

293 SCANLON, JENNINGS B.

20 523 462 SGT.

INF. SO. WEST PAC. AREA (KY.) 45rs





RES908081701

WNR-01-09-024-1-027-06-003

Transfer#:W092-70A0001A Box:5704 CC:00

ARR1-2815124120

Asset#: AAC1-23786922

Whole Container: N

C/F:SCANLON,JENNINGS,B,20523462

Created: 08/07/2017

General Reference

On-Site Review

Standard On-site Review N/A

TO:

REVIEW

8353



O R I G I N A L

## RECEIPT OF REMAINS

HEADQUARTERS, NYPE

DISTRIBUTION CENTER DISTRIBUTION CENTER #1, AGRS ROUTINE

58th ST. &amp; 1st AVE., BROOKLYN, NEW YORK

REMAINS CONSIGNED TO:

BRUNER &amp; SIMS FUN'L HOME

1046 BEAUMONT AVE

HARRODSBURG KENTUCKY

REMAINS OF THE LATE

SGT JENNINGS B SCANLON

ACCOMPANIED BY AN

ESCORT ARE SCHEDULED TO LEAVE

JERSEY CITY

ON TRAIN

NUMBER 1

B&amp;O RAILROAD AT TWO PM EST

ON TUESDAY 25 OCTOBER

AND DUE TO ARRIVE AT HARRODSBURG

AT NINE THIRTY PM

ON THURSDAY 27 OCTOBER

PLEASE ARRANGE TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL AND

PLEASE NOTIFY THE NEXT OF KIN OF THE DATE AND TIME OF ARRIVAL.

## ESCORT:

SGT LOUIS A BALIKOS  
RA 31 428 977  
DET #5 1300 ASU

G. H. BARE

COLONEL, QMC

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased  
 this 28<sup>th</sup> day of oct, 1949  
 (Day) (Month)

21 NOV 1949

REPATRIATION  
BRANCH  
MEM. FILE

St Louis A Balikos  
 (Witness (Escort))  
 RA-31428777

Bruner & Sims Funeral Home  
 (Consignee)

QMC FORM  
REV 5 MAR 48 1193





SEP 7 1950

IDENTIFICATION DIVISION

TO: DIRECTOR, FBI  
FROM: SAC, NEW YORK  
SUBJECT: [illegible]

RE: [illegible]

DATE: [illegible]

BY: [illegible]

FILED: [illegible]

RECEIVED: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]



## DISINTERMENT DIRECTIVE

SECTION A—  
NAME AND BURIAL LOCATION OF DECEASED

## DIRECTIVE NUMBER

7747 10613

## DATE

15 05 48  
DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
SCANLON JENNINGS B	20523462	SGT	1	
CEMETERY	DISPOSITION OF REMAINS			
USAF CEMETERY MANILA NO 2	1 5200 07			
CODE				DIST. PT.
				CAUSE OF DEATH
				X 1
PLOT	ROW	GRAVE	COUNTRY	
3	13	1586	PHILIPPINE ISLANDS	

## SECTION B— CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
BRUNER AND SIMS FUNERAL HOME  
1046 BEAUMONT AVENUE  
HARRODSBURG, KENTUCKY

NAME AND ADDRESS OF NEXT OF KIN  
MR. BRYAN SCANLON (FATHER)  
957 MORELAND AVENUE  
HARRODSBURG, KENTUCKY

## SECTION C— DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
SCANLON, Jennings B.	20523462	Sgt		27 Jan '49
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS	USAGF	P	RICHARD HOYT OK	
<input type="checkbox"/> MARKER			Embalmer NAME AND TITLE	

## SECTION D— PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES 1	
REMAINS PREPARED AND PLACED IN CASKET	
DATE 27 Jan '49	BY RICHARD HOYT
CASKET SEALED BY	EMBALMER (Signature) <i>Richard Hoyt</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 27 Jan '49	BY EARLE McDANIEL, Sgt., Inf.
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	
LORENZO T. OJEDA, 1st Lt., Inf.	

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

RECORD OF CUSTODIAN INVENTORY



# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM AGRS Remains Depot	TO USAT JOSEPH F. MERREL
KIND OF CONVEYANCE Truck	NAME OF CONVOYER WEYMAN L. McGUIRE, 1st MC Sgt., QMC
SIGNATURE OF SHIPPER <i>Edward A. Brick</i>	SIGNATURE OF RECEIVER <i>Paul S. Gaudinell</i>
DATE 6 Aug 49	DATE 6 Aug 49

## 2. SHIPPED

FROM AGRS Port Officer	TO USAT Sgt. MORRIS E. GRAIN
KIND OF CONVEYANCE Truck	NAME OF CONVOYER
SIGNATURE OF SHIPPER D. L. ADAIR, Major, TC	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE SEP 21 1949	DATE SEP 21 1949

## 3. SHIPPED

FROM HQ SFFE, FT MASON, CALIF.	TO DC-1 Brooklyn Army Base NYPT
KIND OF CONVEYANCE RAIL	NAME OF CONVOYER <i>[Signature]</i>
SIGNATURE OF SHIPPER AMBROSE C. ARTHUR MAJOR	SIGNATURE OF RECEIVER <i>[Signature]</i>
DATE SEP 21 1949	DATE OCT 10 1949

## 4. SHIPPED

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

## 5. SHIPPED

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

## 6. SHIPPED

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

## 7. SHIPPED

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



CASE NO.		INSPECTION CHECK LIST				SPACE NO.	
NAME OF DECEASED (Last, First, Middle Initial)		BRANCH OF SERVICE	RACE	RELIGION	SEX	DATE	
SCANLON, JENNINGS B.		AGF	W		M		
RANK OR GRADE	SERIAL NUMBER	CONSIGNEE					
SGT	20523462	BRUMER & SIMS FUNERAL HOME 1046 BEAUMONT AVE. HARRODSBURG, KENTUCKY					
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)		CONDITION OF SHIPPING CASE (Check One)					
		<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
FINISH (Exterior)		REMARKS  OK					
FINISH (Interior)							
HANDLES							
HANDLE BOLTS							
STENCILING—NAME PLATE							
HEALTH PERMIT MARKER							
HEALTH PERMIT NUMBER							
CASKET—GENERAL APPEARANCE (Check ONLY Discrepancies)		CONDITION OF CASKET (Check One)					
		<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY					
FINISH (Exterior)		REMARKS  Retouch casket  OK					
HANDLES AND FASTENINGS							
STENCILING—NAME PLATE							
CAM LOCKS (Sealing)							
ODOR OR MOISTURE							
ROUTED THROUGH							
<input type="checkbox"/> MORTUARY OPERATING ROOM CONDITION OF REMAINS <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY NECESSARY DISINFECTION (Explain)		<input type="checkbox"/> REPAIR SHOP CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO REMARKS					
TIME	DATE	SIGNATURE OF MORTICIAN		TIME	DATE	SIGNATURE OF INSPECTOR	
						<i>Inspected</i> <i>Harrell</i>	
REMARKS							



*A 6ND*

RECEIVED

WU 046 61 COLLECT

1949 OCT 25 23 09

HARRODSBURG KY OCT 25 415P

G H BARE

COLONEL AMC

GREENWICH MEAN TIME (Z)  
U. S. ARMY COMCENTER  
HQ. IIYF 3800 KLYN. NY

TELEGRAM SENT US ON OCTOBER 18-49 STATES THAT REMAINS OF  
SGT JENNINGS B SCANLON WOULD ARRIVE AT HARRODSBURG KY ON  
THURSDAY OCTOBER <sup>27-49</sup> ~~27-49~~ AT 9:30 PM TODAY WE RECEIVED NOTICE  
FROM RAILWAY AGENT THAT TWO BODIES WOULD ARRIVE AT  
HARRODSBURG KY OCTOBER 26-49. WOULD YOU PLEASE ADVISE US  
WHETHER OR NOT ONE OF THESE REMAINS ARE SGT JENNINGS B  
SCANLON

BRUNER AND SIMS FUNERAL HOME

603P

18-49 27-49 9:30 PM 26-49..

*Action:  
Phoned  
Maj Mc Carthy  
36004*



*MacGee*

AGR DIVISION, NYPE

BRUNER AND SIMS FUNERAL HOME

1046 BEAUMONT AVENUE

HARRODSBURG, KENTUCKY

CORRECT ARRIVAL TIME AND DATE FOR REMAINS OF LATE SGT JENNINGS B. SCANLON IS  
NINE-THIRTY PM, WEDNESDAY, 26 OCTOBER. REGRET THE ERROR IN OUR ORIGINAL TELEGRAM.

G. H. BARE  
COLONEL, QMC

(Graves)

1445(Z)26Oct49



*AMP*

RECEIVED

1949 SEP 16 22 24

GR. EDWIN MEAN TIME 121  
ON 11/1/49

WU 006 21 COLLECT 5 EXTRA

HARRODSBURG KY SEP 16 300P

DISTRIBUTION CENTER ONE

NEW YORK PORT OF EMBARKATION

CONCERNING PLANS FOR BURIAL OF SGT JENNINGS B SCANLON ARE  
TO BE AS PREVIOUSLY GIVEN

BYRAN SCANLON 957 MORELAND AVE HARRODSBURG KY

521P

957..



Distribution center #1  
NEW YORK PORT OF EMBARKATION  
BROOKLYN, NEW YORK

1949 SEP 8 18 12

I certify that this message is an official business and that its transmission with a lower precedence, or by air mail, regular mail, or scheduled messenger would be prejudicial to the public interest.

MR. BRYAN SCANLON  
957 MORELAND AVENUE  
HARRODSBURG, KENTUCKY

GREENWICH MEAN TIME  
U.S. STANDARD TIME

MERRELL

JAMES MCCARTHY  
Major, TC  
Admin O, AGR Div.

PLEASE BE ADVISED THE REMAINS OF THE LATE SGT JENNINGS B. SCANLON  
ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED  
TO BRUNER AND SIMS FUNERAL HOME, 1046 BEAUMONT AVENUE, HARRODSBURG,  
KENTUCKY

WE CANNOT GIVE A DEFINITE DELIVERY DATE. IT IS EXPECTED THAT AN INTERVAL OF  
SEVERAL WEEKS WILL ELAPSE BEFORE DELIVERY CAN BE EFFECTED. YOUR FUNERAL DIRECTOR  
WILL BE NOTIFIED BY TELEGRAM THREE DAYS PRIOR TO DELIVERY GIVING DATE AND TIME  
REMAINS WILL ARRIVE AT RAILROAD STATION. PLEASE INSTRUCT FUNERAL DIRECTOR TO  
ACCEPT REMAINS AT RAILROAD STATION ON ARRIVAL. HE WILL BE REQUESTED TO INFORM  
YOU SO YOU MAY MAKE FINAL FUNERAL ARRANGEMENTS. REMAINS WILL BE ACCOMPANIED BY  
MILITARY ESCORT. SUGGEST YOU ARRANGE WITH LOCAL PATRIOTIC OR VETERANS' ORGANIZA-  
TION IF YOU DESIRE MILITARY HONORS AT FUNERAL. PLEASE CONFIRM ABOVE DELIVERY  
INSTRUCTIONS WITHIN FORTY EIGHT HOURS OF RECEIPT OF THIS MESSAGE BY TELEGRAM  
COLLECT TO DISTRIBUTION CENTER ONE, NEW YORK PORT OF EMBARKATION OR SUBMIT NEW  
INSTRUCTIONS. WE REGRET IT WILL BE IMPOSSIBLE TO COMPLY AT GOVERNMENT EXPENSE  
WITH CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER EXPIRATION OF THE FORTY EIGHT  
HOURS. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

DOG (REV)

RELEASED TO W  
16 SEP 1 48

G. H. BARE  
COL, QMC

222



293 FILE

## DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial)

SCANLON, Jennings B.

GRADE

SGT

PRESENT SERIAL NUMBER

20 523462

ORGANIZATION

HOGS Co  
192ND TK BN

RACE

white

CREED

Protestant

FORMER SERIAL NUMBER  
(If Applicable)

none

DATE OF DEATH/MIA

8 July '42

CAUSE OF DEATH

Malaria, Dysentery, Inanition

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

PW Camp  
Calanatuan P.I.

DATE OF FOD

30 July '45

HEIGHT

73 inches

WEIGHT

255

COLOR EYES

Brown

COLOR HAIR

Brown

SHOE SIZE

Induction

DENTAL CHART Date 20 Oct '39

UPPER RIGHT

X 7 6 5 4 3 2 1

UPPER LEFT

1 2 3 4 5 6 7 X

LOWER RIGHT

16 15 14 13 12 11 10 9

LOWER LEFT

9 10 11 12 13 14 15 16

X = Extracted

O = Cavity

I = Cavity Non-Restorable

FRACTURES AND/OR BREAKS

none shown

TATTOOS AND/OR BIRTHMARK

none shown

ADDITIONAL INFORMATION

Previously buried in USAF Cemetery, Manila #2,  
Luzon P.I. on 13 Feb '46. Plot No 3, Row  
No 13, Grave No 1586.

no form 79's available.

NAN  
File

OCT 16 1950

Identification Branch



IDENTIFICATION BRANCH  
OCT 17 9 24 AM '50  
MEMORIAL DIVISION



RECEIVED  
PENTAGON LIAISON  
SEP 25 1950  
MEM. DIV. CQMG



293 FILE

## DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial)

SCANLON, Jennings B.

GRADE

Sgt.

PRESENT SERIAL NUMBER

20523462

ORGANIZATION

RACE

CREED

FORMER SERIAL NUMBER  
(If Applicable)

DATE OF DEATH/MIA

CAUSE OF DEATH

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

DATE OF FOD

HEIGHT

WEIGHT

COLOR EYES

COLOR HAIR

SHOE SIZE

UPPER RIGHT

UPPER LEFT

LOWER RIGHT

LOWER LEFT

X = Extracted

O = Cavity

1 = Cavity Non-Restorable

FRACTURES AND/OR BREAKS

TATTOOS AND/OR BIRTHMARK

ADDITIONAL INFORMATION

1 Form 79 attached.

Buried in U.S. Cemetery

Manila #2 Luzon P.I.

Body placed in Shelter half

Grave # 1586 - Row 13 Plot 3

NAN-File  
Sanborn T.  
6/10/50  
ed B1.







## REGISTER OF DENTAL PATIENTS AT

Fort n Knox, Kentucky

(1) Surname (2) Christian Name

Scanlon Jennings B. (20523462)

(3) Rank (4) Company (5) Regiment

Pfc. Hq. 192nd Tank. Bn(6) Age (7) Race (8) Nativity (9) Serv.  
(Yrs.)20 W Ky. 9/12 (N.G.)

										(10) Disease or injury with location, complications, sequelae, etc.	(11) Dates and nature of treatments and operations	(12) Results and remarks
										C-I-6	T.E.I.A.	
										C-I-7	T.E.I.A.	
											8/18/41	
												C-I-II
												WFO

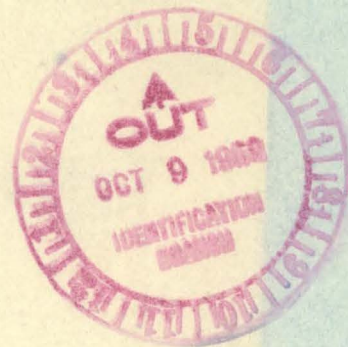
L. O. Geary Plt. A.

Dental Corps, U.S.A.

Form 79-Medical Department, U.S.A.

(Revised April 13, 1938)







101333

REQUEST FOR REIMBURSEMENT OF INTERMENT  
OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

NAME OF DECEDENT (Last, First, Middle Initial)

BRANCH OF SERVICE

TO BE FILLED IN BY CLAIMANT

SCANLON, JENNINGS B.

AGF

RANK OR GRADE

SERIAL NO.

SGT

20523462

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

PAID

## INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required and sign four copies.
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

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

NAME:

Spring Hill

CITY OR COUNTY:

Harrodsburg

STATE:

Ky

RETURN FOUR COPIES TO

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)

SIGNATURE OF CLAIMANT

J. B. Scanlon Sr.  
957 Moreland Ave

ADDRESS (Street number or RFD, City and State)

Harrodsburg Ky

RELATIONSHIP TO DECEDENT

Father

REMARKS

J. C. Kovarik  
Col., F. D.  
Brooklyn, N. Y.

NOV 1949

Sym. 215-130  
Sta. 625



## PART A

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.

## PART B

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.



## REQUEST FOR DISPOSITION OF REMAINS

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

DATE:

Sgt Jennings B. Scanlon, 20 523 462  
 Plot 3, Row 13, Grave 1586,  
 United States Armed Forces Cemetery  
 Manila #2, Philippine Islands

20 November 1947

DO NOT WRITE ABOVE THIS LINE

A		C	
B		D	

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, BRYAN SCANLON  
 (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

Spring Hill Cemetery - Harrodsburg Ky - U.S.A.  
 (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

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.

Coded a.v. Jones  
5-25-48

OQMG FORM 345 MILITARY  
 14 NOV 1946

PAGE 1

JAN 9



## PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with you on 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
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		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			
Bruner + Sims Funeral Home			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
1046 Beaumont ave	Harrodsburg	Mercer	Ky -
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Harrodsburg Ky	Harrodsburg Ky	189	

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
Scanlon	Alma	Fi	Mother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
957 Moreland Ave	Harrodsburg	Mercer	Ky -

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.

Bryan Scanlon (SIGNATURE OF NEXT OF KIN)      957 Moreland Ave (STREET AND NUMBER)  
Bryan Scanlon (NAME PRINTED OR TYPED)      Harrodsburg Ky (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 3 day of Dec

1947 at city (or town) of Harrodsburg, county of Mercer, and State (or Territory or District) of Kentucky

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

Ernestine Reed  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
Notary Public Mercer Co. Ky.  
 (OFFICIAL TITLE)

My commission expires March 23, 1949.



**PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY**

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

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

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

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

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

_____	_____ (DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

**PART III**

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

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

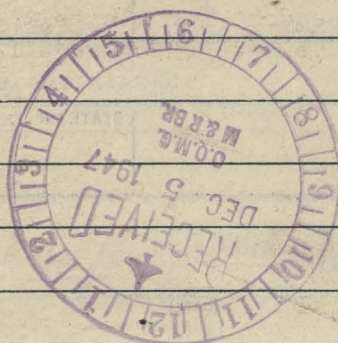
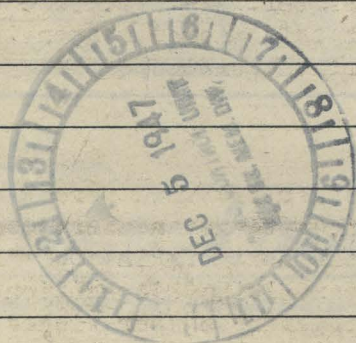
LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

_____	_____ (DATE)
(SIGNATURE)	(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.*





Sgt Jennings B. Scanlon, 20 523 462  
Plot 3, Row 13, Grave 1586,  
United States Armed Forces Cemetery  
Manila #2, Philippine Islands

20 November 1947

Mr. Bryan Scanlon  
957 Moreland Avenue  
Harrodsburg, Kentucky

Dear Mr. Scanlon:

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.

lh



RESTRICTED

34283

WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

16 Mar 46<sup>13</sup>Imprint Identification Tag If Possible.  
DO NOT TYPEJENNINGS B. SCANLON  
20523462 T41 B  
P O

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

273 SCANLON, Jennings B

SERIAL No.

20523462

GRADE

Pfc

ORGANIZATION

192 Tank

BRANCH OF SERVICE

Army

RACE

RELIGION

Protestant

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

Cabanatuan Prison Camp  
Luzon, P I

CAUSE OF DEATH

Malaria, Dysentery, Inanition

DATE OF DEATH

8 Jul 42

EMERGENCY ADDRESSEE (Name, relationship, and address)

J. B. Scanlon (F) 957 Mareland Ave., Harradsburg, Ky.

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

Yes (1)

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (1)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

## Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Manila #2, Luzon, P I

DATE OF BURIAL

13 Feb 46

HOUR

0900

BURIED IN (Shroud, blanket, or name of other)

Shelter Half

TYPE OF GRAVE  
MARKER

Cross

PLOT No.

3

ROW No.

13

GRAVE No.

1586

WAS THIS A REBURIAL?  
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

POW Camps I & II Cabanatuan Cemetery, Luzon, PI  
45.7-70.9 1/50,000

PLOT No.

4

ROW No.

0

GRAVE No.

476

TYPE OF RELIGIOUS  
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODYIDENTIFICATION TAG BURIED WITH  
BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

BRENNISEN, William

RANK

T/Sgt

SERIAL No.

1024670

ORGANIZATION

27 Mat

GRAVE No.

1585

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

CONAWAY, Rolland L

RANK

Cpl

SERIAL No.

18003407

ORGANIZATION

34 Bur Sq

GRAVE No.

1587

SIGNATURE OF PERSON PREPARING REPORT

R. C. BARRETT, S/Sgt., GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

E. M. MOORE, 1st Lt., GRS.

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

16-43997-1



## RESTRICTED

## Section 3. UNIDENTIFIED REMAINS.


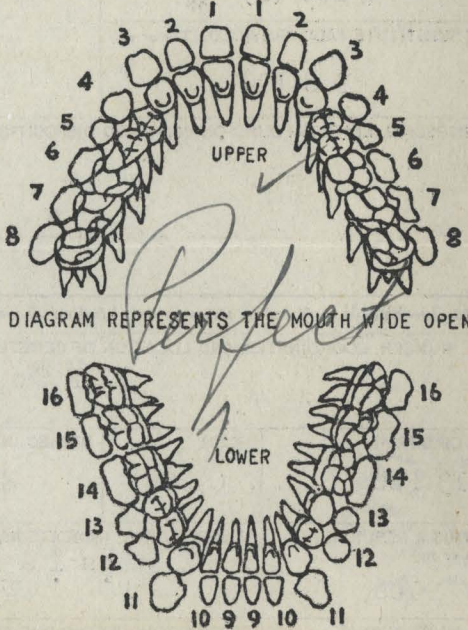




## INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

REMARKS:

RESTRICTED



Act  
43 Scanlon, Jennings B.

Act

X

Report of Death 694 192ND

Name - SCANLON, JENNINGS B Rank - Sgt. Org - TANK

Service No - 20523462 Age - 30 Born - July, 1922

Home Address - 957 MORELAND AVE., HARRADSBURG, IV.

Time of Death - 8 AM JULY 28, 1942 Cause - DYSENTERY

Next of Kin - J. B. SCANLON,

(Father)

SAME ADDRESS.

Belongings - NONE

Buried At - O

Hospital Area

was killed

Lt. Col ME

18692

43 Scanlon,  
Jennings B. 20523462

File with  
Helen  
ed per  
27 Feb 52



## DENTAL CHART

Unknown X-

NAME

R-8 \_\_\_\_\_  
R-7 \_\_\_\_\_  
R-6 \_\_\_\_\_  
R-5 \_\_\_\_\_  
R-4 \_\_\_\_\_  
R-3 \_\_\_\_\_  
R-2 \_\_\_\_\_  
R-1 \_\_\_\_\_

R-8 \_\_\_\_\_  
R-7 \_\_\_\_\_  
R-6 \_\_\_\_\_  
R-5 \_\_\_\_\_  
R-4 \_\_\_\_\_  
R-3 \_\_\_\_\_  
R-2 \_\_\_\_\_  
R-1 \_\_\_\_\_

L-1 \_\_\_\_\_  
L-2 \_\_\_\_\_  
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L-8 \_\_\_\_\_

R-16 \_\_\_\_\_  
R-15 \_\_\_\_\_  
R-14 \_\_\_\_\_  
R-13 \_\_\_\_\_  
R-12 \_\_\_\_\_  
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R-9 \_\_\_\_\_

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L-14 \_\_\_\_\_  
L-15 \_\_\_\_\_  
L-16 \_\_\_\_\_







## DENTAL CHART

Unknown X-

NAME

R-8  
R-7  
R-6  
R-5  
R-4  
R-3  
R-2  
R-1

R-8  
R-7  
R-6  
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L-16

L-9  
L-10  
L-11  
L-12  
L-13  
L-14  
L-15  
L-16



SENSITIVE SURFACE - HANDLE EDGES ONLY

## WAR DEPARTMENT

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

SPECIAL P.I. CASE

REPORT OF DEATH BV/ess/3811

DATE 3 August 1945

FULL NAME				ARMY SERIAL NUMBER				GRADE																		
Scanlon, Jennings B. (Japanese POW, P.I.)				20 523 462				Sgt																		
HOME ADDRESS				ARM OR SERVICE				DATE OF BIRTH																		
Harrodsburg, Kentucky				INF				16 July 1921																		
PLACE OF DEATH				CAUSE OF DEATH				DATE OF DEATH																		
Cabanatuan Prison Camp Southwest Pacific Area				Malaria, Dysentery, Inanition				8 July 1942																		
STATION OF DECEASED				DATE OF ENTRY ON CURRENT ACTIVE SERVICE				LENGTH OF SERVICE FOR PAY PURPOSES																		
Southwest Pacific Area				2 Oct 1939				<table border="1"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				YEARS	MONTHS	DAYS												
YEARS	MONTHS	DAYS																								
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)																										
Mr. Bryan Scanlon, father, 957 Moreland Ave., Harrodsburg, Ky.																										
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)																										
Mr. Bryan Scanlon, father, same as above																										
Mrs. Alma F. Scanlon, mother, same as above																										
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)														
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO													
	X	X			X	X					X															
ADDITIONAL DATA AND/OR STATEMENT																										
<div style="text-align: right;"> <input type="checkbox"/> BATTLE         <input checked="" type="checkbox"/> NON-BATTLE       </div> <p>The individual named in this report is shown by the records of the War Department to have been in a beleaguered status from 8 December 1941 to and including 6 May 1942 and absent in a missing status on and subsequent to 7 May 1942 and until absence was terminated on 30 July 1945, on which date evidence considered sufficient to establish the fact of death on 8 July 1942, was received by the Secretary of War from a Commander in the Southwest Pacific Area.</p>																										
<div style="text-align: right;">           FILE            AUG 7-1945            DG         </div>																										
<table border="1"> <tr> <th colspan="3">COPIES FURNISHED:</th> </tr> <tr> <td>S. G. O.</td> <td>F. B. I.</td> <td>F. O., U. S. A.</td> </tr> <tr> <td>S. O. Q. M. G.</td> <td>O. F. D.</td> <td>ARMY EFFECTS BUREAU</td> </tr> <tr> <td>G. A. O.</td> <td>VET. ADMIN.</td> <td>CASUALTY BRANCH FILE</td> </tr> <tr> <td></td> <td></td> <td>A. G. 201 FILE</td> </tr> </table>												COPIES FURNISHED:			S. G. O.	F. B. I.	F. O., U. S. A.	S. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU	G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE			A. G. 201 FILE
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BY ORDER OF THE SECRETARY OF WAR: <div style="text-align: right;"> <i>et Shultz</i>              ADJUTANT GENERAL           </div>																										