

70A1
7203
9/16/00-1-1

S/Sgt Walter J. Paulson, 35 110 894
 Plot E, Row 3, Grave 45,
 United States Military Cemetery
 Molenhoek, Holland

23 October 1947

Mr. Paul C. Paulsen
 North Judson, Indiana

Dear Mr. Paulsen:

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

BM

msh

OCT 27 3 24 PM '47

O. O. M. G.
 MAIL & RECORDS BRANCH

REV. 18B

WESTERN
UNION
DISTRIBUTION CENTER

RECEIPT OF REMAINS

AGR DIV., CHICAGO QM DEPOT
1819 W. PERSHING RD., CHICAGO 9 ILL. ROUTINE

DELIVER AND REPORT
ANY CHARGES
DAY LETTER

REMAINS CONSIGNED TO:

MC CORMICK MORTUARY
201 NORTH LANE STREET
NORTH JUDSON, INDIANA

REMAINS OF THE LATE S/SGT WALTER J. PAULSEN, SN 35110894
BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 216
PRR

DUE TO ARRIVE NORTH JUDSON, IND., 10:29 AM TUES. 25 JAN. 1949
REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS
TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 13554

R. D. BLANKENHORN
LT. COL. QMC

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased
this 25 day of Jan., 1949

NAT
FILE
RECORDS ANNOTATED
DATE 18 Mar. 49
NAME [Signature]
R & R BR.

Sgt. James E. Cannon
(Witness (Escort))

Mc Cormick Mortuary
Willard W. McCormick
(Consignee)

DISINTERMENT DIRECTIVE

70-39

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 4655 00557		DATE 15 05 48 DAY MONTH YEAR	
NAME PAULSEN WALTER J				SERIAL NUMBER 35110894		RANK S SG	
CEMETERY MOLENHOEK - NIJMEGEN				ARM 1		DATE OF DEATH DAY MONTH YEAR	
PLOT E				ROW 3		GRAVE 45	
COUNTRY HOLLAND				DISPOSITION OF REMAINS 1		CODE 5100	
						DIST. PT. 08	
						CAUSE OF DEATH 1	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE MCCORMICK MORTUARY 201 NORTH LANE STREET NORTH JUDSON, INDIANA		NAME AND ADDRESS OF NEXT OF KIN PAUL C. PAULSEN (FATHER) NORTH JUDSON, INDIANA	
---	--	--	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME WALTER J PAULSEN		SERIAL NUMBER 35110894		RANK S SG		DATE OF DEATH		DATE DISTINTERRED 21 JUNE 1948	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION USAGF		RELIGION P		IDENTIFICATION VERIFIED BY JOSEPH NOVACK 2ND LT, CE NAME AND TITLE			

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL UNIFORM & BLANKET		CONDITION OF REMAINS LEFT RADIUS BROKEN, CRUSHED SKULL. REMAINS COMPLETE, THIRD STAGE DECOMPOSITION.	
OTHER MEANS OF IDENTIFICATION S/SGT STRIPES ON JACKET. NO TAG FOUND WITH REMAINS.			
MINOR DISCREPANCIES NONE			
REMAINS PREPARED AND PLACED IN CASKET TRANSFER BOX			
DATE 30 JUNE 1948		BY JOHN E. DAVIS, EMBALMER	
CASKET SEALED BY ELLIS P THOMAS, EMB. SUPV.		EMBALMER (Signature) ELLIS P THOMAS, EMB. SUPV.	
CASKET BOXED AND MARKED 2/12/48		SHIPPING ADDRESS VERIFIED BY ALL TAGS, PLATES & MARKINGS VERIFIED BY: E.N. HELSEY, 1/LT., QMC.	
DATE 2/12/48		BY CHARLES R CARDER CLERK RECORDER	

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

JOHN ORAZEN, CAPT, QMC

SIGNATURE OF GRS INSPECTOR

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

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

Raymond J. Lohmeyer
CWO USA

M

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC MARCRATEN, HOLLAND	TO ANTWERP PORT, PIER 140
KIND OF CONVEYANCE RAIL	NAME OF CONVOYER CPL STANLEY J DUDA, RA 32308467
SIGNATURE OF SHIPPER <i>LLOYD L. H. MEYER</i> <i>Blayd</i>	DATE 23/11/48
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 24 NOV 1948

2. SHIPPED

FROM AGRC ANTWERP BELGIUM	TO USAT BARNEY KIRSCHBAUM
KIND OF CONVEYANCE VC. 2	NAME OF CONVOYER R. B. HOWARD 1st Lt. INF.
SIGNATURE OF SHIPPER L. E. Butler Lt Col Inf	DATE 7 DEC 1948
SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 7 DEC 1948

3. SHIPPED

FROM	TO NYPE
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
SIGNATURE OF RECEIVER W. W. PREISCH LIEUT. COLONEL, TC.	DATE JAN 3 1949

4. SHIPPED PORT TRANSPORTATION OFFICER

FROM NYPE	TO
KIND OF CONVEYANCE train	NAME OF CONVOYER W. W. PREISCH
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC. PORT TRANSPORTATION OFFICER	DATE JAN 4 1949
SIGNATURE OF RECEIVER L. A. BOCKSTAHLER 1st Lt., INF	DATE JAN 6 1949

5. SHIPPED

FROM	TO Chief, Operations Br.
KIND OF CONVEYANCE NORTH JUDSON, INDIANA	NAME OF CONVOYER NORTH JUDSON, INDIANA
SIGNATURE OF SHIPPER W. W. PREISCH LIEUT. COLONEL, TC.	DATE
SIGNATURE OF RECEIVER W. W. PREISCH	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

INSPECTION CHECKLIST

13554

NAME PAULSEN, WALTER J.	RANK S. SGT.	SERIAL NO. 35110894	ARM OR SERVICE ARMY	DIRECTIVE DATE 15 MAY 48
	RACE WHITE	RELIGION PROT.	SEX MALE	DIRECTIVE NO. 4655 00557 NY

CONSIGNEE AND ADDRESS

**MCCORMICK MORTUARY
201 NORTH LANE STREET
NORTH JUDSON, INDIANA**

NEXT-OF-KIN ADDRESS

**PAUL G. PAULSEN (FATHER)
NORTH JUDSON, INDIANA**

SHIPPING CASE - General Appearance
(Check ONLY Discrepancies)

CONDITION OF SHIPPING CASE (Check One)

SATISFACTORY [] UNSATISFACTORY

FINISH (Exterior) *OK*

FINISH (Interior)

HANDLES

HANDLE BOLTS

STENCILING - NAMEPLATE

REMARKS:

RAIL

INSPECTED BY:

J. Daladich

CASKET - General Appearance
(Check ONLY Discrepancies)

CONDITION OF CASKET (Check One)

SATISFACTORY [] UNSATISFACTORY

FINISH (Exterior)

HANDLES AND FASTENINGS

STENCILING - NAMEPLATE

CAM LOCKS (Sealing)

ODOR OR MOISTURE

REMARKS:

Run scratch

INSPECTED BY:

ROUTED THROUGH

[] MORTUARY OPERATING ROOM

[] MORTUARY REPAIR SHOP

CONDITION OF REMAINS

SATISFACTORY UNSATISFACTORY

CASKET REPAIR

Abner M. ...

NECESSARY DISINFECTION (Explain)

CASKET EXCHANGED

SHIPPING CASE REPAIRED

SHIPPING CASE EXCHANGED

REMARKS:

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
			12 ⁴⁵	12/49	<i>[Signature]</i>

STORAGE LOCATION

FLOOR SECTION BAY STORAGE NUMBER

839

PASS. LIST NO.

023

CONTROL NUMBER

13554

STAMP INCOMING OR OUTGOING

OUTGOING

WU A146 38/37 COLLECT

NORTH JUDSON IND DEC 18-1948. 912A

COMMANDING OFFICER

CHICAGO QUARTERMASTER DEPOT AGRD

CONFIRMING YOUR DAY LETTER OF DECEMBER 17TH WISH TO ADVISE DELIVERY

INSTRUCTIONS REMAIN SAME. DELIVER REMAINS OF LATE

S/FGT WALTER J PAULSEN TO MCCORMICK MORTUARY NORTH JUDSON INDIANA

AND ADVISE SAME CONCERNING ARRIVAL REFERENCE CONTROL

#13554

PAUL C PAULSEN

908 DEC 20

Dec 20 9 AM '48
RECEIVED
SIGNAL CENTER

*✓ file
ls*

554
#1355..

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE DAY LETTER	TRANSMISSION INSTRUCTIONS		ORIGINATOR DATE-TIME GROUP
ACTION	INFORMATION		EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
SPACE ABOVE FOR SIGNAL CENTER ONLY					
FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT 18 19 W. PERSHING RD., CHICAGO, ILL.			SECURITY CLASSIFICATION		
ACTION TO: PAUL C. PAULSEN NORTH JUDSON, INDIANA			PRECEDENCE FOR ACTION INFORMATION		
DELIVER & REPORT ANY CHARGES			<input type="checkbox"/> ORIGINAL MESSAGE <input type="checkbox"/> REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION		
INFORMATION TO:			S. SGT. WALTER J. PAULSEN		
<p>WE HAVE BEEN ADVISED REMAINS OF THE LATE</p> <p>ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED TO</p> <p>MCCORMICK MORTUARY, 201 NORTH LANE STREET, NORTH JUDSON, INDIANA.</p> <p>WITHIN 48 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 CHICAGO QUARTERMASTER DEPOT AGRD 1819 WEST PERSHING ROAD CHICAGO ILLINOIS. 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 48 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 RAILROAD 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 3 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. IN REPLY TELEGRAM REFER TO CONTROL</p>					
NUMBER			AND FULL NAME OF DECEASED.		
13554			R. D. BLANKENHORN, LT. COL. OMS		
WESTERN UNION			REV. 4E-1		
SECURITY CLASSIFICATION			AUTHORIZATION		
ORIGINATING AGENCY			SIGNATURE		
SYMBOL			OFFICIAL TITLE		
DATE-TIME GROUP			PAGE OF		
DEC 17 1948			THOS. O. CALL Major, OMS Chief, Adm. Br., A. G. B. D.		

CERTIFICATE

(AR 30-1830)

FORM II

CONTROL NO. 13554

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.~~

FORWARD COPY

QUARTERMASTER GENERAL

TO OFFICE OF

HEADQUARTERS, WASHINGTON 25, D. C.
HEADQUARTERS, A. G. R. S.

PART A - CIVILIAN OR PRIVATE CEMETERY

A REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT <i>293</i> PAULSEN, WALTER J.	GRADE S. SGT.	SERIAL NUMBER 35110894	COMPONENT US ARMY
--	------------------	---------------------------	----------------------

I certify that the sum of \$ 166.00 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.

CLAIM VALID-REPATRIATION

FEB 17 1949

INSERT NAME OF CEMETERY <i>Highland Cemetery</i>	CITY OR COUNTY <i>North Judson</i>	STATE <i>Ind.</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: AGR DIVISION, CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILL.	SIGNATURE OF CLAIMANT <i>Paul C. Paulsen</i> PAUL C. PAULSEN	
	ADDRESS OF CLAIMANT (City, Street or RFD, and State) NORTH JUDSON, INDIANA	
	RELATIONSHIP TO DECEDENT FATHER	DATE <i>Jan. 26, 49</i>

PART B - NATIONAL OR POST CEMETERY

B REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
------------------	-------	---------------	-----------

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:

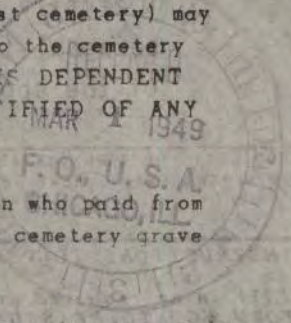
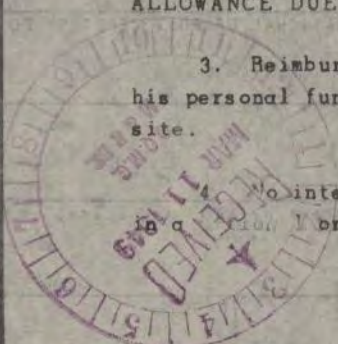
INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN) FROM WHICH REMAINS WERE SHIPPED	INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO WHICH REMAINS WERE SHIPPED
INSTRUCTIONS TO PERSON SIGNING THIS FORM 1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR. 2. Return four copies to: AGR DIV., CHICAGO QUARTERMASTER DEPOT 1819 W. PERSHING RD., CHICAGO, ILLINOIS	SIGNATURE OF CLAIMANT <i>Paul C. Paulsen</i> 125020
	ADDRESS OF CLAIMANT (City, Street or RFD, and State)
	RELATIONSHIP TO DECEDENT
	DATE

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.
- 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

DISINTERMENT DIRECTIVE

DATE:

S/Sgt Walter J. Paulson, 35 110 894
Plot E, Row 3, Grave 45,
United States Military Cemetery
Molenvoek, Holland

23 October 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, Mr. Paul C. Paulsen

(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

Highland Cemetery, North Judson, Indiana.

(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 _____

(FOREIGN COUNTRY)

(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

MAY 21 1948

*Copy 14 May 48
Mather*

89 APR 1948

Paulsen 427/48

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			
Willard D. McCormick d/b/a McCormick Mortuary			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
201 No. Lane St.,	North Judson	Starke	Indiana
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
North Judson, Indiana	North Judson, Indiana	149	

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

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

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

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

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

Paul C. Paulsen
(SIGNATURE OF NEXT OF KIN)

Paul C. Paulsen
(NAME PRINTED OR TYPED)

North Judson, Indiana.
(STREET AND NUMBER)
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 12th day of November,

1947, at city (or town) of North Judson, county of Starke, and State (or Territory or

District) of Indiana.

George M. Koenig
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public.
(OFFICIAL TITLE)

*NOTE.—Page 4 is part of the notarial attestation.
My comm. expires Jan. 13, 1951

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.

(SIGNATURE OF NEXT OF KIN)

(DATE)

(STREET AND NUMBER)

(CITY AND STATE)

(NAME PRINTED OR TYPED)

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)

(CITY AND STATE)

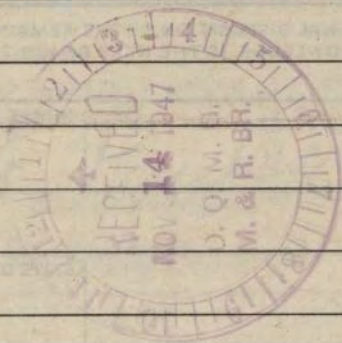
(NAME PRINTED OR TYPED)

Declassified in accordance with Executive Order 13526

ADDITIONAL REMARKS AND INSTRUCTIONS

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

REC. JUN
RECORDS BRANCH
NOV 15 1 44 PM '47
MEMORIAL DIVISION



293

Paulsen Walter J.

A.S.N. 35,110,894

23 Mar

Mr. Paul C. Paulsen
Route #1
San Pierre, Indiana

Dear Mr. Paulsen:

The War Department is most desirous that you be furnished the burial location of your son, the late Staff Sergeant Walter J. Paulsen, A.S.N. 35 110 894.

The records of this office disclose that his remains are interred in the United States Military Cemetery, Molenhoek, Holland, plot E, row 3, grave 45.

This cemetery is located approximately eighteen miles south of Arnhem and five miles southeast of Nijmegen, both in Holland, and is under the constant care and supervision of United States military personnel.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

T. B. LARKIN
Major General
The Quartermaster General

LMS

SPQYE 293
Paulsen, Walter J.

35, 110, 894

17 September 1945.

Mrs. Anna B. Paulsen
Route #1
San Pierre, Indiana.

My dear Mrs. Paulsen:

Receipt is acknowledged of your letter of September 11, 1945, regarding the return of the remains of your son, the late Staff Sergeant Walter J. Paulsen.

A notation has been made of the records of this office that it is your desire to have the remains of your son returned to the cemetery in North Judson, Indiana for burial. In connection you are advised that immediate plans are being formulated with a view of returning to the next of kin, the remains of their loved ones. When these plans have been completed, it is contemplated polling the next of kin to ascertain their wishes in connection with the final disposition of the remains. It will not be necessary to fill out any forms or applications. The remains will be prepared, casketed and shipped to the designated destination at Government expense.

The mission, as a whole, is world-wide in scope and of necessity, time consuming, but you may rest assured that this office fully appreciates your desires and will do everything in its power to fulfill them at the earliest possible date.

As the records of this office do not indicate you have been notified of the burial location of your son, it may be some consolation to you to know that he is buried in the United States Military Cemetery, Molenhoek #1, Holland. Plot E, Row 3, Grave 45. With reference to other larger cities the approximate location of Molenhoek, Holland is eighteen miles south of Arnhem and five miles southeast of Nijmegen, both in Holland.

May we extend to you our deepest sympathy in the loss of your

FOR THE QUARTERMASTER GENERAL:

Sincerely your,

R. P. HARBOLD
Colonel, QMC
Assistant

SEP 19 10 31 AM '45
MAIL & RECORDS BRANCH

SEP 20 1945
MEMORANDUM
FOR THE QUARTERMASTER GENERAL

DFB
DFB
MHZ
13

North Judson Ind
 Sept 11, 1946

Col. P. P. Harbold,

I wish you
 could help me to get my
 son Staff Sergeant Walter J.
 Paulsen (30110894)

401st Glider Infantry
 82d. All American Airborne
 Division, body more
 home to be buried on
 the cemetery in North Judson,
 Ind. New Address

Mrs Anna B. Paulsen
 North Judson
 Ind.

Old Address was

Mrs Anna B. Paulsen
 Route 1. San Pierre Ind (over J)

my son was buried in
Holland.

GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

RESTRICTED

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

733 47234
25 Oct 1944
Date

Paulsen

Walter

J

Pvt.

35110894

Last Name

First

Initial

Rank

Serial No.

82 Div

Unit

Organization

Holland

o/a 9 Oct 1944

KIA

Place of Death

Date of Death

Cause of Death

1730 25 Oct 1944

Molenhoek Cemetery #1 708-538 sheet 5

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

45

3

E

Temp

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

One identification tag

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

Who is buried on:

Deceased's Right:

Twilley, J.F. 34572003

Pfc

44

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Esposito, A.J. 12194185

Pvt

82 Div

46

Name

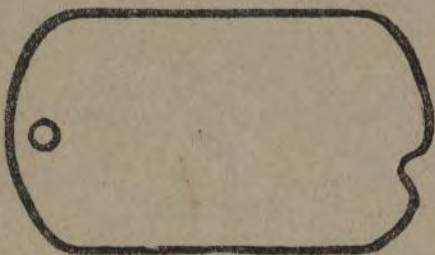
Serial No.

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 P

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

Francis M. Koch
Signature of Officer or other person reporting burial

FRANCIS M. KOCH

1st. LT. QMC
605th QM GR. REG. CO.

Verified by G.R.S. Officer

One #70

5-28-45
700

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 Left										Deceased's Right																					
	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																		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.



10/2

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

REPORT OF DEATH

DATE 20 November 1944

bsp 4632

FULL NAME Paulsen, Walter J.		ARMY SERIAL NUMBER 35 110 894		GRADE S/Sgt.	
HOME ADDRESS Gary, Indiana		ARM OR SERVICE Infantry		DATE OF BIRTH 4 Apr 13	
PLACE OF DEATH European Area		CAUSE OF DEATH Wounds received in action		DATE OF DEATH 2 Oct 44	
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 25 Mar 42		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Anna B. Paulsen, mother, Route #1, San Pierre, Indiana					
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Anna B. Paulsen, mother, same as above Paul C. Paulsen, father, 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
				X	
OTHER PAY STATUS (SPECIFY BELOW)					
YES	NO				
				X	

ADDITIONAL DATA AND/OR STATEMENT

Combat Infantryman - Glider flights

FILE

NOV 27 1944

MB

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O. U. S. A.
2. O. Q. 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:

[Signature]

ADJUTANT GENERAL

Jiral

PS

296632

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

REPORT OF DEATH

DATE 20 November 1944

bsp 4632

FULL NAME <u>Paulsen, Walter J.</u>		ARMY SERIAL NUMBER 35 110 894	GRADE S/Sgt.										
HOME ADDRESS Gary, Indiana		ARM OR SERVICE Infantry	DATE OF BIRTH 4 Apr 13										
PLACE OF DEATH European Area	CAUSE OF DEATH Wounds received in action ✓		DATE OF DEATH 2 Oct 44										
STATION OF DECEASED European Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 25 Mar 42	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS										
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) Mrs. Anna B. Paulsen, mother, Route #1, San Pierre, Indiana													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) Anna B. Paulsen, mother, same as above Paul C. Paulsen, father, 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	

ADDITIONAL DATA AND/OR STATEMENT

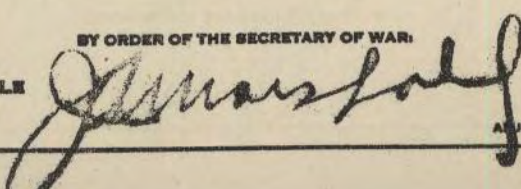
Combat Infantryman - Glider flights

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:



ADJUTANT GENERAL

296632

RTB:WA:reh
August 6, 1945

Mr. Paul C. Paulsen
Route 1
San Pierre, Indiana

Dear Mr. Paulsen:

The Army Effects Bureau has received from overseas some personal effects of your son, Staff Sergeant Walter J. Paulsen.

These effects are being forwarded to you in one package.

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

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

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

Yours very truly,

P. L. KOOB
1st Lt., QMC
Officer-in-Charge
SJ Unit

4

ARMY SERVICE FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mr. Paul C. Paulsen

SHIP TO:

Route #1

S/Sgt. Walter J. Paulsen

San Pierre, Indiana

Effects of:

Name

35110894

ASN

296632-D

Case No.

Wt.

DATE 1 August 1945
RTB:WA:mj

Smith
FOR: Effects Quartermaster

REMARKS:

 Inclose Bureau Check
 Acct. No.
 Amount
 Inclose "Valuables" item
 Ship "Valuables" item(s)

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

ROUTING:

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

REMARKS:

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

W.C.
Shipping Clerk

9 AUG 1945

PACKAGE DESCRIPTION
1000

ARMY EFFECTS BUREAU INVENTORY

DECEASED	<input type="checkbox"/>
MISSING	<input checked="" type="checkbox"/>
P.O.W.	<input type="checkbox"/>
ABANDONED	<input type="checkbox"/>
TALLY-NO.	8679
INV. DATE	18 July 45
ORIG. NO. OF PKGS.	1
BOX NO.	
SHEET OF SHEETS	1
ORGANIZATION	

296,632
DC

NAME WALTER J. PAULSEN

A.S.N. 0894 RANK

<input type="checkbox"/> BELT	<input type="checkbox"/> TOWELS & WASHCLOTHS	<input type="checkbox"/> WINGS
<input type="checkbox"/> BELT, MONEY (NO MONEY)	<input type="checkbox"/> CLOTHING	<input type="checkbox"/> BAGS, CLOTH OR TRAVEL
<input type="checkbox"/> CLOTH, WASH	<input type="checkbox"/> BRACELET IDENT.	<input type="checkbox"/> BILLFOLD, (NO MONEY)
<input type="checkbox"/> COATS	<input type="checkbox"/> BRUSHES	<input type="checkbox"/> CASE
<input type="checkbox"/> FOOTWEAR, PR.	<input type="checkbox"/> CAMERAS	<input type="checkbox"/> FOOTLOCKER
<input type="checkbox"/> GLOVES, PR.	<input type="checkbox"/> GLASSES	<input type="checkbox"/> KIT, SEW, TLT, OR WRITING
<input type="checkbox"/> HANDKERCHIEFS	<input type="checkbox"/> KNIVES	<input type="checkbox"/> BOOKS
<input type="checkbox"/> HEADWEAR	<input type="checkbox"/> LIGHTERS	<input type="checkbox"/> BOOKS, ADDRESS
<input type="checkbox"/> JACKETS	<input checked="" type="checkbox"/> MISC. INSTRUMENTS	<input type="checkbox"/> BOOKS, PILOT LOG
<input type="checkbox"/> OVERCOATS	<input type="checkbox"/> PEN, FOUNTAIN	<input type="checkbox"/> DIARY (REMOVED FOR DUR)
<input type="checkbox"/> SCARFS	<input type="checkbox"/> PENCIL, MECHANICAL	<input type="checkbox"/> FILMS
<input type="checkbox"/> SHIRTS	<input type="checkbox"/> PIPES	<input type="checkbox"/> LETTERS
<input type="checkbox"/> SOCKS, PR.	<input checked="" type="checkbox"/> RELIGIOUS ARTICLES	<input checked="" type="checkbox"/> PAPERS, PERSONAL
<input type="checkbox"/> TIES	<input checked="" type="checkbox"/> RIBBONS, DECORATION	<input checked="" type="checkbox"/> PHOTOS
<input type="checkbox"/> TOWELS	<input type="checkbox"/> RINGS	<input type="checkbox"/> SHOE SHINE ARTICLES
<input type="checkbox"/> TROUSERS, PR.	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> SHORT SNORTER
<input type="checkbox"/> TRUNKS, PR.	<input type="checkbox"/> TOILET ARTICLES	<input type="checkbox"/> SOUVENIRS
<input type="checkbox"/> UNDERWEAR	<input type="checkbox"/> WATCH	<input type="checkbox"/> SOUVENIR MONEY
		<input checked="" type="checkbox"/> STATIONERY
		<input checked="" type="checkbox"/> TESTAMENTS
		<input type="checkbox"/> U.S. MONEY (AMOUNT)

dy

REMARKS <i>no information checked</i>	ATTACHMENTS	FORM #54 <i>none</i>	FORM #100
--	-------------	-------------------------	-----------

C.A.T. <i>none</i>	WEIGHT	G.I. REMOVED
WAREHOUSE SPACE <i>1177</i>	STORED BY <i>J.K.</i>	SHORTAGE OR REVERSE
INVENTORIED BY <i>Ledeli</i>	DATE SHIPPED <i>9 AUG 1945</i>	IDENT. TAGS REMOVED
PACKED BY <i>Perry</i>	CHECKED BY <i>A. J.</i>	DIARY REMOVED
EFF. GM Form 11 (24 Feb 45)	<input checked="" type="checkbox"/> #43 OR ADDITIONAL	LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

SHORTAGES

U.S. GOVT. CHECK SHORT

NUMBER

DATE

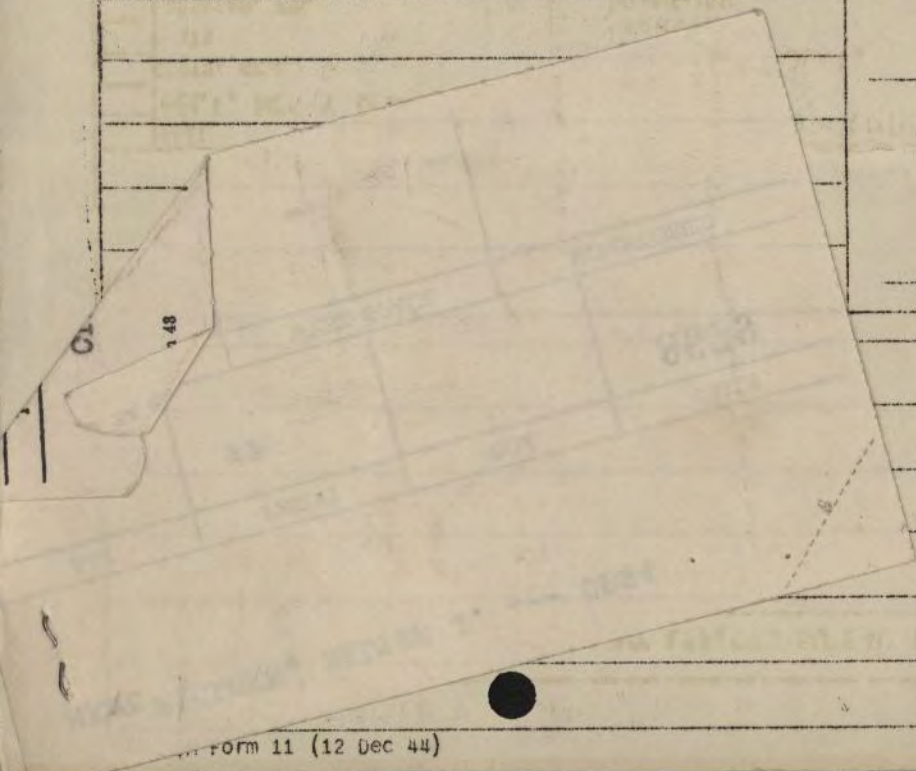
SYMBOL

AMOUNT

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

INVENTORY CLERK

SUPERVISOR





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

296632

JRM:FR:mg
April 3, 1945

IN REPLY REFER TO _____

Mr. Paul C. Paulsen
R.F.D. #1
San Pierre, Indiana

Dear Mr. Paulsen:

The Army Effects Bureau has received from overseas some property of your son, Staff Sergeant Walter J. Paulsen.

This property, consisting of a few items, is being sent you.

If, for some reason, it has not been received at the expiration of thirty days from this date, please notify me so that tracer may be instituted.

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

Yours very truly,

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

ARMY SERVICES FORCES
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mr. Paul G. Paulsen

Route 1

San Pierre, Indiana

Effects of: s/Sgt. Walter J. Paulsen
Name
ASN 35110894
Case No. 296632-D
Wt.

file def

JRM:SP:mcl
DATE 30 March 1945

M. Gorham
FOR: Effects Quartermaster

REMARKS:

 Inclose Bureau Check
 Acct. No.
 Amount
 Inclose "Valuables" item
 Ship "Valuables" item(s)

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

ROUTING:

 Accounting Branch
 x Warehouse Division
 x Files Branch, Adm. Divl

1 pkg

FRANKED

REMARKS:

Franked
Est. Exp. Chgs.
Est. Frt. Chgs. 1 APR 2 1945
No. of packages 1

✓

mk

APR 16 1945

Shipping Clerk

SHEET 1 OF 1 SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/>
BOX NUMBER 3	ORIGINAL NUMBER OF PACKAGES 1		MISSING
TALLY NUMBER 6884	INVENTORY DATE 16 March 1945	CASE NUMBER 296,632 ^{PHS}	P.O.W. ABANDONED
EFFECTS OF Walter J. Paulsen	RANK		
A.S.N. 35710894	ORGANIZATION 82nd A/B Div		

#1 Pkg

CLOTHING	PERSONAL ITEMS	CONTAINERS
BELT	BRACELET, IDENTIFICATION	BAGS, CLOTH
BELT, MONEY (NO MONEY)	BRUSHES	BAGS, TRAVEL
CLOTH, WASH	CAMERAS	BILLFOLD (NO MONEY)
COATS	GLASSES	CASE,
FOOTWEAR, PR.	KNIVES	FOOTLOCKER
GLOVES, PR.	LIGHTERS	KIT, SEWING
HANDKERCHIEFS	M. SC. INSIGNIA	KIT, TOILET
HEADWEAR	MISC. ITEMS	KIT, WRITING
JACKETS	PEN FOUNTAIN	PAPERS AND MISC.
OVERCOATS	PISTOL, MECHANICAL	BOOKS
SCARFS	PIPS	BOOKS, ADDRESS
SHIRTS	RELIGIOUS ARTICLES	BOOKS, NOTE
SOCKS, PR.	RELIGIOUS, DECORATION	BOOKS, PILOT LOG
TIES	RINGS	DIARY (REMOVED FOR DURATION)
TOWELS	TOBACCO	FILMS
TROUSERS, PR.	TOILET ARTICLES	LETTERS
UNDERSHIRT	WATCH	PAPERS, PERSONAL
	WINGS	PHOTOS <input checked="" type="checkbox"/>
		SHOE SHINE ARTICLES
		SHORT SNORTER
		SOUVENIRS
		SOUVENIR MONEY <input checked="" type="checkbox"/>
		STATIONERY
		TESTAMENTS <input checked="" type="checkbox"/>
		U.S. MONEY (AMOUNT)

REMARKS: no information <i>Re checked</i>	ATTACHMENTS: FORM #54 1 inventory <input checked="" type="checkbox"/>	FORM #100
--	--	-----------

C.A.T. Anna Blanche Paulsen R#1 San Pierre Ind.	WEIGHT	GI REMOVED
WAREHOUSE SPACE 619	STORED BY <i>[Signature]</i>	SHORTAGE ON REVERSE
INVENTORIED BY <i>[Signature]</i>	DATE SHIPPED APR 2 1945	IDENT. TAGS REMOVED
PACKED BY <i>[Signature]</i>	CHECKED BY <i>[Signature]</i>	DIARY REMOVED
		LOCKED STORAGE
		LAUNDRY REMOVED
		FILM REMOVED

G.I. REMOVED

SUPERVISOR

INVENTORY CLERK

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

AMOUNT

SYMBOL

DATE

NUMBER

U.S. GOVT. CHECK SHORT

SHORTAGES

ADDITIONAL REMARKS

NAME PAULSEN, WALTER J. 35110494

BAY	PALLET	BOX	TALLY
		3	6884

TYPE OF PKG.	WHSE. SPACE	INVENTORIED
GRB		

E-45

(Date) 25 Oct 1944

SUBJECT: Inventory of Personal Effects of:

Paulsen Walter J -- 35110894
 (Last Name) (First Name) (MI) (Rank) (ASN)

TO: Effects Quartermaster, Communication Zone, APO 350, U. S. Army.The above named individual of Unknown (Unit)82nd A/B Div (Org.) was reported KIA (status)about 9 Oct 1944 194 .

Designated Beneficiary: _____

INVENTORY OF EFFECTS

Misc. photos ✓
 1 New testament ✓
 Souvenir money ✓
 Newfoundland-.50¢ ✓
 Dutch-26¢ ✓
 English-6¢ ✓

Money in the amount of None has been turned in to _____

_____, F.D., _____ (symbol number). Form

WDFD 38 enclosed.

I certify that the above items constitute all of the effects, secured by me, of the above named individual and that they were forwarded to the Effects Depot by Truck _____ on _____, 194 .

Francis M Koch

1st Lt., QMC, O-1587377
 605th QM Graves Reg. Co.

U.S. ARMY

Serial No. 3110474 Name PAULSEN WALTER J.

Grade _____ Rank _____

Organization 2ND AIB DIV.

Address _____

Nearest Relative ANNA BLANCH PAULSEN

Address ROUTE #1 SAN PIERRE, INDI.

Killed in Action YES Died of Disease _____

Date 2/3 7/00 AM Hospital _____

Battle Area HOLLAND Information _____

Place of Burial MARIENHOF CEMETERY

Point of Coordination 707-534 Street-9

Description of Body _____

Members Missing _____

6884

WALTER J. PAULSEN
35110474-3

Signed William M. Jones
Capt 109th G.M. Co.

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

JRM:IB:prh
 Case No. 296632
 Date 25 April 1945

SUBJECT: Report of transaction in disposing of the effects of

Walter J. Paulsen, 35110894 late a
 (Name of deceased) (Army Serial Number)
Staff Sergeant, Infantry who die
 (Grade) (Organization, Army or Service)
 on the 2 day of October, 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., 228 Hq., KCQM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

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

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

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

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

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 29 March 1945, pursuant to Special Orders 225, Headquarters KCQM Depot, dated 25 September 1943, the application or affidavit of _____

Paul C. Paulsen 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, Paul C. Paulsen of _____
 (Name of person found entitled)

Route #1, San Pierre State of _____
 (Number, Street or Avenue) (City, Town or Village)
Indiana, 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