

11768

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

DATE

30 October 1948

NAME OF DECEDENT (Last, First, Middle Initial)

KALINOWSKI, EDWARD F.

BRANCH OF SERVICE

INF

TO BE FILLED IN BY CLAIMANT

A. ☒ INTERMENT EXPENSES
(Civilian or Private Cemetery)

H. A. BULLUCK

B. ☐ TRANSPORTATION EXPENSES
(National or Post Cemetery)

F.D.

SCHENECTADY, N.Y.

Sym. No. 212-130

Sta. No. 820

NOV 1948

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.

PAID

NOV 9 1948

NOV 9 1948

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: St. Mary'sCITY OR COUNTY: Hoosick FallsSTATE: N.Y.

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)

RETURN FOUR COPIES TO

COMMANDING OFFICER
SCHENECTADY GEN DIST DEPOT US ARMY
SCHENECTADY, NEW YORK
ATTN: CHIEF, AGR DIVISION

SIGNATURE OF CLAIMANT

Anthony Kalinowski Sr
ADDRESS (Street number or RFD, City and State)

4 School St, Hoosick Falls, N.Y.
RELATIONSHIP TO DECEDENT

Father

REMARKS

Anthony Kalinowski
4 School St
Hoosick Falls, N. Y.

RECEIPT OF REMAINS

DISTRIBUTION CENTER

SCHENECTADY GEN DEPOT US ARMY
SCHENECTADY, N. Y.

ROUTINE

REMAINS CONSIGNED TO: LEO J MAHAR
43 MAIN ST.
HOOSICK FALLS, N.Y.

293
REMAINS OF THE LATE PRIVATE FIRST CLASS EDWARD F KALINOWSKI A 32 740 106
BEING SHIPPED TO YOU ACCOMPANIED BY A MILITARY ESCORT ON TRAIN NUMBER 58
BOSTON AND MAINE RAILROAD LEAVING TROY 1:00 PM 29 OCT
AND DUE TO ARRIVE HOOSICK FALLS STATION 1:38 PM 29 OCTOBER.
REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL
AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN.

R. D. BLANKENHORN
LT. COLONEL, QMC

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

THIS 29 DAY OF Oct, 1948
DAY MONTH

Michael J. Lindquist
WITNESS (Escort)

Leo J. Mahar
CONSIGNEE

29/597 ER 6944584

ALL
FILES
RECORDS
DATE
NAME
29 Nov 48
RR Lloyd
R & R

CRJ

1

NOV 2 1948

CIER

DISINTERMENT DIRECTIVE

58-47

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 3504 01549		DATE 15 06 48 DAY MONTH YEAR		
NAME KALINOWSKI EDWARD F				SERIAL NUMBER 32740106		RANK PFC		ARM 1
CEMETERY ANDILLY - LAY ST REMY						DATE OF DEATH 2300 02 CODE DIST. PT.		
PLOT E	ROW 9	GRAVE 203	COUNTRY FRANCE			CAUSE OF DEATH 2		

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE LEO J. MAHAR 43 MAIN STREET HOOSICK FALLS, NEW YORK	NAME AND ADDRESS OF NEXT OF KIN MR. ANTHONY KALINOWSKI (FATHER) 4 SCHOOL STREET HOOSICK FALLS, NEW YORK
--	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAGF	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION SEE ATTCHD WORK SHIT	
MINOR DISCREPANCIES 1	
REMAINS PREPARED AND PLACED IN CASKET	
DATE CASKET SEALED BY	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 USMC, ANDILLY, France		TO O.C., CASKETING POINT ANTWERP, Belgium.	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i> ELMO R. KING, 1LT., INF. 9	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE -7 SEP 1948

2. SHIPPED

FROM AGRC ANTWERP BELGIUM		TO USAT CARROLL VICTORY	
KIND OF CONVEYANCE ZEC		NAME OF CONVOYER K. W. WHEREOTT CAPT. T. C.	
SIGNATURE OF SHIPPER L E Butler Lt Col Inf	DATE 16 SEPT 1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 16 SEPT 1948

3. SHIPPED

FROM		TO <i>[Signature]</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i> JAMES L. McKINNON for COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE OCT 6 1948

4. SHIPPED

FROM <i>[Signature]</i>		TO <i>[Signature]</i>	
KIND OF CONVEYANCE Train		NAME OF CONVOYER Cpl. Charles E. Bame	
SIGNATURE OF SHIPPER JAMES L. McKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE OCT 13 1948	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER VALERIEA KYFIMOMSKI (L.V.I.H.)	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

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME

SERIAL NUMBER

RANK

ARM

DAY MONTH YEAR

DATE OF DEATH

KALINOWSKI EDWARD F

32740106 PFC

1

CEMETERY

DAY MONTH YEAR
DISPOSITION OF REMAINS

PLOT

ROW

GRAVE

COUNTRY

CODE DIST. PT.

CAUSE OF DEATH

E 9 203 ANDILLY FRANCE

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

KALINOWSKI EDWARD F

32740106

pfc

17 JUNE 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

☒ REMAINS☐ MARKER

G

OLIVER E MODIN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

MILITARY CLOTHING

DISARTICULATED

SMALL AMOUNT OF DECOMPOSED FLESH

OTHER MEANS OF IDENTIFICATION

MISSING: LEFT CLAVICLE AND SCAPULA, AND
LEFT RADIUS.

NONE

MINOR DISCREPANCIES

NONE

REMAINS PREPARED AND PLACED IN CASKET transfer box

DATE 18 JUNE 1948

BY

OLIVER E MODIN

EMBALMER

CASKET SEALED BY

JOHN A. BRICKLEY, EMB. SUPV.

EMBALMER (Signature)

JOHN A. BRICKLEY, EMB. SUPV.

CASKET BOXED AND MARKED

ORVILLE W. BILLINGS
CLERK RECORDERSHIPPING ADDRESS VERIFIED BY All markings, & plates,
tags verified by

DATE 14/9/48

BY

F. R. MAC DONALD, CAPT. QMC.

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

WILLIAM POOLE CAPT F. DET "A" AGRC

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

WU229 19 COLLECT HOOSICKFALLS NY 8 1115A

AMERICAN GRAVES

AB

PLEASE SHIP REMAINS PVT FIRST CLASS EDWARD F KALINOWSKI TO

LEO J MAHAR 43 MAIN ST HOOSICKFALLS NY

ANTHONY KALINOWSKI

n/c

SCHDY GEN DIST DEPOT US ARMY
SCHENECTADY, NEW YORK
DLR AND REPORT ANY DELIVERY CHARGES

DAY LETTER

MR. ANTHONY KALINOWSKI

ROUTINE

4 SCHOOL STREET

HOOSICK FALLS, NEW YORK

SEP 30 1948

WE HAVE BEEN ADVISED REMAINS OF THE LATE

PRIVATE FIRST CLASS EDWARD F KALINOWSKI

NY 017 R

ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED
TO LEO J MAHAR, 43 MAIN STREET, HOOSICK FALLS, NEW YORK

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR
ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT
MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER SCHENECTADY GENERAL
DISTRIBUTION CENTER U S ARMY ATTENTION AMERICAN GRAVES REGISTRATION DIVISION
SCHENECTADY, NEW YORK. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE
POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY
INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY
OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND
OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS
REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR
FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME
REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU
THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL
BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER.

PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL.
REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT
FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE
ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING
FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM.

R. D. BLANKENHORN
LT. COLONEL, QMC

"I certify that this message is on 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."

(Signature)

(Rank and Duty Assignment)

NY 017R

CASE NO.		INSPECTION CHECK LIST				SPACE
NAME OF DECEASED (Last, First, Middle Initial) KALINOWSKI, EDWARD F.		BRANCH OF SERVICE	RACE W	RELIGION C	SEX M	DATE
RANK OR GRADE PFC	SERIAL NUMBER A 32 740 106	CONSIGNEE LEO J. MAHAR (FD) 43 MAIN ST., HICKSICK FALLS, N. Y.				
SHIPPING CASE—GENERAL APPEARANCE (Check ONLY Discrepancies)		CONDITION OF SHIPPING CASE (Check One) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (Exterior)		REMARKS <i>Ref -</i>				
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 type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
FINISH (Exterior)		REMARKS <i>Ref Top 1 m mouldy Base</i>				
HANDLES AND FASTENINGS						
STENCILING—NAME PLATE						
CAM LOCKS (Sealing)						
ODOR OR MOISTURE						
ROUTED THROUGH						
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> 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) <i>C-9-176</i>		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 <i>10/26/48</i>	SIGNATURE OF INSPECTOR <i>Shind</i>	
REMARKS <i>Shind</i> <i>10/26/48</i>						

REPATRIATION
RECORDS BRANCH

NOV 19 12 17 PM '48

MEMORIAL DIVISION

DATE: _____

29 July 1947

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

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

1. Anthony KALINOWSKI
(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.

St. Mary's Cemetery, Boosick Falls, New York
(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.)

QOMG FORM 345 MILITARY
14 NOV 1946

16—50411-1

PAGE 1

OCT 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
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			
Leo J. Mahar			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
43 Main St.	Hoosick Falls	Rensselaer	New York
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
Hoosick Falls N.Y.	Classic St. Hoosick Falls N.Y.	Hoosick Falls 75	

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
Kalinowski	Tillie		Mother
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
4 School St	Hoosick Falls	Rensselaer	New York

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.

ANTHONY KALINOWSKI 4 School Street
(SIGNATURE OF NEXT OF KIN) (STREET AND NUMBER)
Hoosick Falls, New York
(NAME PRINTED OR TYPED) (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 30 day of Aug. 1947, at city (or town) of Hoosick, county of Renss., and State (or Territory or District) of New York.

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

WM. F. O'HEARN
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public, State of New York
Residing in Rensselaer County
Official Number 663
Commission expires March 30, 1949

ADDITIONAL REMARKS AND INSTRUCTIONS

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



Pfc. Edward F. Kalinowski, 32 740 106
Plot E, Row 9, Grave 203,
United States Military Cemetery
Andilly, France

29 July 1947

Mr. Anthony Kalinowski
4 Wallace Street
Hoosick Falls, New York

Dear Mr. Kalinowski:

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.

MTW

JUL 30 1 10 PM '47
O.C.M.
MAIL & RECORDS

1078
15

AIR MAIL

QMRM 311.0
Graves Registration
(European, U.S. Misc)

SUBJECT: Burial Records

TO: Commanding General
American Graves Registration Command
European Area
APO 58, c/o Postmaster
New York, New York

1. Request the burial reports and grave markers for the following decedents, interred at the United States Military Cemetery Andilly, France, be changed to read as underscored:

NAME	RANK/ GRADE	SERIAL NO.	RACE	PLOT	ROW	GRAVE
Kaegin, Edward Jr.	S/Sgt	35 485 105	<u>White</u>	G	7	157
Kaine, Dell G.	Pfc	36 206 179	<u>White</u>	I	9	206
Kalinka, Andrew A.	Pfc	32 181 410	<u>White</u>	J	8	177
<u>293 Kalinowski, Edward F.</u>	Pfc	32 740 106	<u>White</u>	E	9	203
Kansavage, William	Pfc	33 354 679	<u>White</u>	O	2	30
Kantor, Ambrose	Pfc	35 386 530	<u>White</u>	L	6	129

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

FOR THE QUARTERMASTER GENERAL:

MARTIN E. HENRY
Major, GSC
Material Division

AIR MAIL

26

23 September 1946

Mr. Anthony Kalinowski
4 Wallace Street
Hoosick Falls, New York

Dear Mr. Kalinowski:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Edward F. Kalinowski, A.S.N. 32 740 106.

293
The records of this office disclose that his remains are interred in the U. S. Military Cemetery Andilly, plot E, row 9, grave 203. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located fifteen miles northwest of Nancy, 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. E. LARKIN
Major General
The Quartermaster General

2223 540000
RECORDS SECTION
104

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

34408

20 Sept 1944
Date

Kalinowski
Last Name

Edward
First

F
Initial

Unk
Rank

32740106
Serial No.

Unk
Unit

Unit

317 Inf Reg

80th Div
Organization

Metz France
Place of Death

18 Sept 1944 app
Date of Death

KIA
Cause of Death

19 Sept 1944 1650
Time and Date of Burial

U S Mil Cem #1 Andilly France
Name of Cemetery

Name or Coordinates of Location

203
Grave Number

9
Row Number

E
Plot Number

Cross
Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

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

Who is buried on:

Deceased's Right:

John R Maddox 34545189

Sgt

Unk

202

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Delbert Kiser 35313236

M Sgt

Unk

204

Name

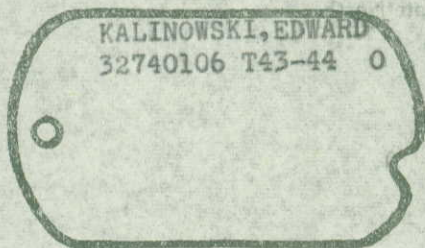
Serial No.

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 Unk

Name

Address

Religion WHITE Catholic

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

W C Nugent

Signature of Officer or other person reporting burial

WILLIAM C NUGENT

1st Lt QMC

Verified by G.R.S. Officer

One #40

File
E-18-415
20122

IF DECEASED UNIDENTIFIED

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

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

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

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

Left Hand	4	
	3	
	2	
	1	
Thumb		

Right Hand	4	
	3	
	2	
	1	
Thumb		

TOOTH CHART

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

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by C 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.

AG P BR HQ SOS

722560

REPORT OF DEATH

FULL NAME Kalinowski, Edward F.		ARMY SERIAL NUMBER 32 740 106		GRADE Pfc	
HOME ADDRESS Hoosick Falls, New York		ARM OR SERVICE Infantry		DATE OF BIRTH 25 Oct 1921	
PLACE OF DEATH European Area		CAUSE OF DEATH Killed in Action		DATE OF DEATH 18 Sep 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 4 Jan 1943		LENGTH OF SERVICE FOR PAY PURPOSES	
				YEARS	MONTHS
				DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Tillie Kalinowski (mother) 4 Wallace St., Hoosick Falls, N. Y.					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Mrs. Tillie Kalinowski (mother) Address same as above Mr. Anthony Kalinowski (father) Address same as above					
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO	YES	NO	YES	NO
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS	
YES	NO	YES	NO	YES	NO
OTHER PAY STATUS (SPECIFY BELOW)					
YES	NO				

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report is shown by the records of the War Department to have been absent in a missing in action status on 6 September 1944 and subsequently reported killed in action on 18 September 1944, such absence was terminated on 7 October 1944 on which date evidence of death was received by the Secretary of War from a commander in the European Area.

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

☒ BATTLE

☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn
ADJUTANT GENERAL

234,571
CW

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

REPORT OF DEATH

DATE 16 October 1944
cgh

FULL NAME <u>Kalinowski, Edward F.</u>				ARMY SERIAL NUMBER 32 740 106		GRADE Pfc	
HOME ADDRESS Hoosick Falls, New York				ARM OR SERVICE Infantry		DATE OF BIRTH 25 Oct 1921	
PLACE OF DEATH European Area			CAUSE OF DEATH Killed in Action			DATE OF DEATH 18 Sep 44	
STATION OF DECEASED European Area				DATE OF ENTRY ON CURRENT ACTIVE SERVICE 4 Jan 1943		LENGTH OF SERVICE FOR PAY PURPOSES	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)						YEARS	MONTHS
Mrs. Tillie Kalinowski (mother) 4 Wallace St., Hoosick Falls, N. Y.						DAYS	
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS)							
Mrs. Tillie Kalinowski (mother) Address same as above							
Mr. Anthony Kalinowski (father) Address same as above							
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS	
YES	NO	YES	NO	YES	NO	YES	NO
						AUTHORIZED ABSENCE	
						YES	NO
						IN FLYING PAY STATUS	
						YES	NO
						OTHER PAY STATUS (SPECIFY BELOW)	
						YES	NO

ADDITIONAL DATA AND/OR STATEMENT

The individual named in this report is shown by the records of the War Department to have been absent in a missing in action status on 6 September 1944 and subsequently reported killed in action on 18 September 1944, such absence was terminated on 7 October 1944 on which date evidence of death was received by the Secretary of War from a commander in the European Area.

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		A. G. 201 FILE

☒ BATTLE
☐ NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

John T. Winn
John T. Winn
ADJUTANT GENERAL

234571

WAR DEPARTMENT
 ADJUTANT GENERAL'S OFFICE
 WASHINGTON 25, D. C.
-BATTLE CASUALTY REPORT

2207

NAME				SERIAL NUMBER		GRADE	ARM OR SERVICE	REPORTING THEATRE
KALINOWSKI EDWARD F				32740106		PFC	INF	ETO
PLACE OF CASUALTY			DATE OF CASUALTY		FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER	
FRANCE 9			DAY	MONTH	YEAR		MIA	192
			06	SEP	44			

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS-FIRST NAME-MIDDLE INITIAL-LAST NAME		RELATIONSHIP	DATE NOTIFIED
MRS TILLIE KALINOWSKI		MOTHER	21 SEPTEMBER 44
NO. AND NAME OF STREET-CITY-STATE			
4 WALLACE STREET HOOSICK FALLS NEW YORK			

REMARKS:

☐

CORRECTED COPY

rvh



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED <input checked="" type="checkbox"/> FORM 43 AG 201 REQ									
CASUALTY BRANCH FILE ATTACHED <input type="checkbox"/> OR CHARGED TO <input type="checkbox"/> DATE									
PREVIOUSLY REPORTED NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (AS INDICATED BELOW):									
FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED					
FORWARDED TO <input type="checkbox"/> SPEC. IDEN. <input type="checkbox"/> TELEGRAM <input type="checkbox"/> WOUNDED <input type="checkbox"/> LETTER <input type="checkbox"/> CORRES. <input type="checkbox"/> S. R. & D. <input type="checkbox"/> CERTIF. <input type="checkbox"/> M. & M. <input type="checkbox"/> NON-DEL.									
REPORT NOT VERIFIED <input checked="" type="checkbox"/> NO FORM 43 <input checked="" type="checkbox"/> NO CAS. BR. FILE <input checked="" type="checkbox"/> CHECKED BY <input type="checkbox"/> REVIEWED BY <input type="checkbox"/>									

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.																										
ACCT. AREA		CASUALTY STATUS			ORIGINAL CAS. DATE			MESSAGE NO.			LATEST CAS. DATE			REFERENCE AREA		CREW POS.	RESIDENCE						COMP	RACE		
					DAY	MO.	YR.				DAY	MO.	YR.				STATE	COUNTY								
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	

DISTRIBUTION "A" ☐ 32 COPIES

(ALL TYPES OF CASUALTIES PERTAINING TO MILITARY PERSONNEL, EXCEPT WOUNDED.)
 COPIES FURNISHED: SEE CASUALTY BRANCH MEMORANDUM NO. 48, 1944.

DISTRIBUTION "B" ☐ COPIES

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

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Anthony Kalinowski

Effects of:

4 Wallace Street

Name Pfc. Edward F. Kalinowski

Hoosick Falls, New York

ASN 32 740 106

Case No. 234,571 D

Wt.

DATE 2 June 1945

GHG:KB:men

Edwin Crabtree
FOR: Effects Quartermaster

REMARKS:

☒ Inclose Bureau Check
Acct No. 78856
Amount \$2.22 *true*
Inclose "Valuables" item
Ship "Valuables" item(s)

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

ROUTING:

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

78357. amh

78856

234571

June 4

45

Anthony Kalinowski

2.22

Two and 22/100

REMARKS:

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

Shipping Clerk

ARMY EFFECTS BUREAU
INVENTORY

234571

CASE NO.

Bonnie

TYPED BY

2-17-45

DATE

Deceased

STATUS

NAME

Edward F. Kalinowski

A.S.N.

32740106

RANK

ORGANIZATION

AMOUNT

2.22

ACCOUNT NO.

LIST NO.

CZ F166

PAID-Check No. 78357

(males etc)

REMARKS

ACCOUNTING INVENTORY

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

JRM:KB:men
Case No. 234,571
Date 31 May 1945

SUBJECT: Report of transaction in disposing of the effects of

Edward F. Kalinowski, 32 740 106 late a
(Name of deceased) (Army Serial Number)
Private First Class, Infantry who died
(Grade) (Organization, Army or Service)
on the 18 day of September, 1944, 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., 223 Hq., KCM 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 28 May 1945, pursuant to Special Orders 223, Headquarters KCM Depot, dated 25 September 1943, the application or affidavit of Anthony Kalinowski 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, Anthony Kalinowski of
(Name of person found entitled)

4 Wallace Street, Hoosick Falls State of
(Number, Street or Avenue) (City, Town or Village)

New York, is the Father of the
(Relationship or Capacity)

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

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.
(Name, Rank, Organization)
SUMMARY COURT-MARTIAL

234,571

GHG:KB:men
June 2, 1945

Mr. Anthony Kalinowski
4 Wallace Street
Hoosick Falls, New York

Dear Mr. Kalinowski:

I am inclosing a check for \$2.22, representing funds of your son, Private First Class Edward F. Kalinowski.

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

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

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

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

Sincerely yours,

A. G. SCHUMACHER
1st Lt. Q.M.C.
Asst. Chief, Admin. Division

1 Incl---Check