Attach reply form and return to this section.
- ☐ 11. Forwarded for your information and any action deemed necessary.
- ☐ 12. Change of decision.

*Special Inquiry, Please expedite*  
*Harroch*  
*2289*

COOMBS  
5072



**KANSAS CITY QUARTERMASTER DEPOT**  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKD 293 Knudson, Bernard L.  
SN O-2 072 357

EPM/ar  
14 April 1948

SUBJECT: World War II Deceased

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

1. An escort returning to this Distribution Center from a mission to the State of Nebraska brought back with him the Letter of Inquiry dispatched 28 November 1947 to the next of kin of 2nd Lt. Bernard L. Knudson, O-2072357, Plot V, Row 12, Grave 299, United States Military Cemetery, Margraten, Holland.

2. The Letter of Inquiry referred to was addressed to Mr. Alfred J. Latser, Wolbach, Nebraska, and was given to the escort by Mrs. Alfred J. Larsen of Wolbach, who said she was the remarried mother of Lt. Knudson.

3. According to Mrs. Larsen the letter should have been addressed to Mr. Alfred J. Larsen instead of Latser. It is the understanding of this office that Mrs. Larsen completed OQMG Form 345 and returned it to your office. However, she seems to be disturbed at this time regarding the difference in the spelling of the names.

4. This office has returned to Mrs. Alfred J. Larsen the Letter of Inquiry she entrusted to the escort and informed her that your office has been requested to provide her with information whether documents in this case are properly completed.

5. This office would appreciate a copy of the reply made to Mrs. Larsen.

FOR THE COMMANDING OFFICER:

*C. R. Post*

C. R. POST  
Lt. Colonel, QMC  
Chief, American Graves Registration Div.



2nd Lt Bernard L. Knudson, O-2 072 357  
Plot V, Row 12, Grave 299,  
United States Military Cemetery  
Margraten, Holland

26 November 1947

Mr. Alfred J. Latsar

Wolbach, Nebraska

Dear Mr. Latsar:

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

Encls.  
WKS

007

355 PM  
NOV 27 1947  
D.O.K.C.  
L.E. GROSSER

SPQYG 293  
Knudson, Bernard L.  
S.N. 02 072 357

18 October 1945

Mrs. Alfred J. Larsen  
Wolbach, Nebraska

Dear Mrs. Larsen:

At the request of the Headquarters Army Air Forces, we are furnishing you with information pertaining to the burial of your son, the late Second Lieutenant Bernard L. Knudson.

The official report of burial received in this office reveals that the remains of your son were interred in the United States Military Cemetery at Margraten, Holland, Plot V, Row 12, Grave 299. This cemetery is located approximately twelve miles northwest of Aachen, Germany, and eight miles southeast of Maastricht, Holland.

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

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

JAMES L. PRENN  
Major, QMC  
Assistant

ah

OCT 18 3 15 PM '45

Q. M. C.  
MAIL & RECORDS BRANCH

par

OCT 18 2 03 PM '45  
MEMORIAL DIVISION

JLP

FILE NO.

HEADQUARTERS ARMY AIR FORCES

## DISPOSITION FORM

OFFICE SYMBOL

DATE

AFPPA-8

8/23/45

GRADE-SURNAME-PHONE

WA/mw/76286

1. The Quartermaster General  
Memorial Branch  
Washington 25, D. C.

3.

2.

4.

TO

FOR

|                                            |             |             |                |
|--------------------------------------------|-------------|-------------|----------------|
| <input checked="" type="checkbox"/> ACTION | CONCURRENCE | FORWARDING  | INVESTIGATION  |
| APPROVAL                                   | SIGNATURE   | REPLY       | NOTE & RETURN  |
| COMMENT                                    | FILE        | INFORMATION | RECOMMENDATION |

## SUBJECT:

Second Lieutenant Bernard L. Knudson, 02072357

Request that all available information concerning burial of subject named officer be forwarded to his mother, Mrs. Alfred J. Larsen, Wolbach, Nebraska.

FOR THE COMMANDING GENERAL:

*N. W. Reed*

N. W. REED

Major, Air Corps

Chief, Notification Branch

Personal Affairs Division

Asst Chief of Air Staff

FILE NO.

HEADQUARTERS ARMY AIR FORCES

## DISPOSITION FORM

OFFICE SYMBOL

DATE

AFPPA-8

8-11-45

GRADE-SURNAME-PHONE

MA/sg/77226

|     |          |                                                                      |             |                |    |  |
|-----|----------|----------------------------------------------------------------------|-------------|----------------|----|--|
| TO  | 1.       | The Quartermaster General<br>Munitions Building<br>Washington, D. C. |             |                | 3. |  |
|     | 2.       |                                                                      |             |                | 4. |  |
| FOR | ACTION   | CONCURRENCE                                                          | FORWARDING  | INVESTIGATION  |    |  |
|     | APPROVAL | SIGNATURE                                                            | REPLY       | NOTE & RETURN  |    |  |
|     | COMMENT  | FILE                                                                 | INFORMATION | RECOMMENDATION |    |  |

SUBJECT

292  
25  
Second Lieutenant Bernard L. Knudson, 02072357

Attn: Mrs. Mann

The following is forwarded for your information as per telephone conversation. MACR 14177.

AAF Sta. 118; Eighth Air Force; 392d Bomb Gp. (H); 576th Bomb Sq. Destination: Wesel, Germany; Type of Mission: Supply; Date: 24 March 1945  
Last contacted by radio; Aircraft B-24-J; #42-50709.

Date of Report: 19 April 1945

L. A. WIPFLER  
Capt., Air Corps,  
Ass't Adjutant.

Remarks or eyewitness statement:

Aircraft was hit by small arms and cannon fire in target area at 500 feet altitude. At this point Lt. Knudson and Sgt. Morse bailed out and Sgt. Morse was picked up by American Troops. A report of burial for Lt. Knudson was received this date from Headquarters 9th U.S. ARMY. The remaining crew members crashed landed the aircraft in area controlled by Germans. Just before the aircraft hit the ground Cpl Deaton was last seen standing in the bomb bay with no chute. He may have fell out of the bomb bay. The remaining crew crashed with plane and got out of the damaged aircraft with the exception of Sgt. Milchak who was shot in the head by German machine gun fire while he was crawling out of the waist window. A hurried search of the wreckage was made for Cpl Deaton with no success. The Germans captured the rest of the crew and held them for approximately four (4) hours until such time the American Paratroops rescued them.

1 Incl

Cpy of ltr fr Mrs. Larsen

file  
9/29/45  
E. Dyer

The Quartermaster General  
Munitions Building  
Washington, D. C.

Second Lieutenant Bernard L. Knudson, 02072357

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1 Incl

Copy of ltr fr Mrs. Larsen

COPY

A.J. LARSEN

Phone 10

Wolbach, Nebraska  
July 15, 1945

Refer to - AFPA-8  
AAF 201 - (1477)  
Knudson, Bernard L.  
O-2072357

Major N. W. Reed, Air Corps  
Personal Affairs Division  
Washington, D. C.

Major Reed:

I appreciated your letter with reference to my son, Bernard L. Knudson who has been reported as killed in action over Germany on March 24.

I hope you can secure more information as to what happened. According to a letter from one of the crew members, he "bailed out". That seems to be the last definite information - but what happened?

Is it possible to obtain other details relative to this last mission?

Will you take care of another matter for me? My name is being misspelled on all the papers which are being sent to me. I have a copy of Bernard's personal affairs record and my name is correctly spelled on it. Will you have the correction made on the records of the War Department?

Sincerely,

/s/ Ruby S. Larsen  
(Mrs. Alfred J.)

LARSEN

# PHYSICAL EXAMINATION FOR FLYING

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

293

1. Knudson Bernard L. 2nd Lt. AC 0-2072357 19 1  
 (Last name) (First name) (Middle initial) (Grade and arm or service) (Serial No.) (Age) (Years service)

2. AAF Mt. Home, Idaho Combat Flying August 1944 Qualified  
 (Address) (Purpose of examination)<sup>1</sup> (Date and result last examination)

Navigator Flying time as: Pilot -; observer 103; pilot -; observer 103  
 (Aeronautical ratings) (Total) (Total) (Last 6 mos.) (Last 6 mos.)

3. Temperature 98.6 Vaccinations: Typhoid series, No. 2 Last 1944; smallpox 1944; reaction Immune  
 (Date)

## 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, Whooping cough during childhood - No Sequelae

5. Eye: inspection Normal Nystagmus None  
 6. Associated paranasal sinuses Normal Pupils: Equality Equal Reaction Normal  
 7. Visual acuity: R. 20/20, correctible to 20/ 20 L. E., 20/ 20, correctible to 20/ 20  
 8. Depth perception (uncorrected) 12 mm. With correction - mm.  
 9. Heterophoria at 6 meters: Eso 0 Exo 0 R. H. 0 L. H. 0 Prism divergence 10  
 10. Red lens test Normal Angle convergence: PcB 45 mm. Pd 56 mm. -  
 11. Accommodation: R. 11 D. L. 11 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 - S. C - CAx - L. reads 20/20 with - S. C - CAx -  
 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  
 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /;  
 missing natural teeth by X.

(b) Remarks, including other defects None

(c) Prosthetic appliances None (d) Classification<sup>2</sup> IV

20. History of swing, train, air, or sea sickness Denies  
 21. Barany chair (when indicated with results) -  
 22. Posture Good Figure Medium Frame Medium  
 (Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)  
 23. Height, 67 inches. Weight, 130 pounds. Chest: Inspiration 34 Expiration 31 Rest 32 Abdomen 27  
 24. Skin and lymphatics Normal Endocrine system Normal  
 25. Bones, joints, muscles Normal Feet Normal  
 26. Heart Normal  
 27. Pulse rate, 74 B.P.: S. 120-122 D. 80-82 Schneider - Pulse immediately after exercise 96  
 Two minutes after exercise 78 Character Normal  
 28. Arteries Normal Varicose veins None

<sup>1</sup> Semiannual, appointment as cadet, commission in the Air Corps, commission in Air Corps Reserve, transfer to the Air Corps, or other like purpose.  
<sup>2</sup> I, II, III, or IV; see par. 3, AR 40-610.

29. Respiratory system Normal
30. X-ray of chest<sup>1</sup> Negative (August 1944 Hondo, Texas)
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<sup>1</sup> Negative (August 1944 Waco, Texas, AAF)  
 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 None
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

Mt. Home, Ia.

(Place)

10 October 1944

(Date)

HERBERT S. SIMPSON, Captain, AME

Medical Corps.

REVIEWED AND APPROVED:

(Name and grade)

Corps.

(Senior flight surgeon), Medical Corps.

(Name and grade)

Corps.

1st Ind.<sup>2</sup>

Headquarters

To the Commanding General,

Remarks and recommendations

(Name)

(Grade)

(Organization and arm or service)

Commanding.

2d Ind.<sup>2</sup>

, 19 To The Adjutant General.

<sup>1</sup> Required for candidates for commission, Reserve officers reporting for extended active duty, and applicants for flying cadet.

<sup>2</sup> 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.

# RESTRICTED

## REPORT OF BURIAL

100

29 March 1945

Date

**Knudson, Bernard L.** 2nd Lt. 0-2072357

392 Bl. Sp. W. 9th AAF

Wesel, Germany Est. 24 March 1945 KIA

1700 29 March 1945 U.S. Mil. Cem., Margraten, Holland VK 645482

299 12 Name of Cemetery Y Name or Coordinates of Location Wooden Cross

Grave Number Row Number Plot Number Type of Marker

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

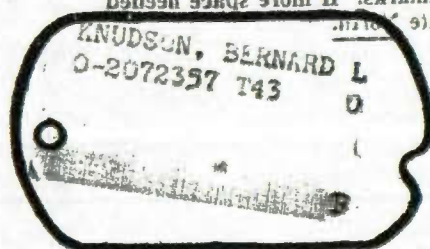
If No Identification Tags Per. ltr. 28 Dec. 44 (3467) European, Conn. to Reports of Burial  
How were remains identified?

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: | Evans, Roy H. Jr.   | 34836021   | Pfc  | 513 Para Inf. | 298       |
| Deceased's Left:  | Casella, Clement A. | T-60411    | E/O  | 9th AAF       | 300       |

Signature of Next of Kin and if possible Organization of person furnishing above Data when other than officer reporting burial.  
Indicate if print of identification tag is not affixed fill in below:



Emergency Addressee Unknown

Name

Address

Religion P

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

RESTRICTED

EDWIN J. DOROVAN Officer or other person reporting burial  
1st Lt., QMC GRS Officer  
611 QM Gr. Reg. Co. Verified by G.R.S. Officer

Handwritten notes and signatures, including "file" and "45".

476832  
mp

**SENSITIVE SURFACE - HANDLE EDGES ONLY**

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

**REPORT OF DEATH**

DATE **21 May 1945**

| <b>FULL NAME</b><br><b>Knudson, Bernard L.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                        |                                                  | <b>ARMY SERIAL NUMBER</b><br><b>02072357</b>                        |    | <b>GRADE</b><br><b>2nd Lt.</b>            |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|--------------------------------------------------|---------------------------------------------------------------------|----|-------------------------------------------|-----------------------------|-------------------|--|--|----------|----------|-----------------|----------------|----------|---------------------|----------|-------------|----------------------|--|--|----------------|
| <b>HOME ADDRESS</b><br><b>Wolbach, Nebraska</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |                                                  | <b>ARM OR SERVICE</b><br><b>Air Corps</b>                           |    | <b>DATE OF BIRTH</b><br><b>11 Mar 25</b>  |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| <b>PLACE OF DEATH</b><br><b>European Area</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        | <b>CAUSE OF DEATH</b><br><b>Killed in action</b> |                                                                     |    | <b>DATE OF DEATH</b><br><b>24 Mar 45</b>  |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| <b>STATION OF DECEASED</b><br><b>European Area</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                        |                                                  | <b>DATE OF ENTRY ON CURRENT ACTIVE SERVICE</b><br><b>18 Sept 44</b> |    | <b>LENGTH OF SERVICE FOR PAY PURPOSES</b> |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |                                                  |                                                                     |    | <b>YEARS</b>                              | <b>MONTHS</b>               |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| <b>EMERGENCY ADDRESSEE (NAME, RELATIONSHIP &amp; ADDRESS)</b><br><div style="text-align: center;"><b>LARSEN</b></div> <b>Mrs. Alfred J. Latser, mother, Wolbach, Nebraska</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |                                                  |                                                                     |    |                                           |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| <b>BENEFICIARY (NAME, RELATIONSHIP &amp; ADDRESS)</b><br><b>Mrs. Alfred J. Latser, mother, same as above</b><br><b>Mr. Alfred J. Latser, step-father, same as above</b><br><div style="text-align: center;"><b>LARSEN</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |                                                  |                                                                     |    |                                           |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| <b>INVESTIGATION MADE?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | <b>IN LINE OF DUTY</b> |                                                  | <b>OWN MISCONDUCT</b>                                               |    | <b>WAS DECEASED ON DUTY STATUS</b>        |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NO          | YES                    | NO                                               | YES                                                                 | NO | YES                                       | NO                          |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |                                                  |                                                                     |    | <b>AUTHORIZED ABSENCE</b>                 | <b>IN FLYING PAY STATUS</b> |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |                                                  |                                                                     |    | YES                                       | NO                          |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |                                                  |                                                                     |    | <b>OTHER PAY STATUS (SPECIFY BELOW)</b>   | YES                         |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |                                                  |                                                                     |    |                                           | NO                          |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| <b>ADDITIONAL DATA AND/OR STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                        |                                                  |                                                                     |    |                                           |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| <input checked="" type="checkbox"/> <b>BATTLE</b> <input type="checkbox"/> <b>NON-BATTLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                        |                                                  |                                                                     |    |                                           |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| <p>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 25 Apr 45, when evidence considered sufficient to establish the fact of death was rec'd by the Secretary of War from a commander in the European Area.</p>                                                                                                                                                                                                                                                                                                                                                                                           |             |                        |                                                  |                                                                     |    |                                           |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| <div style="float: right; text-align: right;"> <br/> <b>BY ORDER OF THE SECRETARY OF WAR</b><br/> <b>J. H. Carl</b><br/> <b>ADJUTANT GENERAL</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                        |                                                  |                                                                     |    |                                           |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">COPIES FURNISHED:</th> </tr> <tr> <td style="padding: 5px;">S. G. O.</td> <td style="padding: 5px;">F. B. I.</td> <td style="padding: 5px;">F. C., U. S. A.</td> </tr> <tr> <td style="padding: 5px;">S. G. O. H. C.</td> <td style="padding: 5px;">G. P. D.</td> <td style="padding: 5px;">ARMY EFFECTS BUREAU</td> </tr> <tr> <td style="padding: 5px;">S. A. O.</td> <td style="padding: 5px;">VET. ADMIN.</td> <td style="padding: 5px;">CASUALTY BRANCH FILE</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">A. G. 304 FILE</td> </tr> </table> |             |                        |                                                  |                                                                     |    |                                           |                             | COPIES FURNISHED: |  |  | S. G. O. | F. B. I. | F. C., U. S. A. | S. G. O. H. C. | G. P. D. | ARMY EFFECTS BUREAU | S. A. O. | VET. ADMIN. | CASUALTY BRANCH FILE |  |  | A. G. 304 FILE |
| COPIES FURNISHED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                        |                                                  |                                                                     |    |                                           |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| S. G. O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | F. B. I.    | F. C., U. S. A.        |                                                  |                                                                     |    |                                           |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| S. G. O. H. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | G. P. D.    | ARMY EFFECTS BUREAU    |                                                  |                                                                     |    |                                           |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
| S. A. O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VET. ADMIN. | CASUALTY BRANCH FILE   |                                                  |                                                                     |    |                                           |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | A. G. 304 FILE         |                                                  |                                                                     |    |                                           |                             |                   |  |  |          |          |                 |                |          |                     |          |             |                      |  |  |                |

40 11-03 16832

## 40

DATE CAS. REPORT RECEIVED

DATE TELEGRAM SENT

13 APRIL 1945

REMARKS

CORRECTED COPY

**STC**

DISTRIBUTION "A" 1507-116 COPIES 12 Apr 72  
(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)  
COPIES FURNISHED. SEE CASE NO. IN BRANCH MEMORANDUM NO. 48, 1942

(ALL WOUNDED MILITARY PERSONNEL, ALL TYPES OF CASUALTIES PERTAINING TO CIVILIANS WHO ARE W. D. EMPLOYEES, EMPLOYED BY CONTRACTORS AND OTHERS SUBJECT TO MILITARY LAW.) COPIES FURNISHED, SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

W.D. A.G.O. Form 684-1 The Farm Inspection W.D. A.G.O. Form 684-1, 16 June 1944, and W.D. A.G.O. Forms 608-1  
JANUARY 1945 and 602-1, 608-1, 1 August 1944, which are in use

JB

McDonnell

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

CONTAINERS ADDRESSED TO

None

INFORMATION

Mother  
 Mrs. Ruby S. Larsen  
 Wolbach, Nebr.  
 Relationship unknown  
 B. L. Knudson  
 2810 Cable St.  
 Lincoln, Nebr.

NAME AND STATUS VARIATIONS

Form 43 D Inv. Inv't. show  
 "Bernard L. Knudson"

CROSS REFERENCE

CHECK  
 MONEY ORDER  
 BOND  
 TRAV. CHECK  
 FOREIGN CURRENCY  
 U. S. CURRENCY

REC'D  
BY

NUMBER

SYMBOL

AMOUNT

DATE

BANK  
 OR  
 PLACE OF ISSUE

PAYEE

REMITTER  
 OR  
 DRAWER

BUREAU CHECK

TRANSMIT ORIGINAL

ORIG. REG. MAIL

TO G. A. O.

MUTILATED

TO ISSUING AGENCY

TALLY NO.

6310

ORIG. NO. OF PKGS.

EXAMINING DATE

15 Jan. 46

BOX NO.

SHEET

OF SHEETS

NAME

Bernard Lawrence Knudson

S. N.

0-20723574

ORGANIZATION

RANK

2nd Lt.

CASE NO.

WAREHOUSE SPACE

EXAMINED BY

Ekstrem

PACKED BY

W. L. L.

DIARY REMOVED

PHOTO FILM REMOVED

MOTION PICTURE FILM REMOVED

1946 SHIPPED

DESCRIPTION

WEIGHT

LAUNDRY  
 BEGAM

REMOVALS (other than G.I.)

## ADDITIONAL REMARKS

DAMAGES (List type of damage-extent)

1 Pr. trousers w/ seam ripped  
1 Billfold appears to be  
stained by a red crayon  
Inside of foot locker stain-  
ed by moisture

## SHORTAGES

U.S.M.O. No. 24505 Amt. 100.00

U. S. GOV'T CHECK SHORT

4-Pr. Drawers (w) (short)

1-Towel

NUMBER

DATE

SYMBOL

AMOUNT

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

Eicktrum  
INVENTORY CLERK

Curling  
SUPERVISOR

G. I. REMOVED

INVENTORY OF EFFECTS  
(Attach extra sheets if necessary)

CLASS I

- 1 Dagger w/ sheath ✓
- 1 Fountain pen ✓
- 1 Sewing kit ✓
- 1 Address Book ✓
- 2 Insignia, U.S. ✓
- 2 Insignia, Air Corps ✓
- 4 Bars, Bronze ✓
- 5 pr. Rings, Navigators ✓
- 1 Set Ribbons ✓
- 1 Souvenir Handkerchief ✓
- 1 Razor ✓
- 1 Leather Vallet ✓
- 1 Camera, AGFA, PD16-Blipper ✓

CLASS II

- 6 Shirts, Khaki ✓
- 1 Blouse, Green O.D. ✓
- 1 Short Coat ✓
- 1 Silk Scarf ✓
- 1 Pants, dark ✓
- 2 Ties ✓
- 1 pr Trousers, Khaki ✓
- 1 Shirt, Green ✓
- 2 Caps, G.I. ✓
- 1 Belt ✓
- 2 pr Pants, Khaki ✓
- 2 pr Pants, Tropical Worsted ✓
- 1 pr Swimming trunks ✓
- 19 pr Sox ✓

CLASS III

- 1 pr Drawers, cotton ✓
- 1 pr pajamas ✓
- 1 Trench coat ✓
- 6 pr Drawers, wool, short ✓
- 2 pr shoes, civilian ✓
- 1 pr shoes, tennis ✓
- 1 Belt w/ buckle ✓
- 2 Bath towels ✓
- 1 Officers cap w/ insignia ✓

I, Robert M. Nichols, that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects QM, ETOWSA, A.P.O. 507, C-14, U.S. Army by delivering to \_\_\_\_\_ on \_\_\_\_\_ 1944.

Sta Quartermaster, Sta 118

4 April 1945

*Robert M. Nichols*

Signature - (In Ink)

ROBERT M. NICHOLS,

1st Lt., Air Corps  
Rank & Organization

~~4 April 1945~~  
date

~~576 Bombardment Squadron - 392 Bombardment Group (H) - APO 552~~  
(Organization and A.F.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO: Effects Quartermaster, ETOUSA, Depot G-14, APO 507.

Transmitted herewith in accordance with Adm. Cir. # 80, dated 25 Oct. 1943, Hq SOS ETOUSA, is inventory of Effects concerning subject named below.

~~REMARKS~~ ~~Edward L.~~ ~~Al Lt.~~ ~~02072355~~  
(Last Name) (First Name) (MI) (Rank) (ASN) (Control No)  
(for use of Effects QM)

Organization ~~576 Bombardment Squadron - 392 Bombardment Group (H)~~  
(UNIT - Not branch of service)

\*Status. (Deceased, Missing in Action, Prisoner of War) on the 24 day of March 1945

Designated Beneficiary (with address)  
Mrs. Ruby S. Larsen (Mother), Wolbach, Nebraska.

C. II Assets: Cash found in effects, less cost of money order inclosed herewith

U.S.M.O. 24505 Amt \$ 100.00 U.S.M.O. # 0 Amt \$       

U.S.M.O. Amt \$        U.S.M.O. #        Amt \$       

U.S. Official Check #        Amt.        Bank         
(Name & Branch)

# Bank Accounts       

# Debtors       

# Creditors       

# Inclosed is         
(Will Power of Attorney, War Bond, Travelers Checks. Describe Fully)

REMARKS (if any)

\* Strike out words not applicable.  
# Negative report where applicable.

476832

FTB:JS:k1  
January 31, 1946

Mrs. Alfred J. Larsen  
Wolbach, Nebraska

Dear Mrs. Larsen:

The Army Effects Bureau has received from overseas some more property of your son, Lieutenant Bernard L. Knudson.

This property, contained in one footlocker, is being sent you for distribution. I regret to advise that a portion of the property was received here in a damaged condition.

If, for some reason, it has not been received within the next thirty days, this Bureau should be informed so that tracer may be instituted.

Yours very truly,

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

476832 ✓

RTB:JS:sh  
December 7, 1945 ✓

Dear Mrs. Larsen: ✓

This acknowledges your recent letter relative to the personal effects of your son, Lieutenant Bernard L. Knudson. ✓

3 ✓

This Bureau, based on information from overseas, is expecting to receive some personal property belonging to him. However, due to transportation delays, it is uncertain when these effects actually will reach us. ✓

42 ✓

I realize your desire to receive these effects and assure you that they will be forwarded at the earliest possible moment. ✓

14 ✓

Yours very truly,

HARRY NIEMIEG ✓  
2nd Lt., QMC  
Chief, Correspondence Branch

Refer to 476832

Walbach, Nebr.

Nov. 30 - 1945

Capt. A. G. Schumacher  
Army Effects Bureau  
Kansas City, Mo.

See

Ph Capt. Schumacher:

I received the additional funds which belonged to my son Lt. Bernard L. Knudson in your letter of Nov. 13. Thanks for your consideration.

I'm very anxious to receive his personal clothes and belongings. The officer of his crew who visited here said that he and the other officers collected his clothes and money and turned it all in to the supply sergeant of their Bomb group. Since you have located the money, I'm hoping you will locate the rest of his things. I am writing you <sup>again</sup> according to a suggestion from Brig. Gen. Leon W. Johnson, Chief of Personnel Services Division who has been in touch with me all summer.

Sincerely,

Mrs Alfred J. Larsen

476832

RTB:JS:gh  
November 13, 1945

Mrs. Alfred J. Larsen  
Wolbach, Nebraska

Dear Mrs. Larsen:

The Army Effects Bureau has received additional property of your son, Lieutenant Bernard L. Knudson, consisting of funds in the amount of \$100.00. A check for this sum is inclosed.

As previously indicated, such property is forwarded for distribution in accordance with the laws of the state of the officer's legal residence.

Sincerely,

A. G. SCHUMACHER  
Captain, QMC  
Asst. Chief, Adm. Division

242 11/13

1 Incl--  
Check

476,832

RTB:JS:mf  
November 7, 1945

Dear Mrs. Latsers:

I have your recent inquiry regarding the personal effects of your son, Lieutenant Bernard L. Knudson.

It is regretted that the items about which you inquire were not received here. All of his property received at this Bureau has been sent you.

So that you may better understand the difficulties encountered in the recovery of personal effects, I am inclosing an information circular on the subject.

I wish to assure you that in the event additional property is received at a later date, it will be forwarded promptly.

Yours very truly,

1 Incl-  
Form 51

HARRY NIKMING  
2nd Lt., GMS  
Chief, Correspondence Branch

*mm*

# A. J. LARSEN

COMPLETE I. H. C. LINE

Tractors, Cream Separators, Windmills, Everything for the Farm

Phone 10



Wolbach, Nebr.

Refer to ~~# 476832~~  
273 Lt. Bernard L Knudson

October 29-1945-

Quartermaster Depot  
Army Effects Bureau  
Kansas City 1. Mo.

*JP*

Lt. C B Quinn:

I have not yet received the remainder of my son's personal effects. I received the check for \$18.16 which represented funds belonging to him and a wallet. I have not received any of his clothes or personal effects. Will you make an effort to trace these things?

I was told by an officer of my son's crew, who visited us recently, that they, the officers, had turned in 25 pounds, (any money) funds which belonged to Bernard, to the supply sergeant who was getting

# A. J. LARSEN

COMPLETE I. H. C. LINE

Tractors, Cream Separators, Windmills, Everything for the Farm

Phone 10



Wolbach, Nebr.

Bernard's things together. I have not received that money. It would amount to about \$100 in our exchange. Will you do what you can to locate this money or notify me what to do to start tracing it? The 392<sup>nd</sup> Bomb. Group is now located in S. Car.

Yours,

V. Mrs Alfred J. Larsen

You will probably notice that you have my name misspelled on your records. That mistake has been corrected by the War department, personal affairs division so notified me.

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Alfred J. Latser

SHIP TO:  
2nd Lt. Bernard L. Knudson

Wolbach, Nebraska

Effects of: **O-2072357**  
Name \_\_\_\_\_  
ASN \_\_\_\_\_  
Case No. \_\_\_\_\_  
Wt. \_\_\_\_\_

**476832 D**

*[Handwritten signature]*

DATE 9 August 1945  
RTB:WA:gg

Wolbach  
FOR: Effects Quartermaster

REMARKS:

X Inclose Bureau Check  
Acct. No. 133478  
Amount \$18.16  
Inclose "Valuables" item  
Ship "Valuables" item(s)

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

ROUTING:

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

117261 ne

133478

476832

August 14

45

Alfred J. Latser

18.16

Eighteen and 16/100

REMARKS:

*[Handwritten checkmark]*

Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

**FRANKED**

*[Handwritten signature]*  
**AUG 22 1945**

Shipping Clerk

#1 pky

476,832

ABANDONED  
TALLY NO. 9000  
INV. DATE 7-9-45  
ORIG. NO. OF PGS. 10  
BCX NO. 38  
SHEET 1  
OF 1 SHEETS  
ORGANIZATION  
9AAF

NAME BERNARD L KNOXSON  
A.S.N. 02072357 RANK 5th Lt

|                               |                        |                           |
|-------------------------------|------------------------|---------------------------|
| Belt                          | TOWELS & WASHCLOTHES   | WINGS                     |
| <u>BRIT. MONEY (NO MONEY)</u> | CLOTHING               | BAGS, CLOTH OR TRAVEL     |
| Cloth, wash                   | BRACELET IDENT.        | BILLFOLD (NO MONEY)       |
| Coats                         | Brushes                | CASE                      |
| Footwear, Pr.                 | CAMERAS                | Footlocker                |
| Gloves, Pr.                   | Glasses                | KIT, SEW, FLT. OR WRITING |
| Handkerchiefs                 | Knives                 | BOOKS                     |
| Headwear                      | Lighters               | Books, Address            |
| Jackets                       | X MISC. ✓              | Books, Pilot Log          |
| Overcoats                     | Pen, Fountain          | DIARY (REMOVED FOR DUO)   |
| Scarfs                        | Pencil, Mechanical     | FILMS                     |
| Shirts                        | Pipes                  | Letters                   |
| Socks, Pr.                    | X RELIGIOUS ARTICLES ✓ | Papers, Personal          |
| Ties                          | RIBBONS, DECORATION    | Photos                    |
| Towels                        | Rings                  | Shoe Shine Articles       |
| Trousers, Pr.                 | Tobacco                | SHORT SHORTER             |
| Trunks, Pr.                   | Toilet Articles        | SOUVENIRS                 |
| Underwear                     | WATCH                  | SOUVENIR MONEY            |
|                               |                        | Stationery                |
|                               |                        | TESTAMENTS                |
|                               |                        | U.S. MONEY (AMOUNT)       |

REMARKS

ATTACHMENTS

FORM #54

FORM #100

C.A.T.

WAREHOUSE SPACE

STORED BY

DATE SHIPPED

LOCKED

RESTRICTED  
INVENTORY FORM

29 March 1945  
Date

SUBJECT: Inventory of Personal Effects of:

R. Wilson (Last Name) Robert (First Name) L (MI) 2/4 (Rank) 0207237 (ASN)  
TO: Effects Quartermaster, Communications Zone, APO 827 US Army  
The above named individual of 9-445 (Unit) (Organization)  
was reported KIA Status (KIA, MIA, Hosp. etc.) about est. 24 March 1945 (Date) 1944.  
Designated Beneficiary if information readily accessible Unknown

INVENTORY OF EFFECTS

1 Pr. wings  
1 Religious metal  
1 Billfold

\$18.16  
Money in the amount of 22082 has been turned into CD Morris Major US (Name of finance office and  
211-863 Form WDFD 38 enclosed.  
symbol number)

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 (Rail, Truck, etc.) on 194.

Name EDWIN J. DONOVAN  
Rank & ASN 11th Cn Gr Reg Co.  
Organization 11th Cn Gr Reg Co.

Any additional pertinent information:

ARMY EFFECTS BUREAU  
INVENTORY

CS.  
476832

|                |                    |
|----------------|--------------------|
| CASE NO.       |                    |
| TYPED BY       | jc                 |
| DATE           | 7/11/45            |
| STATUS         | DEC                |
| NAME           | Bernard L. Knudson |
| A.S.N.         | 0-2072357          |
| RANK           | 2nd Lt.            |
| ORGANIZATION   |                    |
| AMOUNT         | 18.16              |
| ACCOUNT NO.    | 96-133478 REP      |
| PAID-Check No. | 117261 W           |
| LIST NO.       | F 269              |
| REMARKS        |                    |

ACCONTING INVENTORY

4 April 1945

date

\*576 Bombardment Squadron - \*392 Bombardment Group (H) -- \*APO 558

(Organization and A.F.O. Numbr)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO : Effects Quartermaster, ETOUSA, Depot G-14, APO 507.

Transmitted herewith in accordance with Adm. Cir. # 80, dated 25 Oct. 1943, Hq SOS ETOUSA, is inventory of Effects concerning subject named below.

| KNUDSON,    | Bernard L.   | 2d Lt. | 02072357 | 57809                   |
|-------------|--------------|--------|----------|-------------------------|
| (Last Name) | (First Name) | (MI)   | (Rank)   | (ASN)                   |
|             |              |        |          | (Control No)            |
|             |              |        |          | (for use of Effects QM) |

Organization 576 Bombardment Squadron - 392 Bombardment Group (H)  
 (UNIT -----Not branch of service)

\*Status. (~~Deceased~~, Missing in Action, ~~Submarine Commander~~) on the 24 day of March 19 45

Designated Beneficiary (with address).

Mrs. Ruby S. Larsen (Mother), Wolbach, Nebraska.

C. II Assets: Cash found in effects, less cost of money order inclosed herewith

U.S.M.O. 24505 Amt \$ 100.00 U.S.M.O. # Amt \$

U.S.M.O. Amt \$ U.S.M.O. # Amt \$

U.S. Official Check # Amt. Bank (Name &amp; Branch)

# Bank Accounts

# Debtors

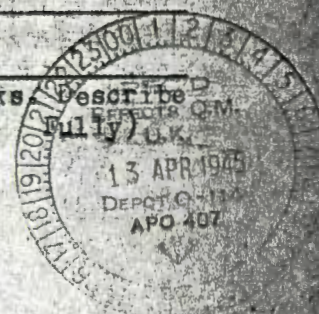
# Creditors

# Inclosed is (Will Power of Attorney, War Bond, Travelers Checks, Describe fully)

REMARKS (if any)

\* Strike out words not applicable.

# Negative report where applicable.



19 incl  
 Incl 1

INVENTORY OF EFFECTS  
(Attach extra sheets if necessary)

CLASS I

1 Dagger w/sheath  
1 Fountain pen  
1 Sewing kit  
1 Address Book  
2 Insignia, U.S.  
2 Insignia, Air Corps  
4 Bars, brass  
5 pr. Wings, Navigators  
1 Set Ribbons  
1 Souvenir Handkerchief  
1 Razor  
1 Leather wallet  
1 Camera, AGFA, PD16-Clipper

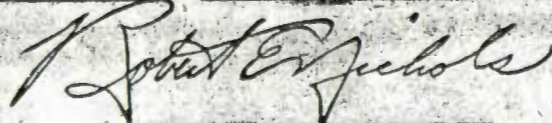
CLASS II

6 Shirts, khaki  
1 Blouse, Green O.D.  
1 Short Coat  
1 Silk Scarf  
1 Pants, pink  
2 Ties  
1 pr Trousers, Khaki  
1 Shirt, Green  
2 Caps, O.D.  
1 Belt  
2 pr Pants, Khaki  
2 pr Pants, Tropical Worsted  
1 pr Swimming trunks  
19 pr Sox  
1 pr Garters

CLASS II

1 pr Drawers, cotton  
1 pr Pajamas  
1 Trench coat  
6 pr Drawers, wool, short  
2 pr shoes, civilian  
1 pr shoes, tennis  
1 Belt w/buckle  
2 Bath towels  
1 Officers cap w/insignia

I warrant that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects CM. ETOUSA, A.P.O. 507, C-14, U.S. Army by delivering to Sta Quartermaster, Sta 118 on 4 April 1945



Signature - (In Ink)

ROBERT E. NICHOLS,

Name  
1st Lt., Air Corps

Rank & Organization

476832

RTD:WA:ap  
August 10, 1945

Mrs. Alfred J. Latser  
Wolbach, Nebraska

Dear Mrs. Latser:

The Army Effects Bureau has received from overseas some personal effects of your son, Second Lieutenant Bernard L. Knudson.

I am inclosing a check for \$18.16, representing funds which belonged to him. The remainder of the property is being forwarded to you in one package.

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify us and tracer will be instituted.

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

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

Yours very truly,

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

1 Incl—  
Check

SUBJECT: Report of transaction in disposing of the effects of

Bernard L. Knudson, C-2072357 late a  
(Name of deceased) (Army Serial Number)  
Second Lieutenant, Air Corps who died  
(Grade) (Organization, Army or Service)  
on the 24 day of March, 1945, at European Area

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

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

a. No legal representative or widow of decedent being present at 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. \_\_\_\_\_.)

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 2 August 1945, pursuant to Special Orders 228, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Alfred J. Latser 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. Alfred J. Latser of  
(Name of person found entitled)

Nebraska, (Number, Street or Avenue) Wolbach (City, Town or Village) State of

Nebraska, is the Mother of the  
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

# \*REPORT OF DENTAL SURVEY

## UPPER TEETH

| Right |    |    |   |   |   |   |   | Left |   |   |   |   |    |     |   |
|-------|----|----|---|---|---|---|---|------|---|---|---|---|----|-----|---|
| 8     | 7  | 6  | 5 | 4 | 3 | 2 | 1 | 1    | 2 | 3 | 4 | 5 | 6  | 7   | 8 |
| X     | 00 | 00 | 0 |   |   |   |   |      |   |   |   | 0 | 00 | mod | 0 |
| A     | A  | A  | A |   |   |   |   |      |   |   |   | A | A  | A   | A |
|       |    |    |   |   |   |   |   |      |   |   |   |   |    |     |   |

## LOWER TEETH

| Right |    |    |    |    |    |    |   | Left |    |    |    |    |    |     |    |
|-------|----|----|----|----|----|----|---|------|----|----|----|----|----|-----|----|
| 16    | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9    | 10 | 11 | 12 | 13 | 14 | 15  | 16 |
| X     | 0  | of | do |    |    |    |   |      |    |    |    | 0  | of | mod | X  |
| A     | A  | A  | A  |    |    |    |   |      |    |    |    | A  | A  | A   | A  |
|       |    |    |    |    |    |    |   |      |    |    |    |    |    |     |    |

CLASS IV

Occlusion Norm: Calculus: Slight, Medium, Heavy

Periodontoclasia None

Dental foci suspected: Yes ☐ No ☒

Other conditions None

Date

10-6-46, 19

Lt. F. Ciafoni  
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)

|   |   |   |
|---|---|---|
| X | X | X |
|---|---|---|

Teeth replaced by fixed bridge  
(oval to include abutments)

|   |   |   |
|---|---|---|
| ( | X | ) |
|---|---|---|

16-20622

ARMY EFFECTS BUREAU  
~~ACCOUNTING INVENTORY~~ M.C.

CASE NO.

476,832

TYPED BY

MS

DATE

10/24/45

STATUS

MIA

NAME

Bernard L. Knudson

A.S.N.

0-2072357

RANK

2nd LT

ORGANIZATION

CONSIGNOR

Q-114

AMOUNT

\$100.00

ACCOUNT NO.

PAID CHECK NO. 162546

171770

LIST NO.

Uk-568

CHECK DESCRIPTION:

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

DATED

SYMBOL

AMOUNT

REMARKS:

L/T to sec file

REGISTER OF DENTAL PATIENTS AT  
MOUNTAIN HOME, IDAHO

| (1) SURNAME         | (2) CHRISTIAN NAME | (3) RANK | (4) COMPANY | (5) REGIMENT OR STAFF CORPS | (6) AGE YEARS | (7) RACE | (8) NATIVITY | (9) SERVICE YEARS | (10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC. | (11) DATES AND NATURE OF TREATMENTS AND OPERATIONS | (12) RESULTS AND REMARKS |
|---------------------|--------------------|----------|-------------|-----------------------------|---------------|----------|--------------|-------------------|---------------------------------------------------------------------|----------------------------------------------------|--------------------------|
| Knudson, Bernard L. |                    | 2nd Lt   | Crew        | 8455                        | 19            | W        | Nebr         | 1 1/12            |                                                                     |                                                    |                          |

WU AJ279 59/57 CORRECT

WOLBACH NEBR MAR 11 1949 250P

CHICAGO QUARTERMASTER DEPOT

AGRD

REFERENCE IS MADE TO WESTERN UNION TELEGRAM DATED MARCH 9 1949  
CONTROL NO NC-21890 FROM MAJOR CALL QMC CHIEF AGRD PLEASE CHANGE  
DELIVERY INSTRUCTIONS FOR THE REMAINS OF LATE 2ND LT BERNARD  
L KNUDSON 02072357 TO READ AS FOLLOWS: BURIAL TO BE AT FULLERTON  
NEBRASKA CEMETERY FULLERTON NEBRASKA NOTIFY BEAMAN AND PALMER FUNERAL  
DIRECTORS FULLERTON NEBRASKA

MRS A J LARSEN

411P

9 1949 NC-21890 2ND 02072357..

INFORMATION SLIP

KNUDSON, BERNARD L., 2nd Lt.  
A. S. N. 02 072 357.  
Plot V, Row 12, Grave 299,  
USMC Margraten, Holland.

Please attach this slip when forwarding the requested document to our office.

|                     |        |          |       |      |  |
|---------------------|--------|----------|-------|------|--|
| KNUDSON, BERNARD L. |        | LT. 2357 |       |      |  |
| BAY                 | PALLET | BOX      | TALLY | TYPE |  |
|                     | 5      |          | 6310  | F.L. |  |

Knudson, Bernard L. 02 07 357 Second Lieutenant

Please inclose this slip when forwarding the required information and document.

NAME KNUDSON, BERNARD L. 2357

|              |             |             |       |
|--------------|-------------|-------------|-------|
| BAY          | PALLET      | BOX         | TALLY |
|              | 9           | 38          | 9900  |
| TYPE OF PKG. | WHSE. SPACE | INVENTORIED |       |
| GRB          |             |             |       |

V12-249

Serial No. 0207357 Name Knudson, Bernard L.  
 Grade \_\_\_\_\_ Rank \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 Nearest Relative \_\_\_\_\_  
 Address \_\_\_\_\_  
 Killed in Action ☒ Died of Disease \_\_\_\_\_  
 Date 24 Mar. 45 Hospital \_\_\_\_\_  
 Battle Area Beach Information \_\_\_\_\_  
 Place of Burial US Mil Cem Margraten  
 Point of Coordination \_\_\_\_\_  
 Description of Body \_\_\_\_\_  
 Members Missing \_\_\_\_\_  
 Signed \_\_\_\_\_