

283 PHILIP, JOE F. PVT. 364569, 765 EUR.AREA (MICH.) MED.DEPT. 1111111111

--- Col. Barden
 --- Capt. Fappiano
 --- B. Hughes
 --- M. Isham

DATE *Jul 19 7 30 AM '48*
 Pte Joe F. Philip
 HOURS *Army 36569765*

Interviewing Returning Escorts

1. Name of Escort <i>Howard E. Sheets 1st Sgt. Army</i>	2. Remains Escorted <i>Joe F. Philip Pte. Army</i>
3. Funeral Director <i>Stupny Bros. Funeral Directors</i>	Destination <i>11445 Canant Hamtramck Mich</i>
4. Item's returned <input checked="" type="checkbox"/> Receipt of Remains <input type="checkbox"/> Certificate of Interment <input type="checkbox"/> Rail-head Expenses	<input checked="" type="checkbox"/> Return of Ammunition <i>20 rds</i> <input checked="" type="checkbox"/> Receipt for Ammunition <input type="checkbox"/> Arm Band <input type="checkbox"/> Web Straps <input checked="" type="checkbox"/> Flag
5. Where did Escort meet family? <i>Were gone</i> Funeral Director? <i>Station</i>	6. Was the family pleased with Casket? <i>?</i> Funeral Director <i>yes</i>
7. Was shipping case used as a vault? <i>?</i>	8. Condition of Flag on shipping case? <i>Fair</i>
9. Did Escort present flag? <i>No</i> ---Military Funeral <i>?</i> ---Private Funeral <i>?</i> 9a. Did you stay for funeral? <i>No</i> left Depot <i>0845 14 July 48</i> arr. Dest. <i>0500 15 July 48</i> left Dest. <i>0800 17 July 48</i> arr. Station <i>1345 17 July 48</i>	10. Did Baggage-handlers or Passenger Agents handle the casket reverently? If not state station. <i>yes.</i>
11. Was expenses covered by per-diem? If not explain in detail. <i>yes</i> Did Escort stay at Hotel, Private Home or Boarding House?	12. Was identification questioned? <i>No.</i>

13. Remarks

Family were in Penn. at a wedding and had not returned when they were supposed to. So came on back.

Howard E. Sheets
 Escorts signature

AMERICAN GRAVES REGISTRATION DIVISION
COLUMBUS GENERAL DISTRIBUTION DEPOT
COLUMBUS 15, OHIOSUMMARY SHEET OF CLAIM OR POTENTIAL CLAIM BY FUNERAL DIRECTORS

In accordance with letter Office of the Quartermaster General dated 25 August 1948, file QMGMO, Subject: Discrepancies in Permanent 293 Files, the following information is furnished

To be filled in if claim has been received

Pvt. Joe F. Philip

1. Name and serial number of deceased: Army Serial 36 569 765
2. Name of claimant: Skupny Brothers, 11405 Conant Ave, Hamtramck 12, Michigan
3. Amount claimed: \$10.00
4. Amount allowed (if any): \$10.00
5. Purchase order number (if any): 1010-49

To be filled in if a potential claim exists

1. Name of potential claimant: _____
2. For transportation of remains of _____
Serial _____ from _____
to _____ and return escort to railhead
if necessary.

13 Sept 1948

Date

FRANCIS TAPIANO

Capt, QMC

OIC, Administrative Branch

FILE

CERTIFICATE

(AR 30-1830)

WORLD WAR II DECEASED

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

PART A - CIVILIAN OR PRIVATE CEMETERY

A	REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES <small>(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)</small>		
NAME OF DECEDENT <i>Joe F. Philip</i>	GRADE <i>Pvt</i>	SERIAL NUMBER <i>36569765</i>	COMPONENT <i>Army</i>
<p>I certify that the sum of \$ <u>202.00</u> was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.</p>			
INSERT NAME OF CEMETERY <i>Mt. Olivet</i>	CITY OR COUNTY <i>Detroit</i>	STATE <i>Michigan</i>	
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: (Return original and 3 copies) to: AMERICAN GRAVES REGISTRATION DIVISION COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS 15, OHIO			
SIGNATURE OF CLAIMANT <i>Joe F. Philip</i>		ADDRESS OF CLAIMANT (City, Street or RFD, and State) <i>Harold 3893 Harold, Detroit 12, Michigan</i>	
RELATIONSHIP TO DECEDENT <i>Mother</i>		DATE <i>July 19, 1948</i>	

PART B - NATIONAL OR POST CEMETERY

B	REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES <small>(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)</small>		
NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
<p>I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:</p>			
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED		
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: PAID ON VOUCHER 18535 ... 8/24/48 ... ACCOUNTS OF W. KNOBELOCH, Lt. Col. F. D.			
SIGNATURE OF CLAIMANT		ADDRESS OF CLAIMANT (City, Street or RFD, and State)	
RELATIONSHIP TO DECEDENT		DATE	

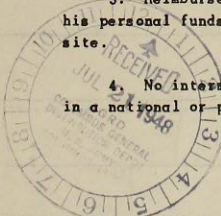
QMC FORM 1236
23 OCT 47REPLACES WD AGO FORM R-5507, QMC FORM R-5048
AND QMC FORM R-5066, WHICH ARE OBSOLETE.

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.
2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.
3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.
4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2, below.
2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.
3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.
4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.



RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DISTRIBUTION DEPOT

COLUMBUS OHIO

ROUTINE 14 JULY 1948

REMAINS CONSIGNED TO: SKUPNY BROTHERS FUNERAL DIRECTORS

11405 CONANT

HAMTRAMCK MICHIGAN

FROM QMDCG 23 BARDEN

REMAINS OF THE LATE PVT JOE F PHILIP ASN 36569765 BEING SHIPPED TO YOU
 ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 1-314 NEW YORK CENTRAL
 RAILROAD LEAVING COLUMBUS OHIO 11:20 PM FOURTEEN JULY AND DUE TO ARRIVE
 DETROIT MICHIGAN 5:10 AM RAILROAD TIME FIFTEEN JULY. REQUEST YOU
 IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN. REQUEST FURTHER YOU
 MAKE ARRANGEMENTS TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND
 TRANSPORT REMAINS AND ESCORT TO MRS MARY PHILIP AT DETROIT MICHIGAN AND
 RETURN ESCORT TO RAILROAD STATION. YOU SHOULD SUBMIT ITEMIZED STATEMENT
 IN QUADRUPLICATE PROPERLY CERTIFIED TO THIS DEPOT FOR PAYMENT OF
 TRANSPORTATION CHARGES ONLY IF ANY FROM DETROIT MICHIGAN STATION TO
 HAMTRAMCK

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

THIS 15 DAY OF July, 19 48

Howard F. Sheets
 WITNESS (Escort)

Skupny Bros
 CONSIGNEE

J. J. Skupny, Jr.
 SIGNED

NAT
 FILE
 RECORDS ANNOTATED
 DATE 17 Aug 48
 NAME alch...
 R & R BR.

1		DISINTERMENT DIRECTIVE				2	
		SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 3586 03288		DATE 15 12 47 DAY MONTH YEAR	
NAME PHILIP JOE F		SERIAL NUMBER 36569765		RANK PVT		ARM 1	
CEMETERY ST MERE EGLISE NO 2 - CARENTAN		DISPOSITION OF REMAINS 1 6200 07 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR			
PLOT I	ROW 8	GRAVE 144	COUNTRY FRANCE		CAUSE OF DEATH 6		
SECTION B — CONSIGNEE AND NEXT OF KIN							
NAME AND ADDRESS OF CONSIGNEE SKUPNY BROTHERS FUNERAL DIRECTORS 11405 CONANT HAMTRAMCK, MICHIGAN				NAME AND ADDRESS OF NEXT OF KIN MRS. MARY PHILIP (MOTHER) 3893 HAROLD DETROIT, MICHIGAN			
SECTION C — DISINTERMENT AND IDENTIFICATION							
NAME PHILIP, Joe F.		SERIAL NUMBER 36569765		RANK Pvt		DATE OF DEATH 3 JULY 44	
DATE DISTINTERRED 3 MAY 48		IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER ID		ORGANIZATION USAGF		RELIGION P	
				IDENTIFICATION VERIFIED BY C.R. TOMPKINS, Embalmer		NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL O.D. uniform		CONDITION OF REMAINS Advanced decomposition. Fractured pelvis.					
OTHER MEANS OF IDENTIFICATION None							
MINOR DISCREPANCIES None							
REMAINS PREPARED AND PLACED IN CASSET XXXX Transfer Case							
DATE 4 May 1948		BY C.R. Tompkins					
CASSET SEALED BY W.T. Bush		EMBALMER (Signature) W. T. Bush					
CASSET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY All markings, tags and plates verified by: JOHN PALYOK JR, 1/LT, FA.					
DATE 4 MAY 48		BY Jos. Walla (except casketing)					
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 ROBERT B. HOWARD, 2/Lt., INF.					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM USMC, St.Mere Eglise No.2		TO Casketing Point A, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Cpl. Campbell	
SIGNATURE OF SHIPPER <i>W.T. Dailey</i> W.T. DAILEY, CAPT, QMC.	DATE 6 MAY 48	SIGNATURE OF RECEIVER <i>E.N. Ciampo</i> E.N. CIAMPO, 1/LT., FA.	DATE 6 MAY 48
2. SHIPPED			
FROM Casketing Point A. Cherbourg		TO Port Unit, Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>E.N. Ciampo</i> E.M. CIAMPO, 1/LT., FA.	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> JOHN E. HENDRY, JR, MAJOR, CAC	DATE
3. SHIPPED			
FROM CHERBOURG PORT UNIE		TO NYPOE	
KIND OF CONVEYANCE USAT GREENVILLE VICTORY		NAME OF CONVOYER RAYMOND MC MANUS CAPT T.C.	
SIGNATURE OF SHIPPER JOHN E HENDRY JR MAJ CAC	DATE 17/6 48	SIGNATURE OF RECEIVER <i>Raymond E. McManus</i>	DATE 17/6 48
4. SHIPPED			
FROM USAT GREENVILLE VICTORY		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER RAYMOND E. MC MANUS Captain, TC Transport Commander	DATE 25/6/48	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T.C. PORT TRANSPORTATION OFFICER	DATE JUN 26 1948
5. SHIPPED			
FROM NYPE		TO DST	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T.C. PORT TRANSPORTATION OFFICER	DATE JUN 27 1948	SIGNATURE OF RECEIVER <i>Admiral Maj. T.C.</i>	DATE JUN 28 1948
6. SHIPPED			
FROM 1 8 144 EVANCE		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

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT <i>NY-011-2</i>	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION		INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator)			SECURITY CLASSIFICATION GOVT PD		
ACTION TO: MRS MARY PHILIP DLR AND REPORT ANY CHARGES 3893 HAROLD DETROIT MICHIGAN			PRECEDENCE FOR ACTION DAY LETTER		
			<input type="checkbox"/> ORIGINAL MESSAGE		
			REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
INFORMATION TO: FROM QMDCG <i>18875-D</i> BARDEN					
THIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE <u>PRIVATE</u> <u>JOE F PHILIP</u> ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO <u>SKUPNY BROTHERS FUNERAL DIRECTORS 11405 CONANT HAMTRAMCK MICHIGAN</u> PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME. REMAINS WILL ARRIVE AT RAILROAD STATION. HE WILL BE REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. WITHIN 48 HOURS OF DATE OF THIS MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE 48 HOUR PERIOD. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. IF YOU SHOULD DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS. BOWMAN CG COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO					
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL	DATE-TIME GROUP	OFFICIAL TITLE		PAGE 1 OF 1	
		FRANCIS FAPPIANO CAPT, QMC, Asst AGR Div			

WD AGO FORM
15 JUN 1945 11-168This form supersedes WD AGO Form 11-168, 23 Aug 44,
and WD AGO Form 801, 12 Mar 43, which are obsolete.

16-45801-1

U. S. GOVERNMENT PRINTING OFFICE

Model 1 Rail - Funeral Director Designated

WU57 31 COLLECT DETROIT MICH JUN 23 657P

BOWMAN CG COLUMBUS GENERAL DISTRIBUTION DEPOT

PLEASE SEND REMAINS OF THE LATE PVT JOE F PHILIP TO

SKUPHY BROTHERS FUNERAL DIRECTORS 11405 CONANT

HAMTRAMCK MICHIGAN VETERANS OF FOREIGN WARS WAYNE COUNTY

COUNCIL WILL FURNISH MILITARY HONORS

MARY PHILIP

11405

925A JUN 24

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NAME Philip, Joe F.		RANK Pvt	SERIAL NUMBER 36569765
SOURCE NYO11R		CONSIGNEE Slupny Brothers Funeral Directors 11405 Conant Hamtramck, Michigan	
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
<input checked="" type="checkbox"/> FINISH (EXTERIOR)	REMARKS		
<input type="checkbox"/> FINISH (INTERIOR)	<i>Touched up in Rays</i>		
<input type="checkbox"/> HANDLES			
<input type="checkbox"/> HANDLE BOLTS			
<input type="checkbox"/> STENCILING - NAMEPLATE			
<input type="checkbox"/> HEALTH PERMIT MARKER			
<input type="checkbox"/> HEALTH PERMIT NUMBER			
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF CASKET (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
<input checked="" type="checkbox"/> FINISH (EXTERIOR)	REMARKS		
<input type="checkbox"/> HANDLES AND FASTENINGS			
<input type="checkbox"/> STENCILING - NAMEPLATE			
<input type="checkbox"/> CAM LOCKS (SEALING)			
<input type="checkbox"/> ODOR OR MOISTURE			
Routed Through			
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> MORTUARY REPAIR SHOP	
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	
NECESSARY DISINFECTION (EXPLAIN)		CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		REMARKS	
TIME	DATE	SIGNATURE OF MORTICIAN	SIGNATURE OF INSPECTOR
			<i>[Signature]</i>
REMARKS			
<i>[Signature]</i>			

REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Pvt Joe F. Philip, 36 569 765
 Plot I, Row 8, Grave 144,
 United States Military Cemetery
 St Mere Eglise #2, France

24 September 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

PART I

I, Mary Philip

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

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

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

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

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

Mt. Olivet Cemetery, McNichols & Van Dyke, Detroit 5, Michigan
 (NAME AND LOCATION OF CEMETERY)

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

PRIVATE CEMETERY LOCATED AT _____

(LOCATION OF CEMETERY SELECTED)

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

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

☒ YES ☐ NO

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

none

89 DEC 1947

QMG FORM 345 MILITARY
 14 NOV 1946

16-50411-1

PAGE 1

NOV 13

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 Skupny Brothers Funeral Directors			
NUMBER AND STREET 11405 Conant	CITY OR TOWN Hamtramck 12,	COUNTY OR PROVINCE Wayne	STATE OR TERRITORY OF U. S. A., OR COUNTRY Michigan
EXPRESS OFFICE (Nearest railroad passenger station) Detroit, Michigan	TELEGRAPH ADDRESS 11405 Conant, Hamtramck 12, Mich.		TELEPHONE No. Tw. 1-2978

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 Philip	FIRST NAME Michael Rev.	MIDDLE INITIAL S.	RELATIONSHIP TO DECEASED Brother
NUMBER AND STREET 3983 Miller	CITY OR TOWN Detroit	COUNTY OR PROVINCE Wayne	STATE OR TERRITORY OF U. S. A., OR COUNTRY Michigan

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

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

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

X Mary Philip (SIGNATURE OF NEXT OF KIN) 3893 Harold (STREET AND NUMBER)
Mary Philip (NAME PRINTED OR TYPED) Detroit 12, Michigan (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 16th day of October, 1947, at city (or town) of Detroit, county of Wayne, and State (or Territory) of Michigan.

*NOTE.—Page 4 is part of the notarial attestation
JOHN J. SKUPNY
Notary Public, Wayne County, Mich.
My Commission Expires July 21, 1950

PAGE 2

16-50411-1

If you are the next of kin and you desire

I, THE _____
NAMED IN PART I OF THIS FORM, DO HEREBY
THE NEXT EXISTING PERSON IN THE ORDER

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

WHOM I UNDERSTAND SHALL HAVE THE

(SIGNATURE OF NEXT OF KIN)

(NAME PRINTED OR TYPED)

If you are NOT the next of kin authorized

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN NAMED ON PAGE 1 OF THIS FORM. THE DISPOSITION SHOULD BE DIRECTED.

LAST NAME
RELATIONSHIP TO THE DECEASED
NUMBER AND STREET

(SIGNATURE)

(NAME PRINTED OR TYPED)

16-50410-1

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

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

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

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

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

(SIGNATURE OF NEXT OF KIN)

(DATE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

PART III

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

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

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

(SIGNATURE)

(DATE)

(STREET AND NUMBER)

(NAME PRINTED OR TYPED)

(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

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

Stanley Philip, father of the late Pvt. Joe F. Philip 36 569 765, died June 30, 1943



Pvt Joe F. Philip, 36 569 765
 Plot I, Row 8, Grave 144,
 United States Military Cemetery
 St Mere Eglise #2, France

24 September 1947

Mr. Stanley Philip
 3893 Harold
 Detroit, Michigan

Dear Mr. Philip:

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

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

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

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

Sincerely,

THOMAS B. LARKIN
 Major General
 The Quartermaster General

Incls. 8

mjp

MEMO 293
Philip, Joe F.

9 August 1946

Mr. Stanley Philip
3893 Harold
Detroit, Michigan

Dear Mr. Philip:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private Joe F. Philip, A.S.N. 36 569 765.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery Ste. Mere Eglise #2, plot I, row 8, grave 144.

This cemetery is located twenty miles southeast of Cherbourg, France, and is under the constant care and supervision of United States military personnel.

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

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

Aug 8 12 13 PM '46
O. O. M. G.
MAIL & RECORDS BRANCH

EWZ

GRAVES REGISTRATION
Form No. 1
(Revised 1 Sept. 1943)**RESTRICTED**
REPORT OF BURIAL
TM 10-630 AND AR 30-181513588
9 July 1944
Date

95
 Phillip Joe F
 Last Name First Initial Rank
 491 COLLET
 Unit Organization
 Normandy, France 3 July 1944 K.I.A. Shrap W. Back
 Place of Death Date of Death Cause of Death
 1600 9 July 1944 St Mere Eglise, France
 Time and Date of Burial Name of Cemetery Name or Coordinates of Location
 144 8 I
 Grave Number Row Number Plot Number Type of Marker
 CROSS

Disposition of Identification Tags: Buried with body Yes ☒ No ☐ Attached to Marker Yes ☒ No ☐If No Identification Tags
How were remains identified?

What means of identification were buried with the body?

625

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

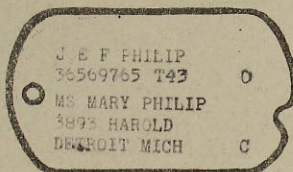
Who is buried on:

Deceased's Right: Henry 33275348 101 A/B 145
 Name Serial No. Rank Organization Grave No.

Deceased's Left: Watson, F.R. 18002663 Pvt 143
 Name Serial No. Rank Organization Grave No.

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

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



Emergency Addressee _____ Name _____

Address _____

Religion Protestant

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

2 Rings
 Lighter
 Pen
 Cig Holder
 Souvenir Coins

330 Francs

10 Shillings

Forwarded to Effects Quartermaster

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer

H.Q. 508, 9/5/44 500M/8/.

file 68
NOV 17 1944

IF DECEASED UNIDENTIFIED

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

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

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

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

[Handwritten signature]

Left Hand

2

1

Thumb

Right Hand

2

1

Thumb

TOOTH CHART

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

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

Characteristics:

Other Data:

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



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

154908

REPORT OF DEATHDATE 5 August 1944

vd. 4632

FULL NAME <u>Philip, Joe F.</u>		ARMY SERIAL NUMBER <u>36 569 765</u>		GRADE <u>Pvt.</u>	
HOME ADDRESS <u>Detroit, Michigan</u>		ARM OR SERVICE <u>Medical Department</u>		DATE OF BIRTH <u>30 Aug 22</u>	
PLACE OF DEATH <u>European Area</u>		CAUSE OF DEATH <u>Killed in action</u> ✓		DATE OF DEATH <u>9 Jul 44</u>	
STATION OF DECEASED <u>European Area</u>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <u>10 Feb 43</u>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS <u>1</u> <u>5</u> <u>0</u>	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <u>Mrs. Mary Philip, mother, 3893 Harold, Detroit, Mich.</u>					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <u>Mary Philip, mother, same as above</u> <u>Stanley Philip, father, same as above</u>					
INVESTIGATION MADE?	IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS
YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
					<u>X</u>

ADDITIONAL DATA AND/OR STATEMENT

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

☒ BATTLE☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

J. A. Marshall

ADJUTANT GENERAL

154,908

RTB:FR:eb
August 10, 1945

Mrs. Mary Philip
3893 Harold
Detroit, Michigan

Dear Mrs. Philip:

The Army Effects Bureau has received additional property of your son, Private Joe F. Philip, consisting of funds in the amount of \$8.66. 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 soldier's legal residence.

Yours very truly,

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

1 Incl:
Check

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO: Mrs. Mary Philip

Effects of:

Name Pvt. Joe F. Philip

ASN 36569765

Case No. 154,908 D

Wt.

DATE 10 August 1945

RTB:FR:eb

FOR: Effects Quartermaster

REMARKS:

☒ Inclose Bureau Check
 Acct. No. 145769
 Amount 8.66 *enc*
 Inclose "Valuables" item
 Ship "Valuables" item(s)

Remove C.I.
☒ Note discrepancy in *last name*
 Films removed
 Diary removed
 Laundry removed

119612 emh

ROUTING:

145769

154908

- ll*
 1 Accounting Branch
 Warehouse Division
 2 Files Branch, Adm. Div.

August 17

45

Mary Philip

8.66

Eight and 66/100

REMARKS

Franked _____
 Est. Exp. Chgs. _____
 Est. Pmt. Chgs. _____
 No. of package _____

Eff. OM Form 14 (26 Dec 44)

Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

154,908
PC

CASE NO.

TYPED BY
dg

DATE
6/2/45

STATUS
KIA

NAME
Joe F. Phillip

A.S.N.
36569765

RANK
-

ORGANIZATION
-

145769-6
ACCOUNT NO.
PAID-Check No. 119612
bat

AMOUNT
8.66

LIST NO.
F-271

REMARKS

ACCOUNTING INVENTORY

File 8B
8-10
D/C
8-3



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

IN REPLY REFER TO:

154908 M ✓

JRM:NM:lb
November 20, 1944

Mrs. Mary Philip ✓
3893 Harold ✓
Detroit 12, Michigan ✓

Dear Mrs. Philip:

The Army Effects Bureau has received some additional property of your son, Private Joe F. Philip. ✓

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

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

Extending every sympathy, I am

Sincerely yours,

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAUORDER FOR SHIPMENTShip To: Mrs. Mary Philip
3893 Harold
Detroit 12, MichiganEffects of
Name Pvt. Joe F. Philip
ASN 36569765
Case No. 154908 D
Wt.Ship Via FRANKED G B/L No. _____JRM:NM:lb
Date 20 November 1944Le Mc Mullan
For Effects Quartermaster

PACKAGES SHIPPED

1 pkg

TOTAL _____ WT. _____
Date Shipped NOV 21 1944Franked
Est. Exp. Chgs.
Est. Frt. Chgs.

REMARKS: 2nd Inventory

NOV 20 1944

NOV 22 1944

Eff. M Form 14 (Rev. 8-19-44)

Shipping Clerk

Shortage
330 Francs
10 Shillings

I certify the above-named items
were not contained in the
package when checked by me.

Inventory Clerk

Edith Smart

Inventory Clerk

Hub
Supervising Officer

INVENTORY OF EFFECTS

The following listed effects
were found on _____
(rank)

Phillip, Joe F. 36569765

(Name, (ASN)

Unknown 3 July 1944

(Orgn) (Date died,

Carried at St Mere Eglise #2

and effects forwarded to Effects Co.

- ✓ 2 rings
- ✓ lighter
- ✓ fountain pen
- ✓ cig. holder
- ✓ souvenir coins

④ 320 francs
⑤ 10 shillings

*Full
med*

[Signature]

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

JRM:MM:ct

Case No. 154903 MDate 28 October 1944

SUBJECT: Report of transactions in disposing of the effects of

Joe F. Philip
(Name of deceased)

36569765
(Army Serial Number)

late a

Private
(Grade)

Medical Department
(Organization, Army or Service)

who died

on the 9 day of July, 1944, at European

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., KOQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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

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

FINDING:

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 25 September 1944, pursuant to Special Orders 228, Headquarters, KOQM Depot, dated 25 September 1943, the application or affidavit of Mrs. Mary Philip

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. Mary Philip of (Name of person found entitled)

3893 Harold, Detroit 12, State of (Number, Street or Avenue) (City, Town or Village)

Michigan, 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)

W. F. HEHMAN, Major Q.M.C.

(Name, Rank, Organization)

SUMMARY COURT MARTIAL



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

(8-10-26-44)

JRM:NM:lb

September 26, 1944

IN REPLY REFER TO 154908 D

Mrs. Mary Philip
3893 Harold
Detroit 12, Michigan

Dear Mrs. Philip:

Thank you for the information furnished the Army Effects Bureau in connection with disposal of personal effects belonging to your son, Private Joe F. Philip.

This property, contained in one carton, is being forwarded and should reach you in the near future.

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

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

Record has been made of your son's Will, and this document and the Letter are returned to you herewith.

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

Yours very truly,

W. D. WALSER
1st Lt. Q.M.C.
Assistant

3 Incls--
Will
Letter
Envelope

Receipt Acknowledged:

Mary Philip
Mary Philip

10-8-44
Date



KANSAS CITY, MO.

OCT 11 1944 PM

AUG 26 1944

INVENTORY OF EFFECTS

(See AR 600-550)

Philip Joe F. 36562765
 (Last name) (First name) (Middle initial) (Army serial number)

late a Private 1st Med Coll Co.
 (Grade) (Organization or arm or service)

who died on the 9 day of July, 19 44

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

NUMBER	ARTICLES	*PACKAGE NUMBER
✓ 1	ETO Ribbon	
✓ 1	Glasses and Case	
✓ 1	Fountain pen	
✓ 1	Knife, pocket	
✓ 1	Pictures	
✓ 2	Sweaters	

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

CLASS II—Other effects

NUMBER	ARTICLES
	None

*Strike out words not applicable.

ARMY SERVICE FORCES
KANSAS CITY QUARTERMASTER DEPOL
601 Hardesty Avenue
Kansas City 1, Missouri

IN REPLY REFER TO: QM 201

SUBJECT: Request for Report of Status

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

1. It is requested that the Army Effects Bureau be informed whether records as deceased or missing in action. is carried on your

2. It also is requested that this Bureau be furnished the name, address, and relationship of his beneficiary, alternate beneficiary, nearest relative, and the bailee designated to receive his lost or mislaid property.

For the Commanding Officer:

DS:jeb
Eff QM Form 68

C O P Y
KCQMD
AEB 1b

LAST WILL AND TESTAMENT

OF

Joe F. Philip

Place: Detroit, Michigan

Beneficiary: Mrs. Mary Philip, mother

Alternate Beneficiary: none

Executrix: Mrs. Mary Philip, mother

Date: 13 August 1943 at Camp Maxey, Texas

Witnesses

N.S. Evenloy, Capt	Bronswville, Penn.
Malcolm M. Allaway 2nd Lt.	Republic, Missouri
Albert J. Mischik	Bridgeport, Conn.

3893 Harold
Detroit 12, Michigan
September 15, 1944

IMMEDIATE ACTION

Army Service Forces
Kansas City Quartermaster Depot
601 Hardesty Avenue
Kansas City 1, Missouri

Re: #154,908 D

Dear Sir:

In response to your letter of September 8, 1944, I wish to inform you that my son, Joe F. Philip, was single (not married). His father, Stanley, died June 30, 1943.

A photostatic copy of the last Will and Testament is enclosed.

Sincerely yours,

Mrs. Mary Philip

Mrs. Mary Philip

*File
Am.*



KANSAS CITY, MO.
SEP 18 1944

Sincerely yours,

Wm. H. Phillips



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

(S-10-8-14)

JRM:NM:mn

September 8, 1944

IN REPLY REFER TO #154,908 D

Mr. Stanley Philip
3893 Harold
Detroit, Michigan

Dear Mr. Philip:

The Army Effects Bureau has received from overseas some personal property of your son, Private Joe F. Philip, consisting of a few items.

To make proper disposition of this property, it is necessary that we have certain information regarding your son's family. I would like to know whether he was married and, if so, the name and address of his widow.

If your son left a Will which has been probated, please furnish the original or a certified copy of the Letters Testamentary. Any papers submitted will be returned to you as soon as possible.

Please mail your reply in the inclosed self-addressed envelope which needs no postage, as this will accelerate delivery of the property.

Sincerely yours,

A. L. SMITH
Administrative Assistant
Army Effects Bureau

1 Incl--Envelope